



Patient Experience Conference 2020 Submission Portal

Submission Deadline
July 18, 2019

Thank you for your interest in submitting a proposal for Patient Experience Conference 2020. Please read the submission guidelines and key considerations very carefully. It is our goal to offer a well-balanced conference program to include a variety of topics, care settings and knowledge levels. Providing clarity on all considerations will assist in the selection process and achieving this objective.

Submissions from all key healthcare stakeholders are welcome. Some examples include those who lead healthcare experience efforts, provide care at the bedside, support clinical care, focus on operations of healthcare, patients receiving care, family members supporting loved ones, caregivers, community-focused organizations, innovators, entrepreneurs and solution providers.

The call for submissions will close on July 18, 2019. Participants will be notified by early October regarding conference selection.

SUBMISSION GUIDELINES

Submissions will be accepted in three categories:

60-minute Breakout Sessions include 45-minutes of content shared leaving a minimum of 15 minutes for Q&A. Sessions should be interactive and engage participants in discussion and/or activities beyond the Q&A.

30-minute Breakout Sessions are designed to be focused and concise sharing your ideas and achieving the learning objective(s) in 20 minutes leaving a minimum of 10 minutes for Q&A

Poster Sessions are graphic presentations visually highlighting proven practices, sharing successful ideas, offering problem-solving solutions or explaining an innovative program. It illustrates your key points, findings and outcomes in graphics, photos, and diagrams using a small amount of text. Poster Session submissions are accepted in the following categories:

- General - representing general patient experience research or proven practices
- Patient Partnerships - representing projects that were joint efforts of healthcare professionals and patients/families

Key Considerations to the submission process include:

- What will be learned as a result of attending your session? Submissions should include a clear description and [learning objectives](#). Anyone reading your submission should have a solid understanding of the information that will be shared and what learning outcomes will be achieved. Consider why this information is important and how others will be able to use it.
- Who is your Target Audience? Provide a clear understanding of who will benefit most from your session. We are seeking a variety of content reflecting different care settings, professional role/positions and the development stage of your experience journey.
- What outcomes or impact has been realized? Sessions should include stories/case studies of how your facility or organization has made marked improvements sharing lessons learned, new strategies and practices identified. Sessions are focused on sharing ideas, practical tools, the process necessary with measurable outcomes illustrating improvements achieved.
- What is the practical story this session shares? Sessions should engage participants in the ideas you want to share, the learning objectives you offer and the potential takeaways you provide.

Additional Considerations:

- Special consideration will be given to submissions with patients and families serving as presenters and co-presenters
- Sessions are not to sell vendor solutions. Consulting and vendor organizations are encouraged to submit in collaboration, co-presented with your client and framed as a case study to receive consideration.
- Selected speakers will be notified in October. The final conference schedule will be published once selections are made and speakers are confirmed.
- All presenters must register for the conference and will receive a discounted rate of \$475 per presenting attendee (equal to 50% off the lowest registration rate).

[Submit Abstract](#)

QUESTIONS?

Contact Becky Reisinger, Manager of Learning and Professional Development at becky.reisinger@theberylinstitute.org or 1-866-488-2379 x707

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Patient Experience Conference 2020 Submission Portal

Primary Contact Details

Please provide information for the primary contact for the proposed session.

First Name ---

Last Name ---

Prefix

Designation

Email Address ---

* Organization

* Title

Preferred Address

Address 1

Address 2

Country

City

State/Province

ZIP/Postal Code

* Preferred Phone

Session Details

* Proposed Session Title

Presentation Category

Please select your presentation category:

60-minute Breakout Sessions include 45-minutes of content shared leaving a minimum of 15 minutes for Q&A.

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* Presentation Category

Strategic Lens

Please select up to two strategic lenses that fit your session description. [Click here](#) to learn more about the strategic lenses.

* Strategic Lens

Session Description

* Provide a clear description of your session in 150 words or less. Please do not include title or presenter names.

Learning Objectives

Please provide two to three [learning objectives](#) explaining what participants will learn as a result of attending your session. This should include any "take away" skills, tools, resources or knowledge. Learning objectives should be measurable, meaning participants will be able to evaluate if the specific learning goals for the session were met.

* Learning Objective 1: Please limit to 25 words or less.

* Learning Objective 2: Please limit to 25 words or less.

Learning Objective 3: Please limit to 25 words or less.

PX Development Stage

* This session is ideal for individuals with...

- Minimal knowledge and experience. Looking for some basic information, key principles and "how to's" on the subject.
- Working knowledge and some proven experience. Looking for breath or depth in the subject, how to sustain and engage others and/or dealing with resistance to change on the subject.
- Authoritative knowledge and proven success. Looking for advanced knowledge, new methods, innovative insights and concepts that are not main stream to evolve understanding and practice on the subject.

↳ Sub-Question 

Please share why you selected the development stage above.

Outcomes

What specific outcomes have been realized as a result of the information you are presenting? Please note: conference participants are looking for measurable outcomes demonstrating the impact and tangible take-aways on your experience efforts.

Target Audience

What types of organizations is this session most applicable to? (Select up to three)

- Acute Care/Adult Hospitals
- Ambulatory Care
- Clinic/Physician Practice
- Critical Care Hospitals
- Home Health and Hospice
- Long Term Care
- Outpatient Services
- Pediatrics/Children's Hospitals
- Urgent Care
- VA/Military Hospitals
- Other

Primary Target Audience (Select up to three)

- Executive Leadership
- Operational Leaders
- Organizational Development/Effectiveness Leaders
- Patient and Family Advocates
- Patient Experience Professionals and Champions
- Physician/Nurses/Clinicians
- Quality/Safety Professionals
- Other

Breakout Submission: How will you interact/engage audience beyond the designated Q&A?

Patient/Family and Leadership Participation

Will the session include a patient or family member?

- Yes
- No

Will the session include a member of a healthcare organization's senior leadership team?

- Yes
- No

Disclosures

Is your presentation affiliated with a specific vendor or product(s)?

- Yes
- No

↳ Sub-Question

If yes, what vendors or products?

Previous

Cancel

Save

Next

Save & Continue

Presenter Information

Please use the spaces below to provide information for all session presenters

Presenter 1

* First and Last Name (with credentials)

* Title

* Organization

* Email

* Phone

* Which of the following, if any, best describes the current role you have in your organization?

- Member of Board of Directors/Trustees
- Senior-most Leader (CEO, President, Administrator, Exec. Director)
- C-Suite Member (CNO, CMO, CFO, CXO, etc.)
- Vice President
- Director or Manager
- Supervisor
- Individual Doctor or Nurse
- Other Clinical Team Member
- Volunteer
- Patient/Family Advisor (Affiliated with a healthcare organization)
- Patient or Family Member (Healthcare consumer)
- Other

* Which of the following best describes the type of organization in which you currently work or volunteer?

- Academic Medical Center
- Ambulatory Care Center
- Consultant
- Health Plan/Health Insurance Company
- Home Health
- Hospice
- Hospital (Individual Facility)
- Hospital Group or Health System
- Long-Term Care (Individual Facility)
- Long-Term Care (Group or System)
- Physician Practice or Medical Group
- Rehabilitation Facility
- Urgent Care
- University
- Other

* Which of the following best describes the size of the organization in which you currently work or volunteer?

* In what country is your organization currently headquartered?

In which state or US territory is your organization headquartered?

* CV/Resume: Please upload one document that includes a CV/resume for each presenter.

Upload File

Accepted File Formats: Word, PDF

Presenter 2

First and Last Name (with credentials)

Title

Organization

Email

Phone

Which of the following, if any, best describes the current role you have in your organization?

- Member of Board of Directors/Trustees
- Senior-most Leader (CEO, President, Administrator, Exec. Director)
- C-Suite Member (CNO, CMO, CFO, CXO, etc.)
- Vice President
- Director or Manager
- Supervisor
- Individual Doctor or Nurse
- Other Clinical Team Member
- Volunteer
- Patient/Family Advisor (Affiliated with a healthcare organization)
- Patient or Family Member (Healthcare consumer)
- Other

Which of the following best describes the type of organization in which you currently work or volunteer?

- Academic Medical Center
- Ambulatory Care Center
- Consultant
- Health Plan/Health Insurance Company

Professional References

Please provide two professional references who have seen you present within the last year or can support the importance of the session topic and/or the practices/information being presented.

Reference 1

* First and Last Name	<input type="text"/>
* Title	<input type="text"/>
* Organization	<input type="text"/>
* Email	<input type="text"/>
* Phone	<input type="text" value="555-555-5555"/>

Reference 2

* First and Last Name	<input type="text"/>
* Title	<input type="text"/>
* Organization	<input type="text"/>
* Email	<input type="text"/>
* Phone	<input type="text" value="555-555-5555"/>

Participation Requirements

By clicking beside each statement below you acknowledge that you (and all other presenters on this submission) are aware of and agree to these requirements of participation if selected to be part of Patient Experience Conference 2020.

*** I acknowledge that:**

- All presenters agree to complete the required continuing education forms at the time of confirming your participation in the conference program. This includes biographical information, CV/resume, conflict of interest and presentation outline including objectives.
- All presenters must register for the conference and will receive a discounted rate of \$475 per attendee (equal to 50% off the lowest registration rate).
- Presenters are responsible for their own travel and lodging expenses.
- Presenters agree to adhere to all presentation and material deadlines set by The Beryl Institute.

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Review Your Submission

This is how your submission summary will appear to submitting authors. You can use the styling options to make the labels and values look exactly how you want.

Please note the labels and values shown here are examples, not what you actually selected.

Author Details

First Name
ExampleFirstName

Last Name
ExampleLastName

Email Address
ExampleEmailAddress@email.com

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