



Annual Professional Practices Exchange
September 21-22, 2020 – Salem Conference Center in Salem
REQUEST FOR PROPOSALS
(due April 17, 2020)

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 OHPCA's Planning Committee will review and select proposals. Presenters will be notified via email by June 26 of the proposal's status (accepted, declined or assigned to tentative status).

Benefits to PPE Conference Presenters

- Participation in a wonderful setting with people who do what you do.
- **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.)**
- An opportunity to share knowledge and receive feedback from your peers while contributing to the advancement of end-of-life care.

Faculty/OHPCA 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 OHPCA regrets that we are not able to provide honoraria or expense reimbursement.
- **Presentations** must be submitted electronically to the OHPCA.
- **Presentations** will be loaded on OHPCA 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 OHPCA website prior to the PPE.

Important Dates and Information

Proposal Due Date:	April 17, 2020
Submit Proposal to:	mccauley@oregonhospice.org
Alternate Submission:	US Mail – OHPCA – P. O. Box 592 – Marylhurst, OR 97036
Proposal Receipt:	Confirmation will be sent via email when presentations are received.
Proposal Status Date:	June 26, 2020
Slide Due Date:	September 11, 2020
Questions:	Barb Hansen (541.231.2440) or Meg McCauley (503.890.7027)

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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 PPE Conference Brochure as they appear on this application. Electronic completion is preferred; email completed application to mccauley@oregonhospice.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"/> Administrative/Regulatory		<input type="checkbox"/> Psychosocial/Self-Care/Other	
<input type="checkbox"/> Clinical	<input type="checkbox"/> Palliative Care	<input type="checkbox"/> Pediatric Palliative Care	
Proposed Presentation Title			
Brief description of presentation for inclusion in brochure (100 words or less)			
Please provide 2-3 Learning Objectives . 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 . . ."			
Learning Objective 1			
Learning Objective 2			
Learning Objective 3			
Please provide 1 "Trigger Question" designed to engage your audience in discussion. Plan to allow at least 5 minutes of discussion with your audience.			
Trigger Question			
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.			
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	

***Please attach current CV with your Proposal**

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Preferred Time (select 1): Plan to allow at least 5 minutes of audience participation/discussion during your presentation:			
<input type="checkbox"/> 50 minute session	<input type="checkbox"/> 60 minute session	<input type="checkbox"/> 75 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	<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"/> 9/21	<input type="checkbox"/> 9/22	<input type="checkbox"/> Either

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