



American College of Physicians Proposal for Internal Medicine Meeting 2024

Instructions

Thank you for your interest in participating in the American College of Physicians' (ACP) annual scientific meeting. The Internal Medicine Scientific Program Committee (IMSPC) is now accepting proposals for Internal Medicine Meeting 2024, which will be held in Boston, MA on **April 18-20, 2024**. The IMSPC welcomes all proposals,* though faculty who have previously presented at ACP scientific meetings or chapter meetings are given the highest priority. If you have not participated in a chapter meeting, we encourage you to contact the governor of your local ACP chapter and explore the possibility of participating in an upcoming meeting.

In order for your proposal to be forwarded to the Internal Medicine Scientific Program Committee for consideration please:

- 1) Complete the Proposal for Internal Medicine Meeting 2024 application.
- 2) Include documentation of the practice gap the session will address. Documentation may be a peer reviewed journal article, national QI data, etc. A description of the gap without supporting evidence will not be accepted.
- 3) Attach curricula vitae for all faculty who will participate in the proposed session.
- 4) Complete the Disclosure Form.
- 5) **Proposals must be received by May 16, 2022.** Proposals received after the deadline will be considered for the 2025 meeting. Submit completed proposal to:

David Disbrow
Director, CME and Instructional Design
American College of Physicians
190 N. Independence Mall West
Philadelphia, PA 19106-1572
ddisbrow@acponline.org

We appreciate your interest in participating in Internal Medicine Meeting 2024 and look forward to the possibility of your involvement in College activities.

* Note that the Proposals for hands-on workshops fall under the purview of the Clinical Skills Committee (CSC). If you are interested in proposing a hands-on activity, please contact Colleen Poole, Manager, Clinical Skills Center, at cpoole@acponline.org for a proposal form and more information.

American College of Physicians

Proposal for Internal Medicine Meeting 2024

April 18-20, 2024

Boston, MA

Name:

First Name

Last Name

Date

Title/

Affiliation:

Address:

Phone:

Fax:

E-Mail:

I. Title of Proposed Session:

II. Briefly describe the practice gap on which the activity is based. Attach documentation (hard copy or PDF) of the practice gap, e.g., peer reviewed journal article, QI data, national health care data, patient outcome data, performance measures etc. Highlight the gap in the document. A description of the gap without supporting documentation will not be accepted. (ACCME defines practice gaps as "the difference between health care processes or outcomes observed in practice, and those potentially achievable on the basis of current professional knowledge." When there is a difference between what the physician actually does in practice and what is possible to achieve when informed by evidence-based medicine, a practice gap exists.)

III. Educational needs (learning objectives) derived from the practice gap:

IV. Description of the session (attach separate sheet if necessary):

V. Target Audience:

VI. Educational Design

_____ Didactic session – 1 presenter

_____ Panel session – Limit of 3 faculty, including moderator

VII. Special Equipment Requirements (other than PowerPoint):

VIII. Preferred Length of the Proposed Session: 60 min. 90 min.

IX. Have you previously presented the proposed session? Yes No
If yes, please indicate where and when you presented the session. If available, please attach evaluation data.

X. List other presentations you have delivered. Indicate the type of meeting where these were offered (e.g., grand rounds, subspecialty society annual meeting, etc.) and the organization that provided the CME credit. Be sure to include presentations given at prior ACP annual meetings or ACP Chapter meetings. If available, please attach evaluation data for each presentation.

Please attach curricula vitae for all proposed faculty.

**American College of Physicians
Proposal for Internal Medicine Meeting 2024
Temporary Disclosure of Financial Relationships**

Name: _____
First name Last Name

Title of Proposed Session: _____

Disclosure of all financial relationships with ACCME-defined ineligible companies, within the past 24 months, must be made by every individual with the opportunity to influence the content of accredited continuing education. ***Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.***

Faculty, authors, members of planning committees and staff should utilize the best available evidence when developing the content of the activity. Participants will be asked to evaluate the objectivity of the presentation or publication and to identify any perceived commercial bias.

Section 1: I have read the above and I declare the following:

- I do not now, nor have I had in the past 24 months, any financial relationships with ineligible companies as defined above*. *(Skip to Section 3)*
- I have financial relationship(s) with ineligible companies as defined above*. *(Complete Sections 1 & 2, & 3)*

Please complete the table below, or attach a separate sheet, indicating the names of the companies with which you have financial relationships next to the applicable type of relationship. The company names must be legible. *additional sheet attached.*

Section 2:

Type of Relationship	Name of Organization	Type of Relationship	Name of Organization
Employment	_____	Consultantship	_____
Stock Options/Holdings	_____	Patent Owner	_____
Research Grants/ Contracts	_____	Speakers Bureau	_____
Royalties	_____	Other <i>(please explain)</i>	_____
Honoraria	_____		

Section 3: Indicate your role(s) in the proposed activity: ___Faculty ___Author ___Staff ___Planner ___Reviewer

I understand that the information I provide on this form will be made known to the planners of the Internal Medicine Meeting 2024. If my proposal is selected, I agree to complete my disclosure through the AAMC Convey Disclosure System when requested.

Signature _____ **Date** _____