UGM 2020 Call for Presentations

First Name

__________________________________________________________

Last Name:

________________________________________________________________

Credentials:

________________________________________________________________

Title/Role:

________________________________________________________________

Organization:

________________________________________________________________

Work Email Address:

________________________________________________________________

Phone Number:

________________________________________________________________

Will you be speaking or are you submitting on behalf of others?

- [ ] I will be speaking (1)
- [ ] I am submitting on behalf of others (2)
Presentation Details

Select the event to which you are submitting:

- UGM Peer-to-Peer Sessions
- UGM Executive Breakouts
- Executive Cybersecurity Track
- Communications Advisory Council (CAC)
- Directors and Associates Council (DAC)
- Financial Leaders Advisory Council (FLAC)
- Nursing Advisory Council (NAC)
- Perioperative Clinician Advisory Council (PCAC)
- Pharmacy Advisory Council (PharmAC)
- Physician Advisory Council (PAC)
- Project Managers Advisory Council (PMAC)
- Regulatory Programs and Quality Measurement Advisory Council (RPQM)
- Safety Forum
Title of Presentation:
The title should be short but descriptive. Avoid overly themed titles that don't convey the session’s purpose.

________________________________________________________________

Short Description for Agenda:
Briefly describe what will be shared or shown in the session

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Improvements
What are the outcomes or quality measures associated with this project? How did you measure these outcomes?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Detailed Description:
Help reviewers understand why this topic should be chosen. Provide context on the problem you were trying to solve. What is novel or innovative about the topic? What research or
evidence can you share to support your claims? How will learners improve their work or workflow as a result of attending this session?

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Audience Level:

- Currently Installing
- Newly Installed
- Advanced
- All

Target Audience

Indicate the 2-3 roles to which your session is primarily targeted.

________________________________________________________________

Learning Objective 1:

At the conclusion of this session, learners will be able to...
Learning Objective 2:
At the conclusion of this session, learners will be able to...

________________________________________________________________

Learning Objective 3:
At the conclusion of this session, learners will be able to...

________________________________________________________________

Educational Support
Are there tools attendees will take away from the presentation that will extend learning beyond the session? (e.g., tip sheets, clinical decision support tools, etc.)

- Yes (1)
- No (2)

If yes, please explain:
________________________________________________________________
________________________________________________________________
________________________________________________________________

Page 5 of 9
How long has your organization been live with this functionality?

- Under 1 Year
- 1-2 Years
- 3-5 years
- Over 5 Years
- Not Yet Live on Functionality
- Not Presenting about Functionality

Did someone at Epic ask you to submit on this topic?

- Yes
- No

If yes, please indicate who:

________________________________________________________________

Have you previously presented this topic or are you scheduled to present this topic at an Epic event?

- Yes
- No

Is your session about products or services you are selling or plan to sell?

- Yes
- No
Will you be mentioning or demonstrating a third-party product or service?

- Yes
- No

List the product or service and company name:

________________________________________________________________

Who is your primary contact at Epic?

________________________________________________________________

Are all presenters direct employees of Epic customers or Epic-licensed affiliates?

- Yes
- No

Note: All presenters must be direct employees of Epic customers or Epic-licensed affiliates. Submissions with presenters not from an Epic customer or Epic-licensed affiliate will not be accepted.

Please describe the experiences that qualify the speakers to present on this topic.

________________________________________________________________

This form allows for up to two presenters per submission. If your session is accepted, you will have the opportunity to add additional presenters.

Speaker 1 First Name:

________________________________________________________________
Signature:
*Type your name here to verify that the information above is complete and truthful*

________________________________________________________________

You have reached the end of the form and are about to submit your presentation for UGM 2020.

If you’d like to review the details of your submission, use the back arrow to view previous pages. Once you submit your presentation, you will receive a confirmation email containing a link you can use to make edits.

Would you like to send a copy of the confirmation email to another recipient?

- [ ] Yes
- [ ] No

Email address for recipient:

________________________________________________________________