|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | |  | | | | | | |