Call for Presentations Preview

*This is a Preview document, to submit a presentation for UGM 2020 you must fill out the form online [here](#), or return to the UGM website and press the “Submit a Proposal” button.

The UGM agenda is tailored to healthcare executives, clinical staff, and those with a strategic focus. UGM speakers should fall into one of these roles. Analysts, trainers, and others with a system focus should plan to attend [XGM](#), as they will not be able to register for UGM.

Call for presentations closes [April 16](#).

Submitter Details

*First Name: __________________________

*Last Name: __________________________

Credentials (MD, RN, RPh, etc): __________________________

*Title/Role: __________________________

*Organization: __________________________

*Work Email Address: __________________________

*Phone Number: __________________________
*Will you be speaking or are you submitting on behalf of others?

- I will be speaking
- I am submitting on behalf of others

Presentation Details

*Select the event to which you are submitting:

Click here for Advisory Council descriptions.

- 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
- Patient Experience Executive Forum
- CFO Forum

*Title of Presentation:

The title should be short but descriptive. Themed session titles can be fun, but not at the expense of clarity. If you choose to try a theme reference, please understand it might be edited for length, clarity, or duplication.

________________________________________________________________

*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?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

*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 or strategies attendees will take away from the presentation that will extend learning beyond the session? (eg, tip sheets, clinical decision support tools, workflow algorithms etc.)

  o  Yes
  o  No

*If yes, please explain:

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

*How long has your organization been live with this functionality?

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

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

  o  Yes
  o  No

  If yes, please indicate who:

________________________________________________________________

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

  o  Yes
  o  No
*Is your session about products or services you are selling or plan to sell?
  o Yes
  o No

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

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

________________________________________________________________
Speaker Details

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.

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

Note: Registration fees are waived for 2 speakers per organization when 1-2 organizations are presenting a session, and 1 speaker per organization when 3 or more organizations are presenting.

*Speaker 1

*Speaker 1 First Name:

______________________________________________________________

*Speaker 1 Last Name:

______________________________________________________________

Speaker 1 Credentials (MD, RN, RPh, etc):

______________________________________________________________

*Speaker 1 Title/Role:

______________________________________________________________

*Speaker 1 Organization:

______________________________________________________________

*Speaker 1 Email:

______________________________________________________________
Speaker 2

Speaker 2 First Name: __________________________________________________________

Speaker 2 Last Name: __________________________________________________________

Speaker 2 Credentials (MD, RN, RPh, etc): ______________________________________

Speaker 2 Title/Role: ___________________________________________________________

Speaker 2 Organization: _______________________________________________________

Speaker 2 Email: _______________________________________________________________
Speaker 3

Speaker 3 First Name:
_____________________________________________________________

Speaker 3 Last Name:
_____________________________________________________________

Speaker 3 Credentials (MD, RN, RPh, etc):
_____________________________________________________________

Speaker 3 Title/Role:
_____________________________________________________________

Speaker 3 Organization:
_____________________________________________________________

Speaker 3 Email:
_____________________________________________________________
*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?

 o Yes
 o No

*Email address for recipient:

__________________________________________