International Street Medicine Symposium XIX

September 27 - 30, 2023 London, United Kingdom

Small Group Oral Presentation Submission Instructions and Tips

This document includes screenshots of the full Small Group Oral Presentation proposal submission form, as well as additional information to help you complete the questions.

Proposal submissions are only accepted at https://www.surveymonkey.com/r/ISMS19Proposals.



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19th annual International Street Medicine Symposium Speaker Proposals

Welcome to the speaker proposal submission form for ISMS!

Please review the submission instructions for your presentation type before completing this form. Instructions are available on the Street Medicine Institute website.

The information submitted here will be used in the ISMS program. Please make sure you enter correct spelling and contact information for your co-presenters.

Title of pr	resentation	
* Who is th		
Who is th	e primary presenter?	
Name and		
credentials		
where		
applicable		
example: Jim		
Withers MD*		

If you have multiple presenters, please collectively decide on a primary presenter before submitting your proposal.

Primary Presenter Discount

Street Medicine Institute members and people with lived experience of rough sleeping: complimentary symposium registration AND continuing education fees

Non-members: 50% discount on symposium registration

Note: People with lived experience of rough sleeping are not charged a registration fee to attend the International Street Medicine Symposium. If your presentation's primary presenter is a person with lived experience, the second presenter (if any) becomes eligible for the above discounts.

Your title(s) and					
organization(s) where you work and/or					
participate in street		- .			
medicine.		The information listed here will be used to create the			
examples: Founder		online	and prin	ted programs for the symposium.	
and Medical Director,					
Street Medicine		Please	Please provide correct and sufficient		
Institute; Medical			•	list your name/information as follows:	
Director, Operation		11110111	iation to	list your name/illionnation as follows.	
Safety Net; Expert by		Com	`mithara	DhD condidata	
experience, Legos			•	PhD candidate	
Street Medicine*			PhD candidate, Department of Environmental Studies, University of Southwest Australia		
Address				Street Medicine (City, State/Province, Country)	
Address 2					
City/Town *					
State/Province *					
ZIP/Postal Code					
Country *					
Email Address					
Please use an email					
address to which you					
will have access from					
May to September					
2023. *					
Phone Number *					
* Presenting virtually is no	t an option. Will you and you co-prese	enters be able to prese	nt in		
person in London for the sy	mposium?				
At this time, masking is high	nly recommended but not required for	r the symposium. Requ	uirements		
may change depending on I	local requirements or a joint decision	by the host organization	on and the		
Street Medicine Institute. If	your ability to present is based on spe	ecific masking require	ments,		
please select "no."		,			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
If you or your co-presenters	need assistance with a visa applicati	ion. please email			
info@streetmedicine.org.	The desired that a first approach	, p			
○ Yes					
○ No					
* Is this presentation inter	ided specifically for a student track?		The Stre	eet Medicine Institute Student Coalition	
Select "no" if you are propos			is lookir	ng for proposals specific to trainees/	
○ Yes			student	s as a part of the symposium	
○ No					
	engaged clinical work or research spo omelessness (people sleeping rough)		knowled	nce is given to presenters who have dge of the unique circumstances of people grough/unsheltered. People with lived	
○ Yes				nce of homelessness should select "yes."	

○ No

*					
is the p	rimary presenter a trainee?				
		uate students, post-doctora	al students, people currently in		
residency	training programs.				
○ Yes					
○ No					
			Droforonoo io givon to n	racentations	
* Do any	presenters have lived expe	rience of homelessness?	Preference is given to pe that include or are led by lived experience of hom	y people with	
○ Yes					
○ No					
* Do you	have additional presenters	"no," you will not	ired to have additional present see the questions below abou you complete the submission	it 2nd, 3rd, and 4th	
○ Yes		The maximum to	The maximum total number of presenters for each presentation is 4		
○ No		including the prir		, , , , , , , , , , , , , , , , , , ,	
Who is the second pro	esenter?	Who is the third presenter? Name and credentials where applicable example: Jim Withers,	Who is the fourth pre Name and credentials where applicable example: Jim Withers,	senter?	
example: Jim Withers, MD		MD	MD		
Your title(s) and organization(s) where you work and/or participate in street medicine. examples: Founder and Medical Director, Street		Your title(s) and organization(s) where you work and/or participate in street medicine. examples: Founder and Medical Director, Street	Your title(s) and organization(s) where you work and/or participate in street medicine. examples: Founder and Medical Director, Street		
Medicine Institute; Medical Director,		Medicine Institute; Medical Director,	Medicine Institute; Medical Director,		
Operation Safety Net;		Operation Safety Net; Expert by experience,	Operation Safety Net; Expert by experience,		
Expert by experience, Legos Street Medicine		Legos Street Medicine	Legos Street Medicine		
Address		Address	Address		
Address 2		Address 2	Address 2		
City/Town		City/Town	City/Town		
State/Province		State/Province	State/Province		
ZIP/Postal Code		ZIP/Postal Code	ZIP/Postal Code		
Country		Country	Country		
Email Address Please use an email		Email Address	Email Address Please use an email		
address to which you will		Please use an email	address to which you wil	1	

address to which you will

have access from May to

September 2023.

Phone Number

If the primary presenter is a person with lived expertise, the 2nd presenter is eligible for free registration and CME fees if they are a member, or 50% off registration fees if they are not a member of the Street Medicine Institute.

have access from May to

September 2023.

Phone Number

address to which you will

have access from May to

September 2023.

Phone Number

You will be required to select one of the following options for the primary focus of your presentation:

	a denote the contract of the c
* What population	on is the primary focus of your presentation?
People experienci	agh-sleeping people ag sheltered homelessness ag sheltered and unsheltered homelessness arery low income or housing instability, but have not experienced homelessness
-	an option other than "Unsheltered or rough-sleeping people," you will need to explain esentation is appropriate for a symposium focused on Street Medicine.
-	entation focuses on people who work or volunteer with street medicine teams, select d or rough-sleeping people."
=	nsheltered or rough-sleeping people" for the previous question, you will not stion when you submit your proposal:
* The Street Medicine	symposium focuses specifically on educational content related to street medicine
	ugh (unsheltered), rather than people sleeping in shelters or experiencing housing
	prmation you present highlight the unique experience of rough sleepers compared to
	her types of homelessness or a population that has never experienced
homelessness? Select	
	ses only on people sleeping rough (unsheltered) and/or street medicine.
My presentation com	pares or highlights differences between the experiences of people sleeping rough (includes cars, dings, etc) and people living mostly in shelters/hostels, doubled up with friends, couch surfing, or
My presentation focus subpopulations.	ses on a variety of types of homelessness and does not differentiate between homeless
Other (please specify)	
	All proposals must include learning objectives:
* Please list 3-4 lear	rning objectives (in active voice)
Learning Objective 1:	
Learning Objective 2:	
Learning Objective 3:	

High quality learning objectives should give detail to specific knowledge participants will gain from attending your expert panel. Examples include:

- 1. At the end of this presentation, participants will describe drivers of unsheltered homelessness among transgender youth.
- 2. Participants will list three risk factors for unsheltered homelessness among women in Liberia.

Learning Objective 4:

3. Participants will identify two methods for promoting mental wellbeing among people with lived expertise working on street medicine teams.

Select "Small group oral presentation" bel	ow:
* What type of presentation are you submitting (Please do not submit the same presentation of th	
Large-group plenary lecture	Expert panel
Small-group oral presentation	Workshop
Small-group problem-solving session	OPoster
below. You should consider writing your ans document, then using the "Word Count" tool (with spaces) you have used to answer the clonger than the specified number of charact * Describe the topic of your Small Group Oral Present	Use this opportunity to tell the reviewers about your presentation details. The less they have to guess, the more likely it is to be selected.
Describe how you will you present your information	in a way that engages the audience.
Examples include data/research, case examples, role-psimilar presentation? (1000 character limit).	play, and other options. Will you use a powerpoint or
* The oral presentation component of your presentation	ion should be limited to 30-35 minutes. Describe

how you will engage participants in discussion for 25 to 30 minutes after your oral presentation (1000

character limit).

All proposals are required to provide answers to the questions below. Please do not repeat information already described in responses to other questions. Be thoughtful about how you answer these questions, as the following six questions are the criteria upon which your proposal will be judged.

* Target Audience: How appropriate is this topic for an audience of clinicians, outreach workers, service agency representatives, and community stakeholders dedicated to improving the health and well-being of
unsheltered or rough sleeper homeless populations? (maximum 400 characters including spaces)
* Mission advancement: How substantially does the information or approach promote/advance the
values, mission, and vision of the Street Medicine Institute and International Street Medicine Symposium?
(maximum 400 characters including spaces)
* Knowledge advancement: How valuable is the information or approach to the growing body of Street
Medicine knowledge and clinical expertise? Have data/findings been collected, analyzed, and presented in
a rigorous and scholarly way? (maximum 400 characters including spaces)
* Applicability: How accessible and generalizable are the findings, interventions, or programs to other
practice sites around the world? (maximum 400 characters including spaces)
* Impact: How potentially beneficial are the findings, interventions, or programs you describe to the care
of patients/clients, development of services, training of providers, or sustainability of Street Medicine?
(maximum 400 characters)
* Innovation: How novel is this information or approach in addressing a problem related to the health
care of rough-sleeper populations? (maximum 400 characters including spaces)

*	to present in English, please indicate the language in which you plan to present and if	
you will need an int	erpreter.	
Name & email of pe	erson completing this submission, if NOT the primary presenter	
Name		
Email		
* Lagrag on boba	If of all presenters listed in this proposal, to have all presenters' names, titles,	
	rmation, city, state/province, and country listed in the ISMS program on the Street	
Medicine Institute		
⊖ Yes If y	ou or one of your co-presenters may experience political or other	consequences of having
0.110	ur names listed online, please let us know to exclude your name fro	om either all online
ma	aterial or online material that does not require payment to access.	
★ I agree to provide	e an electronic copy of my presentation slides to be distributed to symposium	
	ted or unpublished material can be removed if needed.	
Yes		
○ No		
f your answer is no, ple	ase explain	
ISMS atte	ndees always request access to presentation materials, especially	if they are interested in
	ions but are unable to attend. The symposium committee strongly	recommends you agree to
provide ac	ccess to your slides or other material.	
* I understand tha	it if this proposal is accepted, all presenters listed must:	
1. Register for the s	ymposium and pay all associated fees no later than August 1, 2023.	
2. Submit any chan	ges to the title of the presentation, names of presenters, information listed in the	
program no later th	an August 1, 2023 in order for the changes to be included in the online program.	
3. Complete a confl	ict of interest form prior to the presentation.	
4. Submit presentat	ion materials (Powerpoint, handouts, other) prior to the start of the symposium.	
5. Email info@stree	tmedicine.org immediately if the presentation needs to be withdrawn from the program.	
I have read the interest of the interest	formation above and agree to complete these required tasks.	
I have read the interest of the interest	formation above and do not agree.	
If you do not agree with	the information above, please explain.	

If you indicate that you do not agree to the information above but you do not provide information about why you disagree, your proposal will not be considered.

This is the last page you will see prior to submitting your proposal:

Thank you for submitting your proposal to present at the 19th annual International Street Medicine Symposium! The symposium committee will review your proposal and respond no later than June 1, 2023. Once you click the "done" button, you are finished with the proposal submission and will no longer be able to submit changes to your proposal.

You will not receive confirmation that your proposal has been submitted. If you have concerns that your proposal was not submitted, please email info@streetmedicine.org. Please include the title of the presentation if you send an email to confirm that your submission was received.



Thank you for your interest in presenting at the 19th annual International Street Medicine Symposium!

If you have any questions about submitting your proposal, please email the SMI team at info@streetmedicine.org.