**2022 AAPM&R Annual Assembly  
Clinical and Practice Management Session Builder Form**

*All proposal submissions MUST be submitted through the online proposal system by 11:59 pm CT on January 19, 2022, in order to be considered for the AAPM&R Annual Assembly in Baltimore, MD.*

As part of your proposal submission, you will be asked to provide a detailed outline of your proposed session, as well as some information about the audience the proposal would attract.

After the submission period, the Program Planning Committee (PPC) will study the reviews and select highly rated proposals that contribute to a balanced and comprehensive annual assembly program. Notifications regarding your proposal status will be sent by late March. The PPC thanks you in advance for contributing your time and knowledge.

\*Indicates a required field.

**Session Title**

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| 1.  \* Session Title (150 characters maximum – 5 to 75 words) *The title of your session proposal should be informative but concise and in the format it should be printed. Enter the title in mixed case; do not type in all CAPS. Please do not use abbreviations or quotation marks in the title.*  **Title:** Click or tap here to enter text. |

**Topic**

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| 2. *Choose your primary theme.*  Advancing PM&R BOLD  Cancer Rehabilitation  Central Nervous System  Clinical Techniques  EMG/ Neuromuscular  General Medicine  In Training/Early Career  Leadership and Career Development  Musculoskeletal and Sports Medicine  New Technologies  Pain and Spine Medicine  Pediatrics Rehabilitation  Population Health  Practice Management and Evolution  Spasticity |

**Experience Level**

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| 3.  \* Please select the experience level the presentation is intended for.  Fellows  In Training/ Early Career Physicians  Experienced/Attending Physician  Advanced/ Senior Physician Leader |

**Interactive Components**

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| 4.  \* It is a high priority of AAPM&R to have engaging and interactive sessions, whether they are presented live or virtual. Examples of interactive formats are below. Please indicate which components you intend to utilize by placing a 1 in the field box next to the component you intend to use. Leave the field blank if not using the component.  ( ) Case Reviews  ( ) Debates  ( ) Panel Discussions  ( ) Polls  ( ) Q&A  ( ) Small Groupwork/Group Discussions  If you checked any of the above, please indicate how the session would need to be adapted to deliver the same quality educational content in an alternate format.\*  Click or tap here to enter text. |

**Session Description**

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| 8.  \* Provide a 1-2 paragraph session description. This is what will be utilized on the website and in marketing material to attendees, if selected. Do not use acronyms or abbreviations. Without a complete description, the proposal cannot be properly reviewed. Please note, proposal reviewers do not have access to previous course evaluation data or descriptions.  Click or tap here to enter text. |

**Why is this session needed?**

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| 9.  \* Please describe the potential session in full details. Details should include the knowledge or practice gap the session is intended to fill and any evidence-based medicine used for planning. The format of the session should be addressed. This is an ACCME adaptation of an Agency for Healthcare Research and Quality (AHRQ) definition of a gap in the quality of patient care where the gap is "the difference between health care processes or outcomes observed in practice, and those potentially achievable on the basis of current professional knowledge."***Any pertinent information about the topic, faculty, or format of the proposed session should be included in this field for consideration.***  Click or tap here to enter text. |

**Was this session previously presented at the Annual Assembly?**

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| 10.  \* If yes, please identify which year the session proposed was presented. Please note, proposal reviewers do not have access to previous course evaluation, data or descriptions.  Click or tap here to enter text. |

**Session Outline**

Be sure to include the full speaker name, lecture title, time allotment, and a brief outline of each presentation. Use one line per lecture title and list them in the order they will be presented (if a speaker is presenting more than once, they will have separate lines for each lecture).

Do not leave blank or title lectures with generic names.Base your outline on a 60-minute session

Only fill in as many topics as needed to deliver your content. You do not have to fill in every topic box below (only Topic/Section 1 is required).

* Lecture - The title must be brief and clearly indicate the nature of the presentation. Please use title case when entering your title; that is capitalize only the first letter of the first word of the title, the first word after a colon, and any proper nouns or abbreviations. The total length of the title should be no more than 200 characters, not including spaces.
* Brief Lecture Description - Provide 2-4 sentences about the intent of this lecture.

**The next 5 following questions needs to be completed for every speaker.**

**Topic/Section 1**

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| 11.  \* Lecture Title for Topic/Section 1  Answer: Click or tap here to enter text. |
| Outside Speaker? (Non-physiatrist?)\* for Topic/Section 1  Yes  No  Is travel reimbursement needed for your outside speaker?  *Non-physiatrists honoraria and reimbursement must be approved by the Program Planning Committee. Reimbursement follows the guidelines of the AAPM&R Honoraria and Reimbursement Policy approved by the Board of Governors.*  Reimbursable Expenses for Participation During the Annual Assembly Include:   * Hotel accommodation that is commensurate with participation as faculty during the activity. * Up to $70/day reimbursement for meals and tips (receipts must be submitted) * Up to $160 total reimbursement for ground transportation (receipts must be submitted) * Airfare/mileage will be reimbursed (maximum airfare dollar amount to be provided in faculty letter) * Waived registration for Annual Assembly   Yes  No  Not Applicable |
| Lecture Time Allotment for Topic/Section 1       Answer: Click or tap here to enter text. |
| Presenter(s) for Topic/Section 1         Answer: Click or tap here to enter text. |
| Brief Lecture Description to Topic/Section 1         Answer: Click or tap here to enter text. |

**Topic/Section 2**

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| 12.  \* Lecture Title for Topic/Section 2  Answer: Click or tap here to enter text. |
| Outside Speaker? (Non-physiatrist?)\* for Topic/Section 2  Yes  No  Is travel reimbursement needed for your outside speaker?  *Non-physiatrists honoraria and reimbursement must be approved by the Program Planning Committee. Reimbursement follows the guidelines of the AAPM&R Honoraria and Reimbursement Policy approved by the Board of Governors.*  Reimbursable Expenses for Participation During the Annual Assembly Include:   * Hotel accommodation that is commensurate with participation as faculty during the activity. * Up to $70/day reimbursement for meals and tips (receipts must be submitted) * Up to $160 total reimbursement for ground transportation (receipts must be submitted) * Airfare/mileage will be reimbursed (maximum airfare dollar amount to be provided in faculty letter) * Waived registration for Annual Assembly   Yes  No  Not Applicable |
| Lecture Time Allotment for Topic/Section 2       Answer: Click or tap here to enter text. |
| Presenter(s) for Topic/Section 2        Answer: Click or tap here to enter text. |
| Brief Lecture Description to Topic/Section 2         Answer: Click or tap here to enter text. |

**Topic/Section 3**

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| 13.  \* Lecture Title for Topic/Section 3  Answer: Click or tap here to enter text. |
| Outside Speaker? (Non-physiatrist?)\* for Topic/Section 3  Yes  No  Is travel reimbursement needed for your outside speaker?  *Non-physiatrists honoraria and reimbursement must be approved by the Program Planning Committee. Reimbursement follows the guidelines of the AAPM&R Honoraria and Reimbursement Policy approved by the Board of Governors.*  Reimbursable Expenses for Participation During the Annual Assembly Include:   * Hotel accommodation that is commensurate with participation as faculty during the activity. * Up to $70/day reimbursement for meals and tips (receipts must be submitted) * Up to $160 total reimbursement for ground transportation (receipts must be submitted) * Airfare/mileage will be reimbursed (maximum airfare dollar amount to be provided in faculty letter) * Waived registration for Annual Assembly   Yes  No  Not Applicable |
| Lecture Time Allotment for Topic/Section 3       Answer: Click or tap here to enter text. |
| Presenter(s) for Topic/Section 3         Answer: Click or tap here to enter text. |
| Brief Lecture Description to Topic/Section 3         Answer: Click or tap here to enter text. |

*Note: After your outline is complete, be sure to reread your title, abstract, and learning objectives and make sure that they align with your content and delivery plans.*

**Topic/Section 4**

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| 14.  \* Lecture Title for Topic/Section 4  Answer: Click or tap here to enter text. |
| Outside Speaker? (Non-physiatrist?)\* for Topic/Section 4  Yes  No  Is travel reimbursement needed for your outside speaker?  *Non-physiatrists honoraria and reimbursement must be approved by the Program Planning Committee. Reimbursement follows the guidelines of the AAPM&R Honoraria and Reimbursement Policy approved by the Board of Governors.*  Reimbursable Expenses for Participation During the Annual Assembly Include:   * Hotel accommodation that is commensurate with participation as faculty during the activity. * Up to $70/day reimbursement for meals and tips (receipts must be submitted) * Up to $160 total reimbursement for ground transportation (receipts must be submitted) * Airfare/mileage will be reimbursed (maximum airfare dollar amount to be provided in faculty letter) * Waived registration for Annual Assembly   Yes  No  Not Applicable |
| Lecture Time Allotment for Topic/Section 4       Answer: Click or tap here to enter text. |
| Presenter(s) for Topic/Section 4        Answer: Click or tap here to enter text. |
| Brief Lecture Description to Topic/Section 4         Answer: Click or tap here to enter text. |

**Learning Objectives**

If your proposal is accepted onto the 2022 conference program, these learning objectives will be published in the online program and conference app, along with your session title and abstract.

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| 15.  \* What will attendees learn and be able to do as a result of your session? Good learning objectives are short and action-oriented. Clearly describe what attendees are to gain by attending this session. Use action words to begin this learning objective, such as list, describe, define, demonstrate, conduct, etc.  *For more information on how to effectively write objectives* [*click here.*](https://www.abstractscorecard.com/cfp/tasks/LearningObjectives/help.asp?EventKey=XHWGLXOR&SubmissionID=997375&TaskID=59899)  *Omit text such as “Participants will be able to..."*  *Complete the sentence, 'As a result of attending this session, participant will be able to...' (2-3 objectives are ideal)*   1. Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text. 4. Click or tap here to enter text. 5. Click or tap here to enter text. 6. Click or tap here to enter text. 7. Click or tap here to enter text. 8. Click or tap here to enter text. |

**Faculty Information**

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| 16. Please create the list of faculty for this submission. The Session Director(s) will be the first person in the list.  **If the person is not listed or not a Physiatrist**, they are not eligible to be added unless you (submitter) create an account with AAPMR by following [this link.](https://members.aapmr.org/SignInCreateAccount)  **Each 60-75 minute session allows for 5 total faculty**. This format could be 3 faculty providing lectures and 1 Session Director/Moderator giving a lecture. Another example, could include 4 faculty debating and 1 Moderator without a formal presentation. We strongly encourage interactivity, these were just examples. **Please keep in mind, 10 minutes should be included for question and answers from participants.**  Each presenter will need to access the proposal (via a link that will be sent by the submitter as a proposal “task”) to add biographical information. **It is important that you plan your proposal submission to allow your presenters time to complete their tasks.** You cannot submit your proposal without complete profiles from all listed presenters.  Each presenter should be prepared to:   * Confirm contact information * Write a short biography * Complete the Conflict of Interest: Disclosure, Speaker Agreement and Attestation form * List any recent relevant professional presentations * Pay for conference registration should their proposal be selected   *The space below is provided for you to plan your presentation team:* | |
| **Faculty 1**  First Name: Click or tap here to enter text.  Last Name:Click or tap here to enter text.  Email: Click or tap here to enter text.  Phone: Click or tap here to enter text.  Organization: Click or tap here to enter text.  Mailing Address: Click or tap here to enter text.   * **Roles**   *Please select at least one Role*  Session Director  Faculty  Moderator     * **Have you presented virtually or in-person at other educational conferences within the last 2 years?**   If yes, please list the names and dates of those conferences.  Yes  No   * **If yes, where?**   Click or tap here to enter text.   * **Are you an AAPMR member?**   Yes  No   * **If yes, what is your membership number?**   Click or tap here to enter text. |
| **Faculty 2**  First Name: Click or tap here to enter text.  Last Name:Click or tap here to enter text.  Email: Click or tap here to enter text.  Phone: Click or tap here to enter text.  Organization: Click or tap here to enter text.  Mailing Address: Click or tap here to enter text.   * **Roles**   *Please select at least one Role*  Session Director  Faculty  Moderator     * **Have you presented virtually or in-person at other educational conferences within the last 2 years?**   If yes, please list the names and dates of those conferences.  Yes  No   * **If yes, where?**   Click or tap here to enter text.   * **Are you an AAPMR member?**   Yes  No   * **If yes, what is your membership number?**   Click or tap here to enter text. |
| **Faculty 3**  First Name: Click or tap here to enter text.  Last Name:Click or tap here to enter text.  Email: Click or tap here to enter text.  Phone: Click or tap here to enter text.  Organization: Click or tap here to enter text.  Mailing Address: Click or tap here to enter text.   * **Roles**   *Please select at least one Role*  Session Director  Faculty  Moderator     * **Have you presented virtually or in-person at other educational conferences within the last 2 years?**   If yes, please list the names and dates of those conferences.  Yes  No   * **If yes, where?**   Click or tap here to enter text.   * **Are you an AAPMR member?**   Yes  No   * **If yes, what is your membership number?**   Click or tap here to enter text. |
| **Faculty 4**  First Name: Click or tap here to enter text.  Last Name:Click or tap here to enter text.  Email: Click or tap here to enter text.  Phone: Click or tap here to enter text.  Organization: Click or tap here to enter text.  Mailing Address: Click or tap here to enter text.   * **Roles**   *Please select at least one Role*  Session Director  Faculty  Moderator     * **Have you presented virtually or in-person at other educational conferences within the last 2 years?**   If yes, please list the names and dates of those conferences.  Yes  No   * **If yes, where?**   Click or tap here to enter text.   * **Are you an AAPMR member?**   Yes  No   * **If yes, what is your membership number?**   Click or tap here to enter text. |
| **Faculty 5**  First Name: Click or tap here to enter text.  Last Name:Click or tap here to enter text.  Email: Click or tap here to enter text.  Phone: Click or tap here to enter text.  Organization: Click or tap here to enter text.  Mailing Address: Click or tap here to enter text.   * **Roles**   *Please select at least one Role*  Session Director  Faculty  Moderator     * **Have you presented virtually or in-person at other educational conferences within the last 2 years?**   If yes, please list the names and dates of those conferences.  Yes  No   * **If yes, where?**   Click or tap here to enter text.   * **Are you an AAPMR member?**   Yes  No   * **If yes, what is your membership number?**   Click or tap here to enter text. |

**Before You Submit**

* Does the information listed in the speaker profile(s) support the proposal and demonstrate expertise in the topic?
* Does the title clearly communicate what the session is about and who should attend?
* Does the abstract support the outline proposed?
* Is the timeline submitted realistic?

**Deadline**Save a copy of your proposal for your personal records. Skills Lab proposals MUST be submitted by 11:59 pm CT on January 19, 2022.