



CALL FOR ABSTRACTS
Children's Hospice International 19th World Congress
Innovations in Care: From Policy to Bedside and Beyond
DEADLINE for SUBMISSION IS JUNE 1, 2008

Children's Hospice International (CHI) 19th World Congress calls for participation of experienced professionals committed to helping others expand the 'Circle of Care', by sharing innovations to overcome challenges faced in providing quality pediatric palliative care. This conference will continue the tradition of reaching around the globe to address the issues that challenge all of us caring for children faced with a life-threatening illness. We welcome submissions reflecting the theme from all areas of pediatric palliative care and invite your active participation in this event. Abstracts may be submitted for concurrent and poster presentations.

There will be two broad tracks (Clinical and Policy) during this World Congress. Examples of topics include:

Clinical track:

- Palliative care for pediatric HIV/AIDS
- Perinatal palliative care
- Adolescents and young adults
- Sudden/traumatic death and the role of palliative care
- Pain and symptom management
- Cultural/Ethnic/Religious challenges
- The role of the 'hospice house' for children and families
- Enhancing care with supportive services
- The role of grandparents
- Ethical challenges
- Working with exceptional families
- Bereavement

Policy track:

- The future of pediatric palliative care
- Funding and Sustainability
- Transitions; i.e., from pediatric to adult care
- Starting a new pediatric palliative care program
- Service delivery models
- Integration of services

Presentations must promote excellence in clinical and organizational practice, culturally appropriate and inclusive care, advocacy, accountability, and relevant policy experiences and solutions. Share your experience by submitting a proposal that demonstrates your work and achievements in these areas.

Abstracts will be considered for poster or paper presentations. Concurrent sessions are 90-minute sessions that demonstrate participant involvement and may provide an in-depth discussion of the topic, present findings, suggest new strategies or applications, highlight program success and allow for questions and answers. Poster presentations will be grouped together for 15-minute presentations including questions and answers.

The language for this congress is English. Every attempt will be made to provide interpreter services but cannot be guaranteed

TARGET AUDIENCE:

Administrators, clinical leaders, physicians, nurses, child life specialists, social workers, chaplains, counselors, volunteers, coalition leaders, educators, researchers, advocates, parents and any individuals interested in pediatric palliative care.

SELECTION OF FACULTY:

Plenary and keynote speakers will be invited by the Congress Planning Committee. Concurrent and Poster presentations are selected through this call for abstracts. Although preference is given to those with presentation experience, we welcome submissions from all professionals involved with pediatric palliative care. A **brief** faculty profile and disclosure statement is required from each potential presenter highlighting education, experience, and familiarity with pediatric palliative care. (*Proposals without this information will not be considered*).

Upon acceptance, all faculty members must submit a complete CV or resume' and a complete outline of the presentation to meet accrediting agencies' requirements

SUBMISSION GUIDELINES:

- Abstracts should not exceed 250 words and are due no later than June 1st, 2008 (*12 midnight Pacific Time*).
- Each abstract must include:
- A title for the presentation that designates the topic
- Track: clinical or policy
- At least two measurable learning objectives (*what the learners will learn, not what is being taught*)
- Presentation type (concurrent/poster).
- A two to three sentence description of the presentation to be used in conference brochure.
- Faculty profile with Disclosure Statement
- *The Faculty Profile is a brief overview of your expertise to present on the topic of your abstract. It does not replace the need for a full CV or Resume to meet the requirement of the accrediting agencies*
- The disclosure statement must be signed and returned with the abstract
- A CV or Resume may be submitted instead of the faculty profile
- All abstracts must include current contact information with E-mail address

ABSTRACT REVIEW:

The CHI 19th World Congress Program Committee will ensure a rigorous and objective review of all submissions. The committee members include pediatric leaders with demonstrated commitment and experience in all areas of pediatric care.

Notification will be in July via E-mail.

The selection process will be based on the following criteria:

- Relevance to theme of this World Congress
- Content is well organized
- Objectives are measurable and achievable
- Relevance and application to children's hospice/palliative care
- Impact and results are measurable
- Use of 'real-world' experience and practical applications
- Insightfulness of conclusions and take-away messages for audience
- Overall clarity and content

FACULTY REGISTRATION:

Lead presenters selected from this Call for Abstracts will receive a **25% discount on the conference registration fee**. CHI does NOT provide honoraria to presenters of concurrent session presentations. Presenters are responsible for their own travel, lodging and related expenses. CHI does not reimburse faculty for travel, lodging or related expenses.

AUDIO VISUAL EQUIPMENT:

CHI will provide the standard audio-visual equipment for all concurrent presentations: microphone, screen, and LCD projectors. Lap top computers will NOT be provided so presenters must bring their own.



ABSTRACTS SUBMISSION FORM

Please complete and **fax** or **email** this form to the Congress Secretariat 415.901.9162, lcrask@georgemark.org or mail to:

19th CHI World Congress Secretariat
 c/o GMCF
 25 South Park, Suite 101
 San Francisco, CA 94107 USA

Please complete using a typewriter or in bloc letters

TITLE of SESSION: _____			
Name: _____		Email: _____	
Address: _____ <small>Please include complete mailing address with country of residence</small>			
_____ Telephone #: _____			
Organization: _____			
Other Authors (Name & Email): _____			
<hr/>			
Concurrent Session: <input type="checkbox"/>	Poster Session: <input type="checkbox"/>	Clinical Track: <input type="checkbox"/>	Policy Track: <input type="checkbox"/>
Measurable Learning Objectives:			
1.			
2.			
3.			
2-3 Sentence description of session for brochure:			

c/o GMCF
 27 South Park, San Francisco, CA USA
 Phone: 415.901.9160 • Fax: 415.901.9162 • Email: lcrask@georgemark.org



TEXT OF ABSTRACT (NO MORE THAN 250 WORDS)



FACULTY PROFILE: *(please complete a separate form for each presenter).*
 PLEASE PRINT OR TYPE

Name: _____ Degrees: _____

Title: _____ E-Mail: _____

Professional Affiliations: _____

Experience in pediatric palliative care:

Experience with topic of presentation:

Experience as presenter:

FACULTY DISCLOSURE: Completion of this section is required to meet accrediting agencies' disclosure requirements. Having an interest in or affiliation with does not preclude your participations, but the relationship must be made known and will be listed in the conference materials. Please complete the applicable section and mark either YES or NO.

NO: I do not have an affiliation or financial arrangement with any corporate organization offering financial support or grant monies for this continuing education program, or with any commercial company whose product may be part of my presentation (this includes any pharmaceuticals).

YES: I have a financial interest/arrangement/affiliation with the following corporate organizations offering financial support or grant monies for this continuing education program or with the following commercial companies whose product may be part of my presentation:

Affiliation/Financial Interest

Corporate Organization

Grant/Research Support: _____ Consultant: _____

Stock/Shareholder: _____ Speaker: _____
 (directly purchased)

Other Financial or Material Support: _____

Signature: _____ DATE: _____