

1. **Category of Submission**

**If I am not selected for a speaking session, I wish to be considered for a poster. Poster submissions are limited to one per person. If you have submitted more than one session proposal, IHI will give you the opportunity to select the proposal you wish to submit as your final poster submission.** \*

Yes, consider me for a Poster :  No, do not consider me for a Poster:

1. **Main Submission Details**

**Presentation Title (100 Characters including spaces**): \* Title should be descriptive and engaging, avoiding acronyms and exclamation points. Please limit the presentation title to 100 characters, including spaces.

Click or tap here to enter text.

**Subject Matter Focus – Please Select One** (descriptions below) \*

Culture, Leadership and Governance:    
Learning System    
Patient and Family Engagement:    
Workforce Safety and Wellbeing:



**Does your submission fit under any other subject matters?** \*

Yes:  No:

*(If yes, please mark one additional subject matter below)*

Culture, Leadership and Governance:    
Learning System    
Patient and Family Engagement:    
Workforce Safety and Wellbeing:

**Does your proposal include content on improving excellence in medical diagnosis?** \*

Yes:  No:

1. **Submission Objectives and Description**

**Learner Objectives (100 Characters including spaces each)** \*

Please list a minimum of two or a maximum of three action-oriented SMART objectives.

To be in compliance with accreditation guidelines the following verbs are not accepted: Know, Comprehend, Understand, Appreciate, Familiarize, Study, Be Aware, Become Acquainted with, Gain Knowledge of, Cover, Learn, Realize. These are not measurable.

Potential action verbs include Access, Develop, Identify, and Implement. SMART outcomes are specific, measurable, attainable, relevant, and time-based Learner Objectives

**Helpful Resources:**  
  
Utilize the objective build tool:  
<https://teachonline.asu.edu/objectives-builder>

**Objective 1:** \*Click or tap here to enter text.

**Objective 2:** \*Click or tap here to enter text.

**Objective 3:** \*Click or tap here to enter text.

**Session Description (1250 characters including spaces limit)** \*Descriptions should be either about "Methods, Tools and Frameworks" or "Case Studies from the Field." If the work addresses a range of disciplines, please make sure to include that in the description. Your description will be published if accepted so please make sure it is free of grammatical errors.

**Option A. Methods, Tools, and Frameworks:**

1. Background: What is the need in the field for this method / tool / framework?  
2. Description & Audience: What is the method / tool / framework? Who is the intended audience who would benefit from applying it and how does this address interprofessional continuing professional development?  
3. Examples / Applications: Will you share any stories and/or case examples from the field that bring method/tool/framework to life?  
4. Value to Session Participants: How will participants be able to advance their professional practice as a result of this session?

**Option B. Case Studies from the Field:**

1. Background: What is the need in the field for this case study  
2. Discovery: What was the problem identified that triggered the need for action?  
3. Solution: Describe the solution or process developed to resolve the problem and create accountability throughout your organization, community, and to the wider public.  
4. Outcome: Describe the outcome measures used to monitor success and sustainability of your best practice. State how the outcome impacted professional development of the professionals involved and how long has your organization sustained these outcomes/results. Describe the methodology for monitoring sustainability and making continuous improvement.

Click or tap here to enter text.

1. **Frameworks and Attachments**

**Option A. Methods, Tools, and Frameworks: Will you walk through a framework? \***

Yes:  No:

**Option B. Case Studies from the Field: Will you be submitting a case study with results? \***

Yes:  No:

*(If your submission includes a framework or a case study with results, including them as an attachment in the online form will increase your chances at acceptance.)*

**Attachments**

We strongly encourage you to submit an attachment that displays the results of your work. Attachments may be added via the online submission form. You may choose to upload a single file. The file MUST contain no more than 5 tables/figures. Files containing more than 5 tables/figures will not be considered.

As we are a quality improvement conference, when reviewing quantitative data, we will look for time-ordered data (e.g., run charts, control charts, time series analysis) and will not accept pie charts or bar graphs. Please make sure all documents/images are high quality and easy to read.

**5. Session Structure**

**Which session format are you submitting for?** \*

**Session – 60 Minutes**:

Mostly didactic in nature, with partial attendee interaction and provide participants with tangible take-aways to apply to their work.   
*(General Conference: May 15 or 16)*

**Half-Day Pre-Conference Workshop – 5.5 Hours**

Focus-topic "how to" learning sessions that allow participants to fully engage in discussions and Q&A with world-renowned experts. Attendees will take home new tools, implement quality improvement practices, and gain and sustain success. These workshops are structured to be interactive and provide participants with tangible take-aways to apply to their work.   
*(Pre-Conference, May 14)*

1. **Attendee Experience Level**

To help guide our attendees in choosing which sessions they would like to join, we ask that you choose a difficulty level for your session. Please see the levels below.

Student:

Novice:

Intermediate:

Advanced:

1. **Presenters**

**Presenter Information** \*

IHI has a limit of four presenters per session and reserves the right to limit the number of presenters based on the nature of your submission. All additional presenter information must be added including their bio. Presenter photos are welcome but not mandatory.

For each presenter you will need to prepare the following fields to be entered into the online form.

Email Address Job Title

First Name Company

Last Name Short Biography

Credentials Optional Profile Photo

**Presenter 1:** \* Click or tap here to enter text.

**Presenter 2:** Click or tap here to enter text.

**Presenter 3:** Click or tap here to enter text.

**Presenter 4:** Click or tap here to enter text.

**Waived Registrations**

General Conference Sessions: A maximum of 1 speaking presenter per session are eligible to have their General Conference registration fee waived.

Pre-Conference Workshops: A maximum of 2 speaking presenters per session are eligible to have their entire conference registration fees waived.

**Waived Presenter Names** \*  
Click or tap here to enter text.

1. **Planning Team**

The IHI Patient Safety Congress is looking for sessions that encompass a wide variety of disciplines. **We are now giving higher acceptance priority to submissions that include a nurse, physician, or pharmacist planner**. We aim to offer continuing education credits to our attendees and the attendees in turn are more likely to attend sessions that offer CE credits. Not including these planners does not mean your submission will be rejected, it will mean it is not approved for these credits.

In support of improving patient care, the Institute for Healthcare Improvement is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. IHI offers continuing education credits for a variety of disciplines. For your session to be approved for physician, nursing, and/or pharmacy continuing education credits, you must complete the table below.

**Did you have a Nurse planner(s) involved in the planning of your session? A Nurse planner must be involved in the planning of the session to be applicable for Nursing credits**. \*

Yes:  No:

**If yes…..**

* **Describe how the licensed Nurse was involved in the planning** Click or tap here to enter text.
* **Full Name (Nurse Planner)** Click or tap here to enter text.
* **Credentials:** Click or tap here to enter text.
* **Job Title**: Click or tap here to enter text.
* **Organization:** Click or tap here to enter text.
* **Email Address:** Click or tap here to enter text.
* **Brief Biography (1-2 paragraphs):** Click or tap here to enter text.

**Did you have a Physician planner(s) involved in the planning of your session? A Physician must be involved in the planning of the session to be applicable for Physician credits**.\*

Yes:  No:

**If yes…..**

* **Describe how the licensed Physician was involved in the planning** Click or tap here to enter text.
* **Full Name (Physician Planner)** Click or tap here to enter text.
* **Credentials:** Click or tap here to enter text.
* **Job Title**: Click or tap here to enter text.
* **Organization:** Click or tap here to enter text.
* **Email Address:** Click or tap here to enter text.
* **Brief Biography (1-2 paragraphs):** Click or tap here to enter text.

**Did you have a Pharmacist planner(s) involved in the planning of your session? A Physician must be involved in the planning of the session to be applicable for Physician credits**.\*

Yes:  No:

**If yes…..**

* **Describe how the licensed Pharmacist was involved in the planning** Click or tap here to enter text.
* **Full Name (Pharmacist Planner)** Click or tap here to enter text.
* **Credentials:** Click or tap here to enter text.
* **Job Title**: Click or tap here to enter text.
* **Organization:** Click or tap here to enter text.
* **Email Address:** Click or tap here to enter text.
* **Brief Biography (1-2 paragraphs):** Click or tap here to enter text.

1. **Disclosures**

**Key Presenter Disclosure** \*

Does the speaker disclose any relevant financial or nonfinancial relationship(s) with any individual or organization that provides goods and services related to IHI’s business and/or the nature of the presentation? This includes anything of monetary value, including but not limited to salary, other payments for services (e.g. consulting fees or honoraria) and equity interest. A conflict may exist where an interested party and his/her immediate spouse/significant other, or a business associate of an interested party, directly or indirectly benefits or profits as a result of a decision made, or a transaction entered into, by IHI.

Yes:  No:

**If yes: please complete any of the applicable options below for all actual, potential or perceived conflicts of interest.** \*

* Salary: Yes:  No:
* Royalty: Yes:  No:
* Stock: Yes:  No:
* Speakers Bureau: Yes:  No:
* Consultant: Yes:  No:
* Other: Yes:  No:

**If yes to any of the above, please describe:** \*Click or tap here to enter text.

**Will the presentation include any off-label or investigational uses?** \*

Yes:  No:

**If yes, please describe:** \*Click or tap here to enter text.

**Will the presentation include discussion of any commercial products or services, including consulting services?** \*   
Yes:  No:

**If yes, do they appear to have a relevant financial relationship or interest or nonfinancial relationship with the manufacturer(s) or distributor(s) of any of the products or provider(s) of any of the services that they intend to discuss:** \*   
Yes:  No:

**Mandatory Presenter Disclosures** \*

To be considered for acceptance, ALL SPEAKING PRESENTERS and PLANNERS, must complete the disclosure form via the instructions below prior to December 1. Failure to fill out a disclosure for each presenter and planner in your submission will result in dismissal from consideration. Disclosures will be checked following the deadline. \*If you are submitting multiple abstracts, you do not need to fill out a disclosure for yourself for each abstract\*

**Disclosure instructions:**

Visit IHI.org to login to your IHI account (or create one if needed).

Once you are logged into your account, go to my.ihi.org/Disclosure to complete IHI Disclosure Form.

Click “Submit” to complete this form.

**Disclosure Form Clarifications**

1. Title of Continuing Education Activity - Please enter "Congress - (Title of your submission)"

2. Location of Continuing Education Activity - Please enter "Congress"

3. Start & End Date of Continuing Education Activity - Please enter "May 14 - 16"