Inaugural Nursing Symposium: Saturday May 9, 2020 10am-3pm

Call for Abstracts (submit by March 1, 2020):

- Completed work or projects may be submitted for a poster or a podium presentation. Projects in progress may be submitted as poster presentations only.

- Abstracts may highlight original research, quality improvement projects, or evidence-based practice.

- Presenters are asked to identify any potential conflict of interest related to the content to be offered (e.g., commercial interest, affiliation with a vendor, and/or receipt of royalties) and complete the conference COI form.

- The primary author will be the point of contact for all communication with AACN.

- Primary authors on all accepted abstracts must register for the conference and present the abstract. Any co-authors wishing to present with their primary author are required to register for the conference as well.

- Presenters are responsible for their own expenses, including the conference registration fee, travel, accommodations, and other expenses.

- All abstracts must be submitted electronically to ssoltysi@sbus.edu.

- Submissions must include the abstract title, not exceed a 250-word description, include one learner outcome, 1-2 references in APA format, and list the primary author contact information.

- Each abstract is peer-reviewed by two reviewers. Reviews are blind; hence, reviewers do not see the names of submitters or affiliations.

- Email notification of abstract acceptance will be sent to the primary presenting author only by mid-April 2020. Only the primary presenting author is required to either accept (or deny) the presentation invitation. Registration for the conference should accompany the acceptance form. Podium presenters will need to submit their PowerPoint presentation by April 30th.

Please direct correspondence and questions to Dr. Suzanne Soltysik

ssoltysi@sbus.edu or (716) 375-2262.
Submissions accepted until March 1, 2020

Podium ____  Poster ____  Either ____

Abstract Title: ________________________________________________________________

Abstracts should include background, methods, other pertinent headings, and a summary of recommendations for future research. (not to exceed 250 words):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Learner Outcome/s:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

References:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Northeast Multistate Division
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.

Section 1: Demographic Data

Name & credentials: ________________________________

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

Mailing Address: ________________________________

Phone: ___________________________ Email: ____________

NOTE: The Northeast MSD reserves the right to ask for information on how the presenter’s qualifications were validated.

Section 2: Educational Activity

Educational Activity Title: St Bonaventure University Inaugural Nursing Symposium

Individual Session Title (if different): ________________________________

Education Activity Date(s): May 9, 2020

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

☐ Nurse Planner ☒ Presenter/Faculty/Author ☐ Content Expert ☐ Content Reviewer ☐ Other: _____

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 educational 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, resells 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) below:

<table>
<thead>
<tr>
<th>Check all that apply</th>
<th>CATEGORY</th>
<th>DESCRIPTION – Provide Names of Organizations &amp; Relationship</th>
</tr>
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<tbody>
<tr>
<td>☐ Employee</td>
<td></td>
<td>e.g. salesperson, marketing, or education</td>
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<td>☐ Royalty</td>
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<td>☐ Stockholder</td>
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<td>☐ Speakers Bureau</td>
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<td>☐ Consultant</td>
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<td>☐ Other</td>
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</tbody>
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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, Planning Committee Member Review

The Nurse Planner or member of the planning committee is responsible for ensuring completion and review of the Conflict of Interest form by each planner, presenter/faculty/author, and content reviewer, to document evaluation of actual or potential bias and conflict of interest.

BE COMPLETED BY THE NURSE PLANNER OR MEMBER OF THE PLANNING COMMITTEE:

This form must be reviewed by the Nurse Planner or member of the Planning Committee for this educational activity other than the RN completing it to verify the RN meets the following requirements to serve as a Nurse Planner:

1. Is currently licensed as a Registered Nurse
2. Holds a baccalaureate or graduate degree in nursing
3. Is not employed by and does not represent any commercial interest organization
4. Has no COI (relevant relationship with a commercial interest as defined above)
5. Is willing to work to ensure the content integrity of this educational activity

Nurse Planner resolution of potential Conflicts of Interest – check all that apply:

☐ Not Applicable-No relationship(s) with a commercial interest were disclosed
☐ Not Applicable-Relationship(s) disclosed were found not to be ‘relevant relationship(s)’ (explain in NOTES below)
☐ Relevant relationship(s) with a commercial interest were identified (COI exists):
☐ RN not eligible to serve as the Nurse Planner
NOTES: ______
Additional concern(s) for potential for bias that were not self–reported on this form AND resolution – if applicable: ______

Presenter/faculty/author and content reviewer resolution of potential Conflicts of Interest – check all that apply:

☐ Not Applicable-No relationship(s) with a commercial interest were disclosed
☐ Not Applicable-Relationship(s) disclosed were found not to be ‘relevant relationship(s)’ (explain in NOTEs below)

☐ Relevant relationship(s) with a commercial interest were identified (COI exists)-ACTIONS TO RESOLVE

-☐ Removed individual from participating in all parts of this education activity
-☐ Revised individual’s role in activity so the financial relationship was no longer relevant
-☐ Not awarding contact hours for a portion or all of the education activity
☐ Review of educational activity for evidence of integrity/absence of bias by (name)______ AND
-☐ Presentation will be monitored to evaluate for commercial bias (document outcome in NOTEs)
-☐ Participant feedback will be reviewed to evaluate for commercial bias in the activity (document in NOTEs)
☐ Other procedure: ______
NOTES: ______

Additional concern(s) for potential for bias that were not self–reported on this form AND resolution – if applicable: ______

Electronic Signature: An ‘X’ in the box below serves as the electronic signature of the Primary Nurse Planner or Planning Committee member reviewing the content of this form and attests to the accuracy of the information given above.

☐ Name and Credentials: ______ Date: ______