



## **CALL FOR POSTER ABSTRACTS**

The New Jersey State Nurses Association and Institute for Nursing invite you to submit an abstract for presentations at the 2017 NJSNA/IFN Convention on October 10th – 12th, 2017 at Bally's Resort in Atlantic City, NJ. Opportunities for POSTERS are available. The 2017 Convention theme is *“The Kaleidoscope of Nursing: One Voice, One Vision.”*

### **Convention Goal:**

1. Use the learning and network environment to promote/achieve professional development.
2. Describe how the knowledge gained will benefit the nurse's practice and his/her patients.
3. Discuss how advances in healthcare will have an impact on the various nursing roles.
4. Discuss how the diversity of nursing roles can achieve national healthcare objectives.

### **Instructions for Abstract Submission**

1. The abstract should not exceed 250 words excluding title, authors and institutions and should be of original work with the focus clearly stated.
2. The abstract must be relevant to the conference theme: *“The Kaleidoscope of Nursing: One Voice, One Vision”*
3. All abstracts must be submitted via email with “2017 NJSNA/IFN Convention” in the subject line.
4. Please save the abstract in a word format (.doc or .docx) with the title “contact person's last name NJSNA/IFNConvention2017\_abstract” and submit to Debra Harwell, Deputy Director via email [deb@njsna.org](mailto:deb@njsna.org) by **May 30, 2017**. **ALL CONTACT INFORMATION MUST BE COMPLETED IN ITS ENTIRETY FOR MARKETING PURPOSES i.e., credentials, title, place of employment, etc.**
5. Applications will be reviewed by the IFN Provider Unit and applicants will be notified if their abstract has been accepted by **June, 2017**.
6. **Poster presenters will be charged \$150 per presenter for full convention. Two presenter's maximum per poster. Includes Wednesday and Thursday CT Breakfast.**
7. Contact hours will be awarded for poster presentations by the IFN Provider Unit, an accredited provider of continuing nursing education by the American Nurses Credentialing Center Commission on Accreditation. P#100-7/18

Thank you for your participation in the **2017 NJSNA/IFN Convention** *“The Kaleidoscope of Nursing: One Voice, One Vision.”* For more information, please do not hesitate to contact Debra Harwell, Convention Manager at [deb@njsna.org](mailto:deb@njsna.org)

## Poster Abstract Submission Form - Poster Dimensions and Directions

1. Poster boards are 4' x 8' panel, horizontal, standing cork boards
2. No Table-tops will be available or provided;
3. Material must be created to fit within the allotted dimensions of the poster board;
4. Thumb tacks are needed to attach materials (Please bring your own);
5. Boards are not fabric covered so Velcro cannot be used;
6. Poster placement locations will be assigned

### Personal Particulars

**One person per poster must complete the following. Information is used for marketing purposes and what is submitted will be used. Please name all authors of poster Poster presenters will be charged \$150 per presenter for full convention. Two presenter's maximum per poster. Includes Wednesday and Thursday CT Breakfast. ALL AUTHORS MUST COMPLETE BIOGRAPHICAL/CONFLICT OF INTEREST FORM.**

<b>Salutation</b>			
<b>Last Name</b>			
<b>First Name</b>			
<b>Institution</b>			
<b>Address</b>			
<b>City, State, Zip Code</b>			
<b>Work Number</b>		<b>Home Number</b>	
<b>Fax Number</b>			
<b>Email</b>			

## Poster Abstract Details

<b>Abstract Title</b>	
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### Authors

Name, Credentials, Title	Institution

### **Learning Outcomes**

1.
2.
3.

**Are you willing to present a breakout session if requested by IFN Provider Unit? Yes \_\_\_\_\_ No \_\_\_\_\_**

### Abstract Content

Please submit an abstract for poster. Be sure to include the background, methods, results/outcomes and implication of practice. The abstract should not exceed 250 words. Exclude title, author(s) and institution(s).

## Poster Abstract Planning Form

Title of Activity: \_\_\_\_\_

Identified Gap(s): \_\_\_\_\_

Description of current state: \_\_\_\_\_

Description of desired/achievable state: \_\_\_\_\_

Gap to be addressed by this activity: \_\_\_\_\_ Knowledge \_\_\_\_\_ Skills \_\_\_\_\_ Practice \_\_\_\_\_ Other: Describe \_\_\_\_\_

Learning Outcome (s) \_\_\_\_\_

Select all that apply:  Nursing Professional Development  Patient Outcome  Other: Describe \_\_\_\_\_

CONTENT (Topics)	TIME FRAME (if live)	PRESENTER/ AUTHOR	TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES
Provide an outline of the content	Approximate time required for content	List the Author	List the learner engagement strategies to be used by Faculty, Presenters, Authors
Q&A, Evaluation Collection and Certificate Distribution		IFN PU Staff	N/A

List the evidence-based references used for developing this educational activity (References should be within past 5 – 7 years):

**If Live:** Note: Time spent evaluating the learning activity is included in the total time when calculating contact hours.

Total Minutes \_\_\_\_ divided by 60= \_\_\_\_ contact hour(s)

**If Enduring:** Method of calculating contact hours: \_\_\_\_\_ Pilot Study \_\_\_\_\_ Historical Data \_\_\_\_\_ Complexity of Content \_\_\_\_\_ Other: Describe \_\_\_\_\_  
 Estimated Number of Contact Hours to be awarded: \_\_\_\_\_

\_\_\_\_\_  
 Completed By: Name and Credentials

\_\_\_\_\_  
 Date