



## **CALL FOR PRESENTATIONS**

**CONFERENCE DATE: SEPTEMBER 20<sup>TH</sup>, 2024**  
**DEADLINE FOR SUBMISSIONS: JANUARY 31<sup>ST</sup>, 2024**

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Thank you for your interest in submitting a proposal to the SFCP's 69<sup>th</sup> annual FMC! You will be notified about the status of your proposal by March 31<sup>st</sup>, 2024. 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](mailto:cduffee@sk-cfp.ca)  
Phone: 306-665-7714  
Fax: 306-665-0047

**The 2024 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 it was recommended that attendees wear masks and speakers should be potentially prepared for masking in 2024. If this would be an issue, please state so below.**

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### **CONTACT INFORMATION:**

Salutation (Dr./Mr./Mrs./Ms.): \_\_\_\_\_

Name: \_\_\_\_\_

Organization/Association: \_\_\_\_\_

Email: \_\_\_\_\_

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### **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.**

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**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:**

**Description of Presentation:**

**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.***

**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:**

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**Please submit to:**

Colette Duffee  
[cduffee@sk-cfp.ca](mailto:cduffee@sk-cfp.ca)

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