PROPOSAL FORM FOR SYMPOSIA-FALL

**Proposed Title:**

**Director(s) Names & Institutional Affiliations:**

1. Please outline the symposium, including topics to be covered, material to be presented, allotted time per section (symposium timeslot=4 hours; 3.5 lecture hours and a 0.5 hour break.), topic, speaker order, etc.
2. Describe your symposium.
3. What is the overall goal of the symposium?
4. What target audience would benefit most from your proposed symposium?  
   (i.e. general pediatric pathologists, general pathologists, specialists in clinical pathology, autopsy pathologists, perinatal pathologists, fellows, residents, etc.).
5. Which of the following Accreditation Council for Graduate Medical Education (ACGME) core competencies will your session address? For complete definitions of the core competencies, click here.

(Check all that apply)

Patient Care

Medical Knowledge

Practice-Based Learning and Improvement

Interpersonal and Communication Skills

Professionalism

Systems-Based Practice

1. How was the need for this symposium brought to your attention (i.e. new technology, review of board examinations, surveys of the target audience, etc.?; (please include current references in this section)
2. What are the educational need(s) of the target audience so the professional practice gaps identified above can be closed? Please list them as either a) medical knowledge and/or b) gaps in practice or competence. *\* An educational need is defined as “the need for education on a specific topic identified by a gap in professional practice.”*
3. What knowledge or practice gaps have been identified to justify a learning need for this symposium? State the professional practice gap(s) of your learners on which the symposium is based. Please use quantitative responses whenever possible to define the gaps. ***\*A professional practice gap*** *is defined as the difference between ACTUAL (what is) and IDEAL (what should be) in regards to performance and/or patient outcomes.*
4. Based on the gap identified, what is the cause of or contributor? Is it lack of clinical knowledge and/or competence?
5. What are the potential or real barriers facing the learners who are trying to close the identified gap?

(Check all that apply)

|  |  |  |
| --- | --- | --- |
| Technological / reagent restrictions | Insurance/Financial Issues | Time constraints |
| Lack of multidisciplinary support | System constraints | Conflicts in published data |
| Evolving practice standards | Rarity of specific conditions | None |

1. List three learning objectives that can be measured and are aligned with your stated goal. Please outline them by completing the following sentence.

“Upon completion of this activity, participants will be able to...” Example: *describe the purpose of the autopsy in the evaluation of pediatric cardiac conditions, therapeutic interventions, and their complications*.

1. Please list at least one specific example of a change in knowledge, competence, or performance that you intend to accomplish through this symposium.
2. Please identify at least one existing and/or develop at least one new supportive/supplemental educational strategy that is currently being used or could be used to close the identified practice gap(s) and to improve learner behaviors.

|  |  |  |
| --- | --- | --- |
| Educational outreach (to other groups) | CAP Learning Portal | PedPath listserv |
| Slide survey program | SPP-driven publication | Website updates (e.g., Journal Watch) |
| Audit and Feedback | Organizational change | Other: |

1. What learning format do you intend to utilize?

Case Study

Lecture

Hands-on practice

Other (Please Specify):

1. This activity requires submission of a detailed syllabus that follows the lecture, contains answers to the submitted SAM questions, and has references to peer reviewed literature. As the course director it is your responsibility to ensure that all of the speakers involved in the symposium are aware of this requirement. The syllabus can be text only or can be a PDF of the speaker’s PowerPoint presentation or significant slides selected by the speaker. The syllabus will be posted to the SPP meeting website for download by registrants prior to the symposium.

\_\_\_\_ Please initial that you understand this requirement

**Attached to this document is the speaker agreement which will be sent to all speakers upon acceptance of your proposal. We recommend that you share this document with your speakers as you solidify your proposal so speakers are familiar with the agreement and understand their responsibilities.**

**Submitted by:**

**RELEVANT EDUCATION AND TEACHING EXPERIENCE OF EACH FACULTY**

(This page may be duplicated for each faculty member to complete.)

1. Name:
2. Office Address, Telephone, and Email:
3. Is speaker currently a Member of SPP?
4. Education and Degree(s) Earned, Institution, Location:
5. Post-graduate Training (Residency(s) and Fellowship(s) Institution(s), Location(s):
6. Current Academic Position(s) Held (Academic appointment, Institution, Location) :
7. Other Pertinent Academic/Institutional Position(s) Held in Past 5 Years (Position, Institution, Location):
8. Please include your teaching experience for each of the following groups in the last 5 years:
   1. Medical Students, Residents, and/or Fellows:
   2. Regional/National courses:
   3. International Courses
9. Please provide a short list of relevant and recent publications on the topic of the proposed short course.  (Please do not include a complete list of all your publications.)
10. Is there any other pertinent information that you wish to include relating to your or your collaborators’ expertise in the proposed topic or your teaching experience?

# Society for Pediatric Pathology

111 West Jackson Blvd., Suite 1412, Chicago IL 60604  
Telephone: 212-297-2196   
Email: spp@kellencompany.com

Your proposal has been accepted for presentation at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

As a speaker you must agree to the following:

* You understand that all requested materials and tasks must be completed on or before the dates indicated in the Speaker Management System.
* You understand that your SAM questions must follow the proper ABP Guidelines and that you will refer to the Toolkit provided prior to submitting your questions.
* You understand that your Syllabus must contain the answers to your SAM questions and have an applicable reference.
* You understand that both your SAM questions and Syllabus will be reviewed by a committee of your peers for compliance and returned for editing if not acceptable.
* You understand that your syllabus will be posted to the SPP Meeting website and available for download by registrants prior to the symposium.

I agree to the speaker guidelines listed above:

*Signed*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please sign and return this form to* [pferchland-bingham@staff.spponline.org](mailto:pferchland-bingham@staff.spponline.org)

***This page to be completed by SPP Staff***

**Proposed Title:**

**Director(s) Names & Institutional Affiliations:**

**Reviewed by:**

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Name Role

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Name Role

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Name Role

**If approved by education planners, must be reviewed/approved by CME Course Director.**

As CME course director, I have reviewed this proposal and agree that the educational need(s) and gaps identified will be addressed by this Session.

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Signature Date