

Speaker Needs & Presentation Planning Form



COMPLETE RESPONSES REQUIRED IN ALL SECTIONS

A. GENERAL INFORMATION (please list your name and professional title/academic appointment as you would like it to appear on all materials)

Name _____

Professional Title/Academic Appointment _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email Address: _____

Alternate contact person (if needed): _____

Phone _____ Fax _____ Email Address: _____

B. TRAVEL AND LODGING No travel or lodging needed

Hotel accommodations: Yes No

Room Preferences: King Double Non-Smoking Smoking

Check in Date _____ Check Out Date _____

Please make flight arrangements I will make my own flight arrangements N/A

If yes: Your Date of Birth ____/____/____ Mobile # _____

Departure city/airport _____

Preferences: _____

C. EDUCATIONAL NEED

1. **Presentation Title** _____

2. **State the practice gap(s) of your learners on this subject** (Ex. Providers are not doing everything they can to...; are not doing ____ correctly, could improve____, don't know _____ etc.)

3. **A. Type of gap:** (Check the type of gap(s) your presentation will target.)

- Knowledge – Providers don't know something
- Competence – Providers don't know how to do something, don't have methods or strategies.
- Performance – Providers are not doing something in their practice

B. Reason the gap exists: Check the most appropriate box(es) and provide a topic specific explanation below:

- Recent changes in general or specialty pediatrics
- Quality indicators
- Breaking research
- Core performance areas
- Recent patient safety and efficacy incident(s)

- Lack of prompt or early recognition of _____
- Inappropriate management of _____
- Application of wrong or incorrect techniques
- Not applying current clinical algorithms
- Challenging to remain current with rapid advances in the field, new drugs, etc.
- Treatment not happening in a timely manner
- Lack of experience in managing or treating
- Lack of education or training
- Training is inadequate, inefficient, or out of date
- Condition is difficult or challenging to diagnose or treat
- Condition is poorly understood
- Providers don't know when to refer patient to specialist
- Providers lack the time to properly diagnose and/or treat condition
- Providers don't get appropriate patient history
- Patients do not adhere to treatment protocol
- Other _____

C. Specific Explanation _____

4. **Learning Objectives** – *The solution to address or fix the problem or issue. After this session participants should be able to (list up to 3):*

D. ACGME COMPETENCIES:

- | | | |
|--|--|---|
| <input type="checkbox"/> Patient Care | <input type="checkbox"/> Professionalism | <input type="checkbox"/> Interpersonal Communication Skills |
| <input type="checkbox"/> Practice-based Learning and Improvement | <input type="checkbox"/> Medical Knowledge | <input type="checkbox"/> Systems-based Practice |

E. AUDIO VISUAL/LOGISTICS NEEDS:

Please indicate your needs for the presentation:

- LCD Projector (for PowerPoint presentations) Will bring my own laptop Will use laptop provided
- MAC Adapter Audio Video/DVD Internet Other _____
- Will distribute handout(s) No audio visual required Small class preferred. Limit to _____ attendees
- Special room set up request _____

Please complete and return this form by Email or FAX to: Rosalind.Jenkins@chkd.org or FAX: 757.668.7122