



**Montana Gerontology Society
37th Annual Conference**

“Aging Together in Montana-Something in Common”

April 4-5, 2019

Great Northern Hotel, Helena, Montana

Student Call for Presentations:

Montana Gerontology Society encourages health profession students to share their expertise in the field of aging in the form of a student presentation during the Montana Gerontology Society Annual Conference. This year’s theme is *“Aging Together in Montana-Something in Common”*. Baby boomers are demanding a new view of aging and their retirement years. How will these changes be addressed? What challenges and opportunities can we expect on the aging pathway in the coming years?

We are interested in ANY and ALL presentations related to serving the aging population. There will be three tracks – Medical/Clinical, Psycho/Social/Human Services, and Alzheimer’s/Dementia and Caregiving Issues. The audience will be interdisciplinary with nurses, social workers, social service professionals, physical therapists, activities directors, nursing home administrators, physicians and a variety of other health care and social service practitioners. We will also be promoting this conference to the public, seniors, healthcare providers and retirees.

If you have a great presentation, we would love to have you share it! Your presentation should be 25 minutes in length with 5 minutes for questions. Two Student Presentations will be scheduled to create a 60 minute session. We have allocated time after lunch on Friday, April 5th for student presentations.

Please complete the attached form. It includes a **SAMPLE** for your convenience. **As a student presenter, you are eligible to register for the entire conference or one day at a discounted student presenter rate.** Registration details are in process and will be available on the MGS website: <http://montanagerontology.org/>

Please return the completed form to conference@montanagerontology.org by **February 1, 2019**. Or mail to Amanda Lias, c/o MTGEC, 2308 Country Club Ave Helena, MT 59602. We appreciate your willingness to share your expertise with others!

Sincerely,

Amanda Lias, MGS 2019 Conference Coordinator
conference@montanagerontology.org

SAMPLE Completed form:

2019 MGS Conference - Presenter Information Form

Proposed Title of Session: Implementation of the STEADI Toolkit in MT

Name: Pat Student

Email: Pat.Student@umontana.edu

Address:

Are you a member of Montana Gerontology Society? Y N

If no, would you like to be? Y N

The following information must be filled out for each session that you are proposing to present.

List all speakers and their titles: Pat Student, Physical Therapy Student, University of Montana

Brief Session Description: List 3-5 content items that will be covered under the objective(s) above.

- I. Epidemiology and Statistics for Falls in Older Adults (3 minutes)
- II. Fall Risks are Multifactorial: Quick Review (3 minutes)
- III. AGS/BGS guidelines as precursor to STEADI (3 minutes)
- IV. STEADI toolkit from the CDC (8 minutes): an overview
- V. Incorporating the STEADI into a PCP's practice (8minutes)
- VI. Questions and Answers (5 minutes)

Resources/Bibliography:

Speaker Needs: Power Point (computer & screen) student will bring flash drive

special seating arrangements Other _____

NOTE: It is recommended that speakers have presentations located on a backup file such as a flash drive in case of technical/equipment difficulties. If speakers wish to provide a handout, they must furnish copies. Session will have a maximum of 30 participants.

Speaker Agreement

Content and Presentation:

1. Will be presented free of bias.
2. Will be presented based on best-available evidence.
3. Will be presented impartially.

Signature: Pat Student (Typed name or signature file)

2018 MGS Conference - Presenter Information Form

Proposed Title of Session:		
Contact Information:		
Name:		
Email:		
Address:		
Phone:		
Are you a member of Montana Gerontology Society? Yes <input type="checkbox"/> No <input type="checkbox"/>	Would you like to be? (Free for students) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Street Address:		
City:	State:	Zip Code:
Best number to contact you by phone:		
The following information must be filled out for <u>each session</u> that you are presenting. List all speakers/titles:		
Proposed Session objectives – Please list 1-2 statements completing the sentence “the learner will be able to...”. Objectives should be attainable in the allotted time frame using the teaching methods specified. (Use an active verb to describe what the participant will be able to do as a result of participating in the session. Example verbs: describe, examine, analyze, evaluate, name, discuss, demonstrate, plan, develop, choose, assess, create, etc.) Objectives may be modified to meet accreditation program criteria, and you will be advised of the final wording of your objectives.		
Objective 1:		

Objective 2: (optional)

Brief Session Description:

Resources/Bibliography: Please list 1-2 resources that will be used as a basis for this presentation.

Speaker Needs:

PowerPoint (computer & screen)	<input type="checkbox"/>	Microphone	<input type="checkbox"/>
Flip Chart	<input type="checkbox"/>	Special Seating Arrangements	<input type="checkbox"/>
If other, please list:			

Note: It is recommended that speaker have presentations located on a backup file such as a flash drive in case of technical/equipment difficulties. (If necessary for presentation, speakers must furnish copies of handouts. Sessions will have a maximum of 40 participants.)

Speaker Agreement - Content and Presentation:

1. Will be presented free of bias.
2. Will be presented based on best-available evidence.
3. Will be presented impartially.

Signature: _____ (Typed name or signature file)