## International Street Medicine Symposium XIX

September 27 - 30, 2023 London, United Kingdom

## **Small Group Problem Solving Session Submission Instructions and Tips**

This document includes screenshots of the full Small Group Problem Solving Session 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.



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.

litle of presentation
* Who is the 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(s) 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	informatio	on listed here will be used to create the	
examples: Founder		onlin	e and prin	nted programs for the symposium.	
and Medical Director,			•		
Street Medicine		Plan	oo provida	a correct and sufficient	
Institute; Medical			Please provide correct and sufficient		
Director, Operation		intor	mation to	list your name/information as follows:	
Safety Net; Expert by					
experience, Legos		Sam	Smithers,	, PhD candidate	
Street Medicine *			PhD candidate, Department of Environmental Studies, University		
Address			of Southwest Australia		
Address		Found	Founder, Aussie 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 *					
ale.					
Presenting virtually is no	t an option. Will you and y	ou co-presenters be able to pre	sent in		
person in London for the sy	mposium?				
At this time, masking is high	hly recommended but not	required for the symposium. Re	quirements		
may change depending on I	local requirements or a joir	nt decision by the host organiza	tion and the		
Street Medicine Institute. If	your ability to present is ba	ased on specific masking requii	rements,		
please select "no."					
If you or your co-presenters	need assistance with a vi	sa application, please email			
info@streetmedicine.org.	The control of the co	ou approution, produce cirruit			
○ Yes					
○ No					
* Is this presentation inter	adad anasifias III. for a stud	ent trool 2	The Str	eet Medicine Institute Student Coalition	
		ent track?	is lookii	ng for proposals specific to trainees/	
Select "no" if you are proposing a poster presentation.				s as a part of the symposium	
○ Yes			Student	.s as a part of the symposium	
○ No					
			Prefere	nce is given to presenters who have	
* Is the primary presenter	engaged clinical work or re	esearch specifically with people		dge of the unique circumstances of people	
experiencing unsheltered ho			1411011101		
	A salva avadi	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	•	g rough/unsheltered. People with lived	
○ Yes			experie	nce of homelessness should select "yes."	

○ No

<b>≭</b> ls the ւ	orimary prese	nter a traine	e?					
	,			s, post-doctoral	students, pe	ople currently in		
	training progi			,,	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
_	3, 3							
O Yes								
○ No								
					Б. (			
* Do any presenters have lived experience of homeles			melessness?	Preference is given to presentations that include or are led by people with lived experience of homelessness.				
O Yes								
○ No								
* Do you	ı have additio	nal presente	"no," y <sub>e</sub> rs? preser	e not required ou will not see nters when you	the questic complete t	ons below about the submission	ut 2nd, 3rd, a n form online	nd 4th
O Yes				aximum total r		resenters for (	each sessior	1 IS 4
○ No			IIICIUUI	ing the primary	presenter.			
0.11								
Who is the second pre	esenter?		Who is the third pro	esenter?		Who is the fourth pres	senter?	
Name and credentials	.ociitoi:		Name and credentials	3		Name and credentials		
where applicable			where applicable example: Jim Withers,			where applicable example: Jim Withers,		
example: Jim Withers, MD			MD			MD		
Your title(s) and			Your title(s) and			Your title(s) and		
organization(s) where			organization(s) where you work and/or	•		organization(s) where you work and/or		
you work and/or participate in street			participate in street			participate in street		
medicine.			medicine.			medicine.		
examples: Founder and			examples: Founder an Medical Director, Stree			examples: Founder and Medical Director, Street		
Medical Director, Street Medicine Institute;			Medicine Institute;	et .		Medicine Institute;		
Medical Director,			Medical Director,			Medical Director,		
Operation Safety Net;			Operation Safety Net;			Operation Safety Net; Expert by experience,		
Expert by experience, Legos Street Medicine			Expert by experience, Legos Street Medicine	9		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			Email Address			Email Address		
Please use an email			Please use an email			Please use an email		
address to which you will			address to which you			address to which you will have access from May to		
have access from May to			have access from Mai	V to		THAT GOODS HOTTINGY LO		

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.

September 2023.

**Phone Number** 

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:

Tou Will be I	equired to select one of the following options for the primary focus of your presentati
* What population	on is the primary focus of your presentation?
People experienci	ugh-sleeping people ng sheltered homelessness ng sheltered and unsheltered homelessness very low income or housing instability, but have not experienced homelessness
-	t an option other than "Unsheltered or rough-sleeping people," you will need to explair 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."
•	Insheltered or rough-sleeping people" for the previous question, you will not estion when you submit your proposal:
* The Street Medicine	e symposium focuses specifically on educational content related to street medicine
	ugh (unsheltered), rather than people sleeping in shelters or experiencing housing
	ormation you present highlight the unique experience of rough sleepers compared to
-	her types of homelessness or a population that has never experienced
homelessness? Select	
My presentation focu	ises 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, ldings, etc) and people living mostly in shelters/hostels, doubled up with friends, couch surfing, or
My presentation focusubpopulations.	ises on a variety of types of homelessness and does not differentiate between homeless
Other (please specify)	
* Please list 3-4 lea	All proposals must include learning objectives:
	Thing abjective (in dedite voice)
Learning Objective 1:	
Learning Objective 2:	
Learning Objective 2:	

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 problem-solving session" below:

your ss, th

The use of powerpoint is strongly discouraged for problem-solving sessions except to provide a brief informational overview or to give instructions for interactive activities

the

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		
* I agree, on beha	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		
	ou or one of your co-presenters may experience political or other of	•
0	ur names listed online, please let us know to exclude your name fro aterial or online material that does not require payment to access.	om either all online
	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	
presentat	ndees always request access to presentation materials, especially ions but are unable to attend. The symposium committee strongly ccess to your slides or other material.	-
* I understand tha	at 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	tion 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.