DEADLINE for Poster Abstracts: September 1, 2021

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| **Call for Poster Abstracts** | |
| **Conference** | **CREATING EXCELLENCE IN NURSING PRACTICE AND EDUCATION**:  *Promotion Wellness and Preventing Illness, A Recurring Theme with A New Twist*  Monday, October 18, 2021  Moody Gardens Hotel Spa & Convention Center  7 Hope Boulevard  Galveston, TX 77554 |
| **Abstract Categories/Guidelines** | **Abstracts will be accepted for 3 categories of Poster sessions**   * **Research**   Focuses on nursing practice, nursing management or nursing education. The research can be original or a replicated study. The abstract should include the elements of Purpose, Background, Methods, Results, and Conclusions.   * **Evidence Based Practice**   Describes the process and outcomes resulting from the critical appraisal and use of the best and most relevant research evidence related to an important clinical question that directly influences nursing practice. The abstract should include the elements of Problem, Background (literature review), Strategies, Practice Change, Evaluation, and Conclusions.   * **Practice innovation**   Describes practice innovations used to solve a difficult, unique, or interesting problem related to patient care, nursing practice, nursing management or nursing education. These posters are intended to “Spread the word” about ideas that have been implemented and found effective with evaluated outcomes. The abstract should include the elements of Purpose, Description on the innovation, Evaluation and Outcomes.  **Please complete the attached Abstract Application Form and Separate COI for each author** |
| **Timeline** | **Abstract submission Opens: July (upon receipt of call for abstracts email), 2019 and Closes: September 1, 2021**  The lead author will be notified regarding the status of their submission via email no later than **September 15, 2021**.  Accepted applicants are required to submit an electronic copy (pdf preferred) of the final poster by **October 1, 2021** at **goodsamc@utmb.edu** |
| **Selection Process** | Poster abstract submissions will be evaluated and selected after a blind review by a volunteer group. **Only complete applications will be considered for selection. See bottom of application form for definition of complete application.** |
| **IRB approval** | A copy of the Institutional review Board (IRB) approval letter must accompany all research abstracts. Evidence-based Practice and Clinical Innovation abstracts do not need IRB approval letters. |
| **Requisite** | If selected, you must agree to:  Be in attendance at your poster during the poster presentation session  Give permission to duplicate the abstract for conference participants  Register for the conference and pay the registration fee |
|  | You may submit more than one abstract, but please use separate forms for each submission. |
|  | Abstracts must be submitted using the template form provided and submitted electronically in a Microsoft Word document format. The abstract MUST be a maximum of 500 words and must fit within the template form. |
| **Poster Guidelines** | Maximum poster size is 4ft tall by 6ft wide. For posters not consistent with the stipulated size, please contact [**goodsamc@utmb.edu**](mailto:goodsamc@utmb.edu) **Directions for displaying posters will be provided to all poster presenters the week prior to the conference. Posters must be displayed on October 18th, the morning of the conference.** |
|  | The UTMB SON Nursing Research Faculty looks forward to receiving your abstract and thanks you in advance for your interest, and participation. |

**POSTER ABSTRACT APPLICATION FORM**

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| Please read and follow instructions carefully. All fields must be completed. | | | | |
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| **TITLE:** | | | | |
| **POSTER CATEGORY: \_\_\_\_\_Research \_\_\_\_\_Evidence-based Practice \_\_\_\_Practice Innovation** | | | | |
| **Has this poster been presented previously \_\_\_\_\_\_Yes \_\_\_\_No** | | | | |
| **If Yes, Conference Name and Date** | | | | |
| CONFERENCE OBJECTIVES:  **Please select the Conference Objective that your presentation supports:**   * Discuss the contribution of nursing research to the body of scientific knowledge that should serve as the foundation for nursing practice. * Describe findings from nursing research studies and nurse-led evidence-based practice projects that have the potential to enhance the quality of patient care related to nursing practice. * Discuss examples of posters depicting nursing research studies, evidence-based projects, and clinical innovations that exemplify evidence-based nursing practice. | | | | |
|  | Please list all co-authors (if any), credentials, and institutional affiliation. Indicate which author(s) will be presenter(s). | | | |
| **Lead Author** | **Co-Author(s)** | **Credentials** | **Institution** | **Presenter(s)** |
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| ABSTRACT TEXT: Your abstract must use Times Roman font (12 point).1” margins and be single spaced. Do not use any bold, underline, uppercase, or italicized formatting. The abstract must be a maximum of 500 words. Attach the file as a MS word document. Abstracts must include the following headings: Title, Presenter name(s), Institution affiliation, Body of the abstract. Submit Abstract here: | | | | |
| COPYRIGHT DECLARATION: Please indicate if you have permission for any content in your presentation that is under copyright.  Not applicable □ I am not using copyright material in my presentation  Yes □ Please explain | | | | |

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| CONTACT INFORMATION FOR ABSTRACT SUBMITTER |
| First Name: |
| Last Name: |
| Work Address: |
| Email: |
| Telephone contact #: W: H: C: |

**IMPORTANT:**

**A** **Complete Application** **must include everything on the following checklist**:

☒Completed Poster Abstract Application Form

☒Abstract

☒A Biographical Data Form for **each author** listed on the poster

☒Conflict of Interest Disclosure Form for **each author** listed

***\*Note:*** for easier submission, have each author print and sign the forms, scan the documents, then attach to an email.

***\*\*Note:*** Submit Complete Application and all required documents to the following email: **goodsamc@utmb.edu**

**Incomplete applications WILL NOT BE CONSIDERED.** **ACTIVITY BIOGRAPHICAL DATA FORM FOR:**

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| **Activity Title**  **Activity Date:** |

***Instructions:*** *Use this format to provide documentation of an individual’s expertise as a planning committee member or as presenter/author/content reviewer for this activity.* **Submitted information must not be more than 2 pages and must be typed. Do not attach any additional material.**

Check which role(s) you are fulfilling:

**Content Expert**

**Presenter/Author ☒**

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| --- | --- |
| Full Name: |  |
| Degrees: |  |
| Credentials: (please spell out) |  |
| ***Preferred Contact Address:***  ***Number and Street:***  ***City, State and Zip Code:*** |  |
| Preferred Contact Telephone: |  |
| ***E-mail Address:*** |  |
| ***Present Position: (Employer, job title)*** |  |

**Biographical Data**

Use the space below to briefly describe your professional experience as it relates to your role, as indicated above, in this continuing nursing education activity. Based on the role(s) checked above, complete the appropriate following statement:

* **As Content Expert, I have content expertise in this topic by:**

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* **As Presenter/Author/Content Reviewer, I have content expertise specific to this education activity by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_