



## Call for Student Poster Abstracts

The GAPNA Education Committee is accepting abstracts for student poster presentation at the **2018 annual conference**.

The Education Committee's goal is to provide a forum for advanced practice nursing students to disseminate scholarly projects related to the care of older adults. The first author must be a GAPNA member enrolled in a master's or doctoral education program at the time of abstract submission. Any topic related to enhancing the quality of care delivered to older adults or innovative educational strategies for advanced nursing students will be considered.

### Submission Deadline

Abstracts must be received in the National Office by **March 15<sup>th</sup>**.

### Review and Acceptance

Abstracts are reviewed and selected by members of the GAPNA Education Committee.

Selection is based upon the following criteria:

- Clear identification of NP or CNS national competencies, evidence-based treatment guidelines, or health topic-related to older adults.
- Explanation of educational activity/program/project that enriches the knowledge of students, patients, or health care providers
- Relates educational activity/program/project to enhancement of the quality of care for older adults

### Abstract Submission information:

Microsoft Word

**Preferred:** E-mail to [kristina.moran@ajj.com](mailto:kristina.moran@ajj.com)

Telephone: 856-256-2358

Fax: 856-589-7463

<p><b>NOTE:</b> 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 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.
- 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 focused advanced practice nursing education of students, patients or healthcare providers for improvement of care delivered to older adults.

The suggested format of abstract and poster should contain:

- Clear identification of NP or CNS national competencies or evidence-based guidelines.
- Explanation of educational activity/program/project that enriches the knowledge of students, patients, or health care providers.
- Relates educational activity/program/project to enhancement of the quality of care for older adults.
- Exemplifies innovative educational approach.

**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 Student 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 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](http://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.

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

1. Clarity of the poster format.
2. Clear identification of NP or CNS national competencies or evidence-based guidelines.
3. Explanation of educational activity/program/project that enriches the knowledge of students, patient, or health care providers.
4. Relates educational activity/program/project to enhancement of the quality of care for older adults.
5. Exemplifies innovative educational approach.

# 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
_____	_____