Thank you for your interest in developing a proposal for the ASHP 2020 National Pharmacy Preceptors Conference! **Use this worksheet for planning purposes only**. You must submit your proposal online. Only proposals submitted online via the submission site will be considered for presentation.

|  |
| --- |
| * **Your proposal must be submitted no later than 11:59 p.m. (PST), Tuesday, January 15, 2020.** * For guidance on developing learning objectives, learning assessments, and active learning strategies, reference the [Helpful Hints on Session Development](https://www.ashp.org/-/media/assets/meetings-events/docs/helpful-hints-for-session-development.ashx?la=en&hash=9420F3B07983E3872286432ED7384B218CA08BC0). * Review the [Elements of a Good Proposal](https://www.ashp.org/Meetings-and-Events/Get-Involved-in-a-Meeting/For-Presenters/Planning-an-Educational-Session/Elements-of-a-Good-Proposal)to see how the Educational Programming Committee will evaluate each proposal. * If your proposal is accepted for presentation, you must be a current full active member of ASHP (non-pharmacists excluded) through the time of the presentation at the meeting. * Preference is given to session proposals not previously presented at an ASHP meeting. * ASHP does not consider submissions by a third party representative acting on behalf of another. |

**The Submitter Profile information and all Tasks must be completed to submit a proposal online. Fields with an asterisk (\*) are required.**

**SUBMITTER PROFILE**

**Name**

\*First

Middle

\*Last

Prefix/Salutation (e.g., Mr. Ms. Dr. etc)

Suffix (e.g., Jr. Sr.)

**Mailing Address**

\*Address Line 1

Address Line 2

\*City/ State

\*Zip / Postal Code

Province/Country (if not USA)

**Contact Information**

\*E-Mail Address

\*Office Telephone

Cell Phone

**Professional Information**

\*Position title

\*Employer

\*City/State

Province/Country (if not in USA)

Degrees/Credentials

FASHP

**TASK 1 PROPOSAL**

**\*Proposal Title**

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

|  |
| --- |
|  |

**Practice Settings** (Select ALL that Apply)

Ambulatory Settings

Managed Care Settings

Community Pharmacy Settings

Academic Affiliation

PGYI Programs

PGY2 Programs

Small to Medium Institutions

Large Institutions

Non-Academic Affiliation

**Target Audience** (Select All that Apply)

|  |  |
| --- | --- |
|  | New Student Preceptors |
|  | New Residency Preceptors |
|  | New Residency Program Directors |
|  | Experienced Student Preceptors (Advanced) |
|  | Experienced Residency Preceptors (Advanced) |
|  | Experienced Residency Program Directors (Advanced) |
|  | School of Pharmacy Experiential Coordinators (Advanced) |
|  | Other (please explain): |

**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/or patient outcomes. What is the problem or gap that you intend to fix through this educational session? The* ***need for this session is validated because there is a practice gap that must be closed in order to attain desired or ideal practice.***

**What is desired practice?** (Maximum 60 words)

|  |
| --- |
|  |

**What is current practice?** (Maximum 60 words)

|  |
| --- |
|  |

**Description and Overall Purpose** (Maximum 200 words)

*Brief description and overall purpose of this educational session that will entice your audience to attend and set realistic expectations of the content.*

|  |
| --- |
|  |

**What supplemental educational materials (such as outlines, forms, background materials, bibliographies, etc) will you provide to be distributed to attendees in addition to copies of your slides?**

(Maximum 200 words)

*A good educational session provides the learner with more than just copies of slides. Supplemental educational materials includes: practice examples, outlines, forms, background materials, bibliographies, etc.*

|  |
| --- |
|  |

**Briefly describe what attendees will be doing in your session.** (Maximum 200 words)

*Preference will be given to proposals where the attendees are actively engaged beyond lecture with polling questions. Case-based and scenario-based formats are preferred. The more interactive and engaging a session, the more likely a proposal may be accepted.*

|  |
| --- |
|  |

**Briefly describe how you are going to 'wow' your audience:** (Maximum 200 words)

|  |
| --- |
|  |

**TASK 2: NEEDS ASSESSMENT DOCUMENTATION**

**\* Needs Assessment Documentation:** (Select at least 2 from the list below)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Expert Opinion |  | National Guidelines |
|  | Government / Regulatory Requirement |  | New Technology / Methods |
|  | Peer-Reviewed Literature (List 2 citations) |  | Needs Assessment Survey (ASHP or Other) |
|  | Board /Re-Certification Requirements |  | Other |

**Identify the name of expert, guideline, research, etc**. for your needs assessment choices from above (Maximum 100 words)

**Identify what the expert, guideline, research or other says that supports the need**. (Maximum 100 words)

**TASK 3 LEARNING OBJECTIVES**

You must have at least 3 learning objectives with corresponding active learning strategies and learning assessments. Refer to the ***“***[***Helpful Hints on Session Development***](https://www.ashp.org/-/media/assets/meetings-events/docs/helpful-hints-for-session-development.ashx?la=en&hash=9420F3B07983E3872286432ED7384B218CA08BC0)***”*** for additional details.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Learning Objective**  *(minimum 3 required)* | **Learning Assessment** | **Active Learning Strategies**  *Select 1 – from list below* |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**Active Learning Strategy:** (options to choose from online)

|  |  |
| --- | --- |
| * Polling questions * Games and quizzes to practice recall * Demonstration * Examples with practice * Interactive Case Study * Interactive Scenario | * Role play * Simulation * Think –pair – share * Think – write - share * Application Exercises * Practice Exercises |

**TASK 4: ADDITIONAL REQUIRED INFORMATION**

**\*As a Pharmacist, I agree to have an active ASHP Membership if my proposal is accepted and continue my membership through delivery of the program at the meeting.**

I agree  I am not a pharmacist

**If you are not a pharmacist and are requesting an exception, please explain:**

|  |
| --- |
|  |

**\*Submitter Planning Experience** (Maximum 200 words)

*Experience in planning educational programs*

|  |
| --- |
|  |

**\*Submitter Expertise and Qualification** (Maximum 200 words)

*Expertise / qualifications in the topics(s) you are proposing*

|  |
| --- |
|  |

**\*Submitter Precepting Experience** (Maximum 200 words)

*Describe your experience precepting*

|  |
| --- |
|  |

**\* ASHP Member ID**

*If you are not an ASHP member, enter N/A or not applicable*

|  |
| --- |
|  |

**\* Submitter’s Attestation**

***I attest that I have submitted this proposal on my own behalf and not as a third party representative acting on behalf of another. If this educational program is accepted, I agree to serve as the program chair.***

***Agree***

**TASK 5: SESSION OUTLINE**

Prepare a proposed outline of your educational session. Sessions are 75 minutes in duration. Include a description and proposed presenter for each topic and include the time allocated for each topic. \***It is understood that the co-presenter you list is the co-presenter you will pursue upon acceptance of this proposal. Do not confirm your co-presenter at this time.**

Online you will need to follow the instructions to create a table with 4 columns and a minimum of 5 rows to enter your session outline

|  |  |  |  |
| --- | --- | --- | --- |
| **Topic** | **Description** | **Proposed Speaker** | **Time Allotted** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**TASK 6: PROPOSED PRESENTERS**

Add the list of presenters for your proposal. \*It is understood that the co-presenter you list is the co-presenter you will pursue upon acceptance of this proposal. **Do not confirm your co-presenter at this time.**

Online the system will automatically add the submitter as the first presenter. The first presenter will also serve as the lead presenter for the session.

**Proposed Presenter 1 (Submitter)**

|  |  |  |
| --- | --- | --- |
| Name: | Degree(s) and/or Credentials(s): | |
| Position title: | Employer: | |
| City: | State/Province: | Country: |
| Mailing Address: | Phone: | Email: |
| Expertise/qualification in the topic(s) you are proposing (Maximum 200 words) | | |

**Proposed Presenter 2**

|  |  |  |
| --- | --- | --- |
| Name: | Degree(s) and/or Credentials(s): | |
| Position title: | Employer: | |
| City: | State/Province: | Country: |
| Mailing Address: | Phone: | Email: |
| Expertise/qualification in the topic(s) you are proposing (Maximum 200 words) | | |

**TASK 7: FINANCIAL RELATIONSHIP DISCLOSURES**

In accordance with the ACPE’s and ACCME’s Standards for Commercial Support, anyone in a position to control the content of an educational activity is required to disclose to the accredited provider their ***relevant financial relationships***. In accordance with these Standards, all potential conflicts of interests have been resolved. *An individual has a* ***relevant financial relationship*** *if he or she (or spouse/domestic partner) has a financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the activity content over which the individual has control.*

As defined by ACCME, a **commercial interest** is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The Standards for Commercial Support do not consider providers of clinical service directly to patients to be commercial interests.

**Step 1:** Financial Relationships

Have you or your spouse/partner had a financial relationship in any amount in the last 12 months with any commercial interest (see definition above)?

Yes  No

**Step 2:** If you acknowledged a financial relationship in question 1, provide the name/s of the commercial interest/s below, click to “add a financial relationship" below.

Add a financial relationship

|  |
| --- |
| **What is the name of the commercial interest?**  *Please limit to one commercial interest (you will be able to add other companies online).* |
| **Who has the financial relationship?**  You  Spouse/partner |
| What is the nature of the financial relationship *(check all that apply)*  Compensated Advisory, Review, or other Board Member  Consultant  Employee  Contractor  Grant Recipient (and you are named as the grantee)  Research Support (and you are named as the principle or lead investigator)  Speakers Bureau  Stockholder/Ownership Interest (excluding diversified mutual funds)  Other Financial or In-Kind Support  (please describe) *Maximum 25 words* |
| I have divested myself (or my spouse/partner has divested himself/herself) of this relationship.  Yes  No  If terminated, date ended: |

**Step 3:** Does the content over which you have control contain information about healthcare products or services of the commercial interests you identified above?

Yes  No

**Step 4:** Acknowledgement

I certify that the information I have provided is complete to the best of my knowledge and I accept responsibility for the accuracy of the information in the response to the aforementioned questions.

|  |  |
| --- | --- |
| Signature |  |

**Remember:**

* Paper copies will not be accepted. Use this form for planning purposes only.
* The online submission site will contain all the information, but the order maybe slightly different.
* Use the link for the submission site posted on <https://www.ashp.org/Meetings-and-Events/Get-Involved-in-a-Meeting/National-Pharmacy-Preceptors-Conference>