



Call for Education Project Abstracts 2014

The GAPNA Education Committees is accepting educational abstracts for poster presentation at the **2014 annual conference**.

The Education Committee's goal is to facilitate **GAPNA members** who wish to present their innovative educational projects at the annual conference. Posters pertaining to curricular innovations in nurse practitioner and clinical nurse specialist educational programs are encouraged. Projects should enrich the advanced practice nurse's knowledge and/or enhance the care of the older adult. Selected winning abstracts may be published in the GAPNA newsletter or *Geriatric Nursing* journal.

Submission Deadline

Abstracts must be received in the National Office by **May 15th**.

Review and Acceptance

Abstracts are reviewed and selected by members of the GAPNA Education Committee. Selection is based upon the following criteria:

1. Relation to NP or CNS competence(s)
2. Clarity of content to enrich APN students' knowledge
3. Approach enhances the quality of care for older adults.
4. Innovative educational approach

Abstract Submission information:

Microsoft Word

Preferred: E-mail to kristina.moran@ajj.com

Telephone: 856-256-2358

Fax: 856-589-7463

<p>NOTE: Submission of an abstract is considered a commitment to attend the conference and present the content in person if the abstract is selected. GAPNA will only contact the primary author.</p>
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Guidelines for Submission:

Title Page and **Abstract** submitted in Microsoft Word with one-inch margins, Arial 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.

Title Page must include the following information:

- Name, credentials, institutional affiliation, e-mail address, mailing address, and telephone number of primary author and lead presenter (if different than primary author).
- Names, credentials, and institutional affiliations for all co-authors.
- This material will be in a poster presentation if selected.
- Add the following statements (indicate preference with electronic typed signature):

Poster Presentations:

- a. If selected, I agree/do not agree (select one) to provide an electronic file of the poster for presentation in the GAPNA Online Library.
- b. If selected I agree to present information about my poster for 5-6 minutes.

All first authors must be GAPNA members.

Abstract is limited to 350 words on one page including the title.

The abstract title is limited to 120 characters maximum.

Abstracts must be applicable to gerontological APRN education and clinical training.

The format of abstract and poster must contain:

- Purpose of activity or program
- Description of activity or program
- Resources used or needed
- Outcomes (planned or completed)
- Sustainability
- Future directions
- Support (if relevant, foundations, grants)

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 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 should be included with the abstract submission.**

ANCC Standards

Abstract authors must comply with the standards from the *ANCC Standards for Disclosure and Commercial Support*. You may go to www.ana.org to download the entire document. Below is a brief summary on the standards which apply to the abstracts:

- 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. Clarity of the poster format
2. Clear identification of NP or CNS competence(s)
3. Explains activity/program outcomes for APN students' knowledge
4. Relates activity/program to improved quality of care for older adults.
5. Innovative educational approach

FORM #1 ~ PERSONAL BIOGRAPHICAL DATA

☐ Planner

☐ Faculty/Presenter

☐ Other: Please describe:

Name & Credentials

Name & Credentials:

Payment Information

A Social Security Number or Tax ID number is required for GAPNA to issue payment of any honoraria. Please note that GAPNA will use this information to issue a 1099 tax statement at year's end.

Make Check Payable to:

Social Security Number: or Tax ID: (required)

If Tax ID, List Name of Corporation:

Preferred Mailing Address

☐ Home OR ☐ Work

Company (if using a work address):

Dept (if using a work address):

Street:

City:

State:

Zip:

Work Phone:

Work Fax:

Home Phone: (optional)

Cell: (Required)

E-mail Address:

Present Position

Employer/Name of Facility:

Position Title:

City:

St:

Zip:

Expertise in Area

☐ Content Expert

☐ Knowledge about CE Process

☐ Other:

Please describe expertise and years of training specific to the educational activity involved.

Educational Background

Institution's Name:

City

State:

Major Area of Study:

Year Degree Awarded:

If RN, nursing degree(s):

☐ AD ☐ Diploma ☐ BSN ☐ Masters ☐ PhD ☐ DNP ☐ Other:

FORM #2 ~ CONFLICT OF INTEREST DISCLOSURE

Presenters and planning committee members must complete this form. All information must be typed. Make as many photocopies of this form as you need.			
Title of Presentation			
Name and Credentials			
How were you involved in planning your content? (Check all that apply)			
	Worked with the planning committee to develop objectives		Developed / planned the content
	Other (specify)		
CONFLICT OF INTEREST STATEMENT			
<p>It is the responsibility of the provider Anthony J. Jannetti, Inc. (AJJ) to insure balance, independence, objectivity, and scientific rigor in all its CE activities. All faculties participating in an AJJ 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. AJJ 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 Nurse Planner to ensure a broad inclusiveness of the topic; that no trademark or branding information is present and that the presentation is unbiased.</p> <p>Presenters must abide by the following standards:</p> <p style="margin-left: 40px;">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.</p>			
DISCLOSURE DECLARATION			
<input type="checkbox"/>	I, or a family member, have no actual or potential conflict of interest in relation to the presentation within the past 12 months.		
<input type="checkbox"/>	I, or a family member, have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation within the past 12 months. If yes, please answer the questions below.		
Affiliation / Financial Interest		<input type="checkbox"/> Self	<input type="checkbox"/> Other
Grant/Research Support		Relationship:	
Consultant or member of Corporate Speaker Bureau			
Major Stock Shareholder (not including mutual funds)			
Advisory Board			
Other Financial or Material Support (such as Salary or Royalty)			
By signing this document, the presenter acknowledges that he/she will present in an unbiased manner.			
Signature		Date	