



Call for Research and Clinical Project Abstracts for Podium* and Poster Presentation

The GAPNA Research Committee is accepting research project and clinical project abstracts for podium and poster presentation at the **2018 annual conference**.

*Authors of selected abstracts will be invited as podium presenters during an in-depth focus session.

The Research Committee's goal is to facilitate the dissemination of quality projects and innovative practice projects at the annual conference. Since only GAPNA members can present, the Committee strongly encourages the primary author to become a member at the time of abstract submission. 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 **March 15th annually**.

Review and Acceptance

Abstracts are reviewed and selected by members of the GAPNA Research Committee. Selection based on interest to advanced practice nursing, contribution to the care of older adults, clarity, and content.

Abstract Submission information:

Microsoft Word

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

Telephone: 856-256-2358

Fax: 856-589-7463

US Mail address:

GAPNA National Office

Kristina Moran, Education Coordinator

East Holly Avenue, Box 56

Pitman, NJ 08071-0056

Delivery Service Address (such as Federal Express or UPS):

GAPNA National Office

Kristina Moran, Education Coordinator

200 East Holly Avenue

Sewell, NJ 08080

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

Guidelines for Submission

Title Page and **Abstract** submitted in Microsoft Word with one-inch margins, Arial 12-point font, left justified and unbolded. **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.
- Preference of oral presentation and/or poster presentation if selected.
- Notice of whether a research project or clinical project submission.
- Add the following statements (indicate preference with electronic typed signature):
 1. If selected for oral presentation, I agree/do not agree (select one) to provide handouts to support my presentation.
 2. If selected for oral presentation, I consent/do not consent (select one) to the audio recording and posting of my session in the GAPNA Online Library.
 3. If selected, I agree/do not agree (select one) to permission for duplication of my abstract via the official GAPNA Newsletter, Journal, program materials and/or website.

Abstract is limited to 350 words on one page including the title. The abstract title is limited to 120 characters maximum. Abstracts must contain: purpose/hypotheses, rationale, conceptual/theoretical framework or supporting literature, method/interventions, results or outcomes, and applicability to APN practice.

- All first authors must be GAPNA members.
- Student submissions are encouraged and welcomed.
- Abstract submitters should indicate if their research or clinical project was funded by a GAPNA Foundation Award grant.
- Abstract submitters are required to provide a copy of their Institutional Review Board (IRB) approval form.

Institutional Review Board Approval

The purpose of the review process is to ensure that the appropriate steps are taken to protect the rights of individuals participating in a research study or projects involving humans. The protocol review assesses the ethics of the research and its methods, promotes fully informed and voluntary participation by prospective subjects capable of making such choices, and seeks to maximize the safety of subjects.

All project material submitted in abstract form and selected for presentation at the GAPNA Annual Conference should have been reviewed/should be under pursued review for Institutional Review Board (IRB) approval. **Abstract submitters are required to provide a copy of the IRB approval form with the abstract submission.**

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 Research and Clinical Project Abstracts for Podium and Poster Presentation.” 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.
- Commercial interest organizations are not eligible to submit abstracts.
- 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.

FORMS #1 & 2: BIOGRAPHICAL & CONFLICT OF INTEREST

Title of Educational Activity _____

Educational Activity Date _____

Role in Educational Activity (Check all that apply)

- Nurse Planner
- Content Expert
- Faculty/Presenter/Author
- Content Reviewer
- Other – Describe

Section 1: Demographic Data

Name and Credentials

Name with Credentials/Degrees _____

If RN, Nursing Degree(s)

AD _____

Diploma _____

BSN _____

Masters _____

Doctorate _____

Address Information

Preferred Mailing Address Home OR 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 Position/Title _____

Employer City/State _____

Financial Information

A Social Security Number or Tax ID Number is required to issue payment of any honorarium. Please note that a 1099 tax statement will be issued at year's end.

Make check payable to _____

Social Security Number _____ or Tax ID _____

If Tax ID, list name and address of corporation _____

Section 2: Expertise - Planning Committee

If a planning committee member, select area of expertise specific to the educational activity listed above:

- _____ Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)
_____ Content Expert
_____ Other

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 Nurse Planner may request additional documentation.)

Section 3: 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 Nurse Planner may request additional documentation.)

Section 4: 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 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 Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as 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 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 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.

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 5: 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 6: Conflict Resolution (to be completed by Nurse Planner)

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: _____

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

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

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