

Pennsylvania

WORKFORCE INVESTMENT BOARD

651 Boas Street, 12th Floor, Harrisburg, Pennsylvania 17121 Telephone: 717.772.4966 Fax: 717.705.3799

PENNSYLVANIA CENTER FOR HEALTH CAREERS

CALL FOR ABSTRACTS

Redefining Excellence: Pennsylvania's Best Health Care Practices

**Thursday, March 29th, 2012 at Central Penn College in
Summerdale, Pennsylvania (Route 11/15 north of Harrisburg)**

The theme of this year's program is "The Health Care Team of Tomorrow". Individuals, agencies or organizations interested in sharing their best practices are encouraged to submit abstracts for presentation that identify and address issues in the following areas: ensuring improved outcomes and performance in a changing health care delivery system, increased efficiency and/or access to care or cutting-edge practices that are advancing the way care is organized and delivered within the industry. This year's conference will offer four (4) separate health care tracks related to the initiatives of the Pennsylvania Center for Health Careers: **Nursing Practice, Nursing Education, Community-Based Care (includes Allied Health, Direct Care, Public Health, and Health Information Technology sub-tracks), and Clinical Simulation Learning.**

ALL ABSTRACTS MUST BE RECEIVED BY 5:00PM FRIDAY, DECEMBER 9, 2011

Title of Abstract: _____

Track (if Community-Based Care, please list sub-track): _____

Presenter Information (Primary Contact)

First Name _____ Last Name _____

Title _____

Organization _____

Address _____

E-Mail _____ Phone _____

Co-Presenter Contact Information (Limit 1)

First Name _____ Last Name _____

Title _____

Organization _____

Address _____

E-Mail _____ Phone _____

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General Guidelines for the 2012 Best Practices Conference Call for Abstracts

Collection of Abstracts

- **Abstract (limit 250 words)** must describe the proposed content of your presentation, identifying the general interest of the presentation to the audience, including the specific impact on the health care workforce as well as what makes your project/initiative a “Best Practice” for the health care industry. **In order for your program to be eligible for continuing education credits, you MUST clearly state the goals and objectives of your program**, outcomes you have experienced, and funding source(s) (if any).
- At the top of each page, please state: Your Name(s), Organization(s), Address, and which Health Care Track you would like to be considered for.
- Presentations must focus on one of 4 health care tracks: **Nursing Practice, Nursing Education, Community-Based Care (includes Allied Health, Direct Care, Public Health, and Health Information Technology), or Clinical Simulation Learning**
- **All abstracts must be received electronically before 5:00PM Friday, December 9, 2011.** Abstracts received after this date will not be considered for selection.
- All submissions must contain a **2 to 3 sentence** description of your presentation **on a separate page**. This will be used for blurbs on marketing brochures and the conference program. Please include the title of your abstract, your name, contact information, and your organization on this separate page. Abstracts missing this brief description will not be considered for selection.
- PA Center for Health Careers Best Practices Conference Planning Committee members whose organizations submit abstracts shall excuse themselves from evaluation of abstracts.
- **The registration fee for the primary presenter will be waived.** If the primary presenter wishes to have a co-presenter, he or she will be responsible for registration and all fees.

Activity Documentation and Biographical Information

- Activity Documentation and Biographical Data Forms are a requirement for CE approval and, therefore, must be submitted FULLY complete when submitted. **Any abstract submitted with incomplete or missing forms will not be considered for selection.**
- The Activity Documentation form must include up to two (2) learning objectives for session attendees. Please complete all 5 columns of the form for each separate learning objective.
- Please complete a separate biographical data form for each speaker that will be presenting.
- Bio forms must be signed and dated and must be submitted along with the abstract, the activity documentation form, and 2-to-3 sentence summary by the submission deadline.
- Please type or word process all information on both forms. Please refrain from handwriting.

Presentation Guidelines (If Selected)

- Any changes in co-presenters and/or replacements must be e-mailed no later than Monday, **January 9th, 2012**. After this date, marketing materials will be finalized and cannot be changed.
- Central Penn College will provide technological support such as LCD projectors, screens, and laptops. The conference center is equipped with complimentary wireless internet. Any additional technological or audio/visual equipment required for your presentation must be requested via e-mail no later than COB on Friday, **February 24th, 2012**. We will inform you if we have any difficulty filling your request for a unique audio/visual requirement.
- Please plan to use only technology that you are familiar with and can easily operate as tech support on the day of the conference will be extremely limited.
- All PowerPoint presentations must be submitted to the PA Center for Health Careers by COB on Friday, **March 16th, 2012**. Additionally, if you would like, please plan to bring hard copies of your presentation for session attendees.
- Sessions will be 40 minutes in length. Presentations shall be no longer than **25-30 minutes** with a remaining 10-15 minutes for question/answer.
- **PowerPoint presentations shall not exceed 15 slides!** Slide count does not include a title slide, reference slide, or slides containing only images. Presentations should be in PowerPoint 2007 format to ensure compatibility with laptops provided.

Submission Instructions

Please submit all materials as one file with each submission requirement on a separate page within the document. Materials must be received electronically by 5:00PM on Friday, December 9, 2011. Please email all materials to the email address listed below:

Contact Person:

Veronica Snyder, Director
PA Center for Health Careers
651 Boas Street, 12th Floor
Harrisburg, PA, 17121
Phone: (717) 525-5593

E-mail documents to: PCHC@pa.gov
PA Center for Health Careers
Subject Line: BPC Abstract Submission

Notification of selected abstracts will occur no later than January 3, 2012.

Presentation Abstract

[Full Name]
[Organization]
[Email Address and Phone]
[Learning Track]

Title of Presentation: _____

Abstract:

Presentation Summary

[Full Name]
[Organization]
[Email Address and Phone]
[Learning Track]

Title of Presentation: _____

2-3 sentence summary of presentation:

[Full Name]
 [Organization]
 [Email Address and Phone]
 [Learning Track]

ACTIVITY DOCUMENTATION FORM

Each 60 minutes of educational instruction is equal to 1 contact hour

OBJECTIVES List all learner’s objectives in operational/ behavioral terms (for a 30-minute presentation, there should be no more than 2 objectives)	CONTENT (Topics) Provide an outline of the content for each objective. It must be presented in sufficient detail to determine consistency with objectives and appropriate time allotted.	TIMEFRAME State the timeframe for each objective	PRESENTER List the presenter for each objective.	METHODS Describe the teaching methods, strategies, materials & resources for each objective
Objective #1:				
Objective #2:				

BIOGRAPHICAL DATA FORM

This Individual is: (Check all that apply) Administratively Responsible Person Planning Committee Member Presenter/Content Specialist

Instructions: Make as many copies of this form as necessary to provide the required information documenting adherence to the criteria.
Do not send curriculum vitae. Form must be typed or word-processed.

Name, Degree, and Credentials: _____

Home Address or Business Address: _____

Day Telephone: _____ **Extension:** _____

E-mail Address: _____

Present Position (title): _____

Employer: _____

Educational Activity Planners: Describe your professional qualifications and familiarity with the target audience.

Activity Faculty/Content Specialist: Describe your knowledge and expertise in this topic area.

Conflict of Interest Disclosure

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity and any potential conflict must be resolved. In order to ensure balance, independence, objectivity, and scientific rigor at all programs, the planners and faculty must take full disclosure indicating whether the planner, faculty, or content specialist and/or his/her immediate family members have an relationships with sources of commercial support, e.g. pharmaceutical companies, biomedical device manufacturers and/or corporations whose products or services are related to pertinent therapeutic areas. All planners, faculty and content specialists participating in CE activities must disclose to the audience any:

- A. Relationship with companies who manufacture products used in the treatment of the subjects under discussion
- B. Relationship between the planner, faculty, or content specialist and commercial supporter(s) of the activity and/or
- C. Intent to discuss unlabeled uses of a commercial product, or an investigational; use of a product not yet approved for this purpose.

All information disclosed must be shared with the audience either on the program handouts, advertising and/or audiovisual presentation.

- A. Is there a relationship with companies who manufacture products used in the treatment of the subjects under discussion:
_____ Yes _____ No **If yes, list company(s) with relationship:**

Relationship

Research Support
Speaker's Bureau
Consultant
Shareholder
Other Support
Large Gift(s)

Name of Commercial Company(s)

- B. Is there a discussion of unlabeled uses? If yes, you must disclose this information during your presentation. How will you do this?

- _____ 1. Verbal statement during the presentation
- _____ 2. Information provided on handouts
- _____ 3. Information provided in audiovisuals
- _____ 4. Other, please describe _____

- C. How will any conflict of interest be resolved? _____

- ___ 1. Have discussed this conflict with individual who is now aware of and agrees to our policy.
- ___ 2. Presenter has signed a statement that says s/he will present information fairly and without bias.
- ___ 3. RN with minimum of BSN or designee will monitor session to ensure conflict does not arise.
- ___ 4. Not applicable since no conflict of interest.
- ___ 5. Other: Describe:

All information disclosed must be shared with the audience whether on the program handouts, advertising, and/or audiovisual presentation.

Signature: _____ **Date:** _____