



LOUISIANA~MISSISSIPPI
HOSPICE AND PALLIATIVE CARE ORGANIZATION

proudly presents



JULY 25-27, 2012

LOEWS New Orleans Hotel

CALL FOR PRESENTATION PROPOSALS

LMHPCO invites you to submit a proposal for an educational presentation at our **10th Annual Leadership Conference**. The Education Committee is seeking proposals from a wide variety of professionals involved in end-of-life care. This includes chaplain or counselor, clinician or policy maker, administrator or manager, nurse, pharmacist, physician, social worker or researcher, regulator, volunteer coordinator or volunteer, community liaison, legislator, ethicist or academician. LMHPCO encourages you to submit a proposal. Sharing your work and expertise in end-of-life care is vital to the professional growth of all hospice and end-of-life providers in Louisiana and Mississippi.

TARGET AUDIENCE:

Physicians, Nurses, Clinical Managers, Social Workers, Chaplains, Volunteer Managers/ Coordinators, Bereavement Coordinators, Administrators, Community Liaisons and all professionals dedicated to providing and improving end of life care. This includes Hospice and related fields such as Nursing

Home Administrators/staff, Veterans Associations, Corrections and Pharmacists.

AREAS OF EMPHASIS:

LMHPCO seeks proposals from a wide variety of professionals in the areas of hospice and end-of-life care. The instructional level may be beginning, intermediate or advanced. This year's concurrent

workshops will offer expertise from local, regional, and national speakers. Suggested topics include:

- Accountable Care Organizations
- Administration/Management
- Bridge Programs (from home care to hospice)
- Caregiver Issues
- Cultural Diversity
- Documentation
- Ethics
- General In-patient
- Hospice Care in Diverse Settings (VA Facilities, Nursing Homes, Corrections Based Facilities)
- ICD-10 Implementation
- Quality Assessment/ Performance Improvement (QAPI) Programs
- Innovative Programs in Bereavement Care
- Legal Issues
- Legislative/Advocacy Issues
- Pain and Symptom Management
- Palliative Care
- Pediatrics
- Regulatory Compliance
- Research/Public Policy
- Self Care
- Social Work and Counseling
- Spirituality
- Strategies for Community Outreach
- Volunteer Recruitment, Retention and Management

TYPES OF PRESENTATIONS:

The LMHPCO Education Committee is seeking proposals in the following categories:

60 Minute Concurrent Sessions:

60 minute presentations that provide time for questions/ answers. Concurrent sessions

provide brief overviews, suggest new ideas or strategies for further exploration or highlight successful programming that can be replicated.

90 Minute Concurrent Sessions (Friday ONLY):

90 minute interactive sessions that demonstrate participant involvement in the learning experience. These workshops present in-depth exploration and application of a topic. All 90 minute workshops will be scheduled for Friday, July 27, 2012.

CONFERENCE SCHEDULE:

To achieve a balanced conference program, LMHPCO will determine the days and times that sessions are scheduled. Presenters must be able to speak on the day assigned.

SUBMISSIONS OF TOPICS:

In order to allow an independent evaluation of the relevance and potential effectiveness of the presentation, and to afford LMHPCO the opportunity to apply for continuing education credit for professional disciplines, submissions *must* include the following:

A completed “Presenter Profile” for each presenter, which includes the presenter’s:

Current contact information including:

- email address
- Current position
- Highest degree earned and institutions attended,
- Familiarity with audience and subject matter,
- Presentation experience, particularly in a conference setting.

A “Presenter Directed Activity Content Outline” which includes:

- A title for the presentation that informs the reviewer of the subject matter.
- Two or more measurable learning objectives (written from the perspective of what participants will learn rather than what the presenter will teach),
- How the objectives will be met,
- Presenter(s)
- Teaching/delivery methods

A Brief Abstract:

- A 2-3 sentence description that can be used in a brochure.

FACULTY HONORARIA:

The goal of the LMHPCO annual conference is to continually advance the skills and expertise of hospice professionals as we share our knowledge and learn from one another. LMHPCO provides qualified presenters with a forum for presenting their ideas and recommendations for improving hospice services and end-of-life care in Louisiana and Mississippi. LMHPCO is grateful and honored to have presenters step forward to share their knowledge at our educational events, providing a valuable contribution to the end-of-life care field. Equally, being chosen as an educator for our membership is a privilege and as such, LMHPCO does not provide honoraria or reimbursement to presenters. This call for proposals allows us to reach this goal by encouraging the sharing of end-of-life knowledge without increasing the cost of the conference to attendees.

Please send Completed Packet* to:

Nancy Dunn, LMHPCO Education Director
PO Box 1999
Batesville, MS 38606

FAX: 504-948-3908 or via e-mail to: nancy@LMHPCO.org

Please call if you have any questions or need assistance in completing your application: 662-934-0860

Deadline: Monday, January 16, 2012

*** Completed Packet includes:**

- Presenter Profile
- Presenter Directed Activity Content Outline
- Brief Abstract listing Description of Presentation, 25 words or less
- Type of Session
- Instructional Level
- Equipment Request
- Signed Agreement
- Disclosure Statement
- Digital Photo of Presenter

PRESENTER PROFILE BIOGRAPHICAL DATA FORM

Check the appropriate Category(ies)

- 1. Person administratively responsible
- 2. Planning Committee Chair
- 3. Planning Committee Member (specify all roles)

- 4. Presenter
- 5. Nurse
- 6. Other: _____

- A) Target Audience _____
- B) Content Expertise _____
- C) Administratively responsible person _____

INSTRUCTIONS:

Type information directly on a copy of this form. Do not attach any additional material.

Name: _____
(Name, Degrees and Credentials)

Home or Business Address: _____
(Number and Street) (City, State, Zip)

Daytime Phone _____ Email Address: _____

Present Position (title) & Employer: _____

Position Description: _____

EDUCATION (including basic preparation through highest degree held)

Degree	Institution (Name, City, State)	Major area of study	Year degree awarded

PRESENTER: Describe your expertise in this topic:



EDUCATION COMMITTEE

Presenter Directed Activity Content Outline

PRESENTATION TITLE: _____

OBJECTIVES	CONTENT OUTLINE	TIME FRAME	PRESENTER	TEACHING METHODS
At the end of this activity the learner will be able to:	Provide an outline of the content for each objective. Number each content area with corresponding objective.	State the time frame (in minutes) for each Objective	List the faculty for each objective.	Describe the teaching strategies: materials, delivery methods, resources, and learner feedback.
I				
II				
III				
IV				
V				
Evaluation				

Brief Abstract Listing Description of Presentation (25 words or less): _____



LOUISIANA~MISSISSIPPI LMHPCO Full Disclosure for CME Activities
HOSPICE AND PALLIATIVE CARE ORGANIZATION



Please check where applicable and sign below. Provide additional pages as necessary.

Name of CME Activity: **LMHPCO 2012 Leadership Conference "SURVIVING CHANGE"**

Date(s) and Location of CME Activity: **July 25-27, 2012 Loews New Orleans Hotel**

Topic: _____

Name of Faculty/Planner/Author/Editor/Reviewer: _____

Address, City, State, and Zip Code: _____

Phone Number: _____ E-mail: _____

DISCLOSURE OF FINANCIAL RELATIONSHIPS WITHIN 12 MONTHS OF DATE OF THIS FORM

- A. Neither I nor any member of my immediate family has a financial relationship or interest with any proprietary entity producing health care goods or services.
- B. I have or an immediate family member has a financial relationship or interest with a proprietary entity producing health care goods or services. Please check the relationship(s). *(Check all that apply):*
- Research Grants
 - Speakers' Bureaus*
 - Ownership
 - Consultant for Fee
 - Stock/Bond Holdings (excluding mutual funds)
 - Employment
 - Partnership
 - Others (please list) _____

Please indicate the names of the organizations with which you have a financial relationship or interest, and the specific clinical areas that correspond to the relationship. If more than four relationships, please list on separate piece of paper:

<u>ORGANIZATION WITH WHICH RELATIONSHIP EXISTS</u>	<u>CLINICAL AREA INVOLVED</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

- *Continue with this section only if you checked "Speakers' Bureaus" in item B:
- Did you participate in company-provided speaker training related to your proposed topic? ___ Yes ___ No
- Did you travel to participate in this training? ___ Yes ___ No
- Did the company provide you with slides of the presentation in which you were trained as a speaker? ___ Yes ___ No
- Did the company pay the travel/lodging/other expenses? ___ Yes ___ No
- Did you receive an honorarium or consulting fee for participating in this training? ___ Yes ___ No
- Have you received any other type of compensation from the company? Please specify: ___ Yes ___ No

- When serving as faculty for LMHPCO, will you use slides provided by a proprietary entity for your presentation/handout materials? ___ Yes ___ No
- Will your topic involve information or data obtained from commercial speaker training? ___ Yes ___ No

DISCLOSURE OF UNLABELED/INVESTIGATIONAL USES OF PRODUCTS

- A. The content of my material(s)/presentation(s) in this CME activity will not include discussion of unapproved or investigational uses of products or devices.
- B. The content of my material(s)/presentation(s) in this CME activity will include discussion of unapproved or investigational uses of products or devices as indicated:

If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and I may be asked to provide additional information. I understand that failure or refusal to disclose, false disclosure, or inability to resolve conflicts of interest will require LMHPCO to identify a replacement.

Signature: _____ Date: _____

RETURN BY: **January 16, 2012**
 Fax: 504-948-3908
Nancy@LMHPCO.org

Nancy Dunn, LMHPCO Education Director
 PO Box 1999
 Batesville, MS 38606



Type of Session:

_____ 60 Minute Concurrent
_____ 90 Minute (Friday Only)

Instructional Level:

_____ Beginning
_____ Intermediate
_____ Advanced

Equipment Request: (LMHPCO provides a screen and LCD projector)

Agreement:

As the primary or sole presenter, I accept the conditions identified in the NHPCO Call for Proposals. If the submitted proposal is accepted for presentation at the 2012 conference, I agree to commit to presenting the concurrent session or post-conference session. I agree to notify LMHPCO as soon as known if I or any of the presenters identified in the accepted proposal cannot fulfill the commitment.

Primary or Sole Presenter's Signature _____ Date: _____