**The 2024 South Carolina HIV, STD and Viral Hepatitis Conference**

**“Roadmap to Success: Strengthening Communities Through Collaboration”
Columbia Metropolitan Convention Center, Columbia, SC October 23-24, 2024**

Dear Prospective Presenter:

The SC HIV, STD and Viral Hepatitis Conference Executive and Planning Committees issue this Call for Presentations (CFP) for the 2024 conference, scheduled for October 23-24, 2024, at the Columbia Metropolitan Convention Center in Columbia, SC. Presentations should be either 60 minutes (1 credit hour) or 120 minutes (2 credit hours) in length and support the overall conference theme and focus areas below.

### THEME

Roadmap to Success: Strengthening Communities Through Collaboration

### FOCUS AREAS

Priority will be given to presentations that address one of the following focus areas related to HIV, STDs, and Viral Hepatitis.

1. Progress towards goals and objectives of the National HIV/AIDS Strategy and the National Viral Hepatitis Strategy
2. Surveillance data
3. Information/data sharing
4. Diagnosis, linkage, engagement, and retention in care
5. High impact prevention and treatment strategies/efforts
6. Innovative approaches to build and sustain working partnerships
7. Social determinants

**ABSTRACT SUBMISSION**

This document includes general information about the conference and instructions for abstract submission as well as the complete CFP application consisting of abstract submission form and required additional documentation. The CFP utilizes a “fillable form” format for submitting abstract and the Mid-Carolina AHEC forms. The entire document can be completed and saved as a Word document. **Please note that only electronic submissions will be accepted.**

**The complete Word document must be e-mailed to** **SCannualConference@gmail.com.**

* + **Submissions must include the completed CFP application (see yellow highlighted areas; including a completed Mid-Carolina AHEC Financial Disclosure Form for EACH presenter).**
	+ **Only complete submissions will be reviewed by the Conference Program Committee.**
	+ **The SC HIV, STD and Viral Hepatitis Conference will NOT reimburse presenters for travel expenses.**

## Applications MUST BE RECEIVED no later than 5:00 p.m. on Wednesday April 17, 2024. Any submissions received after the deadline may not be considered for the 2024 conference.

### LOCATION

All sessions will be held at the Columbia Metropolitan Convention Center, 1101 Lincoln Street, Columbia, SC 29201

**QUESTIONS?** Celeste Caulder: Telephone: (803) 777-4370 E-mail: caulderc@cop.sc.edu

### NOTIFICATION OF ACCEPTANCE AND FREE REGISTRATION

If your proposed presentation is accepted by the Conference Program Committee, you will be informed in writing by end of June. Please note that all decisions are final. Each presentation you submit must have no more than four presenters; however, **only two** oral session presenters from each session **will receive free registration** (including continental breakfast and lunch) on the day of the presentation(s). All presenters **MUST** register for the day(s) they will be presenting and pay for the additional conference day if attending the other day.

**ONLINE CFP and UPCOMING CONFERENCE INFORMATION**

Please visit [www.schiv-stdconference.org](http://www.schiv-stdconference.org/) for other conference-related information – available soon. The registration brochure with information on the 2024 SC HIV, STD and Viral Hepatitis Conference will be available online in May.

### ABSTRACT / PRESENTATION OVERVIEW

The abstract or presentation overview should provide sufficient information (including “what and why”) about the session for participants. It will be used for the session description in the program brochure. The overview should be in complete sentences, **must not exceed 150 words,** and may be edited by the Program Committee for length or grammar. Type in or copy/paste your abstract in the space provided in the abstract submission form.

### AUDIOVISUAL REQUIREMENTS

Each room will contain equipment to support Microsoft PowerPoint (including an LCD projector and screen). **Please have your presentation available on a USB Flash Drive as accessing presentations via internet (e.g. via email) is not always possible. We do not provide laser pointers.** If you require Internet access or any other equipment, please contact Celeste Caulder as listed on page 1. On-site AV requests will **NOT** be accommodated. **Requests for equipment must be made by Thursday, June 30, 2024. Other equipment or late requests will result in an equipment charge to be paid by the presenter thirty (30) days prior to the conference.**

### REQUIRED ADDITIONAL DOCUMENTATION

**Please note the following:**

1. **Only one Educational Activity Form per session must be submitted reflecting the total time of the presentation.** If the session is for 60 minutes, a total of 60 minutes must be reflected. If the session is for 120 minutes, all 120 minutes must be reflected. It is recommended that **no more than three objectives** be submitted per 60-minute session. The person(s) presenting each objective must be listed under Presenter. Each presenter who has his/her name reflected on the objectives form should submit a Biographical and Conflict of Interest Form.
2. **A completed Financial Disclosure Form must be submitted for each person listed as a presenter for the session (up to a maximum of four presenters).** The form must include the presenter’s credentials (RN, CHES, MSW, PharmD etc.) so the appropriate credit can be obtained for the session (the form is also used for credentialing other disciplines’ CEU hours). A resume or CV cannot be accepted in lieu of the completed form. Disclosure must be made of any conflicts of interest. The signature of each presenter must be obtained on his/her form. An electronic signature is acceptable.
3. **A short biography must be submitted for each person listed a presenter for the session.**
4. **Please complete the Checklist to ensure everything that is required is included in your presentation submission.**
5. **The completed presentation submission must be received electronically by 5 p.m. on Wednesday April 17, 2024.**

**ALL forms that MUST be completed and returned with your presentation submission.** These forms are required as a

part of the submissions to award continuing education units (CEUs). CEUs are required for professionals to obtain and retain licensure and/or certification in their field. CEUs are being sought for nurses, pharmacists, social workers, therapists, health educators, and alcohol and other drug treatment and prevention professionals. A general certificate reflecting the number of CEU hours will be given to all participants who attend the full day. Other certificates may be given as mandated by the profession when the necessary requirements are met. The required additional documentation includes 1) Educational Activity Form, 2) Biographical and Conflict of Interest Form, and 3) Checklist for completed CFP. Please note that the Biographical and Conflict of Interest Form has several sections of which some sections/parts are grayed out (sections 2, 5, and part of section 6). Please do not fill out these grayed-out sections as they are not applicable for this conference. If you have any questions or need assistance in filling out these forms, please contact the Conference Coordinator at **SCannualConference@gmail.com.**

## Abstract Submission Form

Have any of the proposed presenters ever done a session at the SC HIV/STD Conference before?

Are you willing to repeat the session during the conference?

**TITLE OF PRESENTATION:** (Title should be no longer than 12 words)

* Yes
* No

List any limitations regarding date of session, time of day, or size of audience:

If **yes,** are you willing to present on both days?

* Yes ☐ No
* Yes ☐ No

### CONFERENCE TRACK/DISCIPLINE(S) THAT THE PRESENTATION WILL ADDRESS/SUPPORT

Please indicate at least ONE but not more than TWO of the conference track/discipline(s) below that the learner will be exposed to if s/he attends your presentation.

* **Clinical Topics** - including (but not limited to) HIV, STD, and/or Viral Hepatitis treatment updates, clinical presentations for

medical providers, primary and secondary prevention strategies, preventing and treating co-infection, care as prevention, and tips and strategies for maximizing treatment and medication adherence;

* **Social Workers/Case Managers** – sessions by and for Social Workers and Case Managers including (but not limited to) skills building, successful navigation of systems and programs, and tips and strategies for optimizing client success and retention in care;
* **Health Education/Risk Reduction** – including (but not limited to) adapting/tailoring effective behavioral interventions, outreach strategies, and overcoming barriers and challenges to prevention efforts;
* **Best Practices and Service Models** – including “how to’s” with tips and strategies for implementing the best practices and/or service models that are available for prevention, care and treatment, and services integration;
* **Positive Living** – sessions by and for persons living with HIV or viral hepatitis (consumers) including (but not limited to) support programs, peer education, healthy living, empowerment, human rights, advocacy, personal care, and tips and strategies for coping, stress management and personal growth;
* **Miscellaneous** – topics not contained in the above tracks, including (but not limited to) domestic violence and sexual abuse, special populations, community engagement; emerging trends, epidemiologic updates, program and organizational management, and capacity building for managers, directors and/or boards, etc.

**LENGTH OF PRESENTATION:** As noted earlier, the session can be either 60 minutes (1 contact hour) or 120 minutes (2 contact hours) long. Please indicate the length of your presentation on the Educational Activity Form.

**INTENDED AUDIENCE: Check all that apply.**

* Consumers
* Clinicians (Physicians, Nurses, Pharmacists, Physician Assistants, etc.)
* Disease Intervention Specialists ☐ Prevention Counselors ☐ Substance Use Disorders/Mental Health

Counselors

* Social Workers/Case Managers Workers
* Health Educators
* Board Members
* Outreach
* Directors/Managers ☐ Domestic Violence and Sexual Abuse Counselors ☐ Other (Please specify)

**HIV, STDs, and VIRAL HEPATITIS KNOWLEDGE/EXPERIENCE OF TARGET AUDIENCE FOR PRESENTATION**

Please indicate the minimum level of HIV, STD, and/or Viral Hepatitis knowledge or experience the audience should have prior to attending your presentation topic. **Check only one**.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Level of knowledge** | **For Professionals:** | **For Consumers:** |
|  | Beginning | Minimal experience working in this field | A basic knowledge in this field/topic |
|  | Intermediate | Experience working with the same population or field for 2-3 years | A moderate knowledge in this field/topic |
|  | Advanced | Experience working comprehensively across populations and fields | Extensive knowledge in this field/topic |
|  | Advanced Nursing | Requires nursing and/or clinical medical care training and/or extensive experience in HIV, STDs and Viral Hepatitis | Requires nursing and/or clinical medical care training and/or extensive experience in HIV, STDs and Viral Hepatitis |

**PRESENTATION OVERVIEW/ABSTRACT (required; 150 words max.): Please type or paste your abstract in the space below.**

**Title of Activity:**

**Identified Gap(s) in participant knowledge, skills, or practice that this presentation aims to cover: Description of current state:**

**Description of desired/achievable state:**

|  |
| --- |
| **Learning Outcome (s)****Select all that apply: ☐ Nursing Professional Development ☐ Patient Outcome ☐ Other: Describe** |
| **LEARNING OBJECTIVES****Provide three learning objectives per 60 minute session for your presentation**. To meet accreditation requirements:* Objectives must complete the statement ***“At the completion of this activity, the participant will be able to:”***
* Objectives must be **specific** and **measurable**.
* Objectives must start with an **active learning verb** per

Bloom’s Taxonomy:* + *Suggested knowledge-based learning verbs:* Define, label, list, match, name, recall, record, repeat, select, state, classify, describe, discuss, explain, express, identify, locate, outline, recognize, report, restate, review, summarize
	+ *Suggested application-based learning verbs:* Apply, demonstrate, employ, illustrate, operate, produce, schedule, show, solve, use, analyze, calculate, compare, contrast, differentiate, discriminate, distinguish, examine, interpret, investigate, research, test
* Learning verbs which are **NOT** considered measurable and thus should **NOT** be used within learning objectives include: *Understand, know, learn, grasp the significance*

*of, become familiar with, appreciate, comprehend* | **TIME FRAME (if****live)**Approximate time required forcontent, if live | **PRESENTER/ AUTHOR**List the Presenter/Author | **TEACHING METHODS/ LEARNER ENGAGEMENT STRATEGIES**List the active learning strategies and learning assessment techniques to be used by faculty,presenters, authors |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| List the evidence-based references used for developing this educational activity: |

**Gap to be addressed by this activity:** ☐ **Knowledge** ☐ **Skills** ☐ **Practice** ☐ **Other: Describe**

**If Live:**

**Note: Time spent evaluating the learning activity may be included in the total time when calculating contact hours. Total Minutes divided by 60= contact hour(s)**

**If Enduring:**

**Method of calculating contact hours:**

* **Pilot Study** ☐ **Historical Data** ☐ **Complexity of Content** ☐ **Other: Describe**

**Estimated Number of Contact Hours to be awarded: 1 contact hour 2 contact hours Completed By: Name and Credentials Date**

South Carolina Nurses Association

Financial Disclosure Form

To be completed when content addresses topics related to clinical care or clinical services provided to patients

 **Section 1: To be completed by Nurse Planner or Designee**

|  |  |
| --- | --- |
| **Name of Individual / Credentials****Title of Activity (if applicable)****Date of Activity or****Dates this form is valid (see note above)** | **Prospective Role in Nursing Continuing Professional Development Activity****(Check all that apply):**Nurse Planner (must have an unrestricted nursing license and a minimum of a baccalaureate degree in nursing)Content ExpertOther Planning Committee Members Faculty/Presenter/AuthorContent Reviewer - Used to review and validate content after planning (**not** a member of the planning committee)Other: |

 **Section 2: To be Completed by Individual Who May Control Educational Content**

Please disclose all financial relationships that you have had in the **past 24 months** with **ineligible companies** (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is **no minimum financial threshold**; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose **all financial relationships regardless of the potential relevance** of relationship to the education.

|  |  |  |
| --- | --- | --- |
| **Enter the Name of Ineligible Company**An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.For specific examples of ineligible companies visit [www.accme.org/standards](http://www.accme.org/standards) | **Enter the Nature of Financial Relationship** Examples include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest). Individual stocks and stock options **MUST** be disclosed; diversified mutual funds do not need to be disclosed. | **Has the Relationship Ended?**If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken. |
|  |  |  |
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|  |  |  |
| **In the past 24 months, I have not had any financial relationships with any ineligible****companies.** |  |  |
| **I attest that the above information is correct as of this date of submission.****SIGNATURE OF INDIVIDUAL: DATE:** Click to enter a date. |
| **I attest that I have reviewed the above information and provided action as applicable.****SIGNATURE OF NURSE PLANNER: DATE:** Click to enter a date. |

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**\*For each additional presenter, please copy, complete, and submit this form\*\* (One form per presenter is required)**

# Checklist for Submitting Proposed Session Presentations for the

**2024 SC HIV, STD and Viral Hepatitis Conference**

This is a quick review to be sure I’m including all necessary information for my presentation submission to be complete!

* + I have answered all the items on page 3, including the suggested title for my presentation (no more than 12 words).
	+ I have indicated the level of knowledge for intended audience and included an abstract (paragraph of 150 words or less) on page 4 that describes what my session is about (for inclusion in the program brochure).
	+ I have included no more than three objectives per 60 minute session with content, time frame, presenter name(s) and teaching method(s) on the ***Educational Activity Form*** (page 5).
	+ I have completed the ***Mid-Carolina AHEC Financial Disclosure Form*** (pages 6-9; Sections 1, 3, 4, and 6, including my electronic signature). **If there are other presenters for this session, I am submitting a completed *Financial Disclosure Form* for EACH presenter.**
	+ I have included a short biography for each person listed a presenter for the session.
	+ I did it all! And I am submitting it electronically, **including this form** (page 10), to SCannualConference@gmail.com by 5:00pm on Wednesday April 17, 2024.

**Please note that if you have not included EVERYTHING listed on this checklist, your submission is incomplete and will not be reviewed.**

# Thank You!

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