# Call for General, Concurrent, or Pre-Conference Workshop Session Abstracts



The GAPNA Planning Committee seeks abstract submissions for general or concurrent session presentation or a pre-conference workshop at the **2019** annual conference**.**

Submission deadline: Abstracts must be received in the National Office by midnight Eastern Time on December 5th.

Presentation topics may address clinical best practices, innovative models of care, organizational change, unique strategies, and/or processes that improve outcomes and bridge gaps in care, analyses of current care, case studies, and be appropriate for presentation for APNs at an advanced level. Topic examples:

* APN roles & responsibilities
* Advanced clinical topics
* Chronic disease management
* Pain management
* Acute care of older adults
* Preventive health care in the older adult
* Mental health of the older adult
* Cost-effectiveness of APNs
* Organizational issues and leadership
* Innovative clinical or practice projects
* Patient education programs
* New or adapted systems of care

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

□ General Session (60-90 minute sessions)

□ Concurrent (breakout) Session (60-90 minute sessions)

□ Pre-Conference Workshop (2-5 hour time slots)

Are any of the authors GAPNA members (current or upon abstract submission)?

□ Yes

□ No

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

□ Yes

□ No

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

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

□ Yes

□ No

**Review and Acceptance**: Abstracts are reviewed and selected by members of the GAPNA Planning Committee. Selection is based on applicability to the care of older adults, significance of theory or practice, clarity, quality of content, and originality.

Abstract submission information

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**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 first author. A change of presenter(s) after abstract submission/acceptance requires re-evaluation by the Planning Committee and may result in withdrawal of the invitation to present.**

**Guidelines for 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.
	+ Indicate if work was funded by a GAPNA Foundation Award or other grant.
	+ Short biographical summary highlighting presentation experience at the national, regional, or state level. Include experience relative to an APN audience.
	+ Any abstract content affiliation with a GAPNA committee, special interest group, or task force or status as a GAPNA award/grant recipient should be noted as follows: This abstract is being submitted on behalf of the GAPNA (please specify committee/special interest group, or task force) OR This abstract is being submitted with the support of a GAPNA/GAPNA Foundation grant/award.
* **Abstract title** is limited to 120 characters including spaces.
* **Abstract** is limited to 350 words on one page not including the title.
* **Abstracts should contain** a statement of objectives, description of the project or subject matter, applicability to advanced practice nursing practice, methodology if applicable, analysis, and results/outcomes as indicated. Remove all references to names and organizations within abstract text that could identify the authors/investigators.

**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 (if applicable) 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**  |
|       |       |