

Pacific Coast Oto-Ophthalmological Society

1681 17th Avenue, San Francisco, CA 94122 (415) 269-0089

www.PCOOS.org

CALL FOR PAPERS

*\*Submission Deadline* ***February 28, 2022***

**The 104rd ANNUAL PCOOS MEETING**

**June 24-26, 2022**

**Outrigger Reef Waikiki Beach Resort, Oahu, Hawaii**

**Section 1: If using this APPLICATION & ABSTRACT form, please submit by email to:**

* **Otolaryngology Program Director, Jonathan Liang, MD:** [**jonathan.liang@kp.org**](mailto:jonathan.liang@kp.org)
* **Ophthalmology Program Director, Laura Kopplin, MD, PhD: LjKopplin@mcw.edu**
* **Copy Thelma de Souza: Thelma.PCOOS@gmail.com**

**Name:**

**Address:**

**Affiliation and Title:**

**Email Address:        Phone :**

**Specialty: \_\_\_ Ophthalmology \_\_\_Otolaryngology Subspecialty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TITLE of TALK/S**

**1.**

**2.**

ABSTRACT (150 Words)

1.

**2.**

**LITERATURE SUPPORT**: Please cite 2-3 journal articles that describe the need of your study, support what you will discuss, addresses an aspect of your talk, or that you used in preparation for your talk.

**1.**

**2.**

**EDUCATIONAL OBJECTIVES: Learning outcomes, measurable outcomes. (example: the participant will be able to utilize, apply best practice in, describe, define best practice in x surgery, etc; avoid terms “learn, understand, etc.” )**

**Talk 1.**

**Talk 2.**

**CORE COMPETENCIES:** Which of the ACGME Core Competencies does your talk address? Please include a statement on how it addresses that specific core competency.

* Patient Care:
* Medical Knowledge:
* Practice-Based Learning and Improvement:
* Interpersonal and Communication Skill:
* Professionalism:
* Systems-Based Practice:

Specify:

**PRACTICE GAP/S: Please indicate at least one clinical problem that physicians are not doing well or have no strategy to deal with that your talk/s address and how the information in your talk/s address this gap/improve patient care. (**A practice gap is a problem in practice (individual or global) that physicians are not doing well or have no strategy to deal with). Gaps can be identified from your own data, from research or clinical articles, public health data etc.).

**SYSTEM/EDUCATIONAL BARRIERS** Describe anticipated barriers that could limit implementation and describe how these barriers will be addressed in this activity.

**CULTURAL AND LINGUISTIC COMPETENCY:**

Due to growing health disparities and their link to patient care, AB 1195 was put into law. Please describe how you can improve the health of minority patients. What should clinicians know about our community members in order to improve the quality of care? Include the following in your talks:. Linguistic competency-- the ability of a physician and surgeon to provide patients who do not speak English or who have limited ability to speak English direct communication in the patient’s primary language.

* apply linguistic skills to communicate effectively with target population
* utilize cultural information to establish therapeutic relationships
* elicit and incorporate pertinent cultural data in diagnosis and treatment
* understand and apply cultural and ethnic data to the process of clinical care

Specify:

**Additional Information:**

Our strong preference is for PowerPoint presentations on a thumb drive. Please present it to the moderator no later than the morning or afternoon preceding your day of lecture session. If you have additional AV requirements, please indicate below:

**Please indicate if you must present from your own laptop (you may be scheduled at end of session) Yes or No?**

Print Name. Signature & Date:

|  |  |  |
| --- | --- | --- |
| **CME PLANNER AND FACULTY DISCLOSURE FORM** | | |
| **Your Name** | |  |
| **Your Role (check all that apply)** | |  Planner  Staff x Faculty/Presenter/Speaker  Author   Reviewer/Approver  Other: |
| □ | This form is used as a single-activity disclosure.  Specify CME Activity Title and Date: **PCOOS 104th Annual Meeting, June 24-26, 2022** | |

**Instructions**

The California Medical Association (IMQ/CMA) policy requires reporting of financial relationships of a planner, faculty, or author. To identify any potential conflicts of interest, please complete this disclosure statement. If you are unable to disclose these financial relationships for any reason, you will be disqualified from participating in this activity. Please list any financial relationships with an ***ineligible entity***. The ***Accreditation Council for Continuing Medical Education (ACCME) defines \* ineligible entity as those whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.*** The ACCME does not consider providers of clinical services directly to patients to be commercial interests, thus the ACCME exempts the following types of organizations: non-profit or government organizations; non-health care related companies; liability and health insurance providers; group medical practices; and for-profit hospitals, rehabilitation centers and nursing homes, blood banks and diagnostic laboratories. In the grid below, please disclose financial relationships with a commercial interest that:

1. Occurred during the past 12 months from the date you are reporting.
2. Includes spouse/partner financial relationships with a commercial interest.
3. States the name of the commercial interest and the nature of the relationship regardless of the amount.
4. Covers ownership or part ownership of commercial interests, membership on boards of directors, trustees or advisory committees of commercial interests, grants or research support from commercial interests (excluding grants from government or non-profit, independent foundations), employee of commercial interests, salary, royalty, intellectual property rights, consultant for commercial interests, stock holder (excluding mutual fund holdings) of commercial interests, member of speakers bureau of commercial interests.

Note: Prior to the start of the activity, your relevant financial relationships or lack thereof will be disclosed to the audience. If there is a change in the reported information prior to the activity date, you are required to notify appropriate staff at PCOOS.

**Financial Relationship Disclosure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Ineligible Company** | | **Nature of Relationship** | |
| **Type of Compensation**  (e.g. honoraria, grant, salary. A dollar amount is NOT required) | **Indicate Role** (e.g. Speakers’ bureau, research, owner etc) **and if it is your or Spouse/Partner’s role** |
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|  | Neither I nor my spouse/partner have any financial relationship with an \***ineligible company** as defined above by this disclosure. (Check box at left) | | |

*Signature & Date:*

**Purpose of Disclosure**

As a CME provider accredited by Accreditation Council for Continuing Medical Education (ACCME), we must ensure balance, independence, objectivity and scientific rigor in all of our sponsored educational activities. We adhere to the *ACCME Standards for Commercial SupportSM*.

Everyone who is in a position to control the content of an educational activity throughout the planning and delivery phases must disclose to us the nature of any relationship with a commercial interest as defined by the ACCME. This includes all physicians and non-physician employees involved in planning, as well as authors, presenters and faculty*.*

A conflict of interest exists when an individual (or their spouse/partner) has a financial relationship with a commercial interest and the opportunity to affect CME content related to that commercial interest. The intent of disclosure is not to disqualify a speaker, author or program planner from participating in an educational activity, but to resolve any potential conflicts of interest that may arise from financial relationships with a commercial interest that are determined to be relevant. IMQ/CMA has a process to resolve any conflicts of interest and assume that resolution will be possible. During this process, you may be asked for further information or explanations.

**Review of Financial Relationship Disclosure**

**\*To be completed by appropriate Program Director**

|  |  |
| --- | --- |
| □ | I have reviewed the information and noted that no financial relationship(s) with an ACCME-defined *ineligible company* was disclosed. |
| □ | The disclosed financial relationship(s) with an ACCME-defined \**ineligible company* requires review to resolve any Conflict of Interest. (See COI Review Form) |

|  |
| --- |
| *Reviewer Name: Signature & Date:* |

**Faculty/Planner Attestation Statement**

The ACCME prohibits Faculty/Speakers/Presenters, Planners, Staff, Authors. Approvers and Reviewers from receiving any form of payment for their participation in CME programs. Please sign below attesting your compliance.

|  |  |
| --- | --- |
|  | I attest that I will not receive payment in any form from any ineligible company as \*described above for my participation in this CME program |

|  |
| --- |
| *Print Name, Sign and Date:* |

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| --- |
| Thank you for your completion of these documents.  We look forward to your participation in the 104th annual Scientific Meeting of the  Pacific Coast Oto-Ophthalmological Society, June 24-26, 2022 |