**MNA’s 118th Annual Convention**

**Virtual**

***Year of the Maryland Nurse: Celebrating Nurse Superheroes***

***Excel: Lead: Innovate***

**Thursday, October 7th & Friday, October 8th, 2021**

**CALL FOR ABSTRACTS - *Submission deadline: Friday, June 11th, 2021***

**Convention Theme**

**Year of the Maryland Nurse: Celebrating Nurse Superheroes**

**Excel: Lead: Innovate**

To support this year’s convention theme, the Maryland Nurses Association is seeking submissions that provide data promoting forward thinking nursing and position nurses to be on the leading edge of healthcare change.

**Educational objectives for the convention are:**

1. Discuss current nursing education and professional development practice
2. Describe leadership applications for various nursing practice areas
3. Compare innovative quality and research improvements across the nursing spectrum

Abstracts will be reviewed and selected through a blind peer-review process.

**Presentation Types**

**1. Concurrent -** Presenters will be asked to submit a 50-minute pre-recorded presentation. There will be 10 minutes for Live Q & A following presentation, so presenters will need to be present.

**2. Spotlight** - Presenters are encouraged to submit their abstracts to be considered for a Spotlight Session. Spotlight presenters will be asked to submit a 20-minute pre-recorded presentation (limit to 10 slides). There will be 3 “Spotlight” presentations in a one-hour block focusing on a similar topic.There will not be a Q&A for spotlight presentations.

**Spotlight Themes:**

1. **Excel:** education and professional development updates across the nursing practice spectrum
2. **Lead:** administrative, policy and leadership updates across nursing practice areas
3. **Innovate:** improvement and research science applications to nursing processes, problems and possibilities
4. **Poster** – Posters will be presented in an electronic format. If your abstract is accepted, you must record a 5-minute presentation of your poster, as well as attend the MNA Virtual Convention and be present throughout the poster session.

The agenda placement for all presentations is at the discretion of the Convention Committee. All presenters are expected to attend the convention and be available for a Q&A session.

**Acceptance Notice** Lead Author will be notified whether the presentation has been accepted or rejected upon completion of the peer-review process.

**Early Bird/Discounted**

**Registration:** **1.** \***Concurrent Presenters:** Gratuitous/Waived Registration allowed for one (1) presenter per session. Presenter Registration Rate allowed for one (1) additional presenter**.**

 **2.** Spotlight Presenters: One presenter for a Spotlight will receive 50% off registration.

1. Poster Presenters: One presenter for posters will receive 50% off registration.

***\*Note: Reduced and waived registration rates are only offered during Early Registration. If registration is not completed during Early Registration, acceptance may be withdrawn.***

**IMPORTANT SUBMISSION GUIDELINES**

**Please submit all documents related to your Concurrent, Spotlight or Poster presentation by:**

**Friday, June 11th, 2021**

Submissions must be checked for spelling and grammatical errors, filled out completely, typed and emailed to jfowler@marylandrn.org. (**Do not PDF forms**.) All submissions will undergo blind peer review.

1. A complete submission will include the following documents:
	1. *Abstract Submission Form* (signature required*).*
	2. *Needs Assessment document.*
	3. *Cover Page to include:*
		* *Title of Presentation;*
		* *Lead Presenter’s name, affiliation, address, phone number, and email address;*
		* *Names of Co-Presenters;*
		1. *Names of Co-Authors who will not be attending the Convention.*
	4. *Learning Outcomes.*
	5. One (1) **BLINDED** *Abstract*: Remove all identifying information from abstract, including affiliation. ***There is a 400-word limit.***
		1. Abstracts should include the following information: Purpose/ problem; Significance/ background; Methods; Results/ Outcomes
	6. At least two current references (less than 6 years old) must be included with abstract.
	7. *Conflict of Interest (COI)* document(s) for all presenters and co-presenters (signature(s) required) after acceptance for presentation.
		1. The MNA Lead Nurse Planner will evaluate each person who controls or influences content of an educational activity for actual or potential COI’s in the form of a financial relationship with a commercial interest and/or the products or services of a commercial interest, pertinent to the content of the educational activity within the past 12 months.
2. Individuals may submit only one abstract as lead author, but can still be part of another abstract.
3. Title must accurately reflect the content of presentation. Presentations must include references and be free of copyrighted materials and images unless permission has been granted. If presentation edits are requested, a response within 2-weeks is expected.

Sessions cannot be asales pitch or endorse specific products. All financial interests must be disclosed on the conflict of interest form and to participants. *Presenters understand they may not use their presentation time as an opportunity to promote their company or any of its products or services.*

The Maryland Nurses Association does not provide honorariums or fees to session presenters.

**The Maryland Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.**

**ABSTRACT SUBMISSION FORM**

**Submission Category: [ ]  Concurrent Presentation – 50 min**

 **[ ]  Spotlight Presentation – 20 min**

 **[ ]  Poster Presentation – Poster with 5-minute presentation**

 **Please identify your Spotlight Theme:**

**[ ]** Excel: education and professional development updates across the nursing practice spectrum

**[ ]** Lead: administrative, policy and leadership updates across nursing practice areas

**[ ]** Innovate: improvement and research science applications to nursing processes, problems and possibilities

|  |  |
| --- | --- |
| **Presentation Title** **Concurrent/Spotlight:** |  |
| **Name and Credentials of Lead Author/Presenter:** |  |
| **Affiliation or Organization:** |  |
| **Email Address:** |  |
| **Telephone Numbers:** **Office:****Cell:** |  |
| **Contact presenter’s name and e-mail address for the status of this presentation or any requests for additional information.** |  |

**List the names and credentials of any additional authors. Each author must be identified. All presenters must be registered for the Convention during Early Registration.**

**Limit up to 3 additional Co-Presenters**

|  |  |
| --- | --- |
| **Names and Credentials** |  **Affiliation/Organization** |
|  |  |
|  |  |
|  |  |

**THESE ITEMS APPLY TO *ALL PRESENTERS* –**

1. **Provide a brief biographical sketch (50-100 words) that can be used to introduce EACH presenter*. –***
2. **Lead Author Attestation Statement &Signature**

**By signing below, I attest to the following**:

* I have read and understand the “Important Submission Guidelines.”
* I am the original author of the attached abstract.
* *I understand my presentation time may not be used as an opportunity to promote or discuss my company or any of its products or services.*
* I give the Maryland Nurses Association permission to publish photos of presenters, excerpts from presentations, and images of posters taken during the convention in ***The Maryland Nurse*** and/or other Association media.

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

**Typed Signature with Credentials of Lead Author/Presenter Date**

 **Abstract Content Guidelines**

**Please note: Every abstract must meet the convention educational objectives:**

**Educational objectives for the convention are:**

1. **Discuss current nursing education and professional development practice**
2. **Describe leadership applications for various nursing practice areas**
3. **Compare innovative quality and research improvements across the nursing spectrum**
4. **Identify which educational topic correlates to your presentation:**

**[ ]  A [ ]  B [ ]  C**

**Learning Outcomes – (Limit to 2 outcomes)** *–* This is not included in your 400 word limit. What will learners be able to do/practice/know as a result of attending this presentation? Outcomes must be

measurable – SMART (S-specific, M-measurable, A-achievable, R-realistic, T-time-focused):

1.

2.

**Evidence-based references – at least two (2) that are less than 6 years old in APA format. This is not included in your 400-word limit.**

1.

2.

**CNE ACTIVITY -ABSTRACTS**

Please provide a summary of your presentation. Refer to abstract content guidelines

**Abstracts must not exceed 400 words**

*Cover Page to include: Title of Presentation; Lead Presenter’s name, affiliation, address, phone number, and email address; Names of Co-Presenters; Named of Co-Authors who will not be attending the Convention.*

**One (1) BLINDED** *Abstract*: Include title of presentation only. Remove all identifying information, including affiliation from the abstract.

**Attach abstract submission by e-mail using the following subject line: Last Name\_First Name\_ \_Concurrent, or Spotlight**

**MNA - Conflict of Interest Form**

**AP- COI**

**Title of Concurrent/Spotlight Presentation:**

**Activity Date: October 7-8, 2021**

**Role in educational activity, check all that apply:**

**[ ]  Presenter [ ]  Speaker [ ]  Author [ ]  Planning Committee [ ]  Content Reviewer**

**Section 1: Participant Demographic Data**

**\*Name with Credentials/Degrees:**

**If RN, Nursing Degree(s): [ ]  AD [ ]  Diploma [ ]  BSN [ ]  Masters [ ]  Doctorate**

**Phone Number:**

**Email Address:**

**Current Employer and Position/Title:**

**Please provide a brief statement regarding your relevant/related expertise to the topic of your presentation:**

**\*Each person who controls or influences the content of an educational activity must complete a conflict of interest form.**

**Section 2: Conflict of Interest Explanation**

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 MNA Lead Nurse Planner 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 the MNA Lead Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as MNA Lead Nurse Planner 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 before this presentation. 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.

\* \*All conflicts of interest, including potential ones, must be resolved prior to the planning,

 implementation, or evaluation of the continuing nursing education activity.

**Section 3: Participant Conflict of Interest Statement**

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

 **[ ]**  Yes *(****Complete table below****)* **[ ]**  No

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

|  |  |  |
| --- | --- | --- |
| Check all that apply | Category | Description |
|  | Salary |  |
|  | Royalty |  |
|  | Stock |  |
|  | Speakers Bureau |  |
|  | Consultant |  |
|  | Other |  |
|  |  |  |

**Section 4: Participant 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 Signature with Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

---------------------------------------------**DO NOT WRITE BELOW THIS LINE**----------------------------------------

**- - - - - - - - - - - - - - - - - - - - MNA USE ONLY - - - - - - - - - - - - - - - -**

**Section 5: Conflict Resolution (to be completed by MNA Lead Nurse Planner)**

**Procedures used to resolve conflict of interest if applicable for this activity:**

|  |  |
| --- | --- |
|  | **Resolution Chosen:** |
|  | 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 the MNA Lead Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator 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 the MNA Lead Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity. |
|  | Undertaking review of the educational activity by a content reviewer to evaluate for 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 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:  |

**MNA Lead Nurse Planner Signature**

(\*If form is for the activity MNA Lead Nurse Planner, an individual other than the MNA Lead Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the MNA Lead Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

**Typed Signature with Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**