



American Clinical Neurophysiology Society (ACNS)  
2019 Annual Meeting Call For Proposals

The ACNS Program Committee seeks proposals for Symposia, Skills Workshops and Special Interest Groups (SIGs) for the 2019 American Clinical Neurophysiology Society (ACNS) Annual Meeting which will take place at Caesar's Palace, Las Vegas, Nevada, February 6-10, 2019.

Proposals should include a:

Title

Description of the session

An overview of the knowledge gap and educational need the session seeks to address

Objectives

Target audience

Draft agenda, including the names of moderators and speakers as well as speaker presentation titles.

**SUBMITTERS – STOP! Before you submit your proposal, we recommend that you:**

- Confirm that all the speakers in your proposed session are willing to speak and available to travel to Las Vegas over the Annual Meeting dates of February 8-10, 2019.
- Confirm that all of your proposed speakers agree to the ACNS speaker compensation policy listed above. Travel funding is not available and exceptions are made to this policy only in very rare cases.
- Confirm that all of your proposed speakers are willing to provide the required materials, should your session be accepted for presentation, including a conflict of interest disclosure, presentation abstract, presentation slides, etc.

[CLICK HERE](#) to submit a proposal.

The proposal submission deadline is June 12, 2018.

SESSION FORMATS

Symposium (Scientific)

Should be based on a scientific theme expanding cutting-edge knowledge for a topic culminating in a conclusion or summary. Symposia should be planned for two (2) hours and should include no more than four (4) speakers. Sessions should utilize a lecture style learning format.

Symposium (Clinical)

Should be based on a clinical theme expanding current or new clinical knowledge of a topic relevant to current clinical practice. Symposia should be planned for two (2) hours and should include no more than four (4) speakers. Sessions should utilize a lecture style learning format but may also encourage active audience participation and be directed toward difficult or controversial issues in clinical neurophysiology.

Clinical Workshops

Forums for clinical demonstrations. The workshops could provide hands-on or slide-based demonstrations and review difficult clinical or practical neurophysiologic issues. The workshops may utilize case discussions/ vignettes with video and neurophysiologic data and information discussion or demonstration of relevant findings or techniques. Audience interaction participation would be encouraged. These sessions are most applicable to clinical practice issues in clinical neurophysiology. If case review is selected, the chair is expected to ensure the cases are of high quality and appropriate data for discussion is available. The workshops should be planned for a 90-minute time slot and include no more than three (3) speakers.

Special Interest Groups (SIG)

An opportunity to present cutting-edge or ongoing research activities in a more informal environment with ample opportunity for discussion and feedback. Time slots will be two (2) hours with no limit on the number of speakers. There are five (5) standing Special Interest Groups with directors that each serve a two-year term: ICU EEG Monitoring, Intraoperative Monitoring, EMG, MEG and Pediatric EEG. Submissions for new directors of the standing SIGs are accepted during even year meetings. In addition to the standing SIGs, submission of additional topics for one-time presentation are also encouraged.

It is preferred that the proposal is submitted by an ACNS member. The Program Committee encourages proposals that include junior members. Proposals with a combination of speakers inside and outside of the US are also encouraged. Proposals for session topics in IOM, Autonomic Neurophysiology, Peripheral Neurophysiology and Neurophysiologic Devices are also encouraged.

### **SPEAKERS & SPEAKER COMPENSATION**

Session proposers and speakers may be members or non-members of ACNS. However, it is encouraged that at least one (1) speaker in each session be a current member. Speakers will be compensated per the following policy:

#### **Honorarium**

Honoraria will be based on a flat rate of \$450 per hour. This amount will be divided among speakers according to length of presentation. Session chairs are strongly encouraged to limit their sessions to no more than two (3) speakers per hour, or a minimum presentation length of 30 minutes.

Example: A session lasting a total of two hours with three presentations, one lasting one hour and two lasting 30 minutes each would receive the following:

\$900 total honorarium for the session  
Speaker 1 (one hour presentation): \$450  
Speaker 2 (30 minute presentation): \$225  
Speaker 3 (30 minute presentation): \$225

*Special Interest Groups, case presentations, and brief presentations (less than 15 minutes in length) will not be eligible for honoraria. Panel discussants will not receive additional reimbursement beyond the honoraria they receive for symposia presentations.*

#### **Registration**

Annual Meeting speakers will receive complimentary one-day registration, which includes the option to claim CME credit for the date on which their session takes place. Speakers must register for the Annual Meeting and pay registration fees if they choose to attend for more than one day.

#### **Travel and Housing Expenses**

Travel and housing expenses will not be reimbursed and will be the responsibility of the speaker. Exceptions must be approved by both the Program and Executive Committees.

For international symposia, up to \$1500/symposium supplemental funding is available, which may be used towards travel and lodging for international speakers. These funds are distributed at the discretion of the ACNS Council and Program Committee.

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This activity will be planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the sponsorship of ACNS. ACNS is accredited by ACCME to provide continuing medical education for physicians.

### **PROFESSIONAL PRACTICE GAPS**

In compliance with the Updated Accreditation Criteria of the Accreditation Council for Continuing Medical Education (ACCME), the Continuing Medical Education Committee of the ACNS has identified "professional practice gaps," or the differences between what a health professional is doing or accomplishing compared to what is achievable on the basis of current professional knowledge. The following professional practice gaps and educational needs were identified by a combined effort of the ACNS Program, Course and CME Committees.

#### **Gap #1 - Emerging Areas of Practice**

Several emerging areas of clinical neurophysiology have significant practice gaps in which the opportunities for training and mentoring fall short of the need for experienced and trained neurologists. Intraoperative monitoring, intensive care unit EEG monitoring, Video and Quantitative EEG and invasive evaluation for epilepsy surgery with Stereo EEG are growing areas of clinical neurophysiology with few practicing neurologists having adequate training in these techniques. Adult and pediatric physicians as well as neurodiagnostic technologists with competence in these areas are in great demand. Without additional specialized training, neurologists will not be competent to conduct these types of monitoring.

#### **Gap #2. General Practice of Clinical Neurophysiology**

Clinical neurophysiology procedures are performed by a large proportion of practicing US neurologists, many of whom have little or no formal training in clinical neurophysiology. Many clinical neurophysiology procedures (e.g. evoked potentials, invasive EEG, advanced EMG procedures) are performed at low volume at many centers and a forum for review and hands-on interpretation are essential to improve and maintain competence in these areas.

Several specific topics with significant gaps between current practice and ideal practice have been identified via review of the literature, review of clinical neurophysiology fellowship curricula, and surveys of ACNS members and Annual Meeting attendees. For more information please see the complete 2018-19 Gap Analysis and Needs Assessment.

Topics of interest and identified need include the following, although additional topics are welcome:

#### EEG

- Critical Care Continuous EEG Monitoring
- Video-EEG Monitoring
- EEG and EEG Technology
- Pediatric and Neonatal EEG
- Digital EEG Processing
- Quantitative EEG
- Source Localization of Neural Signals (EEG and MEG)
- Functional Brain Mapping
- Brain-computer Interface
- Full Band EEG
- Evoked Potentials
- Invasive EEG and EEG technology
- Seizure detection
- Ambulatory EEG

#### Sleep

- Neurophysiology of Sleep Disorders
- New Scoring System
- Sleep in Neurologic Disorders

#### Neurophysiologic Intraoperative Monitoring

- NIOM: Indication, Practice Standards, Cost Effectiveness, Clinical Evidence, Advancements in Technology
- Evoked Potentials

#### Peripheral Neurophysiology

- Pediatric electrodiagnostic Evaluation
- Muscle Ultrasound
- Critical Illness Related Neurophysiology
- Electroneurodiagnostics of the Pelvic Floor

#### Other Areas of Clinical Neurophysiology

- Brain and Peripheral Nervous System Stimulation
- Autonomic Nervous System and electrodiagnostic Testing
- Neurophysiology in Psychiatry
- Neurophysiology of Movement Disorders
- Neurophysiology of Trauma and Recovery
- Neurophysiologic Mechanisms of Disease
- Clinical Research Methodology
- History of Clinical Neurophysiology

In addition to addressing the general practice gaps and specific topics listed above, it is also suggested that proposals include some discussion on treatment considerations as well as relevancy to the pediatric population when appropriate. Proposals do not need to be limited to these topics for symposia.

The Program Committee especially welcomes session proposals which have interactive or hands-on components, and are specifically designed to improve the procedural competence of attendees.

## **CONFLICT OF INTEREST DISCLOSURE**

It is the policy of the ACNS to ensure balance, independence, objectivity, and scientific rigor in all of its individually sponsored or jointly-sponsored educational programs. In order to comply with the ACCME's Updated Standards for Commercial Support, ACNS requires that anyone who is in a position to control the content of an educational activity discloses all relevant financial relationships with any commercial interest pertaining to the content of the presentation. Should it be determined that a conflict of interest exists as a result of a financial relationship of a planner of the CME activity, the planner must recuse himself or herself from the planning for that activity or relevant portion of that activity. Should it be determined that a conflict of interest exists as a result of a financial relationship of a proposed presenter at a CME activity, the proposed presenter and the CME Committee must agree on a method to resolve the conflict, as outlined in the ACNS CME Policy on Disclosure and Resolution of Conflicts of Interest.

Failure to provide disclosure information in a timely manner, refusal to disclose a conflict, or the inability to resolve an identified conflict will result in disqualification from this activity, at the discretion of the ACNS CME Committee.

A Financial Relationship is a relationship in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

A Commercial Interest is any proprietary entity producing health care goods or services, used on, or consumed by, patients, with the exception of non-profit or government organizations and non-health care related companies.

Relevant Financial Relationships: ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines "relevant" financial relationships" as financial relationships in any amount occurring within the past 12 months.

Conflict of Interest: Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

## **CONTENT VALIDITY**

Recommendations involving clinical medicine in a CME activity must be based on the highest level of evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

The Program Committee will assign a weighting to all proposals to ensure adequate balance in the overall program.

**The submission deadline is June 5, 2018.**