

# CALL FOR PRESENTATIONS

The Coalition for Compassionate Care of California invites our members and professionals in palliative medicine and advance care planning to submit breakout session proposals for our 2019 Annual Summit:

**Communicate | Collaborate | Innovate: Building partnerships in palliative care**

April 8-9, 2019  
San Francisco, CA  
<http://cccsummit.org>

## Audience

The CCCC Annual Summit is designed for EVERYONE who wants to learn more about palliative care, share innovative practices and be part of a growing movement to improve the care of seriously ill people of all ages, including pediatrics, adolescents, young adults, adults and geriatrics. In particular, the Summit brings together people from a variety of backgrounds who want to work together to advance palliative care including physicians, nurses, social workers, chaplains, administrators, long-term supports and services providers, healthcare leaders, faith leaders, educators, academics, caregivers, patients, consumers, policymakers, media, innovators, designers and more!

Presentations should focus on *cutting-edge* strategies and programs involved in improving care for people of all ages with a serious illness.

In 2019, the Summit will offer multiple session formats and opportunities for engagement:

- A. Concurrent Session** (75 minutes)
- B. Concurrent Session** (35 minutes)
- C. Flash Presentations** (5 – 10 minutes each – share your innovative ideas)
- D. Poster Session**

**Presentations for the 2019 Annual Summit should be thought-provoking and innovative – please keep the Summit theme in mind.** Examples include:

- Successful models of palliative care across the continuum (*hospital-based, community-based*)
- Integrating advance care planning into healthcare systems and/or communities
- Ethical challenges related to serious illness and strategies to address those challenges
- Self-medication and alternative treatments
- Technology advances and trends related to serious illness, such as:
  - Increased data demands and use
  - Data security
  - Telemedicine
- Opioids, marijuana and alternative pain management
- Self-care for clinicians/managing burnout
- POLST quality improvement
- Increasing access to palliative care for diverse populations (*i.e., LGBTQ, homeless, developmental disability, those with behavioral health concerns*)
- Innovations in palliative care in long-term care settings

- Innovations in patient and family engagement (*from healthcare provider or patient prospective*)
- Evolving palliative care applications for pediatrics, adolescents and young adults
- Implementing palliative care for adult and pediatric Medi-Cal enrollees
- Successful work/life balance approaches
- Social determinants of health as they relate to palliative care
- Lessons learned from SB1004 implementation

### Submission Guidelines

- Deadline: **Friday, September 7, 2018**
- Include a well-defined topic with focused objectives (*description no more than 250 words*)
- Include all presenters' biographies and contact information
- Include a detailed content outline that covers the full presentation time (noting the amount of time given for the question-and-answer period)

*Note: Incomplete applications will not be considered. Separate applications must be submitted for each proposal.*

### Evaluation

Proposals will be evaluated using the following guidelines:

- Innovation, creativity and originality of topic
- Clarity, depth and specificity of proposal
- Timeliness, currency and relevance of subject matter
- Practical applicability of topic to palliative care and serious illness
- Highly-interactive, shared-learning presentation approach and format

All proposals should be free of commercial bias and references to commercial products or services. All selected presenters are required to disclose the existence of any vested interest with a sponsor or any commercial product or service that is directly or indirectly related to the educational presentation.

*Submission of application constitutes agreement with the presenter reimbursement policy*

#### **Presenter Reimbursement Policy**

Accepted proposals are eligible for discounted registration. CCCC does **not** pay an honorarium, travel, per diem or other costs for breakout session presenters. In addition, presenters are responsible for all expenses incurred in the development and implementation of their sessions, including reproduction, shipment and delivery of materials.

*The Coalition for Compassionate Care of California (CCCC) promotes high-quality, compassionate care for everyone who is seriously ill or nearing the end of life. Our goal is to transform healthcare so that medical care is aligned with individual patient's preferences—so people get the care they need and no less, and the care they want and no more.*

*CCCC is an interdisciplinary partnership of thought-leaders from healthcare systems and organizations, government agencies, consumer organizations and the general public. Through advocacy, education and resource development, we're working to ensure organizations and communities have the information, resources, and tools to expand palliative care across the continuum of care.*

## PROPOSAL APPLICATION

Application must be complete to be considered for review.

### Send completed proposal to:

E-mail: [kscholl@coalitionccc.org](mailto:kscholl@coalitionccc.org)

Fax: (888) 789-9475

Coalition for Compassionate Care of California

Attn: Keeta Scholl, Education

1331 Garden Highway, Suite 100

Sacramento, CA 95833

Submission of application  
constitutes agreement with  
the Presenter  
Reimbursement Policy

(see page 2 for Presenter  
Reimbursement Policy)

Application deadline for the Annual Conference and Summit is **Friday, September 7, 2018**. If you have questions, contact Keeta Scholl at (916) 993-7738.

### I would like to be considered for (please select all that apply):

- A. 75-minute Concurrent Session       B. 35-minute Concurrent Session, repeated  
 C. 5-10 minute Flash Presentation  
 If not selected for A-C above, I would like to be considered for the Poster Session

**Primary Presenter Name:** [Click here to enter name.](#)

**Primary Presenter's Organization:** [Click here to enter organization.](#)

1. **Session Title** (Use a clear and concise title that is informative and clearly reflects the content – 10 words or less.) [Click here to enter title.](#)
2. **Session Narrative** (Detailed summary of presentation - 500 words)  
[Click here to enter narrative.](#)
3. **Issue or problem session would address** (25 words or less)  
[Click here to enter issue.](#)
4. **Session Learning Objectives** (List 3 descriptive objectives beyond the session narrative.)  
Examples: Describe key steps in facilitating a care conference; identify tools for assisting in an advance care planning discussions; discuss the importance of palliative care with patients and families.

#### Objective 1:

[Click here to enter objective 1.](#)

#### Objective 2:

[Click here to enter objective 2.](#)

#### Objective 3:

[Click here to enter objective 3.](#)

5. **Program Area of Emphasis** (Indicate which program area is most appropriate for your presentation.)

- Successful models of palliative care across the continuum
- Integrating advance care planning into healthcare systems and/or communities
- Ethical challenges related to serious illness and strategies to address those challenges
- Self-medication and alternative treatments
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- Successful work/life balance approaches
- Social determinants of health as they relate to palliative care
- Lessons learned from SB1004 implementation
- Other: [Click here to enter text.](#)

6. **Target Audience** (select all applicable)

- Physicians
- Nurses
- Social Workers
- Chaplains/Faith Leaders
- Administrators/Senior Management
- Long-term Supports and Services Providers
- e-Patient/Caregiver
- Other: \_\_\_\_\_

7. **Level of Content to be Presented** (select only one)

- Advanced level:** Participants have thorough understanding of the topic and want to do something further with it or take it to the next level by synthesizing it, etc.
- Intermediate level:** Participants have a good knowledge of the topic. The program's focus would be to enhance or clarify.
- Core level:** Participants have little or no prior knowledge of the area(s) to be covered. The focus is to increase basic knowledge of the topic.

**8. Primary Presenter Information (*email address for each presenter is required*):**

**First Name:** Click here to enter first name.

**Last Name:** Click here to enter last name.

**Job Title:** Click here to enter job title.

**Organization:** Click here to enter organization.

**Street Address:** Click here to enter street address.

**City/State/Zip:** Click here to enter city/state/zip.

**Telephone:** Click here to enter telephone.

**Email Address:** Click here to enter email address.

**Professional Background:** Provide a brief overview of knowledge and experience related to the proposal and the palliative care and/or end-of-life fields. Please include: current responsibilities, areas of specialty and past speaking engagements. Additionally, you must also attach a resume and/or curriculum vitae.

Click here to enter professional background.

**Co-Presenters (Limit 3)****Co-presenter 1:**

**First Name:** Click here to enter first name.

**Last Name:** Click here to enter last name.

**Job Title:** Click here to enter job title.

**Organization:** Click here to enter organization.

**Street Address:** Click here to enter street address.

**City/State/Zip:** Click here to enter city/state/zip.

**Telephone:** Click here to enter telephone.

**Email Address:** Click here to enter email address.

**Professional Background:** Provide a brief overview of knowledge and experience related to the proposal and the palliative care and/or end-of-life fields. Please include: current responsibilities, areas of specialty and past speaking engagements. Additionally, you must also attach a resume and/or curriculum vitae.

Click here to enter professional background.

**Co-presenter 2:**

**First Name:** Click here to enter first name.

**Last Name:** Click here to enter last name.

**Job Title:** Click here to enter job title.

**Organization:** Click here to enter organization.

**Street Address:** Click here to enter street address.

**City/State/Zip:** Click here to enter city/state/zip.

**Telephone:** Click here to enter telephone.

**Email Address:** Click here to enter email address.

**Professional Background:** Provide a brief overview of knowledge and experience related to the proposal and the palliative care and/or end-of-life fields. Please include: current responsibilities, areas of specialty and past speaking engagements. Additionally, you must also attach a resume and/or curriculum vitae.

Click here to enter professional background.

**Co-presenter 3:****First Name:** [Click here to enter first name.](#)**Last Name:** [Click here to enter last name.](#)**Job Title:** [Click here to enter job title.](#)**Organization:** [Click here to enter organization.](#)**Street Address:** [Click here to enter street address.](#)**City/State/Zip:** [Click here to enter city/state/zip.](#)**Telephone:** [Click here to enter telephone.](#)**Email Address:** [Click here to enter email address.](#)**Professional Background:** Provide a brief overview of knowledge and experience related to the proposal and the palliative care and/or end-of-life fields. Please include: current responsibilities, areas of specialty and past speaking engagements. Additionally, you must also attach a resume and/or curriculum vitae.[Click here to enter professional background.](#)