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Description automatically generated

1. **Category of Submission**

**Which event are you submitting for?** \*

IHI Scientific Symposium:

**If I am not selected for a speaking session, I wish to be considered for a poster. Poster submissions are limited to 1 per person. If you have submitted more than one session proposal, IHI will give you the opportunity to select the proposal you wish to submit as your final poster submission.** \*

Yes, consider me for a Poster  Do not consider me for a Poster:

1. **Main Submission Details**

**Presentation Title (100 Characters including spaces**): \* Title should be descriptive and engaging, avoiding acronyms and exclamation points. Please limit the presentation title to 100 characters, including spaces.

Click or tap here to enter text.

1. **Submission Description**

**Session Description (300 word limit)** \*Enter the body of your description below. The summary will need to be 300 words or less and must contain these 5 sections:

* Background:
* Objectives:
* Methods:
* Results:
* Conclusions & Implications:

See presentation of quantitative data in the [Guidance for Writing Abstracts](https://conferences.ihi.org/eSites/605964/IHI%20Scientific%20Symposium%20Abstract%20Guidelines) document for more details. We also welcome qualitative data.

**Description:** Click or tap here to enter text.

1. **Frameworks and Attachments**

**Attachments**

We strongly encourage you to submit an attachment that displays the results of your work. Attachments may be added via the online submission form. You may choose to upload a single file. The file MUST contain no more than 5 tables/figures. Files containing more than 5 tables/figures will not be considered.

Further considerations for attachments:

* Figures will be converted to one-column width at typesetting
* Tables and figures should be clearly numbered and cited in the proposal
* Table/figure captions should be provided as editable text

As we are a quality improvement conference, when reviewing quantitative data, we will look for time-ordered data (e.g., run charts, control charts, time series analysis) and will not accept pie charts or bar graphs. Please make sure all documents/images are high quality and easy to read.

1. **Authors & Presenters**

**Presenter Information** \*

IHI recommends a maximum of three presenters per session and reserves the right to limit the number of presenters based on the nature of your submission. All additional presenter information must be added including their bio. Presenter photos are welcome but not mandatory.

You may include all authors who contributed in a significant way to the work you are submitting. If you are selected to present at the IHI Scientific Symposium, all authors names will be published in the BMJ, but a maximum of two presenters per abstract may present. The BMJ can accommodate up to 10 presenters/authors for publication.

If you have an assistant who you'd like to add to Forum communications please add them as Assistant in applicant type under "Additional Presenters."

For each presenter/author you will need to prepare the following fields to be entered into the online form.

Email Address Job Title

First Name Company

Last Name Short Biography

Credentials Optional Profile Photo

**Presenter/Author 1:** \* Click or tap here to enter text.

**Presenter/Author 2:** Click or tap here to enter text.

**Presenter/Author 3:** Click or tap here to enter text.

**Presenter/Author 4:** Click or tap here to enter text.

**Presenter/Author 5:** Click or tap here to enter text.

**Presenter/Author 6:** Click or tap here to enter text.

**Presenter/Author 7:** Click or tap here to enter text.

**Presenter/Author 8:** Click or tap here to enter text.

**Presenter/Author 9:** Click or tap here to enter text.

**Presenter/Author 10:** Click or tap here to enter text.

**Waived Registrations**

**In-Person Forum Presenters**: A maximum of 2 speaking presenters per session are eligible to have their General Conference registration fees waived and 2 nights hotel.

**Virtual Forum Presenters**: A maximum of 3 speaking presenters per session are eligible to have their registration fees waived.

**Waived Presenter Names** (Max of 2 In-Person and 3 Virtual) \*

Click or tap here to enter text.

1. **Disclosures**

**Key Presenter Disclosure** \*

Does the speaker disclose any relevant financial or nonfinancial relationship(s) with any individual or organization that provides goods and services related to IHI’s business and/or the nature of the presentation? This includes anything of monetary value, including but not limited to salary, other payments for services (e.g. consulting fees or honoraria) and equity interest. A conflict may exist where an interested party and his/her immediate spouse/significant other, or a business associate of an interested party, directly or indirectly benefits or profits as a result of a decision made, or a transaction entered into, by IHI.

Yes:  No:

**If yes: please complete any of the applicable options below for all actual, potential or perceived conflicts of interest.** \*

* Salary: Yes:  No:
* Royalty: Yes:  No:
* Stock: Yes:  No:
* Speakers Bureau: Yes:  No:
* Consultant: Yes:  No:
* Other: Yes:  No:

**If yes to any of the above, please describe:** \*Click or tap here to enter text.

**Will the presentation include any off-label or investigational uses?** \*

Yes:  No:

**If yes, please describe:** \*Click or tap here to enter text.

**Will the presentation include discussion of any commercial products or services, including consulting services?** \*   
Yes:  No:

**If yes, do they appear to have a relevant financial relationship or interest or nonfinancial relationship with the manufacturer(s) or distributor(s) of any of the products or provider(s) of any of the services that they intend to discuss:** \*   
Yes:  No:

**I agree to the conditions and responsibilities of an Institute for Healthcare Improvement content manager and/or presenter and have fully disclosed any financial interest(s) or relationship I may have in the content of my presentation. I will also verbally disclose any and all financial relationships, nonfinancial relationships, or lack thereof to the course content as well as publish them on my presentation slides. \*Failure or refusal to disclose or the inability to satisfactorily resolve the identified conflict will result in the withdrawal of the invitation to participant. If IHI becomes aware that you have not disclosed required information, IHI reserves the right to decline your participation at any IHI conference or educational offering at any time.** \*

Agree:

**Mandatory Presenter Disclosures** \*

To be considered for acceptance into the Forum, ALL SPEAKING PRESENTERS, must complete the disclosure form via the instructions below prior to June 7. Failure to fill out a disclosure for each presenter in your submission will result in dismissal from consideration. Disclosures will be checked following the deadline. \*If you are submitting multiple abstracts you do not need to fill out a disclosure for yourself for each abstract\*

**Disclosure instructions:**

Visit IHI.org to login to your IHI account (or create one if needed).

Once you’re logged into your account, go to my.ihi.org/Disclosure to complete IHI Disclosure Form.

Click “Submit” to complete this form.

**Disclosure Form Clarifications**

1. Title of Continuing Education Activity - Please enter "Forum - (Title of your submission)"

2. Location of Continuing Education Activity - Please enter "Forum"

3. Start & End Date of Continuing Education Activity - Please enter "December 4 - 7"

1. **Planning Team**

The IHI Forum & Scientific Symposium are looking for sessions that encompass a wide variety of disciplines. **We are now giving higher acceptance priority to submissions that include a nurse, physician or pharmacist planner**. We aim to offer continuing education credits to our attendees and the attendees in turn are more likely to attend sessions that offer CE credits. Not including these planners does not mean your submission will be rejected, it will mean it is not approved for these credits.

In support of improving patient care, the Institute for Healthcare Improvement is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. IHI offers continuing education credits for a variety of disciplines. In order for your session to be approved for physician, nursing, and/or pharmacy continuing education credits, you must complete the table below.

**Did you have a Nurse planner(s) involved in the planning of your session for the IHI Forum? A Nurse planner must be involved in the planning of the session to be applicable for Nursing credits**. \*

Yes:  No:

**If yes…..**

* **Describe how the licensed Nurse was involved in the planning** Click or tap here to enter text.
* **Full Name (Nurse Planner)** Click or tap here to enter text.
* **Credentials:** Click or tap here to enter text.
* **Job Title**: Click or tap here to enter text.
* **Organization:** Click or tap here to enter text.
* **Email Address:** Click or tap here to enter text.
* **Brief Biography (1-2 paragraphs):** Click or tap here to enter text.

**Did you have a Physician planner(s) involved in the planning of your session for the IHI Forum? A Physician must be involved in the planning of the session to be applicable for Physician credits**.\*

Yes:  No:

**If yes…..**

* **Describe how the licensed Physician was involved in the planning** Click or tap here to enter text.
* **Full Name (Physician Planner)** Click or tap here to enter text.
* **Credentials:** Click or tap here to enter text.
* **Job Title**: Click or tap here to enter text.
* **Organization:** Click or tap here to enter text.
* **Email Address:** Click or tap here to enter text.
* **Brief Biography (1-2 paragraphs):** Click or tap here to enter text.

**Did you have a Pharmacist planner(s) involved in the planning of your session for the IHI Forum? A Physician must be involved in the planning of the session to be applicable for Physician credits**.\*

Yes:  No:

**If yes…..**

* **Describe how the licensed Pharmacist was involved in the planning** Click or tap here to enter text.
* **Full Name (Pharmacist Planner)** Click or tap here to enter text.
* **Credentials:** Click or tap here to enter text.
* **Job Title**: Click or tap here to enter text.
* **Organization:** Click or tap here to enter text.
* **Email Address:** Click or tap here to enter text.
* **Brief Biography (1-2 paragraphs):** Click or tap here to enter text.

**Were there any other planners involved in the planning of your session? \***

Yes:  No:

**If yes, please provide details: \***

Click or tap here to enter text.

1. **Symposium Permissions**

**Can we make the submitter’s email contact public to attendees of the conference? (Your reply as the submitter will pertain to all presenters and authors listed above.) \* Which event are you submitting for?** \*

Yes, all authors:  Yes, lead author only:  No:

**Authors of all proposals are required to grant an exclusive license to BMJ. The coordinator is responsible for ensuring corresponding/lead authors agree to the terms and conditions of BMJ’s standard license to publish for abstracts. Do you consent to the above?** \*

Yes:  No:

**Have you previously presented this work at the IHI Forum or Symposium?** \*

Yes:  No:

**If yes please state year:** \* Click or tap here to enter text.

**Have you presented this work at any other conference or published it in a journal?** \*

Yes:  No:

**If yes, please provide details:** \* Click or tap here to enter text.