

# EXPANDING DIMENSIONS IN HOSPICE & PALLIATIVE CARE



*Campbell's Resort – Lake Chelan, WA*

October 25-26, 2021

## REQUEST FOR PROPOSALS (due July 23, 2021)

As you prepare your Presentation Proposal, we are requesting that our Faculty utilize this template in planning their presentations:

### Introduction and disclosures of any possible conflict of interest

#### Needs Assessment

- What would be a good use of your time today?
- What are you hoping to get out of this session?
- Briefly review session objectives

#### Present framework for understanding the content

- Allow approximately one minute per slide
- Include references/resources as appropriate
- Provide written copies of case studies, if using

#### Emphasis on behavioral activity and engagement of the audience

- Use Case Studies, if applicable
- Use Trigger questions
- Include practice component for skill building/application of content

**Please allow at least 5 minutes at the end of your presentation for questions.**

**Notice of RFP Status:** All individuals submitting proposals will be sent an e-mail confirming the proposal has been received. The WSHPCO's Planning Committee will review and select proposals. Presenters will be notified via email by August 16 of the proposal's status (accepted, declined or assigned to tentative status).

#### Benefits to Chelan Conference Presenters

- Participation in a wonderful setting with people who do what you do.
- Primary presenters receive a 25% discount on registration with additional registration discount for presenting more than once (50% discount on registration if presenting twice at the conference, etc.) All presenters may attend a single session free of charge.
- An opportunity to share knowledge and receive feedback from your peers while contributing to the advancement of end-of-life care.

#### Faculty/WSHPCO Relationships

*By submitting a presentation proposal, the applicant is aware of his or her obligations as a presenter:*

- **Expenses:** Primary presenters receive a 25% discount on registration; co-presenters will pay full registration fees. (All presenters may attend a single session free of charge.)
- **Honorarium, travel reimbursement or lodging expenses:** The WSHPCO regrets that we are not able to provide honoraria or expense reimbursement.
- **Presentations** must be submitted electronically to the WSHPCO.
- **Presentations** will be loaded on WSHPCO computers. Because of technical issues, please do not bring personal computers to use for presentation.
- **Handouts** will not be printed for attendees but will be available for download on the WSHPCO website prior to the Chelan Conference.

#### Important Dates and Information

<b>Proposal Due Date:</b>	July 23, 2021
<b>Submit Proposal to:</b>	<a href="mailto:mccauley@wshpco.org">mccauley@wshpco.org</a>
<b>Alternate Submission:</b>	US Mail – WSHPCO – P. O. Box 361 – Camas, WA 98607
<b>Proposal Receipt:</b>	Confirmation will be sent via email when presentations are received.
<b>Proposal Status Date:</b>	August 16, 2021
<b>Slide Due Date:</b>	October 8, 2021
<b>Questions:</b>	Barb Hansen (541.231.2440) or Meg McCauley (503.890.7027)

## REQUEST FOR PROPOSAL APPLICATION – 2021 WSHPCO Fall Conference page 2

Please complete ALL information thoroughly and remember to include with your proposal a copy of your current CV. Presenter names, degrees, titles and organizations will be printed in the Chelan Conference Brochure as they appear on this application. Electronic completion is preferred; email completed application to [mccauley@wshpco.org](mailto:mccauley@wshpco.org).

Primary Presenter Name		Title & Professional Degrees	
Primary Presenter E-Mail		Phone	
Primary Presenter Organization		Address/City/State/Zip	
Co-Presenter Name		Title & Professional Degrees	
Co-Presenter Organization		Co-Presenter Email	
Proposed Presentation Track Focus (please check all that apply)			
<input type="checkbox"/> Clinical		<input type="checkbox"/> Psychosocial/Self-Care/Other	
<input type="checkbox"/> Administrative/Regulatory	<input type="checkbox"/> Pediatric Palliative Care	<input type="checkbox"/> Palliative Care	
<b>Proposed Presentation Title</b>			
<b>Brief description of presentation for inclusion in brochure (100 words or less)</b>			
Please provide 2-3 <b>Learning Objectives</b> . <i>Note: Learning objectives should identify what the participant will learn, not what the presenter will teach. Write objectives that are measurable and in complete sentences. As an example: (1) "By participating in this workshop, participants will . . ." or (2) "On completion of this session, participants will be able to . . ."</i>			
Learning Objective 1			
Learning Objective 2			
Learning Objective 3			
Please provide 1 <b>"Trigger Question"</b> designed to engage your audience in discussion. Plan to allow at least 5 minutes of discussion with your audience.			
Trigger Question			
<b>All presenters are asked to include in their presentation a practice component for skill building—an opportunity for participants to practice the skills they're learning while attending your session. Plan to include time for this activity in your presentation.</b>			
<b>Brief Primary/Co-Presenter biographical information</b> for brochure inclusion (provide information on your background, training and experience)			

<p><b>Please disclose any possible Conflicts of Interest</b> A conflict of interest exists if any individual/entity that is in a position to influence the content, design or implementation of the activity is ALSO in a position to benefit financially from the success of the activity.</p>	
<p>Please list 1-2 references familiar with your presentation style and ability:</p>	
<b>Reference 1</b>	<b>Reference 2</b>
Name/Title & Degrees	Name/Title & Degrees
Organization	Organization
E-Mail	E-Mail

**SESSION PREFERENCES**

<p>Preferred Time (select 1): Plan to allow at least 5 minutes of audience participation/discussion during your presentation:</p>			
<input type="checkbox"/> 50 minute session	<input type="checkbox"/> 60 minute session	<input type="checkbox"/> 75 minute session	
<p>Level of Content (select 1)</p>			
<input type="checkbox"/> Introductory	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	
<p>Target Audience (Select all that apply)</p>			
<input type="checkbox"/> Nurses	<input type="checkbox"/> Educators	<input type="checkbox"/> Bereavement Coordinators	
<input type="checkbox"/> Hospice Aides	<input type="checkbox"/> Physicians	<input type="checkbox"/> Management & Leadership	
<input type="checkbox"/> Social Workers	<input type="checkbox"/> Chaplains/Spiritual Care	<input type="checkbox"/> Support staff	
<input type="checkbox"/> Billers	<input type="checkbox"/> Volunteers/Coordinators	<input type="checkbox"/> Counselors	
A/V Requirements	<input type="checkbox"/> Laptop/Projector	<input type="checkbox"/> Screen	<input type="checkbox"/> Flipchart
Check the dates you would be able to present	<input type="checkbox"/> 10/25	<input type="checkbox"/> 10/26	<input type="checkbox"/> Either

*Electronic completion is preferred; email completed application to [mccauley@wshpco.org](mailto:mccauley@wshpco.org).*