

CALL FOR ABSTRACTS

**7th Annual Nursing Evidence Based Practice Conference
November 5, 2015**

Sponsored by

**Martinsburg Veterans Affairs Medical Center
Shepherd University School of Nursing
Shepherd University Nursing Honor Society**

You are invited to submit an abstract of your completed or in-progress research or other scholarly activity for paper or poster presentation. The Nursing Evidence Based Practice Council will evaluate abstracts in a blind review. Oral presentations will be 30 minutes in length.

Each submission must include:

1. Guidelines for Abstract Submission:

- Abstract must be single-spaced, one inch margin, typed in a 12 point font
- Abstract is limited to one page with one inch margins.
- Submit as attachment via email.
- To allow for the blind review process; the author names will be removed before forwarding to the reviewer.

2. Short Biography for the author(s)

3. Educational Application for CEUs

See attached forms for completion of items 1-3.

Abstract deadline: August 14, 2015 *

***PLEASE NOTE: Abstracts submissions will be reviewed and individuals will be notified no later than the week of August 24 if their submission is approved/selected. If selected, the PowerPoint presentations are due by October 9, 2015.**

Please submit abstracts by email to:

Debra Gaudio, RN
Veterans Affairs Medical Center
510 Butler Avenue
Martinsburg, WV 25405
debra.gaudio@va.gov

April Hamilton, RN
Veterans Affairs Medical Center
510 Butler Avenue
Martinsburg, WV 25405
april.hamilton@va.gov

Abstract Submission Form

Please select one: Oral Presentation_____ or Poster _____

Abstracts for a Performance Improvement project or research study should include:

TITLE:

Author(s):

Introduction/Purpose:

Methods:

Findings:

Conclusions:

Faculty/Presenters Biographical Data Form

Name, Degrees & Credentials: _____

Highest nursing degree: AD Diploma BSN Masters PhD

Day Telephone: _____ Email _____

Address: _____

Present Position (Title) and Employer:

Describe your expertise in this topic:

Planner, Faculty and Content Specialists Conflict of Interest Statement

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity and any potential conflict must be resolved. In order to ensure balance, independence, objectivity and scientific rigor at all programs, the planners and faculty must make full disclosure indicating whether the planner, faculty or content specialist and/or his/her spouse family has any relationships with sources of commercial support, e.g. pharmaceutical companies, biomedical device manufacturers and/or corporations whose products or services are related to pertinent therapeutic areas. All planners, faculty, content specialists and feedback specialists participating in CNE activities must disclose to the audience any:

- A. Relationship with companies who manufacture products used in the treatment of the subjects under discussion. Is there a potential conflict of interest? Yes No

If yes, list company(ies) with relationship:

Relationship Name of Commercial Company(ies)

Research Support

Speakers' Bureau

Consultant

Shareholder

Large Gift(s)/Other Support

- B. Relationship between the planner, faculty or content specialist and commercial supporter(s) of the activity and/or discussion of unlabeled uses: Yes No

If yes, you must disclose this information during your presentation.

How will you do this?

- Verbal statement during the presentation
- Information provided on handouts
- Information provided in audiovisuals (slides, overhead, PowerPoint, etc.)
- Other: Describe:

- C. Intent to discuss unlabeled uses of a commercial product, or an investigational use of a product not yet approved for this purpose. All information disclosed must be shared with the audience either on the program handouts, advertising and/or audiovisual presentation. How will any conflict of interest be resolved?

- Have discussed this conflict with individual who is now aware of and agrees to our policy
- Presenter has signed a statement that she/he will present information fairly and without bias
- Program representative will monitor session to ensure conflict does not arise
- Not applicable since no conflict of interest
- Other: Describe

All information disclosed must be shared with the audience either on the program handouts, advertising and/or audiovisual presentation

Signature: _____ Date: _____

By signing I am providing my electronic signature approving all the information entered above. (Please enter name and date on signature and date lines above).

EDUCATIONAL ACTIVITY
Only complete for oral presentations
(Plan for a total of 30 minutes)

Title:

Objectives	Content (topics)	Time Frame	Presenter	Methods
List the title of the presentation and learners objectives in behavioral terms	Provide an outline of the content for each objective and/or learning session. The outline must be more than a restatement of the objective.	State the time frame for each objective and/or learning session	List the presenter for each objective and/or learning session	Describe the Teacher/Learning Strategies