

SECTIONS WEBCAST PROPOSAL



Planning accomplished 8 weeks prior to event.	
Proposals will be reviewed by the Accreditation and Learning Strategies Committee. Upon approval, SCCM staff will provide contact with proposed month for webcast.	Complete blank fields in this column.
PROGRAM DETAILS	
Title of webcast (60 characters max including spaces)	
Webcast description (who, what, when, why – one paragraph)	
Primary Contact name and email	
Format of Webcast Pro/Con Lecture Panel Discussion Interview Other	

STAFF PARTNER, WEBCAST MODERATOR AND FACULTY	
Moderator	
1. Faculty Name with credentials: IMIS ID (SCCM to complete): Title: Institution: City/State: Preferred email:	
2. Faculty Name with credentials: IMIS ID (SCCM to complete): Title: Institution: City/State: Preferred email:	
LEARNING OBJECTIVES (USE ACTION WORDS: DESCRIBE, ARTICULATE, DISCOVER, EXPLORE OR OTHER)	
List between one and three learning objectives	

Resources: http://www.instruction.greenriver.edu/co-op/loaction2.htm http://drexelmed.edu/drexel-pdf/program-continuing-med-ed/CME-Action-Verbs-Developing-Objectives.pdf	
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TARGET AUDIENCE

Target audience (multiprofessional or enter specific audiences applicable). Multiprofessional Pharmacists Nurses Physicians Dieticians Physical Therapists Clergy Social Workers Coding and Billing Discharge Planners Occupational Therapists Respiratory Therapists Fellow/Resident/Students Veterinarian or Other (Specify)	
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GAP WHY IS THIS TOPIC IMPORTANT? WHAT IS MISSING IN PRACTICE THAT NEEDS TO BE LEARNED OR REINFORCED?

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COMPETENCIES: CHECK OR X THOSE THAT APPLY

Quality Improvement and Patient Safety (Practice-based)	
Communications (System-based practice)	
Clinical Knowledge (Medical Knowledge Patient Care)	
Multiprofessionalism and Teamwork (System-based Practice)	
Translation Research from Bench to Bedside (Practice-based)	

POLL QUESTIONS (OPTIONAL)

- Question (128 characters max including spaces)
- Up to 5 answer choices (60 characters max including spaces for each possible answer)

PLAN TO OFFER POLL QUESTIONS	
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	(FACULTY ENTER POLL QUESTION AND ANSWER CHOICES IF AVAILABLE. OTHERWISE, QUESTIONS WILL BE REQUIRED 3 WEEKS PRIOR TO CONFIRMED WEBCAST DATE)
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VIDEO USE (OPTIONAL) NOTE: mp4 file required	(FACULTY ENTER TYPE OF VIDEO & LENGTH OF TIME FOR VIEWING OR LINK TO VIDEO)
PLAN TO INCLUDE VIDEO WITHIN OUR PRESENTATION	

SLIDES	
I have attached slides that will be used for our presentation	

Thank you! Please submit your completed form to Colette Punda at cpunda@sccm.org. The primary contact person that is noted above will receive a response with any questions and/or webcast approval and next steps, including confirmation of the month your webcast will be scheduled for.

All webcasts will be held on the 2nd Thursday of the month from 1pm-2pm Central Time.