



**UAPRN: Shining a Light for Georgia Health**

## **Call for Clinical/Practice/Education Poster Abstracts**

The UAPRN Education Committee is pleased to announce that it is now accepting clinical/practice/educational abstracts for poster presentation for the 2016 state UAPRN conference that will be held **September 23-24, 2016 in Savannah, Georgia.**

The Education Committee's goal is to facilitate **UAPRN members** who wish to present their innovative educational work at the organization's very first statewide annual conference. Posters pertaining to innovations in advanced practice registered nurses' clinical practice settings, their educational programs, or in teaching to a vulnerable patient population are encouraged. The definition of "vulnerable patient population" may be found at the National Institute of Health's Agency for Healthcare Policy and Research. Please remember that all educational activities should enrich the APRN's knowledge as well as enhance the care of the patient population. Selected winning abstracts may be published in the UAPRN newsletter, on the UAPRN state webpage, or the American Association of Nurse Practitioners' online *Journal of the American Association of Nurse Practitioners*' publication.

### **Electronic Submission**

All Abstracts for consideration will be submitted electronically to Dr. James Lawrence or Dr. Amy Malcom at [abstract.uaprn@gmail.com](mailto:abstract.uaprn@gmail.com) no later than **5:00 pm on July 22, 2016**. Late entries will not be considered.

### **Review and Acceptance**

Abstracts are reviewed and selected by members of the UAPRN Education Committee. Candidates selected will be notified via email and/or telephone no later than **August 12, 2016**. Selection and grading criteria are based upon the following criteria:

- A brief description of the Purpose/Aims and the Rationale/Background are included, clearly stated, and easily located;

- A brief description of the undertaking/best practices, including the approach, methods, or process used are included;
- Were the expected outcomes achieved and documented? If not achieved, is there a brief explanation of the unexpected outcomes?
- Are the Results/Conclusions documented, easily understood and easy to locate?
- Are there implications for clinical or educational practices? Are there recommendations for research or future undertakings?
- Does this educational activity/program/project enrich the knowledge of other APRNs, APRN students, and/ or other healthcare providers? Is it clearly stated or implied?
- Does this educational activity/program/project improve the overall quality of care for vulnerable patient populations?
- Is there evidence of how the author is going to adapt the outcomes into his/her own practice?
- Is there evidence that the author plans on disseminating this information to the healthcare community?

#### **Abstract Submission Information:**

All related Questions contact: Dr. James Lawrence or Dr. Amy Malcom

Telephone: 404-202-5847

Email Address: [jflaprn@gmail.com](mailto:jflaprn@gmail.com), [amalcom1@brenau.edu](mailto:amalcom1@brenau.edu)

**NOTE:** Submission of an abstract is considered a commitment to attend the conference and present the content in person if the abstract is selected. The UAPRN Education Committee will only contact the primary author.

#### **Guidelines for Submission:**

**Title Page** and **Abstract** submitted in Microsoft Word with one-inch margins, Times New Roman 12-point font, left justified and un-bolded. **Completion of attached biographical data and conflict of interest disclosure forms** by all lead authors and anticipated presenters of material if abstract selected. If abstract is part of any educational requirement i.e thesis, Capstone project, pilot study, or dissertation, the faculty advisor and his/her contact information must also be included.

#### **Abstract:**

- The primary author must be a UAPRN member;
- The length of the abstract may not exceed 500 words (exclusive of abstract title, authors, references, and funding information) on a one page, single-sided document and shall be formatted in portrait orientation (8 ½ X 11);
- Margins: Use only the following margin settings: Top: 0.375”; Bottom: 0.5”; Left: 1.25;and Right: 1.125”;
- Type Styles: Use letter quality, 12 point size type, Times New Roman;
- Titles: Abstract titles should be centered and may not exceed 75 characters;
- Authors: If there is only one author, center the author’s name, degree(s), title, department, organization or institutional affiliation, city, and state under the title of the abstract; All individuals involved in the study must be listed;

**Poster Presentations:**

- If selected, I agree/do not agree (select one) to provide an electronic file of the poster for presentation in the UAPRN Georgia state webpage library.
- If selected, I agree to present information about my poster for 6-10 minutes.
- If selected, I understand that UAPRN Georgia may display my poster on its state webpage and may charge an online conference fee in order to receive online continuing educational credit.

**Biographical data and conflict of interest disclosure forms:**

Biographical data and conflict of interest disclosure information is requested for any abstract submission via the “biographical data and conflict of interest disclosure” forms attached to the “Call for Education Poster Abstracts.” All individual authors are requested to complete a copy of these forms and provide them with their abstract submission. In the event that there are several authors for an abstract, the following should provide the required forms: primary author, primary presenter (if other than primary author), any additional authors who will be in attendance as presenters if abstract selected for presentation. **All biographical data and conflict of interest disclosure forms must be included with the abstract submission or it will not be considered for review.**

**ANCC Standards**

Authors must comply with the standards from the *ANCC Standards for Disclosure and Commercial Support*. These criteria may be reviewed as well as downloaded at [www.ana.org](http://www.ana.org). Below is a brief summary on the criteria which apply to submission of the abstract:

- The abstract must be free of commercial interest.
- An individual must disclose any financial relationship with an entity with a commercial interest.
- The content or format of the CNE activity or its related materials must promote improvements or quality in health care and not a specific proprietary business interest of an entity with a commercial interest.
- Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CNE educational material or content includes trade names, when available trade names from several companies should be used, not just trade names from a single company.

**At the conference, posters will be judged based on:**

1. Rationale for selecting this identified patient population.
2. Exemplifies innovative and creative educational approach.
3. Clear identification of a plan on dissemination of information to others in healthcare profession

# FORMS #1 & 2: BIOGRAPHICAL & CONFLICT OF INTEREST

Title of Educational Activity \_\_\_\_\_

Educational Activity Date \_\_\_\_\_

Role in Educational Activity (Check all that apply)

- ☐ Content Expert
- ☐ Faculty/Presenter/Author
- ☐ Content Reviewer
- ☐ Other – Describe \_\_\_\_\_

## Section 1: Demographic Data

Name with Credentials/Degrees _____
If RN, Nursing Degree(s) _____ AD _____ Diploma _____ BSN _____ Masters _____ Doctorate
<b>Address Information</b>
Preferred Mailing Address <input type="checkbox"/> Home or <input type="checkbox"/> Work
Company (if using work address) _____
Department (if using work address) _____
Street _____
City _____ State _____ Zip _____
Work Phone Number _____
Home Phone Number _____ Cell Phone Number (required) _____
Email Address _____
Current Employer _____ and Mailing Address _____
Immediate Supervisor _____, Position/Title _____

*If selected to present, a one-day waiver voucher will be awarded to the primary author of the abstract submission. Please indicate by circling the conference day of Friday or Saturday that you choose to have waived.*

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Education Committee may request additional documentation.)

\_\_\_\_\_

## Section 2: Expertise - Presenter/Faculty/Author/Content Reviewer

\_\_\_\_\_ An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Education Committee may request additional documentation.)

\_\_\_\_\_

## Section 3: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Education Committee is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If a member of the Education Committee has an actual or potential conflict of interest, he or she should recuse himself or herself as evaluator of the Education Committee for the educational activity.

\**Commercial interest*, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

(Please reference content integrity document for further clarity:

<http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf>)

All individuals who have the ability to control or influence the content of an educational activity must disclose all ***relevant relationships*\*\*** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

**\*\*Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

It is the responsibility of UAPRN Georgia to insure balance, independence, objectivity, and scientific rigor in all its CE activities. All faculties participating in an UAPRN Georgia CE activity are expected to disclose to the learner any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the CE activity. Potential conflicts and financial relationships are provided in writing to the learner. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation. This policy is not intended to prevent a presenter with a potential conflict of interest from making a presentation. However, any potential conflict should be identified openly, with full disclosure, so that the learner may form their own judgments about the presentation. The learner will determine for themselves whether the presenter's outside interests may reflect a possible bias in either the exposition or the conclusions presented. UAPRN Georgia does not assume that the existence of these interests or commitments necessarily implies bias or decreases the value of your participation. All learning activities are reviewed by the Education Committee to ensure a broad inclusiveness of the topic; that no trademark or branding information is present and that the presentation is unbiased.

Presenters must abide by the following standards:

Faculty use of generic names will contribute to a balanced view of therapeutic options. If trade names are used, several companies should be identified rather than a single supporting company. No commercial branding or company logos can appear in the handouts or presentation.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**If yes**, please complete the table below for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
<input type="checkbox"/>	Salary	_____
<input type="checkbox"/>	Royalty	_____
<input type="checkbox"/>	Stock	_____
<input type="checkbox"/>	Speakers Bureau	_____
<input type="checkbox"/>	Consultant	_____
<input type="checkbox"/>	Other	_____

\* \*\*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

#### Section 4: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Typed or Electronic Signature: Name & Credentials (Required)	Date
_____	_____

#### Section 5: Conflict Resolution (to be completed by Education Committee)

Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

\_\_\_\_\_ Not applicable since no conflict of interest.

\_\_\_\_\_ Removed individual with conflict of interest from participating in all parts of the educational activity.

\_\_\_\_\_ Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.

\_\_\_\_\_ Not awarding contact hours for a portion or all of the educational activity.

\_\_\_\_\_ Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.

\_\_\_\_\_ Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

\_\_\_\_\_ Other – Describe: \_\_\_\_\_

#### Section 6: Include a copy of your UAPRN Membership Card, RN License, and APRN License if you have.