



2020 Assembly of Didactic & Clinical Educators (ADCE) Poster Application

* 1. Please review [these instructions](#) before you begin your application.

I affirm I have read the instructions in the link above.

* 2. Principal Presenter's Contact Information:

Each poster must have a unique presenter & e-mail address. We will only communicate with the principal presenter of each poster. Only one poster submission is allowed per presenter. Exception: One presenter can present two posters if they are related to the same subject matter & fall into the same category **and** subcategory. Credentials tip: Include only military rank, licenses, & highest degree achieved. Do not include punctuation within credentials. Do not include SRNA or RNAS.

First Name	<input type="text"/>
Last Name	<input type="text"/>
Credentials	<input type="text"/>
AANA #	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP	<input type="text"/>
Country	<input type="text"/>
Primary phone	<input type="text"/>
Primary email	<input type="text"/>

* 3. Affiliation (Only one primary affiliation will be allowed per abstract.)

Affiliation

City

State

* 4. Is the Principal Presenter a student nurse anesthetist?

Yes

No

Student Nurse Anesthetists

* 5. I will graduate on:

Date

MM/DD/YYYY



* 6. Program Administrator

First Name

Last Name

AANA #

Phone

Email

* 7. First Author's Name and Credentials: (Credentials tip: Include only military rank, licenses, & highest degree achieved. Do not include punctuation within credentials. Do not include SRNA or RNAS.)

First Name	<input type="text"/>
Last Name	<input type="text"/>
Credentials	<input type="text"/>
AANA #	<input type="text"/>

* 8. Author(s)/Credentials, including first author & presenter Name(s) must appear with first name, last name, along with complete credentials. (Tip: include only military rank, licenses & highest degree achieved (i.e., do not include SRNA, RNAS, etc.) Include commas between name, credentials, & insert semicolons between author names. Do not include punctuation within credentials.) If there is more than one author, names must be listed in the order desired by the applicant(s). Order will not be changed after abstract is submitted.

* 9. Author Names and ID numbers: Provide the First Name, Last Name, and AANA Member ID for each author on the application. If an author does not have an AANA Member ID, indicate "N/A". *Do not include credentials in this field.*

* 10. Payer Information (\$25 application fee)

First Name	<input type="text"/>
Last Name	<input type="text"/>
AANA #	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

* 11. Title of Abstract (Use upper and lower case letters) (Do not use quotes around the title):

* 12. Impact Statement (200 characters max): (Describe how the study/abstract will impact or potentially impact the care that CRNAs deliver.)

* 13. Please select only one of the following areas that best describes your abstract:

- | | |
|----------------------------------|---|
| <input type="radio"/> Education | <input type="radio"/> Healthcare Policy |
| <input type="radio"/> Leadership | <input type="radio"/> Science of Anesthesia |
| <input type="radio"/> Practice | <input type="radio"/> Other |

* 14. Please select only one of the following subcategories:

* 15. Please select only one category:

- | | |
|---|--|
| <input type="radio"/> Qualitative Research | <input type="radio"/> Case Report |
| <input type="radio"/> Quantitative Research | <input type="radio"/> Invention/Innovation |
| <input type="radio"/> Evidence Based Practice | |

Depending on which category you choose above (*definitions are included in the instructions document at the top of the survey*), the following abstract fields will vary. The following pages show the different fields for each category.

You must keep a copy of your submitted abstract. If you are pasting text from a word processing program such as Microsoft Word, please first paste the text into a plain text editor such as Microsoft Notepad or TextEdit to strip out unnecessary formatting. References within the abstract are not required. Please include the information indicated below and note the maximum characters (not words) allowed for each text box. The character maximums include spaces. When using an acronym for the first time, it must be spelled out. Do not use bullets or lists; you must use complete sentences. For spatial reference, all submitted copy below will be formatted to fit on one 8.5" x 11" page. Note: this is an abstract, not a paper.

Qualitative Research

NOTE: Qualitative research, involving a focus on original research and research methodology, including phenomenological, grounded theory, ethnographic, or case study approaches.

* 16. Qualitative Research Introduction (problem/issue and purpose) <character limit: 400>

* 17. Qualitative Research Literature Review <character limit: 350>

* 18. Qualitative Research Theoretical Framework (with justification) <character limit: 200>

* 19. Qualitative Research Methodology (phenomenology, grounded theory, ethnography, or case study)
<character limit: 250>

* 20. Qualitative Research Data Collection & Methods (sample selection, including specific methods, like interviews, focus groups, surveys, document reviews) <character limit: 650>

* 21. Qualitative Research Results and Data Analysis <character limit: 450>

* 22. Qualitative Research Discussion and Conclusions <character limit: 400>

23. Qualitative Research Funding Sources <character limit: 200> (Leave blank if none.)

24. Qualitative Research Open Comments (briefly explain any details, if necessary, that are not covered in any of the above sections) NOTE: These comments will not be published with your abstract so your abstract must stand on its own merit. Only the review committees will read these comments. <character limit: 400>

Quantitative Research

NOTE: Quantitative research, involving a focus on original research and research methodology, with an emphasis on objective measurements and the statistical/mathematical analysis of data.

* 25. Quantitative Research Introduction (problem and aim/purpose) <character limit: 400>

* 26. Quantitative Research Theoretical Framework <character limit: 200>

* 27. Quantitative Research Literature Review <character limit: 250>

* 28. Quantitative Research, Research Design (descriptive, correlational, quasi-experimental, experimental) <character limit: 300>

* 29. Quantitative Research Methods (treatment, sample, settings, methods of measurement) <character limit: 350>

* 30. Quantitative Research Data Collection <character limit: 250>

* 31. Quantitative Research Results and Data Analysis (statistical tests used to analyze data and significance of outcomes) <character limit: 550>

* 32. Quantitative Research Discussions and Conclusions <character limit: 400>

33. Quantitative Research Funding Sources <character limit: 200> (Leave blank if none.)

34. Quantitative Research Open Comments (briefly explain any details, if necessary, that are not covered in any of the above sections. NOTE: These comments will not be published with your abstract so your abstract must stand on its own merit. Only the review committees will read these comments. <character limit: 400>

Evidence Based Practice

NOTE: Evidence Based Practice, for projects involving translating research evidence into nursing practice, healthcare policy, and/or cultivating practice expertise.

* 35. Evidence Based Practice Introduction (problem/issue and purpose) <character limit: 400>

* 36. Evidence Based Practice Methods (PICOT question, literature database search methods, types of studies identified for analysis) <character limit: 800>

* 37. Evidence Based Practice Analysis of the Evidence <character limit: 700>

* 38. Evidence Based Practice Recommendation for Practice (clinical implementation/practice change, include results if applicable) <character limit: 700>

39. Evidence Based Practice Funding Sources <character limit: 200> (Leave blank if none.)

40. Evidence Based Practice Open Comments (briefly explain any details, if necessary, that are not covered in any of the above sections) NOTE: These comments will not be published with your abstract so your abstract must stand on its own merit. Only the review committees will read these comments. <character limit: 400>

Case Report

Note: Case Report, a project that describes and interprets a unique clinical case. Case reports often describe: 1) Unique cases that cannot be explained by known diseases or syndromes. 2) Cases that show an important variation of a disease or condition. 3) Cases that show unexpected events that may yield new or useful information. 4) Cases in which one patient has two or more unexpected diseases or disorders.

* 41. Case Report Introduction (problem/issue and significance) <character limit: 400>

* 42. Case Report Literature Review (Required: Application to the case, not only a list of references) <character limit: 500>

* 43. Case Report Description of the Case <character limit: 800>

* 44. Case Report Discussion and Conclusions <character limit: 800>

45. Case Report Funding Sources <character limit: 200> (Leave blank if none.)

46. Case Report Open Comments (briefly explain any details, if necessary, that are not covered in any of the above sections) NOTE: These comments will not be published with your abstract so your abstract must stand on its own merit. Only the review committees will read these comments. <character limit: 400>

Invention/Innovation

Note: Invention/Innovation - For new inventions or innovations of existing products or processes that demonstrate adherence to scholarly standards and practices with proof of concept backed by evidence/results; may include pilot study results.

* 47. "Abstracts, posters, and presentations are not to request funding, or be a means of advertisement to sell a product. Acceptance for presentation at the State of Science Poster Session does not indicate endorsement or funding of the invention/innovation by the AANA Foundation."

I affirm I agree to this statement.

Yes

* 48. Invention/Innovation Introduction (problem/issue, and objective/aim of the invention/innovation)
<character limit: 400>

* 49. Invention/Innovation Literature Review (application to the invention/innovation) <character limit: 400>

* 50. Invention/Innovation Developmental Design or Methodology (clearly described) <character limit: 500>

* 51. Invention/Innovation Proof of Concept/Results (provide results, data analysis, and significance) <character limit: 500>

* 52. Invention/Innovation Discussions and Conclusions <character limit: 500>

53. Invention/Innovation Funding Sources <character limit: 200> (Leave blank if none)

54. Invention/Innovation Open Comments (briefly explain any details, if necessary, that are not covered in any of the above sections. NOTE: These comments will not be published with your abstract so your abstract must stand on its own merit. Only the review committees will read these comments. <character limit: 400>

Attachments

Required! All uploaded attachments must be named using the following format for the principal presenter:
LastName_FirstName_DescriptiveFileName

- * 55. Curriculum Vitae of Principal Presenter: (Word Document or PDF; format file name as LastName_FirstName_CV).

Choose File

No file chosen

- * 56. Copy of Investigation Committee / Internal Review Board Approval / Exemption Author / Attestation: (Word Document or PDF; format file name as LastName_FirstName_IRB). All applicants must provide an IRB/IACUC approval or exemption letter, or provide an informal letter attesting that IRB/IACUC is not applicable.

Choose File

No file chosen

- * 57. All categories are required to submit their general poster upon submission of their abstract; attach a PDF only below. Name your file in the following format: "LastName_FirstName_ADCEPoster." (Use the principal presenter's name only.) The abstract title and poster title must match. Minor changes before presentation are acceptable; do not resubmit any changes for consideration unless requested. File size limit is 10 MB.

Choose File

No file chosen

Final Agreement Form

I am submitting my application for the General Poster Session at the 2020 ADCE meeting.

* 58. Please choose one of the following:

- I am a CRNA
- I am a nurse anesthesia student.
- I am not a CRNA or a nurse anesthesia student. My primary job role is:

- A. I authorize the AANA Foundation to publicize my abstract on the AANA Foundation website.
- B. I authorize the AANA Foundation to print my abstract on the AANA Foundation website. I understand that submitting my abstract does not guarantee publication in AANA Foundation or AANA publications.
- D. Poster presenters are responsible for all expenses to attend the ADCE meeting including registration to the meeting. You will not be able to attend the poster session or display your poster unless you are registered for the meeting.
- E. I understand that the above abstract has been submitted for the 2020 ADCE. Any additional details regarding research may be obtained directly from the author during "State of the Science" Poster Session exhibit hours. The AANA and AANA Foundation are not responsible for the integrity of the research findings.
- F. I understand the decision of the AANA Foundation Board of Trustees will be final.


* 59. I have satisfied the requirements for my institution (or the institution where the research was conducted) regarding the use of human/animal subjects in research. Evidence of Internal Review Board approval or exemption is attached, if applicable. My research subjects are:

- Human
- Animal
- Human and Animal
- Evidence-based (Does not apply)

* 60. **Signature of Principal Presenter:** Type your name below to affirm the previous statements and agree to abide by the guidelines in the linked document.

* 61. Date of application

Date

Submission of Application

Once you submit your poster application, it cannot be changed. You must be certain that the application is correct before submitting it. After submission, you will be directed to a payment page to pay the \$25 application fee. If you are ready to submit and pay for your completed application, click the Submit/Pay button.

Payment Page



FOUNDATION

Poster Session Application Processing Fees

\$25.00 for the application

Your application will not be processed until all fees are paid in full. If you have any questions regarding the application process, please contact the foundation at foundation@aana.com.

Profile

Sample

Park Ridge, IL 60068-4037

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Order

Poster Session Application

Total: \$25.00

Payment

Credit Card

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After payment, you may print or download your receipt from your AANA profile page under “My Orders.” **You will not receive an emailed receipt or confirmation email.**

My Orders

My Recent Orders Summary

To download or print individual receipts, tap My Orders above.

Order #	Date	Product Name	Total	Balance
1243769	2/2/18	CMP 2018 Mid-Year Assembly	\$595.00	\$595.00
1224483	9/26/17	CMP 2017 Fall Leadership Academy	\$0.00	\$0.00
1224484	9/26/17	CMP 2017 CRNA-PAC Presents Dueling Pianos	\$0.00	\$0.00
1135620	3/23/17	CMP 2017 Nurse Anesthesia Annual Congress	\$0.00	\$0.00