**SPPCP Virtual Conference Educational Session Proposal Submission**

1. Topic submission type:
   1. **30-minute educational session**
   2. **60-minute educational session**
   3. **Bowtie Banter: Jeff Fudin Debate**
      * The **Jeff Fudin Debates** carry on a long-standing tradition of clinical debates in pain and palliative care. There are many controversial topics in this area of practice and these debates will delve into the evidence on both sides of each topic. The issues debated will focus on pain management, palliative care, and hospice topics of interest to healthcare practitioners who care for these patients.

**Submission Guidance:**

* + - Submit one debate topic (20 mins) with one learning objective
    - Two speakers max per debate
    - Debaters will work with the session moderator as they create and compile slides and to prepare for their live debate
  1. **Complex Case Discussion**
     + The **Complex Case Series** will highlight an interactive patient case discussion focusing on the management of one specific topic/symptom. Three cases will be presented, one each in pain management, palliative care, and hospice. Each case presentation will be 30 minutes in length and follow the general format below:
       - Present a difficult patient case scenario
       - Present possible treatment choices and evidence supporting them
       - Facilitate active discussion regarding treatment choices
         * This can be done by posing questions for discussion, poll questions, or another active learning modality
       - Conclude presentation with the best choice of therapy based on the individual patient and available evidence

**Submission Guidance:**

* + - * Submit one case discussion topic with one learning objective
      * Some examples include: difficult-to-manage symptoms/disease states, refractory pain, what to do when “the usual” doesn’t work, caring for patients with SUD in PM, PC, hospice, going beyond first-line treatments
      * One speaker per case presentation
        + Exceptions may be made for post-graduate learners or new practitioners working with a mentor

1. Speaker 1 name, credentials, and institution as you would like them displayed in promotional materials
2. Speaker 1 name phonetic pronunciation
3. Speaker 1 email
4. Speaker 1 CV upload
5. Speaker 2 name, credentials, and institution as you would like them displayed in promotional materials
6. Speaker 2 name phonetic pronunciation
7. Speaker 2 email
8. Speaker 2 CV upload
9. Speaker 3 (60 min session only) (all fields above)
10. Topic focus
    1. Pain
    2. PC
    3. Hospice
    4. Other
11. Proposed Program Title
    1. N/A Fudin Debates/Complex Cases
12. Program Overview
    1. Provide a brief description (max 100 words) of the program that broadly describes the purpose and scope of the session. This description will help participants gauge whether the program matches their learning interests and needs.
    2. N/A Fudin Debates/Complex Cases
13. Objectives
    1. Provide one pharmacist learning objective for Fudin Debate and Complex Case Discussion submissions
    2. Provide two pharmacist learning objectives for 30-minute sessions and three to four pharmacist learning objectives for 60-minute sessions related to identified gap(s).
14. Needs assessment
    1. Practice-based problem/gap
       * What practice-based problem (gap) will this education address? Please enter the background information for the needs assessment here. The background information should provide a general overview of the current practice(s)/practice landscape related to the area of focus for the proposed CPE activity. Examples: poor vaccination rates for a specific vaccine-preventable disease, a specific healthcare disparity, poor patient adherence, high number of patients with specific risk factors, low or unimproved number of patients considered controlled for a specific disease state, poor care coordination, poor communication with patients and family members, unsure of the best way to provide constructive feedback to learners etc. Provide supporting documentation/reference when appropriate. For example, Gap = % of patients with controlled diabetes have not increased from year X to year Y (provide a citation for data).
    2. Reason for gap
       * What is the reason for the gap? Once the gaps and needs have been identified, provide a brief summary of each gap/need. The brief summary should include the following: A statement (1-2 sentences) clearly noting what the practice gap is. (e.g. Not all pharmacists understand the pharmacokinetic differences between regular and ultra-rapid-acting insulins; many pharmacists aren’t aware of drug/drug interactions with direct oral anticoagulants; legislation changes; updated guidelines, new therapies, new evidence-based literature, etc.). A brief summary of current practices and best practices related to each identified gap. (2-3 paragraphs) Be sure to include references for the sources used to identify gaps and needs.
    3. Desired results of educational program
       * Provide a brief statement explaining what the program will achieve (1 paragraph). Examples: improve poor vaccination rates for a specific vaccine-preventable disease, reduce a specific disparity, increase patient adherence, decrease % patients with specific risk factors, increase % of patients considered controlled for a specific disease state, improve care coordination, improve communication with patients and family members, provide constructive feedback to learners etc.