# Call for Podium and Poster

# Abstracts



The GAPNA Education and Research Committees invite **GAPNA members** (current or upon abstract submission)to submit an abstract about their innovative work at the annual conference. Presentations should enrich the advanced practice registered nurse’s knowledge and/or enhance the care of the older adult. Topics pertaining to advances in gerontological research or innovations in clinical practice change, nurse practitioner and clinical nurse specialist roles or educational programs, or patient education are encouraged.

First author of abstracts selected for poster or oral podium presentation will be eligible for an award from the GAPNA Foundation. Selected winning abstracts may be published in the GAPNA Newsletter, GAPNA website, or the journal, *Geriatric Nursing*.

Submission Deadline: Abstracts must be received in the National Office by midnight Eastern Time on March 15th.

Presentation Preference. Please check one box; you will be notified of the format if abstract is accepted:

□ Poster only

□ Oral podium presentation only

□ Either poster or oral podium presentation

Was the submitted work funded by a GAPNA Foundation Award grant?

□ Yes

□ No

 If yes: Year received: \_\_\_\_\_\_\_\_\_\_\_\_

Are you submitting this abstract as a student?

□ Yes

□ No

If selected, I consent to the audio recording of the session/posting of the poster in the GAPNA Online Library.

□ Yes

□ No

Review and Acceptance

Abstracts are reviewed and selected by members of the GAPNA Education and Research Committees. Selection is based on interest to advanced practice nursing, contribution to the care of older adults, clarity, and content. Innovative educational-focused abstracts should include enrichment of the knowledge of students, clients, and/or healthcare providers and identify NP or CNS national competencies or evidence-based guidelines, as appropriate.

Abstract Submission information:

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

Telephone: 856-256-2358

Fax: 856-589-7463

**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 first author.**

**Guidelines for Submission:**

* **All first authors must be GAPNA members** (current or upon abstract submission).
* **Title page** and **abstract** typed and submitted 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 first authors and anticipated presenters.
* **Title page** must include the following information:
	+ Name, credentials, institutional affiliation, e-mail address, mailing address, and telephone number of first author and lead presenter (if different than first author).
	+ Names, credentials, and institutional affiliations for all co-authors.
* **Abstract title** is limited to 120 characters including spaces.
* **Abstract** is limited to 350 words on one page not including the title.
* **Indicate if work was funded** by a GAPNA Foundation Award or other grant.

**Recommended Abstract Format Options** (350-word limit, not including title) (Examples are provided below).

**Format Option 1**:

1. Purpose/aims/hypotheses
2. Rationale
3. Conceptual/theoretical framework and/or supporting literature
4. Methods/interventions
5. Results/outcomes
6. Applicability to advanced practice nursing practice

# Format Option 2:

1. Identification of NP or CNS national competencies or evidence-based guidelines
2. Explanation of educational activity/program/project that enriches the knowledge of students, patients or healthcare providers
3. Relate educational activity/program/project to enhancement of the quality of care for older adults
4. Exemplify innovative educational approach

**Institutional Review Board Approval**

The purpose of the Institutional Review Board (IRB) process is to ensure that the appropriate steps are taken to protect the rights of individuals participating in a research study or projects involving human subjects. The 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. Abstract authors are required to provide a copy of their Institutional Review Board (IRB) approval/exemption form and, if abstract selected, address as part of the presentation.

**ANCC Standards**

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 relationships.
* The content or format of the Continuing Nursing Education (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.

**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 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.**

**Forms 1 & 2: Biographical Data & 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**

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| **Name and Credentials** |
| Name with Credentials/Degrees      If RN, Nursing Degree(s)       AD       Diploma       BSN       Masters       Doctorate |

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| **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       |

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| **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**

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| 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**

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|       **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.

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| \**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>) |

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| 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.
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| 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. |

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| 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 |
| [ ]  | Salary |       |
| [ ]  | Royalty |       |
| [ ]  | Stock |       |
| [ ]  | Speakers Bureau |       |
| [ ]  | Consultant |       |
| [ ]  | 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.

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

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

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| 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.

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

**Abstract Examples**

**EXAMPLE 1**

Title:

Fear of falling among high-risk, urban, community-dwelling older adults

Abstract:

One-third of community-dwelling older adults >65 fall yearly, increasing to half for those >80 and three-quarters for those nursing home eligible. Little evidence exists about the relationship between fear of falling (FOF), the neighborhood built environment, and physical mobility among high-risk, community-dwelling older adults living in urban, low socio-economic areas. This is concerning because FOF leads to falls, curtailment of activities, immobility, functional dependence, poorer quality of life, serious injury, and death. The aim of this study, funded in part by the 2012 GAPNA Foundation Research Project Award, was to examine participant characteristics (age, gender, race, ethnicity, education, diagnosis of anxiety, physical mobility, mental status, history of previous falls and injury), the neighborhood built environment, physical mobility, and self-rated health and their corresponding explained variance associated with FOF and falls self-efficacy. Guided by Bronfenbrenner’s Social Ecology Model, this study was conducted at a Program for All-Inclusive Care for the Elderly with a dual-eligible population, a convenience sample of 107 mostly female (77%), Black (94%), all nursing home eligible older adults. Methods included: (1) medical record review for demographic, anxiety, falls, injury data; (2) two FOF tools; (3) Physical Activity Neighborhood Environment Scale; and (4) Timed Up&Go Mobility Test. This presentation will focus on the relationship between participant characteristics, the neighborhood built environment, physical mobility, and their corresponding explained variance associated with the FOF scale and Falls Efficacy Scale-International (FES-I). Findings included 10 significant items (age, falls, injury, gender, race, anxiety, mobility, traffic, safety, and crime environment items) associated with FES-I as dependent variable (F-value=9.21, R-squared=0.49, p<0.0001) compared to four (age, traffic, safety, and crime) with FOF scale as dependent variable (F-value=5.76, R-squared=0.18, p=0.0003) in the final models. The analysis demonstrated that females, Blacks, and those with anxiety had increased concern about falling based on the FES-I. Falls, mobility, as well as aspects of safety, traffic, and crime were associated with FOF and falls self-efficacy. Clinical implications of incorporating FOF assessment in clinical practice and research implications of including mobility, safety, traffic, and crime variables in future FOF studies will be presented.

**EXAMPLE 2**

Title:

OHNEP Interprofessional Oral Health Faculty Toolkit: Addressing the Oral Health Crisis in Older Adults

Abstract:

Significant oral health disparities persist in older adults due to lack of dental insurance, physical limitations, and lack of perceived need for oral care. Together, these have resulted in an older adult population half of which have untreated cavities, nearly a quarter have severe gum disease, and nearly a third have missing teeth. Because research continues to reveal the interrelationship between oral and systemic diseases, including diabetes, cancers and cardiovascular diseases, it is crucial for advanced practice nurses to address oral health as a vital population health issue. Nurse practitioners can play a significant role in improving oral health for older adults by identifying oral disease risk, conducting oral examinations, providing basic oral health information, and making referrals to dental professionals. Additionally, they can improve the quality of life, reduce mortality, and improve self-outlook in older adults. This poster presentation will highlight the Oral Health Nursing Education & Practice (OHNEP) initiative, funded by the Dentaquest, Washington Dental Services and Connecticut Health Foundations that develops, implements, and evaluates the impact of a replicable model for integrating interprofessional oral health competencies through faculty development and curriculum integration in graduate nursing programs. Based on the IPEC, HRSA, and NONPF competencies, OHNEP has developed the Interprofessional Oral Health Faculty Toolkit, an innovative, web-based, open source, and turn-key product that allows easy “weaving” of teaching-learning strategies and clinical experiences into the Adult-Gerontology NP curriculum without adding supplementary courses. The Toolkit advocates the transition from the traditional HEENT (head, eyes, ears, nose, throat) to the innovative HEENOT exam, so that students include the oral cavity as part of routine clinical practice, thereby reuniting the mouth with the rest of the body as an integral dimension of overall health. The Toolkit is available on [www.ohnep.org](http://www.ohnep.org/) and is regularly updated to provide faculty the most current guidelines, teaching-learning activities and publications. The Toolkit can serve as a starting point for faculty as they work to build interprofessional oral health workforce capacity to prepare for accreditation, improve oral health access, reduce disparities, and enhance the oral and overall health of the older adult community.

**EXAMPLE 3**

Title:

Preparing Nurse Practitioners and Medical Residents in Interprofessional Primary Care of Older Adults

Abstract:

Experts recognize that interprofessional education and collaboration is critical for producing professionals capable of providing comprehensive primary care to an aging population. The 2008 Institute of Medicine (IOM) Report recommends that all healthcare professionals be trained to care for older adults. The Hartford Institute for Geriatric Nursing at New York University College of Nursing (NYUCN) has implemented an innovative, HRSA-funded, 12-credit advanced certificate program for the purpose of preparing adult nurse practitioners (NPs) to care for older adults with multiple chronic conditions in an interprofessional model. This clinical project highlights a one-week intensive course, a shared experience between NPs and medical residents using didactic and clinical experiences and educational technology. Using the Chronic Care Model as a framework, learners gain insight into health and community systems and how an interprofessional team can deliver person and family-centered care within those systems. Clinical and teaching strategies, focusing on the Core Competencies for Interprofessional Collaborative Practice, sponsored by the Interprofessional Education Collaborative (IPEC), include: (1) Didactic geriatric content; (2) Online learning interprofessional education and practice (IPEP) modules; (3) shared clinical experiences with NPs and medical residents; (4) joint objective structured clinical examinations; and (5) interprofessional assessments with virtual patients. This presentation reports on the mixed-methods evaluation results, including interview data and participant surveys of the two NPs and ten medical residents who participated in year one of this program. The evaluation provided unique insights into the specific challenges of graduate level interprofessional education. Emerging themes included “the role of previous work experiences”, “teamwork dynamics”, and “training and institutional transitions”. Responses to reflection questions within the IPEP modules demonstrated good alignment with the qualitative and quantitative results. Findings have implications for graduate nursing and medical education, along with interprofessional education research. Long-term goals include sustainability of this course and overall advanced certificate program within the NYUCN curriculum and national dissemination. The course and overall program will increase the number of NPs and physicians with gerontological competencies and interprofessional expertise to enhance primary care to vulnerable, underserved older adults.