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| **1. Session Proposal Title** |
|  |
| **2. Session Type (Seminar, Laboratory, Workshop)** |  |
| **3a. Author Information** |
| Proposal Author |  | Credentials |  |
| E-mail |  |
| City, State, Zip |  |
| Position |  |
| Affiliation |  |
| AAP Member | [ ]  Yes | [ ]  No | AAP ID |  |
| **3b. Faculty Information** |
| **Suggested Faculty #1** |
| Suggested Faculty |  | Credentials |  |
| E-mail |  |
| City, State, Zip |  |
| Position |  |
| Affiliation |  |
| AAP Member | [ ]  Yes | [ ]  No | AAP ID |  |
| Please list any special qualifications about this suggested faculty member. |
| **Suggested Faculty #2** |
| Suggested Faculty |  | Credentials |  |
| E-mail |  |
| City, State, Zip |  |
| Position |  |
| Affiliation |  |
| AAP Member | [ ]  Yes | [ ]  No | AAP ID |  |
| Please list any special qualifications about this suggested faculty member. |
| **Alternate Faculty #1** |
| Suggested Faculty |  | Credentials |  |
| E-mail |  |
| City, State, Zip |  |
| Position |  |
| Affiliation |  |
| AAP Member | [ ]  Yes | [ ]  No | AAP ID |  |
| Please list any special qualifications about this suggested faculty member. |
| **4. Session Topic and Description** |
| **Topic Selection**  |
| Primary Topic |  |
| Secondary Topic |  |
| **Session Description (50 words maximum)** |
|  |
| **5. Learning Objectives** |
| **Complete the sentence, ‘At the conclusion of the session, participants should be able to...’** |
| 1 |  |
| 2 |  |
| 3 |  |

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| **6. Session Proposal Needs Assessment and Design** |
| **What is the problem (professional practice gap) addressed by this session proposal?** |
|  |
| **What is the need for the session proposal?** |
|  |
| **How did you determine the problem?** |
|  |
| **What teaching methods will best meet the identified need?** |
| [ ]  Debate | [ ]  Discussion | [ ]  Hands-on Learning |
| [ ]  Lecture | [ ]  Role Playing | [ ]  Question & Answer |
| **7. Physician Competencies** |
| **Select all physician competencies that are represented within the session proposal** |
| ACGME/ABMS Competencies | [ ]  Patient Care and Procedural Skills | [ ]  Medical Knowledge | [ ]  Practice-based Learning and Improvement |
| [ ]  Interpersonal and Communication Skills | [ ]  Professionalism | [ ]  Systems-based Practice |
| IOM Competencies | [ ]  Provide patient-centered care | [ ]  Work in interdisciplinary teams | [ ]  Employ evidence-based practice |
| [ ]  Apply quality improvement |  [ ]  Utilize informatics |  |
| Interprofessional Education Collaborative Competencies | [ ]  Values/Ethics for Interprofessional Practice | [ ]  Roles/Responsibilities |
| [ ]  Interprofessional Communication | [ ]  Teams and Teamwork |
| **8. Workshop Description & Details (workshops only)** |
| **Select all physician competencies that are represented within the session proposal** |
| Please describe in detail the interactive teaching methods for this workshop proposal. |  |
| Will this session require family volunteers? If so, note how many. |  |
| Are teaching assistants required? If so, note how many. |  |
| Does this session require supplies or materials? Please describe the materials and source (in-kind donation, borrowed from an institution, purchased, AAP owned, etc.). |  |
| **8. Laboratory Description & Details (laboratories only)** |
| **Select all physician competencies that are represented within the session proposal** |
| Please describe in detail the hands-on portion of this laboratory proposal. |  |
| Will this session require family volunteers? If so, note how many. |  |
| Are teaching assistants required? If so, note how many. |  |
| Does this session require supplies or materials? Please describe the materials and source (in-kind donation, borrowed from an institution, purchased, AAP owned, etc.). |  |
| **9. AAP Committee, Council or Section Authorship** |
| Primary Authorship |  |
| Secondary Authorship |  |
| Tertiary Authorship |  |