**The 2020 South Carolina HIV, STD and Viral Hepatitis Conference**

**“2020 Vision: Focusing on what matters”**

**Columbia Metropolitan Convention Center, Columbia, SC**

**October 28-29, 2020**

Dear Prospective Presenter:

The SC HIV, STD and Viral Hepatitis Conference Executive and Planning Committees issue this Call for Presentations (CFP) for the 2020 conference, scheduled for October 28-29, 2020, at the Columbia Metropolitan Convention Center in Columbia, SC.  Presentations should be either 60 minutes or 120 minutes in length and support the overall conference theme and focus areas below.

**THEME**

“2020 Vision: Focusing on what matters”

**FOCUS AREAS**

Priority will be given to presentations that address one of the following focus areas related to HIV, STDs, and Viral Hepatitis.

1. Progress towards goals and objectives of the National HIV/AIDS Strategy and the National Viral Hepatitis Strategy
2. Surveillance data
3. Information/data sharing
4. Diagnosis, linkage, engagement, and retention in care
5. High impact prevention and treatment strategies/efforts
6. Innovative approaches to build and sustain working partnerships
7. Social determinants

**ABSTRACT SUBMISSION**

This document includes general information about the conference and instructions for abstract submission as well as the complete CFP application consisting of abstract submission form and required additional documentation. The CFP utilizes a “fillable form” format for submitting abstract and the Mid-Carolina AHEC forms. The entire document can be completed and saved as a Word document. **Please note that only electronic submissions will be accepted.**

**The complete Word document must be e-mailed to** **SCannualConference@gmail.com****.**

* **Submissions must include the completed CFP application (see yellow highlighted areas; including a completed Mid-Carolina AHEC Biographical and Conflict of Interest Form for EACH presenter).**
* **Only complete submissions will be reviewed by the Conference Program Committee.**
* **The SC HIV, STD and Viral Hepatitis Conference will NOT reimburse presenters for travel expenses.**

**Applications MUST BE RECEIVED no later than 5:00 p.m. on Friday, May 1, 2020.  Any submissions received after the deadline may not be considered for the 2020 conference.**

**LOCATION**

All sessions will be held at the Columbia Metropolitan Convention Center, 1101 Lincoln Street, Columbia, SC  29201

**QUESTIONS?** Celeste Caulder:          Telephone: (803) 777-4370    E-mail:  caulderc@cop.sc.edu

**NOTIFICATION OF ACCEPTANCE AND FREE REGISTRATION**

If your proposed presentation is accepted by the Conference Program Committee, you will be informed in writing by mid-June.  Please note that all decisions are final. Each presentation you submit must have no more than four presenters; however, **only two** oral session presenters from each session **will receive free registration** (including continental breakfast and lunch) on the day of the presentation(s).  All presenters **MUST** register for the day(s) they will be presenting and pay for the additional conference day if attending the other day.

**ONLINE CFP and UPCOMING CONFERENCE INFORMATION**

Please visit [www.schiv-stdconference.org](http://www.schiv-stdconference.org) for other conference-related information – available soon. The registration brochure with information on the 2020 SC HIV, STD and Viral Hepatitis Conference will be available online in early March.

**ABSTRACT / PRESENTATION OVERVIEW**

The abstract or presentation overview should provide sufficient information (including “what and why”) about the session for participants.  It will be used for the session description in the program brochure. The overview should be in complete sentences, **must not exceed 150 words,** and may be edited by the Program Committee for length or grammar. Type in or copy/paste your abstract in the space provided in the abstract submission form.

**AUDIOVISUAL REQUIREMENTS**

Each room will contain equipment to support Microsoft PowerPoint (including an LCD projector and screen). **Please have your presentation available on a USB Flash Drive as accessing presentations via internet (e.g. via email) is not always possible.We do not provide laser pointers.** If you require Internet access or any other equipment, please contact Celeste Caulder as listed on page 1.  On-site AV requests will **NOT** be accommodated. **Requests for equipment must be made by Monday, June 15, 2020. Other equipment or late requests will result in an equipment charge to be paid by the presenter thirty (30) days prior to the conference.**

**REQUIRED ADDITIONAL DOCUMENTATION**

|  |
| --- |
| **Please note the following:**1. **Only one Educational Activity Form per session must be submitted reflecting the total time of the presentation.** If the session is for 60 minutes, a total of 60 minutes must be reflected.  If the session is for 120 minutes, all 120 minutes must be reflected. It is recommended that **no more than three objectives** be submitted per 60-minute session.  The person(s) presenting each objective must be listed under Presenter.  Each presenter who has his/her name reflected on the objectives form should submit a Biographical and Conflict of Interest Form.
2. **A completed Biographical and Conflict of Interest Form must be submitted for each person listed as a presenter for the session (up to a maximum of four presenters).** The form must include the presenter’s credentials (RN, CHES, MSW, PharmD etc.) so the appropriate credit can be obtained for the session (the form is also used for credentialing other disciplines’ CEU hours).  A resume or CV cannot be accepted in lieu of the completed form.  Disclosure must be made of any conflicts of interest. The signature of each presenter must be obtained on his/her form.  An electronic signature is acceptable.
3. **Please complete the Checklist to ensure everything that is required is included in your presentation submission.**
4. **The completed presentation submission must be received electronically by 5 p.m. on** **Friday, May 1, 2020**
 |

**ALL forms that MUST be completed and returned with your presentation submission.**These forms are required as a part of the submissions to award continuing education units (CEUs).  CEUs are required for professionals to obtain and retain licensure and/or certification in their field.  CEUs are being sought for nurses, social workers, therapists, health educators, and alcohol and other drug treatment and prevention professionals.  A general certificate reflecting the number of CEU hours will be given to all participants who attend the full day. Other certificates may be given as mandated by the profession when the necessary requirements are met. The required additional documentation includes 1) Educational Activity Form, 2) Biographical and Conflict of Interest Form, and 3) Checklist for completed CFP. Please note that the Biographical and Conflict of Interest Form has several sections of which some sections/parts are grayed out (sections 2, 5, and part of section 6). Please do not fill out these grayed-out sections as they are not applicable for this conference. If you have any questions or need assistance in filling out these forms, please contact the Conference Coordinator at **SCannualConference@gmail.com****.**

**Abstract Submission Form**

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| --- |
| **TITLE OF PRESENTATION:**(Title should be no longer than 12 words)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have any of the proposed presenters ever done a session at the SC HIV/STD Conference before?    ☐ Yes        ☐ NoList any limitations regarding date of session, time of day, or size of audience:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you willing to repeat the session during the conference?        ☐ Yes        ☐ No    If **yes,** are you willing to present on both days?            ☐ Yes        ☐ No  |

**CONFERENCE TRACK/DISCIPLINE(S) THAT THE PRESENTATION WILL ADDRESS/SUPPORT**

Please indicate at least ONE but not more than TWO of the conference track/discipline(s) below that the learner will be exposed to if s/he attends your presentation.

☐ **Clinical Topics** -  including (but not limited to) HIV, STD, and/or Viral Hepatitis treatment updates, clinical presentations for medical providers, primary and secondary prevention strategies, preventing and treating co-infection, care as prevention, and tips and strategies for maximizing treatment and medication adherence;

☐ **Social Workers/Case Managers** –sessions by and for Social Workers and Case Managers including (but not limited to) skills building, successful navigation of systems and programs, and tips and strategies for optimizing client success and retention in care;

☐ **Health Education/Risk Reduction** – including (but not limited to) adapting/tailoring effective behavioral interventions, outreach strategies, and overcoming barriers and challenges to prevention efforts;

☐ **Best Practices and Service Models** – including “how to’s” with tips and strategies for implementing the best practices and/or service models that are available for prevention, care and treatment, and services integration;

☐ **Positive Living** – sessions by and for persons living with HIV or viral hepatitis (consumers) including (but not limited to) support programs, peer education, healthy living, empowerment, human rights, advocacy, personal care, and tips and strategies for coping, stress management and personal growth;

☐ **Miscellaneous** –topics not contained in the above tracks, including (but not limited to) domestic violence and sexual abuse, special populations, community engagement; emerging trends, epidemiologic updates, program and organizational management, and capacity building for managers, directors and/or boards, etc.

|  |
| --- |
| **LENGTH OF PRESENTATION:**As noted earlier, the session can be either 60 minutes or 120 minutes long. Please indicate the length of your presentation on the Educational Activity Form. |

|  |
| --- |
| **INTENDED AUDIENCE:  Check all that apply.**        ☐ Consumers                       ☐ Clinicians (Physicians, Nurses, Pharmacists, Physician Assistants, etc.)    ☐Disease Intervention Specialists     ☐ Prevention Counselors     ☐Substance Use Disorders/Mental Health Counselors                ☐ Social Workers/Case Managers     ☐Health Educators             ☐ Board Members                         ☐ Outreach Workers           ☐ Directors/Managers   ☐ Domestic Violence and Sexual Abuse Counselors    ☐ Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**HIV, STDs, and VIRAL HEPATITIS KNOWLEDGE/EXPERIENCE OF TARGET AUDIENCE FOR PRESENTATION**

Please indicate the minimum level of HIV, STD, and/or Viral Hepatitis knowledge or experience the audience should have prior to attending your presentation topic. **Check only one**.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Level of knowledge** | **For Professionals:** | **For Consumers:** |
| ☐ | Beginning | Minimal experience working in this field | A basic knowledge in this field/topic |
| ☐ | Intermediate | Experience working with the same population or field for 2-3 years | A moderate knowledge in this field/topic |
| ☐ | Advanced | Experience working comprehensively across populations and fields | Extensive knowledge in this field/topic |
| ☐ | Advanced Nursing | Requires nursing and/or clinical medical care training and/or extensive experience in HIV, STDs and Viral Hepatitis | Requires nursing and/or clinical medical care training and/or extensive experience in HIV, STDs and Viral Hepatitis |

|  |
| --- |
| **PRESENTATION OVERVIEW/ABSTRACT (required; 150 words max.):  Please type or paste your abstract in the space below.** |

**Title of Activity:**

**Identified Gap(s) in participant knowledge, skills, or practice that this presentation aims to cover:**

**Description of current state:**

**Description of desired/achievable state:**

|  |
| --- |
| **Learning Outcome (s)****Select all that apply:  ☐  Nursing Professional Development      ☐ Patient Outcome     ☐ Other: Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **LEARNING OBJECTIVES****Provide three learning objectives for your presentation**.  To meet accreditation requirements:* Objectives must complete the statement ***“At the completion of this activity, the participant will be able to:”***
* Objectives must be **specific** and **measurable**.
* Objectives must start with an **active learning verb** per Bloom’s Taxonomy:
* *Suggested knowledge-based learning verbs:* Define, label, list, match, name, recall, record, repeat, select, state, classify, describe, discuss, explain, express, identify, locate, outline, recognize, report, restate, review, summarize
* *Suggested application-based learning verbs:*Apply, demonstrate, employ, illustrate, operate, produce, schedule, show, solve, use, analyze, calculate, compare, contrast, differentiate, discriminate, distinguish, examine, interpret, investigate, research, test
 | **TIME FRAME (if live)**Approximate time required for content, if live | **PRESENTER/ AUTHOR**List the Presenter/Author | **TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES**List the active learning strategies and learning assessment techniques to be used by faculty, presenters, authors |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| List the evidence-based references used for developing this educational activity: |

**Gap to be addressed by this activity:** ☐ **Knowledge**☐ **Skills**☐ **Practice**        ☐ **Other: Describe**

**If Live:**

**Note: Time spent evaluating the learning activity may be included in the total time when calculating contact hours.**

**Total Minutes     divided by 60=     contact hour(s)**

**If Enduring:**

**Method of calculating contact hours:**

☐ **Pilot Study**☐ **Historical Data**☐ **Complexity of Content**       ☐ **Other: Describe**

**Estimated Number of Contact Hours to be awarded:**

**Completed By: Name and Credentials                                 Date**

**Mid-Carolina AHEC, Inc.**

**Biographical and Conflict of Interest Form**

**2020 Criteria**

    Title of Educational Activity: SC HIV/STD/VH Conference    Education Activity Date: Oct. 28-29, 2020

    Role in Educational Activity: (Check all that apply)       ☐  Planning Committee Member

                                    ☐  Faculty/Presenter/Author

☐  Content Reviewer

                                   ☐  Other – Describe:

 **Section 1:  Demographic Data**

   Name with Credentials/Degrees:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

   If RN, Nursing Degree(s):        AD         Diploma         BSN         Masters         Doctorate

   Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

   Phone Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Email Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

   Current Employer and Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Section 2:  Expertise - Planning Committee**

     If a planning committee member, select area of expertise specific to the educational activity listed above:

         Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)

               Content Expert

               Other

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Accredited Approver may request additional documentation.)

    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Section 3:  Expertise - Presenter/Faculty/Author/Content Reviewer**

        **An "X" on this line identifies the expertise information the same as listed above.**

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Accredited Approver may request additional documentation.)

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Section 4: Conflict of Interest**

    The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest,*\* the products or services of which are pertinent to the content of the educational activity (see Figure 6). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

 **\**Commercial interest***, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are ***ineligible*** for accreditation.

An organization is NOT a Commercial Interest Organization\* if it is:

* A government entity;
* A non-profit (503(c)) organization;
* A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies

and independent health care practitioners;

* An entity the sole purpose of which is to improve or support the delivery of health care to patients, including

but not limited to providers or developers of electronic health information systems, database systems, and

quality improvement systems;

* A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing

health care goods or services consumed by or used on patients.

* Liability insurance providers
* Health insurance providers
* Group medical practices
* Acute care hospitals (for profit and not for profit)
* Rehabilitation centers (for profit and not for profit)
* Nursing homes (for profit and not for profit)
* Blood banks
* Diagnostic laboratories

(\*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC’s definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all ***relevant relationships\*\**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

**\*\**Relevant relationships****,* as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

* Relationships with any commercial interest of the individual’s spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
* Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
* Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

    Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

           Yes           No

 **If yes,** complete the table below for all actual, potential or perceived conflicts of interest\*\*:

|  |  |  |
| --- | --- | --- |
| Check all that apply | Category | Description |
|  | Salary |  |
|  | Royalty |  |
|  | Stock |  |
|  | Speakers Bureau |  |
|  | Consultant |  |
|  | Other |  |

     \*\* All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of

        the continuing nursing education activity.

 **Section 5:  Conflict Resolution (to be completed by Nurse Planner)**

1. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

(Check all that apply)

      Not applicable since no conflict of interest.

      Removed individual, with conflict of interest, from participating in all parts of the educational activity.

      Revised the role of the individual with conflict of interest so that the relationship is no longer   relevant to the educational activity.

       Not awarding contact hours for a portion or all of the educational activity.

       Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.

       Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

      Other - Describe:

**Section 6:  Statement of Understanding**

     An “X” in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

           **Electronic Signature (Required)                         Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Completed By: Name and Credentials**

 **Nurse Planner Signature (\* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).**

An “X” in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

       **Electronic Signature (Required)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_               \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Completed By: Name and Credentials                Date**

**\*\*For each additional presenter, please copy, complete, and submit this form\*\***

**(One form per presenter is required)**

**Checklist for Submitting**

**Proposed Session Presentations for the**

**2020 SC HIV, STD and Viral Hepatitis Conference**

This is a quick review to be sure I’m including all necessary information for my presentation   submission to be complete!

☐    I have answered all the items on page 3, including the suggested title for my presentation (no more than 12 words).

☐    I have indicated the level of knowledge for intended audience and included an abstract (paragraph of 150 words or less) on page 4 that describes what my session is about (for inclusion in the program brochure).

☐    I have included no more than three objectives for my session with content, time frame, presenter name(s) and teaching method(s) on the ***Educational Activity Form*** (page 5).

☐    I have completed the ***Mid-Carolina AHEC Biographical and Conflict of Interest Form*** (pages 6-9; Sections 1, 3, 4, and 6, including my electronic signature). **If there are other presenters for this session, I am submitting a completed *Biographical and Conflict of Interest Form* for EACH presenter.**

☐    I did it all!  And I am submitting it electronically, **including this form** (page 10), to

            SCannualConference@gmail.com  by 5:00pm on Friday, May 1, 2020.

**Please note that if you have not included EVERYTHING listed on this checklist,**

**your submission is incomplete and will not be reviewed.**

**Thank You!**