

## Submission Form

### Proposed Session Title

### Organization

Submissions will be accepted in three categories:

- **60-minute Breakout Sessions** include 45-minutes of content shared leaving a minimum of 15 minutes for Q&A. Sessions should be interactive and engage participants in discussion and/or activities beyond the Q&A.
- **30-minute Breakout Sessions** are designed to be focused and concise sharing your ideas and achieving the learning objective(s) in 20 minutes leaving a minimum of 10 minutes for Q&A
- **Poster Sessions** are graphic presentations visually highlighting proven practices, sharing successful ideas, offering problem-solving solutions or explaining an innovative program. It illustrates your key points, findings and outcomes in graphics, photos, and diagrams using a small amount of text. Poster Session submissions are accepted in the following categories:
  - **General** - representing general patient experience research or proven practices
  - **Patient Partnerships** - representing projects that were joint efforts of healthcare professionals and patients/families

**Submission Category Type:**

- ☐ 60-Minute Breakout Session
- ☐ 30-Minute Breakout Session
- ☐ General Poster Session
- ☐ Patient Partnerships Poster Session

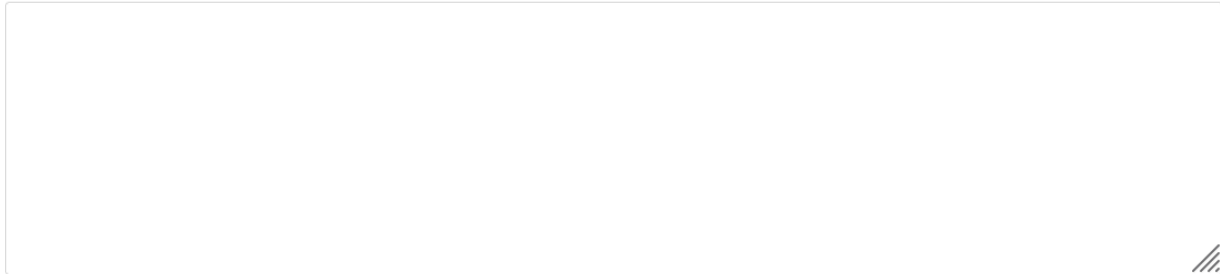
**PX Development Stage**

This session is Ideal for individuals with....

- ☐ Minimal knowledge and experience. Looking for some basic information, key principles and “how to’s” on the subject.
- ☐ Working knowledge, integrated practices and moving beyond basic concepts. Looking for breadth and depth on a topic
- ☐ Authoritative knowledge and proven success. Looking for advanced knowledge, integration and concepts that are innovative and cutting edge.

Please share why you selected the development stage above.

Provide a clear description of your session in 150 words or less. Please do not include title or presenter names.



Confirmed sessions will be filtered and identified by the Experience Framework's eight strategic lenses. [Click here](#) to learn more about the strategic lenses. As part of the submission process, please choose two (2) strategic lens your session description best identifies with.

**Strategic Lens 1:**

- ☐ Culture & Leadership
- ☐ Environment & Hospitality
- ☐ Infrastructure & Governance
- ☐ Innovation & Technology
- ☐ Patient, Family & Community Engagement
- ☐ Policy & Measurement
- ☐ Quality & Clinical Excellence
- ☐ Staff & Provider Engagement

## Strategic Lens 2:

- ☐ Culture & Leadership
- ☐ Environment & Hospitality
- ☐ Infrastructure & Governance
- ☐ Innovation & Technology
- ☐ Patient, Family & Community Engagement
- ☐ Policy & Measurement
- ☐ Quality & Clinical Excellence
- ☐ Staff & Provider Engagement

## Learning Objectives

Please provide two to three learning objectives explaining what participants will learn as a result of attending your session. This should include any "take away" skills, tools, resources or knowledge. Learning objectives should be measurable, meaning participants will be able to evaluate if the specific learning goals for the session were met. [Click here](#) to refer to a list of terms to avoid.

**Please limit each to 25 words or less.**

Learning Objective 1

Learning Objective 2

Learning Objective 3

Name 3 key and concrete takeaways participants will be given during your session.

## Contact and Presenter Details

### Primary Contact Details

Please provide information for the primary contact for the proposed session.

First and Last Name:

Address:

City/Town:

State/Province:

ZIP/Postal Code:

Country:

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Email Address:

Phone Number: (xxx-xxx-xxxx)

**Will the primary contact also be a presenter for this session?**

☐ Yes

☐ No

### **Presenter Information**

Please use the spaces below to provide information for all session presenters. If the primary contact listed above is also one of the presenters, please include the same information for Presenter 1.

#### **Presenter 1**

First Name:


Last Name:

Title:


Organization:

Email


Which of the following, if any, best describes the current role you have in your organization?


Which of the following best describes the type of organization in which you currently work or volunteer?

Which of the following best describes the size of the organization in which you currently work or volunteer?

Where is your organization currently headquartered?

**Presenter 2**

First Name:


Last Name:

Title:


Organization:

Email


Which of the following, if any, best describes the current role you have in your organization?


Which of the following best describes the type of organization in which you currently work or volunteer?

Which of the following best describes the size of the organization in which you currently work or volunteer?

Where is your organization currently headquartered?



**Presenter 3**

First Name:


Last Name:

Title:


Organization:

Email


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Where is your organization currently headquartered?

**Presenter 4**

First Name:


Last Name:

Title:


Organization:

Email


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Which of the following best describes the size of the organization in which you currently work or volunteer?

Where is your organization currently headquartered?

**SAMPLE ONLY**

## Additional Details

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### Target Audience

What types of organizations is this session most applicable to? You can select up to three.

#### Organization Type 1:

- ☐ Acute Care/Adult Hospitals
- ☐ Ambulatory Care
- ☐ Clinic/Physician Practice
- ☐ Critical Care Hospitals
- ☐ Home Health and Hospice
- ☐ Long Term Care
- ☐ Outpatient Services
- ☐ Pediatrics/Children's Hospitals
- ☐ Urgent Care
- ☐ VA/Military Hospitals
- ☐ Other, (please specify)

**Organization Type 2:**

(Choose N/A if you don't have any other organization types.)

- ☐ Acute Care/Adult Hospitals
- ☐ Ambulatory Care
- ☐ Clinic/Physician Practice
- ☐ Critical Care Hospitals
- ☐ Home Health and Hospice
- ☐ Long Term Care
- ☐ N/A
- ☐ Outpatient Services
- ☐ Pediatrics/Children's Hospitals
- ☐ Urgent Care
- ☐ Other, (please specify)
- ☐ VA/Military Hospitals

**Organization Type 3:**

(Choose N/A if you don't have any other organization types.)

- ☐ Acute Care/Adult Hospitals
- ☐ Ambulatory Care
- ☐ Clinic/Physician Practice
- ☐ Critical Care Hospitals
- ☐ Home Health and Hospice
- ☐ Long Term Care
- ☐ N/A
- ☐ Outpatient Services
- ☐ Pediatrics/Children's Hospitals
- ☐ Urgent Care
- ☐ Other, (please specify)
- ☐ VA/Military Hospitals

Who is your primary target audience? You can select up to three.

### Primary Target Audience 1

- ☐ Executive Leadership (Os and VPs)
- ☐ Organization Development/Effectiveness Leaders
- ☐ Patient and Family Advocates
- ☐ Patient Experience/Satisfaction Leaders and Champions
- ☐ Quality Leaders
- ☐ Physicians
- ☐ Clinicians
- ☐ Volunteer Professionals
- ☐ Other (please specify)

## Primary Target Audience 2

(Choose N/A if you don't have any other target audience types.)

- ☐ Executive Leadership (Os and VPs)
- ☐ Organization Development/Effectiveness Leaders
- ☐ Patient and Family Advocates
- ☐ Patient Experience/Satisfaction Leaders and Champions
- ☐ Quality Leaders
- ☐ Physicians
- ☐ Clinicians
- ☐ Volunteer Professionals
- ☐ Other (please specify)
- ☐ N/A

**Primary Target Audience 3**

(Choose N/A if you don't have any other target audience types.)

- ☐ Executive Leadership (Os and VPs)
- ☐ Organization Development/Effectiveness Leaders
- ☐ Patient and Family Advocates
- ☐ Patient Experience/Satisfaction Leaders and Champions
- ☐ Quality Leaders
- ☐ Physicians
- ☐ Clinicians
- ☐ Volunteer Professionals
- ☐ Other (please specify)
- ☐ N/A



## Patient/Family and Leadership Participation

Will the session include a patient, family member and/or Patient and Family Advisor (PFA)?

- ☐ Yes
- ☐ No

Will the session include a member of a healthcare organization's senior leadership team?

- ☐ Yes
- ☐ No

## Disclosures

Is your presentation affiliated with a specific vendor or product(s)?

- ☐ Yes
- ☐ No

## Participation Requirements

By clicking beside each statement below you acknowledge that you (and all other presenters on this submission) are aware of and agree to these requirements of participation if selected to be part of Elevate PX 2022.

- ☐ All presenters agree to complete the required continuing education forms at the time of confirming your participation in the conference program. This includes biographical information, CV/resume, conflict of interest and presentation outline including objectives.
- ☐ All presenters must register for the conference by February 28, 2022 and will receive a discounted rate of \$250 per attendee (equal to 50% off the lowest registration rate).
- ☐ Presenters agree to adhere to all presentation and material deadlines set by The Beryl Institute.