International Street Medicine Symposium XIX

September 27 - 30, 2023 London, United Kingdom

Workshop Submission Instructions and Tips

This document includes screenshots of the full Workshop 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 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 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 i	nformatio	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		Dloo	oo provida	e correct and sufficient	
Institute; Medical			•		
Director, Operation		intor	mation to	list your name/information as follows:	
Safety Net; Expert by					
experience, Legos		Sam	Smithers,	, PhD candidate	
Street Medicine *			candidate, Department of Environmental Studies, University		
Address			outhwest Australia		
Address		Found	nder, 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 *					
*					
		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 joil	nt decision by the host organiza	tion and the		
Street Medicine Institute. If	your ability to present is b	ased on specific masking requir	rements,		
please select "no."					
If you or your co-presenters	need assistance with a vi	sa application, please email			
info@streetmedicine.org.					
○ Yes					
○ No					
* Is this presentation inter	adad ananifiaelly for a stud	ont trook?	The Str	eet Medicine Institute Student Coalition	
		ent track?	is lookii	ng for proposals specific to trainees/	
Select "no" if you are propos	sing 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 r	esearch specifically with people		dge of the unique circumstances of people	
experiencing unsheltered ho			Turio VVIC		
	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

* la tha r	orimary presenter a trainee	.0					
	nclude undergraduate/gra	duate students, po	ost-doctoral s	tudents, people	currently in		
residency	training programs.						
0							
○ No							
Do any Yes No	presenters have lived exp	erience of homele	essness?	that include	s given to pro or are led by ence of home	people with	
* Do you Yes No	have additional presenter	s? "no," you v presenter The maxii	will not see i s when you	to have addition the questions complete the umber of pres presenter.	below about submission f	2nd, 3rd, an form online.	d 4th
Who is the second pre Name and credentials where applicable example: Jim Withers,	esenter?	Who is the third prese Name and credentials where applicable example: Jim Withers,	nter?	Na wh exa	no is the fourth prese me and credentials ere applicable ample: Jim Withers,	enter?	
MD Your title(s) and organization(s) where		MD Your title(s) and organization(s) where			ur title(s) and ganization(s) where		
you work and/or		you work and/or participate in street		-	u work and/or rticipate in street		
participate in street medicine.		medicine.		me	edicine.		
examples: Founder and Medical Director, Street		examples: Founder and Medical Director, Street			amples: Founder and edical Director, Street		
Medicine Institute;		Medicine Institute;			edicine Institute;		
Medical Director, Operation Safety Net;		Medical Director, Operation Safety Net;			edical Director, eration Safety Net;		
Expert by experience,		Expert by experience,			pert by experience,		
Legos Street Medicine		Legos Street Medicine			gos Street Medicine		
Address		Address		Ad	dress		
Address 2		Address 2		Ad	dress 2		
City/Town		City/Town		Cit	y/Town		
State/Province		State/Province		Sta	ate/Province		
ZIP/Postal Code		ZIP/Postal Code		ZIF	P/Postal Code		
Country		Country		Co	untry		
Email Address		Email Address			ail Address		
Please use an email		Please use an email			ease use an email		
address to which you will		address to which you will		ad	dress 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.

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:

*	
* What population is the primary focus of your presentation?	
✓	
Unsheltered or rough-sleeping people	
People experiencing sheltered homelessness	
People experiencing sheltered and unsheltered homelessness	
People who have very low income or housing instability, but have not experienced homelessness	
If you select an option other than "Unsheltered or rough-sleeping people," you will need to why your presentation is appropriate for a symposium focused on Street Medicine. If your presentation focuses on people who work or volunteer with street medicine team "unsheltered or rough-sleeping people."	·
f you selected "Unsheltered or rough-sleeping people" for the previous question, you will not be asked this question when you submit your proposal:	
* The Street Medicine symposium focuses specifically on educational content related to street medicine	
and people sleeping rough (unsheltered), rather than people sleeping in shelters or experiencing housing	
instability. Does the information you present highlight the unique experience of rough sleepers compared to	
people experiencing other types of homelessness or a population that has never experienced	
homelessness? Select all answers that apply.	
My presentation focuses only on people sleeping rough (unsheltered) and/or street medicine.	
My presentation compares or highlights differences between the experiences of people sleeping rough (includes cars,	

All proposals must include learning objectives:

Please list 3-4 learning objectives (in active voice)

another indoor location.

subpopulations.

Other (please specify)

Flease list 5-4 learning objectives (in active voice)			
Learning Objective 1:			
Learning Objective 2:			
Learning Objective 3:			
Learning Objective 4:			

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.

tents, abandoned buildings, etc) and people living mostly in shelters/hostels, doubled up with friends, couch surfing, or

My presentation focuses on a variety of types of homelessness and does not differentiate between homeless

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

Select "Workshop" below:

* What type of presentation are you subr	mitting?
(Please do not submit the same presentat	ion under multiple categories)
Large-group plenary lecture	Expert panel
Small-group oral presentation	Workshop
Small-group problem-solving session	OPoster
consider writing your answers to the que the "Word Count" tool under "Review" to	ude concise but detailed information below. You should estions below in a Microsoft Word document, then using count the number of characters (with spaces) you have not be able to submit responses longer than the specified
➤ Provide a description of your Workshop. Plea your workshop (4000 character limit). ♀ 0	se include an outline of how you will use the 60 minutes allotted to
	rive. Please describe how you will promote interactivity during your ts through group discussion, hands-on practice, or another form of
* Describe if and how you will use Powerpoint	or slides during your presentation (500 character limit). 🗘 0
	use of powerpoint is strongly discouraged for workshops, pt to provide a brief informational overview or to give

instructions for interactive activities.

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)				

If you are NOT able to present in English, please indicate the language in which you plan to present and if	
you will need an interpreter.	
Name & email of person completing this submission, if NOT the primary presenter	
Name	
Email	
* I agree, on behalf of all presenters listed in this proposal, to have all presenters' names, titles,	
organizational information, city, state/province, and country listed in the ISMS program on the Street	
Medicine Institute website.	
Yes If you or one of your co-presenters may experience political or other conseq	•
your names listed online, please let us know to exclude your name from eith material or online material that does not require payment to access.	er all online
I agree to provide an electronic copy of my presentation slides to be distributed to symposium	
attendees. Copyrighted or unpublished material can be removed if needed.	
Yes	
○ No	
f your answer is no, please explain	
ISMS attendees always request access to presentation materials, especially if they presentations but are unable to attend. The symposium committee strongly recom provide access to your slides or other material.	
* I understand that if this proposal is accepted, all presenters listed must:	
1. Register for the symposium and pay all associated fees no later than August 1, 2023.	
2. Submit any changes to the title of the presentation, names of presenters, information listed in the	
program no later than August 1, 2023 in order for the changes to be included in the online program.	
3. Complete a conflict of interest form prior to the presentation.	
4. Submit presentation materials (Powerpoint, handouts, other) prior to the start of the symposium.	
5. Email info@streetmedicine.org immediately if the presentation needs to be withdrawn from the program.	
I have read the information above and agree to complete these required tasks.	
I have read the information 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.