**Florida Nurses Association**
**Nursing Research and Evidence-Based Practice Conference**
**Abstract Guidelines**

**Purpose:** The purpose of this conference is to promote communication and dissemination of nursing research and evidence-based practice projects that are being conducted in diverse academic, clinical, and/or community settings throughout Florida.

**Benefits/Values to Presenting Your Projects and/or Research:**

- Develop your statewide reputation
- Associate your name with your specific topic/research/project
- Network and collaborate with other nurse researchers in your field
- Promote your research in academia/clinical/community settings
- Open up potential job opportunities
- Obtain feedback on your findings from peers, which may be helpful in developing or improving your future research work

Presenting your work is invaluable not only to the attendees who discuss the content with you but also for yourself because of the benefits and values this experience brings.

**Eligibility:**

- Nursing research and evidence-based practice projects are eligible for podium and poster presentation.
- Research and evidence-based practice projects conducted in practice and/or as part of educational endeavors are eligible for podium and poster presentation.
- Research and evidence-based practice projects must be completed by time of submission to be eligible for podium presentations.
- In-progress and completed projects are eligible for poster presentations.
- Literature reviews and concept analyses and similar will be considered for poster presentations.
- Nursing students are eligible and encouraged to submit.

**Abstract Format:**

- **For blinded peer-review purposes, please place the last four digits of your social security number at top of abstract. Do NOT put your name on your abstract.**
- Document Requirements:
  - The abstract must be submitted in Word format.
  - Word Count: Abstracts should have a **maximum of 300 words. Abstracts exceeding the maximum word count will NOT be reviewed.** Titles are *not* included in word count. Headings *are* included.
  - Font: Abstracts should be typed in Times Roman font with a type no smaller than 12 point font.
  - Paragraph: The body of the abstract should be single spaced with double spacing between paragraphs. Left justify all paragraphs; do not indent to begin a paragraph.
  - Headings: If you would like to use headings, make sure you bold them. Heading examples such as Objective, Background, Methodology, Analysis, etc. may be used. *Headings are included in word count.*
- If the project or research was supported in full or in part by a grant, please cite the grant number and granting organization at the bottom of the abstract.
- **Please comply with all requirements to ensure your abstract is submitted for peer-review.** Peer-review will be conducted by members of the FNA Research Special Interest Group (SIG).

## Submission Requirements

- Complete and submit your abstract, abstract submission form and BIO/COI form to Kaitlin Scarbary at kscarbary@floridanurse.org **no later than Monday, May 10.**
- If there is more than one person presenting for either podium or posters, a BIO/COI form must be completed for each presenter.
- Peer-review on all submitted abstracts will be conducted May 12-26.
- Notification of acceptance will be no later than June 5 (Person who submitted abstract will be officially notified).
- If your abstract is accepted, you will have until **June 20 to register for the conference** at www.floridanurse.org/events. **All podium and poster presenters are required to register for the conference.**
- If your abstract is accepted and you are unable to attend, please notify FNA staff as soon as possible via email kscarbary@floridanurse.org.

## Virtual Poster Presentations

- Posters will be presented in a digital format through either a PowerPoint, PDF, or JPEG using a virtual conference platform such as Zoom.
- Presenters will be able to present their posters and interact with audience members through their computer's webcam.
- FNA Staff will coordinate with poster presenters to provide additional details regarding setup and ensure they are comfortable using the virtual platform.
- You can prepare a handout summarizing your work with key findings, links to more information, and providing your contact information. Handouts are optional.
- Practice in sharing your story… "Tell me about your project."
- Poster presenters are encouraged to stay for the entire conference.
- Poster presenters must register to attend the conference **no later than June 20.**

## Podium Presentations

- Presentations will be one hour in length.
- Once notified of your podium acceptance, complete an objective form and submit **no later than Friday, June 18.** Objective forms will be provided with your notification of acceptance.
- PowerPoint presentations will need to be submitted **no later than Friday, July 9**.
- Podium presenters are encouraged to stay for the entire conference.
- Podium presenters must register to attend the conference **no later than June 20.**

***Please note that Podium Presentations may be limited this year due to a condensed schedule.***

# FNA Research Conference Abstract Submission

**Last Four Digits of Your Social Security Number:** _____

**Title of Abstract/Research:** _____

**Presentation Format** (Indicate Preference):

- ❑ Podium (Research must be completed by time of submission)
- ❑ Poster
- ❑ Either Podium or Poster

Name & Credentials of person submitting abstract: _____

Contact phone number: _____

Email address: _____

Name, Credentials, and Email Address for Each Presenter:

| **Name** | **Credentials** | **Email** |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Affiliated Organization/Academic Institution: _____

Highest Nursing Degree Completed/Non-nursing Degree Completed/Student: _____

**Remember to complete a BIO/Conflict of Interest Form for EACH presenter.**

**Abstracts will not be accepted for submission until all BIOs have been received.**

**Submit to Kaitlin Scarbary at kscarbary@floridanurse.org**

# Biographical Data Form

Check One or Both ☐ Planner ☐ Presenter

Name: _____

Degrees & Credentials: _____

If RN, indicate degree(s) in nursing: ☐ Diploma ☐ ADN ☐ BSN ☐ Other: _____

Home Address *OR* Business Address: _____

_____

_____ _____ _____

Telephone: _____ Ext: _____ E-Mail Address: _____

Present Position (Title): _____

Employer: _____

**Planners**: Describe your familiarity with the target audience:

**Presenters**: Describe your expertise with the subject:

## Conflict of Interests for Presenters

ALL PRESENTERS MUST DECLARE ANY CONFLICTS OF INTEREST ON THIS FORM

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. *(If the applicant already has special forms to identify this, it does not need to be repeated on the bio form. Include the applicant's copy of the completed forms declaring vested interest.)*

I recognize that I must follow all guidelines and criteria regarding conflict of interest. Any real or perceived conflict of interest for a conference participant must be disclosed. For this purpose a real or apparent conflict of interest is defined as having a significant financial interest in a product to be discussed directly or indirectly during the presentation; being or having been an employee of a company with such financial interest and/or having had substantial research support by an industry to study the product to be discussed at the presentation.

☐ I have no real or perceived conflicts of interest that relate to this presentation.

☐ I have the following real or perceived conflicts of interest that relate to this presentation:

Signature: _____ Date: _____

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Check One or Both ☐ Planner ☐ Presenter

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If RN, indicate degree(s) in nursing: ☐ Diploma ☐ ADN ☐ BSN ☐ Other: _____

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