

Instructions for Submitting Posters

GWAC – AACN Spotlight on Critical Care Conference 2008

Thank you for your interest in submitting an abstract to display a poster at the GWAC-AACN conference: SPOTLIGHT ON CRITICAL CARE, November 5 & 6, 2008. The conference will be held at Waterford Receptions Springfield, Virginia. The information contained in this packet should assist you in the preparation of the abstract and the poster. It should also help answer any questions regarding the selection process.

*ALL poster presenters must contact Vicky Kark at vkark@aol.com or phone: 240-605-3741. Deadline for abstract submission and registration discount is **September 27, 2008** (one presenter per poster is eligible for discount). Presenters will be notified by **October 3, 2008** of poster acceptance. Poster presenters should send registration to Kelly McNeil-Jones at 5195 Fairfax Hills Place, Indian Head, MD 20640 or register online at <http://gwac-aacn.org>. No registration forms should be sent to Vicky Kark.

Two categories of posters, creative solutions and research based posters will be evaluated by a panel of judges. Judging of posters will be completed by Nov 6th. One presenter from each of the two categories will be awarded free registration to “Spotlight 2009”.

Poster Presentation:

A poster presentation is a “succinct, visual display, which conveys information in a simple comprehensive format”¹. Choose **ONE** of the following areas to be addressed in the poster presentation:

Research: “a project or study by nurses who wish to contribute to the evolving body of verified facts and principles called nursing knowledge.”²

1. Include the research problem studied and its significance or the components of the issue addressed
2. Include the study participants or description of those affected by the issue
3. Describe the methods – What was the design, sample, instruments used, and how the data was collected and analyzed?
4. Identify the results - What were the findings? What was the solution to the clinical problem?
5. Describe the conclusions – What do the findings mean? How the research results can be applied to a clinical setting?
6. Acknowledge funding resources, contributions, and all research assistants
7. Use clear scientific writing to establish and maintain clear evidence of the scientific logic of the abstract.

Creative Solutions “A strategy or innovation used to solve difficult, unique, or interesting problems related to patient care, nursing practice, nursing management or nursing education.”

1. Include a report of the project’s purpose and description of the project
2. Include an evaluation of the project outcomes
3. Describe the clinical problem(s) through the application of existing research-based knowledge or clinically validated best practices.

¹Butz, Arlene M., Kohr, Lisa, Jones, Dolores. (2004) Developing a Successful Poster Presentation. Journal of Pediatric Health Care. Vol. 18 (1) January/ February.

² Writing a Successful AACN Abstract For Research or Creative Solutions 2007 NTI Presentation. www.aacn.org/AACN/research.nsf/vwdoc/06CallforAbstracts.

4. Describe how the application of established, well-researched information –protocols, guidelines, procedures, best practices- by a group of clinicians within a specific healthcare facility was performed.
5. Avoid overstating conclusions or implications and do not use excessive abbreviations.³

Poster Design:

1. Most people read from top to bottom and left to right when looking a poster
2. Avoid overloading the poster and do not use abbreviations, acronyms, and jargon.
3. Keep the text brief and use tables, graphs, and photographs when appropriate.
4. Softer colors (pastels) work best as backgrounds with bright colors as accents.
5. Using Microsoft PowerPoint can enable you to design, lay out, and print the poster contents to determine how the final poster will look prior to its assembly.
6. If providing an introduction, try to use 3 – 4 bullet points providing the rationale for conducting the research or the description of the creative solution.⁴

General Information:

1. Posters will be displayed in a highly visible area for the two-day conference. The poster **MUST** be assembled Wednesday morning, **November 5, 2008** between **7:00 and 8:00** at Waterford Receptions, Springfield, VA. The poster exhibit will be open throughout the two-day conference.
2. At least one presenter is required to be in attendance with his/ her poster during specific poster presentation times as noted on the conference brochure.
3. Posters may be presented in one place or several places. Total length of the poster should **NOT** exceed 6 feet. Posters must be able to be **EASILY** mounted on one easel. There will be no tabletop displays of posters.
4. **Projection equipment and electrical outlets are NOT available in the poster area.**
5. All applicants will be notified whether their poster has been selected no later than **October 3rd.**
6. Tuition for the conference for one or two days for one presenter per poster is **\$125.00.** A copy of the registration must accompany your poster abstract application. Registration fees should **NOT** be sent to Vicky Kark. Send all registrations to Kelly McNeil-Jones at 5195 Fairfax Hills Place, Indian Head, MD 20640 or register online at <http://gwac-aacn.org>
7. **NO POSTER PROPOSALS will be accepted after September 27th. Please be sure to follow the application instructions.**

Instructions: Abstract Page

The abstract is a short description of your work and should discuss the content of the poster and the relevance to critical care nursing. The abstracts should be typed and limited to approximately 250 words. For consistency, each abstract must follow the same format. An example is enclosed for the presenter to follow. The poster should be prepared to fit comfortably on an easel.

Guidelines for Format of Abstract:

1. Use **Times New Roman or Arial** font that can be easily read. **SMALLER** type will not be readable when the abstracts are reproduced.
2. Do **NOT** use a dot matrix printer because it does **NOT COPY** well.
3. Titles, authors, and abstract **MUST** all fit within the box below to be of the correct size.

³ Ibid.

⁴ Butz.

4. Please do NOT exceed the size of the box or your abstract will fit on the page.
5. Using a flush left margin for all lines, type the title in CAPITOL LETTERS on the first line.
6. Immediately after the title, list the last name and first initial of the author(s). Omit degrees and titles. Follow with the institution's name, city, and state.

EXAMPLE of TITLE:

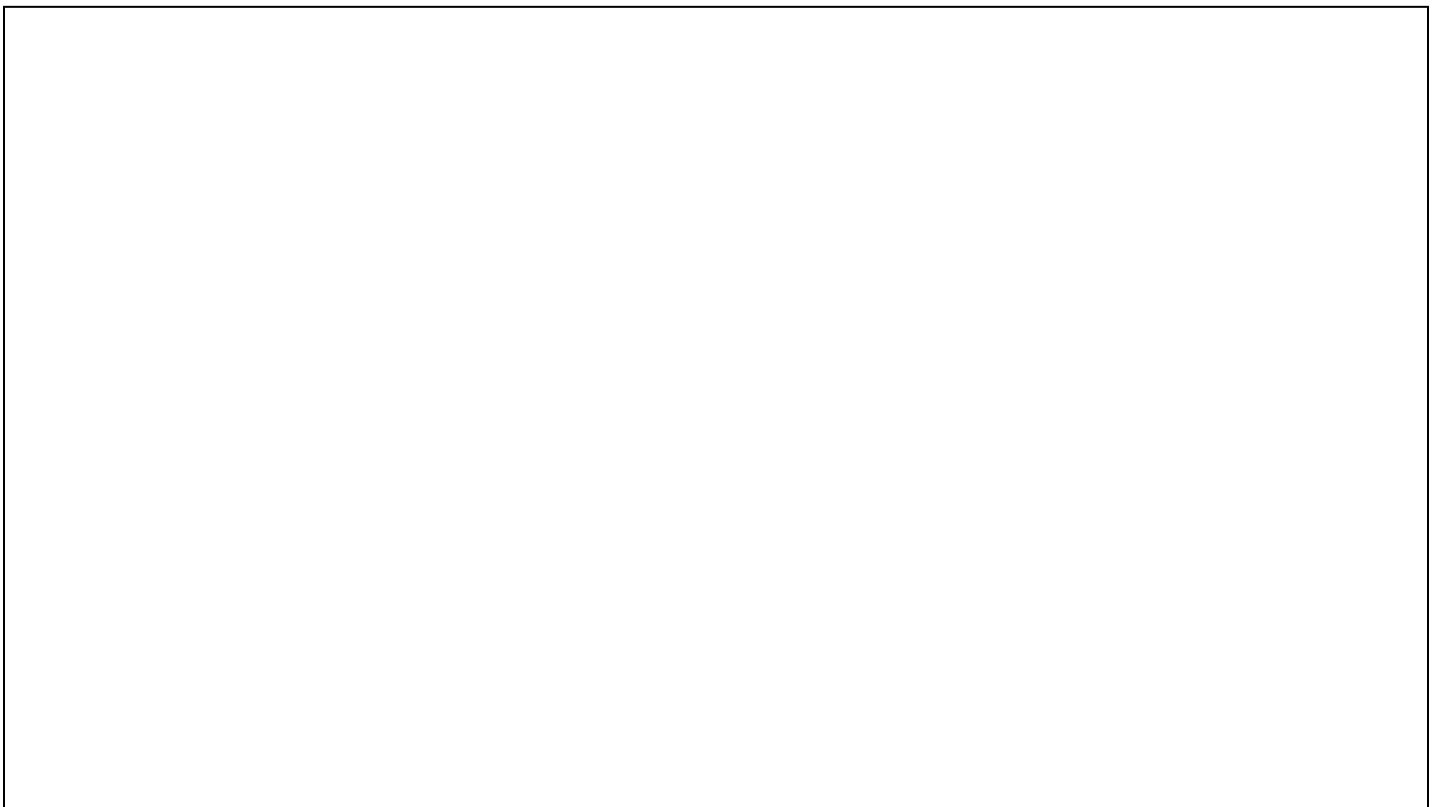
USE OF NEW PROCEDURE TO ENHANCE CARE OF THE CRITICALLY ILL.

Smith, T., Jones, K., Blake Hospital, Irvine, CA.

7. Leave one line blank after the title line.
8. Use flush left margin for the text of the abstract; do NOT indent. Any charts and graphs must be clear and fit inside the lines of the box.
9. Acknowledgement of granting/ funding agencies is permitted at the bottom
10. Submit the **original abstract** to the address below postmarked by no later than **October 3rd**. Do NOT fold abstracts. **BE SURE THE ABSTRACT IS THE CORRECT SIZE.**
11. Applicants should also include biographical information on a SEPARATE sheet to allow for blind reviewing. You may use curriculum vitae; just be sure to include the title of your poster on the curriculum vitae.
12. **Please include 3 questions of one these type answers: (multiple choices, true/false, or yes/ no answers) about the content of your poster. Include a key with the answers.**
13. During the poster session be prepared to answer questions about your research or investigation of the clinical issue. It is helpful to have copies of the abstract with the poster display.
14. Send the abstract to: 12806 Brandon Green Court Silver Spring, MD 20904
or EMAIL abstract to: vkark@aol.com
If you have questions, please call Vicky Kark at 240-605-3741

The size of the abstract is 4 inches long by 7inches long.

Do not draw lines around your abstract



EXAMPLE:

IMPROVING PATIENT SAFETY BY AVERTING HIGH-RISK IV DOSING ERRORS IN CRITICAL CARE

Jacobs, B. George Washington University Hospital, Washington, D.C.

Thirty-five (35%) percent of all medication errors that result in significant harm are the result of infusion pump errors, with the most common error being incorrect programming of the infusion parameter into the pump. Sophisticated infusion systems (“smart pumps”) provide for facility specific drug libraries, standardized concentrations, and minimum and maximum dosing limits for each medication. When a clinician programs an infusion pump at a rate or dose outside the dosing parameters, the pump automatically notifies the clinician (“dose alert”) and prompts the clinician to confirm and authorize the dosage.

GWUH conducted a study to determine the incidence of averted IV medication errors by utilizing this dose limiting technology during intravenous infusion pump delivery. Data logs were analyzed from a random sample of 150 infusion pumps in use for 5 months. One hundred and twenty-two (122) averted doses were identified out of 42,837 programmed doses. Twenty-seven (27) doses (22%) were programmed below the allowable dose limit, and 95 doses (78%) were programmed above the allowable dose limit. Medications associated with these dose alerts were consistent with the Institution for Safe Medical Practice’s high-risk list, such as propofol, fentanyl, insulin, heparin, norepinephrine, furosemide, and vasopressin. Of the 122 averted doses, 7 represented high risk dosing errors that could have lead to a significant patient event. For example, vasopressin was being administered for sepsis (max dose limit 0.04 units/min), but was incorrectly programmed at the GI bleed dose (max dose limit 0.4 units/min). The averted dosing error was 10 times the maximum dose for sepsis, which, if administered, could have resulted in patient harm.

We concluded that dose limiting technology both served as a double-check for our clinicians and improved patient safety by averting high-risk medication errors. Further data collection over a longer period of time is warranted to determine if there is a relationship between incidence of dose alerts and time of day, time of year, and the number of critical IV medications infusing simultaneously.