

Speaker Needs & Presentation Planning Form

COMPLETE RESPONSES REQUIRED IN ALL SECTIONS

A. **GENERAL INFORMATION** (please list your name and professional title/academic appointment as you would like it to appear on all materials)

Name _____

Professional Title/Academic Appointment _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email Address: _____

Alternate contact person (if needed): _____

Phone _____ Fax _____ Email Address: _____

B. **EDUCATIONAL NEED**

1. **Presentation Title** _____

2. **State the practice gap(s) of your learners on this subject** (Ex. Providers are not doing everything they can to...; are not doing ___ correctly, could improve ____, don't know _____ etc.)

3. **A. Type of gap:** (Check the type of gap(s) your presentation will target.)

Knowledge – Providers don't know something

Competence – Providers don't know how to do something, don't have methods or strategies.

Performance – Providers are not doing something in their practice

B. Reason the gap exists: Check the most appropriate box(es) and provide a topic specific explanation below:

Recent changes in general or specialty pediatrics

Quality indicators

Breaking research

Core performance areas

Recent patient safety and efficacy incident(s)

Lack of prompt or early recognition of _____

Inappropriate management of _____

Application of wrong or incorrect techniques

Not applying current clinical algorithms

- Challenging to remain current with rapid advances in the field, new drugs, etc.
- Treatment not happening in a timely manner
- Lack of experience in managing or treating
- Lack of education or training
- Training is inadequate, inefficient, or out of date
- Condition is difficult or challenging to diagnose or treat
- Condition is poorly understood
- Providers don't know when to refer patient to specialist
- Providers lack the time to properly diagnose and/or treat condition
- Providers don't get appropriate patient history
- Patients do not adhere to treatment protocol
- Other _____

C. Specific Explanation _____

4. **Learning Objectives** – *The solution to address or fix the problem or issue. After this session participants should be able to (list up to 3):*

D. ACGME COMPETENCIES:

- Patient Care
- Professionalism
- Interpersonal Communication Skills
- Practice-based Learning and Improvement
- Medical Knowledge
- Systems-based Practice

E. AUDIO VISUAL/LOGISTICS NEEDS:

Please indicate your needs for the presentation:

- LCD Projector (for PowerPoint presentations)
- Will bring my own laptop
- Will use laptop provided
- MAC Adapter
- Audio
- Video/DVD
- Internet
- Other _____
- Will distribute handout(s)
- No audio visual required
- Small class preferred. Limit to _____ attendees
- Special room set up request _____

Please complete and return this form by Email or FAX to: Rosalind.Jenkins@chkd.org or FAX: 757.668.7122