



CALL FOR PRESENTATIONS

CONFERENCE DATE: SEPTEMBER 22ND, 2023
DEADLINE FOR SUBMISSIONS: JANUARY 31ST, 2023

Thank you for your interest in submitting a proposal to the SFCP's 69th annual FMC! You will be notified about the status of your proposal by March 31st, 2023. Communication will occur primarily with the submitter through email. If you have any questions regarding the Call for Presentations, please contact:

Colette Duffee
Email: cduffee@sk-cfp.ca
Phone: 306-665-7714
Fax: 306-665-0047

The 2023 Family Medicine Conference is being planned as a hybrid event. Should the situation change, the planning committee may decide to move the conference to fully virtual. In 2022 all attendees were asked to wear masks and speakers should be potentially prepared for masking in 2023. If this would be an issue, please state so below.

CONTACT INFORMATION:

Salutation (Dr./Mr./Mrs./Ms.): _____

Name: _____

Organization/Association: _____

Email: _____

PRESENTATION TYPE:

Please select ONE of the following types that best describes your presentation proposal, and respond to the related questions:

- Clinical
- Skill
- Knowledge Transfer and Implementation
- Program/Policy
- Other: _____

Please select the preferred format of your presentation:

- Plenary (30 minutes)
- Plenary (45 minutes)

Would you prefer to present in-person or virtually?

- In-person
- Virtually

Please choose the category that best describes your proposal:

- Addictions
- Cancer
- Cardiology
- Chronic Conditions
- Dermatology
- Diabetes
- Endocrinology
- ER/Urgent & Hospital Care
- Geriatrics
- Hematology
- Hypertension
- Infectious Disease
- Men's Health
- Musculoskeletal
- Neurology/Neurosurgery
- Obstetrics & Newborn
- Ophthalmology/Eye Health
- Orthopedics
- Pain
- Palliative Care
- Pediatric/Adolescent Health
- Depression/Mental Health/Psychiatry
- Radiology
- Sleep
- Sports Medicine
- Surgery/Plastics

- Urology
- Women's Health
- Other: _____

Is your topic Complementary and Alternative Medicine (CAM), designed to increase physician awareness and how these may affect patients?

- No
- Yes

If yes, please specify area (use of dietary supplements, mind/body medicine, etc):

If you selected a Skills Presentation:

Indicate topic area (i.e. casting, sutures, etc)

If you selected a Knowledge Transfer and Implementation Presentation, please indicate the purpose of the presentation:

- Share results from your completed research
- Review of evidence
- Other: _____

If you selected a Program/Policy Presentation, please indicate the purpose of the presentation:

- Aimed to improve teaching family medicine
- Computer skills as applied to learning, access to information or CME
- Aimed to improve teaching family medicine
- Clinical Practice
- Other: _____

Is this program/policy currently in effect?

- Yes
- No

Is this a program/policy that is in the evolution phase?

- Yes
- No

Is this a program/policy in the planning phase and is relevant to primary care?

- Yes
 No

Other Presentation Type:

Please provide further details about your proposed session.

PRESENTATION DETAILS:

Will you present findings from a research project you've been involved with?

- Yes
 No

Is it your intent to survey conference participants?

- Yes
 No

Proposed Presentation Title:

Indicate the Learning Objectives for the proposed workshop.

*****Please note: Learning Objectives should make reference to the teaching methods used to deliver the presentation, and at minimum, one method should be interactive.***

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How was this topic determined/chosen?

How will this presentation meet the learning needs of FMC participants?

Additional comments/information that may assist the FMC Planning Committee with their review and decision:

Principal Presenter's contact information:

Salutation (Dr./Mr./Mrs./Ms.): _____

Name: _____

Credentials: _____

City/Province: _____

Email: _____

Please provide a brief bio for the presenter:

Does this presentation include a co-presenter?

*****I understand that co-presenters must be included in this Call for Presentations form submitted for review to the FMC Planning Committee.***

Yes

No

If yes complete the following:

Salutation (Dr./Mr./Mrs./Ms.): _____

Name: _____

Credentials: _____

City/Province: _____

Email: _____

Please provide a brief bio for the co-presenter:

Please submit to:

Colette Duffee
cduffee@sk-cfp.ca

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