

“EMBRACING GRACE: A JOURNEY OF GRATITUDE IN HOSPICE & PALLIATIVE CARE”



Campbell's Resort – Lake Chelan, WA

October 21-22, 2024

GUIDELINES FOR RFP SUBMITTAL

As you prepare your Presentation Proposal, we are requesting that our Faculty utilize this information in planning their presentations, and please note items highlighted in **RED**:

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

- 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
- Include practice component for skill building/application of content

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

Benefits to Chelan Conference Presenters

- Participation in a wonderful setting with people who do what you do.
- 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 their obligations as a presenter:

- **All presenters receive a 25% discount on registration with an additional discount for presenting more than once (50% discount on registration if presenting twice or more at the conference). All presenters may attend a single session free of charge.**
- **The WSHPCO regrets that we are not able to provide honoraria or expense reimbursement.**
- **Presentations** will be loaded on WSHPCO PC computers. Because of IT variables, please do not bring personal computers to use for presenting.
- **Handouts** are not printed for attendees but will be available for download on the WSHPCO website prior to the conference.

Important Dates and Information

- Proposal Due Date:** July 19, 2024
Submit Proposal to: Electronically to mccauley@wshpco.org
Alternate Submission: US Mail – WSHPCO – P. O. Box 361 – Camas, WA 98607
Proposal Receipt: Confirmation will be sent via email when presentations are received.
Proposal Status Date: August 9, 2024 (*acceptance, denial or additional information needed*)
Slide Due Date: October 11, 2024
Questions: Barb Hansen (541.231.2440) or Meg McCauley (503.890.7027)

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.

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Presenter Name		Title & Professional Degrees	
Presenter E-Mail		Phone	
Presenter Organization			
Please list additional presenter names, title/credentials and organization affiliation here (up to 5 for panel presentations):			
Proposed Presentation Track Focus (please check all that apply)			
<input type="checkbox"/> Administrative/Regulatory		<input type="checkbox"/> Psychosocial/Self-Care/Other	
<input type="checkbox"/> Clinical	<input type="checkbox"/> Pediatric Palliative Care	<input type="checkbox"/> Palliative Care	
Proposed Presentation Title			
Brief description of presentation for inclusion in brochure (100 words or less)			
Please provide 2-3 Learning Objectives. <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			

Brief Primary/Co-Presenter biographical information for brochure inclusion (provide information on your background, training and experience)	
Please disclose any possible Conflicts of Interest 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.	
Please list 1-2 references familiar with your presentation style and ability:	
Reference 1	Reference 2
Name/Title & Degrees	Name/Title & Degrees
Organization	Organization
E-Mail	E-Mail

SESSION PREFERENCES

Preferred Time (select 1): Plan to allow at least 5 minutes of audience participation/discussion during your presentation:			
<input type="checkbox"/> 60 minute session	<input type="checkbox"/> 30 minute session		
Level of Content (select 1)			
<input type="checkbox"/> Introductory	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	
Target Audience (Select all that apply)			
<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 other than projector/laptop/screen/mic (please list):			
Check the dates you would be able to present	<input type="checkbox"/> 10/21	<input type="checkbox"/> 10/22	<input type="checkbox"/> Either

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