# PHARMACY SOCIETY OF WISCONSIN EDUCATIONAL SESSION PROPOSAL WORKSHEET



Thank you for your interest in developing a proposal for an upcoming PSW conference or educational course offering. If you have questions or concerns while filling out the application below, please contact <u>info@pswi.org</u>.

### This presentation would be provided at:

PSW Educational Conference PSW Annual Meeting Other Educational Offering

### Submitter Account Profile

Please fill out the information completely as you would like it to appear in print – no nicknames or abbreviations. Fields with an asterisk (\*) are required.

### **Profile and Business Address**

You must provide the address of your primary position/employer. PSW will not send you anything in the mail to your business address. The information will be used in conference or educational publications only

*First:	Middle:	*Last:	
*Prefix/Salutation (Mr. Ms. Dr.):	Suffix (Jr., Sr.):	Preferred Pronoun (he/she/they):	
*Employer/Organization:			
*Position Title:			
*Employer/Organization Address:			
*Degrees/Credentials:		Not applicable:	
Street Address:		Apt, Bldg, Suite:	
City:	State/Province:	Zip/Postal Code:	

### **Contact Details**

*Email:	*Office Phone:
*Cell Phone:	Fax:

### **Create a New Proposal**

### Proposal Title (required)

A proposal must have a short, specific presentation title (containing no abbreviations) that indicates the nature of the presentation.

#### Is your preference to present this in person or pre-recorded?

In Person Pre-recorded No preference

### General Program Topic Category (Select up to THREE)

Administrative Practice/Management/Financial Man- agement/Human Resources	Nuclear Pharmacy	
	Nutrition Support	
Ambulatory Care	Oncology/Hematology	
Cardiology/Anticoagulation	Pain Management/Palliative Care	
Chronic/Managed Care	Pediatrics	
Clinical Services Management	Pharmacokinetics	
Clinical Topics/Therapeutics	Pharmacy Law/Regulatory/Accreditation	
Complementary Alternative Medicine (Herbals, etc.)	Pharmacy Technicians/Competencies/Development	
Critical Care	Precepting/Preceptor Skills/Education and Training	
Drug Information/Drug Use Evaluation	Professionalism and Career Development	
Emergency Medicine	Psychiatry/Neurology	
Emergency Preparedness	Safety/Quality	
Geriatrics	Small and/or Rural Practice	
Home Care	Specialty Pharmacy	
Infectious Diseases/HIV	Toxicology	
Informatics/Technology/Automation	Transplant/Immunology	
Investigational Drugs	Women's Health	
IV Therapy/Infusion Devices		
Leadership Development		

## Task 1: Proposal

### Target Audience (Select ALL that apply)

Pharmacist Technician - See <u>Considerations for Offering Technician CE</u> Pharmacy Student Other (please specify):

### Describe the practice gap(s) that this session will address below.

A practice gap is the difference between actual/current and ideal/desired performance and patient outcomes. What is the problem or gap that you intend to fix through this educational session?

### What is desired practice?

What is current practice?

### Description and Overall Purpose

Brief description and overall purpose of this educational session that will entice your audience to attend and set realistic expectations of the content. Briefly describe what attendees will be doing in your session.

# How does your learning opportunity align with PSW's Continuing Education Goals? Check all that apply and provide any additional information below:

Impact pharmacist and pharmacy technician role in medication quality patient care outcomes and patient safety

Enhance the competencies of pharmacy teams in providing quality patient care, pharmacist provider status services, and/or public health initiatives (i.e. immunization, social determinants of health, etc.)

Development of pharmacy management, leadership, and/or team-based care in various practice settings.

# Task 2: Learning Objectives

- Provide learning objectives that are specific, measurable, and achievable.
- Presentations must include a minimum of 3 learning objectives with each objective having a corresponding active learning strategy and a learning assessment question.
- ACPE requires active learning and learning assessment of each session objective

### Submission Category (Select ONE)

Knowledge-based: Designed primarily for participants to acquire factual knowledge. Application-based: Designed primarily for participants to apply the information learned in the allotted timeframe

#### **Session Development Guide:**

The <u>Session Development Guide</u> contains information on writing learning objectives, creating instructional strategies, & developing mechanisms to assess leaning according to Activity Type.

**NOTE:** Your RFP will <u>NOT</u> be considered if the table below is not complete.

	Learning Objective (minimum 3 required)	Learning Assessment Questions	Active Learning Strategies Select 1 from list below
1			
2			
3			
4			
5			

### **Active Learning Strategies**

## Task 3: Length of Session

ACPE credit is given in 15 minutes increments only. ACPE no longer allows partial attendance; in order to claim CE, an attendee must stay for the entire duration of the learning presentation. Live presentations must be 60 minutes total. Please reach out to <u>info@pswi.org</u> with questions about program length.

### How long is your proposed presentation?

- 45 minutes
- 1 hour
- 1 hour 15 minutes
- 1 hour 30 minutes

# **Task 4: Presentation and AV Needs**

PSW will provide all speakers with a podium, podium microphone, laptop with preloaded presentation, screen, projector, and slide advancer with small laser pointer (for live presentations only. Pre-recorded presentations will be self-recorded).

Please let us know what you will need <u>in addition</u> to the above (examples: lapel microphone, video/sound capabilities).

# Task 5: Additional Co-Presenters & Expertise/Qualifications Related to Topic Content

ACPE and PSW require each speaker and any content contributors who assisted in planning the content to complete a <u>financial disclosure form</u>. Please provide an ineligible relationships disclosure form for ALL speakers and content contributors when submitting the request. Requests will NOT be evaluated without the ineligible relationships disclosure form(s) on file.

### Proposed Presenter 1 (Submitter) – Information submitted above on page 1

Expertise and qualification in the topic(s) you are proposing. Resume/CV may be requested, if needed.

### Proposed Presenter 2 (Optional)

*Name:		*Degrees/Credentials:		
*Prefix/Salutation (Mr. Ms. Dr.):		Preferred Pronoun (he/she/they):		
*Employer/Organization:				
*Position Title:				
*Employer/Organization Street Address:				
Bldg/Suite:	City:	State:	Zip/Postal Code:	
Phone:		Email:		
Expertise & qualifications in the topic(s) you are proposing (Resume/CV may be requested, if needed):				
<b>_</b>				

**For presentations with more than 2 presenters:** Email the PSW Director of Professional & Educational Services at <u>spagenkopf@pswi.org</u>.

## Task 6: Peer Review of Slides, Handouts and/or Presentation

PSW Educational Programming Advisory Committee offers a voluntary, optional, final slide deck peer review opportunity. If your presentation is offered for educational content, do you plan to use the voluntary peer slide set review?

#### Please select one

Yes No Unsure

### Submission Confirmation:

I confirm that the included information is factual, and confirm my desire to share my knowledge with the membership of PSW:

Signature: _	 	 
Date		

Thank you for your submission, the PSW Educational Programming Advisory Committee (EPAC) will review your submission and request. A member of PSW or the Educational Programming Advisory Committee will be in contact soon to provide next steps. Should you have any questions or concerns, please reach out to info@pswi.org.

