



Unity in Charity

Where NURSING, MINISTRY, and CATHOLIC MISSION meet

2018 National Conference

**Responding to Healthcare Challenges
Influencing Catholic Nursing Practice...
August 2-3, 2018 - San Antonio, Texas**

Abstract Information

Call for Abstracts

Guidelines for Abstract Submission***

With each abstract, on a separate page from text, submit:

- 1) author(s) name,
- 2) credentials,
- 3) telephone number, and
- 4) email contact.

This information is needed for Conference Committee contact, listing in the conference program packet, if selected, and contact hour application documents. The presented text must be 250 words or less and address one or more of the desired conference outcomes. Presentation time is 30 minutes for each podium session with an additional 15 minutes for question and answer time.

Submit abstract information for review by May 15, 2018 to:

Dr. Dahlia Rojas at: rojas.nacn@gmail.com

-or-

Dr. Mary Diaz at mdiaz4172003@yahoo.com

*****Completion of the Faculty Biographical Data and Conflict of Interest Form is required to initiate an abstract review of a presented document and to apply for approval of educational conference contact hours. (see form below).**

Faculty Biographical Data and Conflict of Interest Form

DIRECTIONS: Type information directly into the space provided or type an 'X' in the appropriate box to indicate your response. Save the completed form to your computer.

All Planning Committee Members: Complete Sections 1-4

Presenters: Complete Sections 1-4

Nurse Planner Review: Complete Title, Date and Role, review all sections for accuracy, then complete and sign Section 5

Educational Activity Title: Responding to Healthcare Challenges Influencing Catholic Nursing Practice

Individual Session Title (if different): _____

Education Activity Date(s): _____

Individual's role(s) in this Educational Activity: (Check all that apply)

- Planning Committee Member Presenter/Faculty/Author Content Expert/Reviewer

Section 1:

Demographic Data

Name and **Credentials:** _____

Present Position: _____
(job title, employer, city, state)

Mailing Address: _____

Phone: _____ Email: _____

Section 2:

Expertise

Briefly describe your education, professional experience, training and/or expertise related specifically to your role(s) in the educational activity identified above:

NOTE: Please summarize pertinent information from the curriculum vitae (CV) in lieu of attaching the entire document. If description does not provide adequate information, additional documentation may be requested.

Section 3:

Actual, Potential & Perceived Conflict of Interest

The potential for **Conflict of Interest (COI)** 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. Actions must be taken to resolve any potential or actual COI for planners, presenters/faculty/authors or content reviewers prior to the start of the educational activity.

Each individual who is in a position to control or influence the content of an education activity must disclose all **relevant relationships** with any **commercial interest**, including but not limited to members of the planning committee, speakers, presenters, faculty, authors, and/or content reviewers.

Relevant Relationships, as defined by ANCC, are relationships that are expected to result in financial benefit from a commercial interest organization, the products or services of which 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), grants, contracts, or other financial benefit directly or indirectly from the commercial interest. Financial benefits may be associated with **employment, management positions, stockholder, independent contractor relationships (including contracted research), 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. Relevant relationships can also include ‘contracted research’ where the institution receives a grant and manages the grant funds and the individual is the principal or a named investigator on the grant.

Commercial Interest, as defined by ANCC, is any entity producing, marketing, re-selling, 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, re-sells or distributes healthcare goods or services consumed by, or used on, patients. Nonprofit or government organizations, non-healthcare-related companies, healthcare facilities, and group medical practices are not considered commercial interests.

Individuals found to have a COI are not eligible to serve as a/the Nurse Planner, but may be able to serve on the planning committee or as a presenter/author if measures are taken to resolve the COI. Employees or representatives of a commercial interest may not serve as a Planner of an educational activity, although they may be eligible to serve as faculty if measures are taken to resolve any potential conflict of interest.

1. Over the past 12 months, have you or your spouse/partner had a financial relationship with a commercial interest whose products or services may be relevant to the educational content that you will plan/present for this activity?

NO **YES** - Provide details of relationship(s) in the table below:

Check all that apply	CATEGORY	DESCRIPTION – Provide Names of Organizations and Relationship
<input type="checkbox"/>	Employee	<i>e.g. salesperson, marketing, or education</i>
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stockholder	
<input type="checkbox"/>	Research Support	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

**Section 4:
Statement of Understanding**

I have taken every precaution to ensure that the presentation identified above will be evidence-based or based on the best available evidence and free from bias and promotion. Completion of the name and date below serves as the electronic signature of the individual completing this Conflict of Interest Form and attests to the accuracy of the information given above.

Name and Credentials: _____ **Date:** _____

**Section 5:
Nurse Planner Review**

The Nurse Planner is responsible for ensuring completion and review of Biographical Data/Conflict of Interest forms completed by each planner, presenter/faculty/author, and content reviewer, to ensure appropriate qualifications and document evaluation of actual or potential bias and conflict of interest.

DO NOT COMPLETE - Nurse Planner use only:	
Resolution of potential Conflicts of Interest – check all that apply:	
<input type="checkbox"/>	Not Applicable - No relationship(s) with a commercial interest were disclosed
<input type="checkbox"/>	Not Applicable - Relationship(s) disclosed were found not to be 'relevant relationship(s)' (<i>explain in NOTES below</i>)
Relevant relationship(s) with a commercial interest were identified (COI exists) – ACTIONS TO RESOLVE COI:	
<input type="checkbox"/>	Removed individual from participating in all parts of this educational activity
<input type="checkbox"/>	Revised individual's role in activity so the financial relationship was no longer relevant
<input type="checkbox"/>	Not awarding contact hours for a portion or all of the educational activity
<input type="checkbox"/>	Review of educational activity for evidence of integrity/absence of bias by (<i>name</i>) _____ AND:
<input type="checkbox"/>	Presentation will be monitored to evaluate for commercial bias (<i>document outcome in NOTES</i>)
<input type="checkbox"/>	Participant feedback will be reviewed to evaluate for commercial bias in the activity (<i>document results in NOTES</i>)
<input type="checkbox"/>	Other procedure: _____
NOTES:	
Additional concern(s) for potential for bias that were not self-reported on this form <u>AND</u> resolution – if applicable:	
Electronic Signature: An 'X' in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this form and attesting to the accuracy of the information given above.	
<input type="checkbox"/>	Name and Credentials: _____ Date: _____

All applicants will be notified of review outcome(s) on or before May 15, 2018.*** Podium and poster presenters are responsible for related conference expenses. Computer access for podium presentations will be available with hotel technical assistance available to assist with information uploading or fixing glitches.

***If selected for podium presentation, the Educational Planning form will need to be completed by June 1, 2018 (See below)

EDUCATIONAL PLANNING FORM

Instructions: For educational activities with multiple sessions, please complete a planning form for each individual session for which contact hours will be awarded. Type directly into blank cells of the tables. Save the completed form to your computer.

EDUCATIONAL ACTIVITY TITLE:	Responding to Healthcare Challenges Influencing Catholic Nursing Practice
INDIVIDUAL SESSION TITLE: (IF DIFFERENT THAN ACTIVITY TITLE)	

LEARNING OUTCOME(S)			
List learning outcome(s) in behavioral terms using a single measurable verb for each. Outcomes are evaluated to determine the impact of educational activities on patient care and professional development of the learner. Learning outcomes should fit into one of Miller's zones ¹ :			
After this session the participant will be able to:			
CONTENT	TIME FRAME	PRESENTER/FACULTY/AUTHOR	LEARNER ENGAGEMENT STRATEGIES
Provide an outline of the content to be presented, related to each learning outcome, in sufficient detail to determine consistency with learning outcomes and appropriate time allotted. <i>(Restatement of learning outcomes does not meet the criteria)</i>	List the number of minutes ² for each topic/content area ³ .	List the presenter, faculty person or author for each content area.	List the engagement strategies used by each presenter for each content area.

LEARNING OUTCOME(S)

List learning outcome(s) in behavioral terms using a single measurable verb for each. Outcomes are evaluated to determine the impact of educational activities on patient care and professional development of the learner. Learning outcomes should fit into one of Miller’s zones¹:

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¹ Examples of learning outcomes for each zone: **Knows** (knowledge gained) – Learners will self-report an increase in knowledge about XYZ
Knows how (knows how to apply the knowledge) – Learners will describe how they will integrate XYZ into their practice **Shows** (demonstrates how to apply knowledge) – Learners will demonstrate the correct procedure for XYZ during the learning activity **Does** (applies knowledge in practice) – Learners will integrate knowledge into practice as validated by an decrease in the incidence of XYZ measure. **NOTE** that evaluation questions should reflect the learning outcomes.

² Total number of minutes should match the total number of hours used to calculate the contact hours awarded.

³ Time spent on learner feedback and/or evaluation is acceptable to include in calculation of contact hours.

Total minutes for this activity/session (including time spent on evaluation) = 1 hour

List the evidence-based reference(s) used for developing the content of this educational activity/session next to the appropriate category:

Information from organization/website: (current available evidence within past 5-7 years; may be published or unpublished content. Examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health)	
Peer –reviewed journal/resource: (reference should be within past 5-7 years)	
Clinical guidelines: (published or online. Example -www.guidelines.gov)	
Expert resource: (individual, organization, or educational institution - book, article, website)	
Textbook reference:	
Other:	

Individuals submitting text for podium presentation may be contacted for poster display, pending results of the initial review and poster space availability.