

Pregnancy Loss and Infant Death Alliance (PLIDA)

Presents

21st International Perinatal Bereavement Conference

Meet Us in St. Louis



The Gateway for New Ideas and Innovative Practice

October 24, 2018 - October 27, 2018

Call for Proposals

Deadline for Submission: September 18, 2017



www.plida.org

Call for Proposals: 21st International Perinatal Bereavement Conference

The International Perinatal Bereavement Conference (IPBC) is a major educational and networking event expected to draw more than 350 professionals and parent advocates interested in perinatal bereavement care. This 3.5-day conference includes one day of pre-conference presentations followed by 2.5 days of plenary, concurrent, and networking sessions.

You Are Invited... to share your evidence-based clinical practice, research, and experiential opportunities with an interprofessional audience. Attendees will include researchers, educators, parent advocates, and clinicians (e.g., nurses, social workers, chaplains, physicians, genetic counselors, mental health providers, child life specialists, care coordinators) whose work involves women and families experiencing miscarriage, stillbirth, newborn and infant death, and babies diagnosed during the mother's pregnancy with a life-threatening condition.

The Conference Planning Committee is seeking submissions for concurrent session presentations and posters that reflect the conference theme of ***The Gateway of New Ideas and Innovative Practice*** in perinatal bereavement. Submissions should focus on one or more of these areas: clinical practice, research, education, and/or advocacy.

Submission Instructions

When submitting your proposal these are the completed forms you will send to PLIDA (proposals@plida.org):

Download the below forms by clicking on the form name:

1. Completed **EDUCATIONAL PLANNING TABLE – LIVE EVENT** (from the Wisconsin Nurses Association).
2. Completed **PLANNER/FACULTY BIOGRAPHICAL DATA**
3. Completed **CONFLICT OF INTEREST FORM**

The KEY to your proposal lies in the second column of the EDUCATIONAL PLANNING TABLE – LIVE EVENT that instructs you to “Provide an outline of the content for each objective. It must be more than a restatement of the objective.” Please thoroughly provide the content of your talk. Include specific details, not simply an overview. Reviewers will focus on this segment of your proposal to determine if your presentation will meet the expectations for a quality talk. Submission instructions for concurrent sessions: see page 5. Submission instructions for poster presentations: see page 6. All submissions will be acknowledged by email. **Deadline is September 18, 2017.**

Review Criteria

Proposals will be reviewed by members of the Conference Planning Committee using these criteria:

- Topic is innovative and relevant to perinatal bereavement care.
- Submission is directly linked to one or more of these areas: clinical practice, research, education, and/or advocacy. **Please clearly identify which of these four areas your submission addresses.*
- Time allocation and presentation content are well organized.
- Presenter has appropriate and relevant presentation experience.
- Learning objectives are measurable, following instructions provided.
- Participants are likely to have significant interest in the session.

Concurrent Session Presentations

All concurrent sessions will be 60 minutes. Presenters should provide at least 5 minutes for discussion and questions. Presentations will be scheduled on either Thursday, October 25 or Friday, October 26, 2018. We are unable to accommodate specific requests for presentation scheduling, so presenters must be available on either date. Conference planners expect session presenters to register for the full conference.

Concurrent Session Presenters

Each room will be equipped with standard audiovisual equipment (laptop, projector, and microphone). The presenter will be responsible for the cost of any additional or alternative equipment. In gratitude there is one \$75.00 registration discount per proposal that is accepted as a concurrent. *Please submit all proposals (concurrent and poster) to proposals@plida.org.*

Poster Presentations

Poster presentations are designed for those projects and interests that can be effectively displayed in a visual format aided by appropriate handouts and personal interaction with the presenter. Presenters are expected to be at their posters and available for questions during specified times. In gratitude for accepted posters there is one \$50.00 registration discount per poster. *Poster presenters are required to register for the conference.*

Areas of Emphasis

Reviewers will select poster topics that relate to the conference theme of transformation in perinatal bereavement and/or that feature innovative research and programs (see preceding list of potential topics). Please specify the conference area (clinical practice, research, education, advocacy) that best corresponds to your poster. Please submit proposals via e-mail to proposals@plida.org.

Poster Presenters

Movable boards that accommodate a 4-foot by 8-foot laminated poster will be provided. *PLEASE NOTE: To provide the best conference experience possible for attendees, we require handouts-posted on the conference website--for each presentation excluding posters. The due date for handouts is October 5, 2018. Handouts that are not received by the due date will not be posted and available to participants.*

Notification of Decision

Those who submit proposals will receive email notification of the reviewers' decision no later than November 1, 2017. Those selected to present a concurrent or poster session will receive a contract and presenter information packet. PLIDA does not reimburse travel, lodging, or other expenses.

Topics of Interest

Conference planners encourage proposals on the following topics:

- Integration of evidence-based practices
- Growth and transformation
- Maternal Death
- Maternal Mental Health
- Perinatal Bereavement Mental Health

- Stillbirth
- Newborn death
- NICU Loss and Bereavement
- Miscarriage care across the health care system
- Bereavement care models
- The grief of children, grandparents, and other family members
- Mindfulness and meditation
- Developing a reflective practice
- Perinatal palliative care
- Genetics and genomics in perinatal care
- Cultural responses to pregnancy loss and infant death
- Ritual, suffering, and hope
- Ethical issues and decision-making
- Managerial, leadership, administrative roles in bereavement programs
- Parent support activities (e.g., support groups or blogging)
- Mentoring relationships in perinatal bereavement
- Collaborative care models
- Spiritual care
- Self-care, caregiver grief or suffering in perinatal care, moral distress
- Quality, safety, and quality measures
- Traumatic/complicated bereavement
- Current theories, models, and concepts

Call for Concurrent Session Proposals- Submission Instructions

In order to assist in the processing of proposals and to meet the requirements for awarding continuing education credits, submissions must include the following information.

Completion of an EDUCATIONAL PLANNING TABLE-LIVE EVENT, which includes:

- A **Title** for the presentation that reflects the topic or content (20 words or less). Be certain that your title clearly reflects your content
- A **Description** of the presentation's content (maximum of 75 words)
- At least two and no more than three behavioral learning objectives
- Behavioral objectives are measurable
- Written from the perspective of the learner (e.g., "As a result of attending this presentation, the participant will be able to describe, discuss, define, or list...").
- Avoid verbs such as "understand" and "know"
- Content outline for each objective
- Time frame for each objective
- Teaching/learning strategy for each objective (e.g., lecture with PowerPoint, lecture, discussion, handouts, experiential, demonstration, panel, or other— please describe)
- Who will present
- Presentation level (basic, intermediate, advanced)

In addition, **Research** submissions should use these sub-headings as part of the outline:

- Objectives
- Background
- Design and methods
- Results
- Conclusions
- Clinical implications
- Suggestions for future research

Clinical Practice, Education, or Advocacy Submissions

Must include these sub-headings in the outline:

- Background
- Description of the practice, innovation, or program (e.g., unique elements)
- Evaluation data (if available)

Completion of the PLANNER/FACULTY BIOGRAPHICAL DATA and CONFLICT OF INTEREST FORMS

for each speaker (all forms are provided)

- 5 or more current references (three must be from 2011 or later)

Conference planners will not review incomplete, incorrect, or late submissions.

Call for Poster Presentations: Submission Instructions

In order to assist in the processing of proposals, poster submissions must include the following.

Please select the type of poster you will present:

_____ Innovative Program Poster: Include objectives, background information, description, and evaluation.

_____ Research Poster: Include objectives, introduction, design and methods, results, and conclusions.

Please submit a 1-page proposal for your poster presentation. In addition to a brief description of each of the headings listed above, include the title of the poster, name, and detailed contact information for each author.

The principal author must provide an email address. Conference planners will not review incomplete, incorrect, or late submissions.

Required Continuing Education Documents: Submission Instructions

The EDUCATIONAL PLANNING TABLE-LIVE EVENT, PLANNER/FACULTY BIOGRAPHICAL DATA, and CONFLICT OF INTEREST FORMS, which you will use to submit your concurrent session proposal, are required to award continuing education credit to nurses, social workers, and chaplains. We appreciate your assistance in maintaining records as prescribed by the Wisconsin Nurses Association-Continuing Education Approval Program (WNA-CEAP) and other continuing education providers.

These continuing education documents are not submitted with poster presentation proposals.

Thank you for your submission!

Date(s) of Activity: _____

Title of Activity: _____

Title (or topic) of this Presentation/Session: _____

SECTION 1: INFORMATION FROM PLANNERS TO PRESENTERS/AUTHORS

The information in Section 1 below should be communicated to all presenters/authors before they begin to plan their presentation. If the Educational Planning Table will be forwarded to a presenter/author to complete and return to the CNE Nurse Planner for review, be sure this information is added to the form for reference before sending.

What is the problem in practice or improvement to be addressed by this learning activity?

What do you want learners to do differently following this presentation/session?

What is/are the learning outcome(s) of this activity?

The presentation should focus on changing:

- Knowledge (learner doesn't know something)
 Skill (learner doesn't know how to do something)
 Practice (learner is not able to show or do something in practice)
 Other: _____

Suggested main points of presentation: (optional)

SECTION 2: PRESENTATION INFORMATION *(To add more lines, put cursor in last cell of last line and hit the "Tab" key.)*

MAIN POINTS/TOPICS	CONTENT OUTLINE	TIME FRAME (for live activities)	PRESENTER (if live) or AUTHOR	LEARNER ENGAGEMENT STRATEGIES
List all main points or topics to be covered in this presentation.	Provide an outline of the content for each main point or topic to be covered in this presentation.	Approximate time required for the content on this topic.	Who is presenting (or developing the content for events that are not a live presentation)?	How will you deliver the content/engage learners?
1.				
2.				

SECTION 3: EVIDENCE-BASED REFERENCES

BEST AVAILABLE EVIDENCE: EVIDENCE-BASED REFERENCES USED TO DEVELOP THIS ACTIVITY	LIST CITATIONS HERE: Include publication date or date information was accessed.
Information available from the following organization/website: (organization/web site must use current available evidence within past 5 - 7 years as resource for readers; may be published or unpublished content; examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health)	
Information available through peer-reviewed journal/resource (reference should be within past 5 – 7 years.):	
Clinical guidelines (example - www.guidelines.gov):	
Expert resource (individual, organization, educational institution) (book, article, web site) – if listing people, must list more than one:	
Textbook reference:	
Other:	

SECTION 4: CONTACT HOUR CALCULATION FOR THIS PRESENTATION/SESSION

FOR A LIVE ACTIVITY,

total minutes for this session, *including evaluation* = _____ divided by 60 = _____ contact hours(s) for this presentation.

FOR AN ENDURING MATERIAL, indicate method for calculating contact hours:

- Pilot study
- Historical data
- Complexity of content
- Other: (describe)

Number of contact hours to be awarded = _____

NOTE:

- For ‘blended learning’ activities, complete EPTs for the entire activity (both for the ‘live’ and ‘enduring material’ content). For an activity greater than three hours, be prepared to provide WNA a total of at least three hours (180 minutes) of EPT documentation for review, including documentation from both the live and enduring material content of a blended learning activity.
- For ‘enduring material’ activities developed directly from content previously offered as a ‘live’ activity, first complete all documentation for the ‘live’ activity. Then complete the ‘EDUCATION ACTIVITY RECORD FORM ENDURING MATERIAL ADDENDUM’ and attach EPTs specific to the new ‘enduring material’ to the addendum. For an activity greater than three hours, be prepared to provide at least three hours (180 minutes) of EPT documentation to WNA.
- A ‘live’ activity and an ‘enduring material’ activity (even if based on a previously presented ‘live’ activity) are considered two separate activities.

Provider Organization: _____

Title of Activity: _____

Date(s), if live: _____

Individual's role(s) in this Educational Activity: *(check ALL that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Presenter/Author | <input type="checkbox"/> Planning Committee Member |
| <input type="checkbox"/> Content Expert (Subject Matter Expert) | <input type="checkbox"/> CNE Nurse Planner responsible for this activity |
| <input type="checkbox"/> Content Reviewer | <input type="checkbox"/> Primary Nurse Planner <i>(Approved Providers only)</i> |
| <input type="checkbox"/> Other faculty in control of content (describe): _____ | |

Name and Credentials: _____

For RNs, "X" nursing degrees held: ADN Diploma BSN MSN Doctorate

Organization/Employer: _____

Current Position/Title: _____

Mailing Address: _____

Phone: _____

Email: _____

Your educational preparation: *(include basic through highest degree held)*

Degree	Major Area of Study	Institution – Name, City, State

1. ALL PRESENTERS/AUTHORS/CONTENT REVIEWERS/FACULTY/PLANNERS/NURSE PLANNERS:

Describe your relevant professional experience, continuing education, or other information that qualifies you for your role as a presenter, developer, reviewer, or planner of educational content:

2. ALL PRESENTERS/AUTHORS/CONTENT REVIEWERS/FACULTY/ PLANNERS/NURSE PLANNERS with subject matter expertise:

Describe your relevant professional experience, continuing education, or other information that qualifies you as a subject matter expert:

3. Complete this section if you are a NURSE PLANNER for the ORGANIZATION RESPONSIBLE FOR AN EDUCATIONAL ACTIVITY OR if you are a PRIMARY NURSE PLANNER of a WNA CEAP APPROVED PROVIDER UNIT:

A Describe how you were oriented to, or have current knowledge of, the 2015 ANCC/WNA CEAP criteria for planning, implementing and evaluating continuing nursing education (CNE) activities:

B Describe your experience related to the functions of your role either as a Nurse Planner for this activity or Primary Nurse Planner of a WNA CEAP Approved Provider Unit:

PRIMARY NURSE PLANNERS of APPROVED PROVIDER UNITS only:

C Licensure as a Registered Nurse: (must be current)

RN License Number: _____ State: _____ Expiration (month/year): _____

Provider Organization: _____

Title of Activity: _____

Date(s), if live: _____

Individual's role(s) in this Educational Activity: (check ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> Presenter/Author | <input type="checkbox"/> Planning Committee Member |
| <input type="checkbox"/> Content Expert (Subject Matter Expert) | <input type="checkbox"/> CNE Nurse Planner responsible for this activity |
| <input type="checkbox"/> Content Reviewer | <input type="checkbox"/> Primary Nurse Planner (Approved Providers only) |
| <input type="checkbox"/> Other faculty in control of content (describe): | |

Demographic Data

Name and Credentials: _____

Organization/Employer: _____

Current Position/Title: _____

Mailing Address: _____

Phone: _____

Email: _____

Conflict of Interest Information

Employees or representatives of a commercial interest may not serve as planners of an educational activity, although they may be eligible to serve as faculty as long as any potential conflict of interest is resolved.

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, re-sells 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. See additional definition at (website reference).

1. Are you employed by or do you represent any commercial interest organization?

- NO**
- YES* – Company name:** _____

* The CNE Nurse Planner for this Educational Activity will contact you regarding any disclosed relationships.

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 prior to the start of the educational activity to resolve any potential or actual COI for anyone who may control educational content, including but not limited to planners, presenters, authors, content reviewers and/or other faculty.

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships** with any commercial interest. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared

with participants prior to the start of the educational activity. **Any relevant relationships with a commercial interest on the part of one's self or a spouse/partner must be disclosed.**

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. Such relationships include **employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, researcher role, membership on an advisory committee or review panel, board membership**, and other activities from which remuneration is received or expected. Evidence of remuneration includes 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.

2. 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:

Name of Commercial Interest Organization	Relationship(s) with Organization	Related Product/Service

**The CNE Nurse Planner for this Educational Activity will contact you regarding any disclosed relationships with commercial interests to determine whether a conflict of interest (COI) exists and measures to resolve it.*

Content Integrity Statement

Do you agree to ensure to the best of your ability that content for this educational activity is evidence-based or based on the best-available evidence, is presented free from bias, and does not promote the products or services of any individual practitioner or organization?

- YES
 NO* – Please explain: _____

**The CNE Nurse Planner will contact you to discuss your reasons and future involvement with this educational activity.*

Statement of Understanding Signature

By my signature, I attest to completing this Conflict of Interest Form in its entirety and attest to the accuracy of the information provided.

* Signature: Name (Required) _____
Date

* Signature may be hand-written, electronic, or typed. WNA reserves the right to validate all signatures.

Nurse Planner Responsible for this Activity, continue to the next page to document COI resolution.

The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, s/he should recuse himself/herself from the role of Nurse Planner for the educational activity.

This Section MUST Be Completed by the Nurse Planner Responsible for This Activity*	
Procedures used to resolve conflict of interest for this activity: (“X” all that apply)	
	Not Applicable - No relationship(s) with (a) commercial interest(s) were disclosed.
	Not Applicable - Relationship(s) disclosed were found not to be ‘relevant relationship(s)’. Explain further in the “Notes” Section below.
	Removed individual with conflict of interest from participating in all parts of the educational activity.
	Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity (e.g., no involvement with related content, restricting recommendations). Explain further in the “Notes” Section below.
	Not awarding contact hours for a portion or all of the educational activity.
	Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
	Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
	Undertaking review of the educational activity by a <u>content reviewer</u> to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
	Other procedure to resolve conflict of interest (describe in detail here):
	Notes:
	IF APPLICABLE: Any additional concern(s) for potential for bias not self –reported on this form <u>AND</u> the resolution (describe in detail here):

Signature of Nurse Planner Responsible for This Activity*

If this is the conflict of interest form completed by and for the Nurse Planner responsible for the activity, then an individual other than the Nurse Planner must review this form for potential conflicts of interest and sign below. The Nurse Planner reviews and signs all conflict of interest forms except for his/her own.

By my signature, I, as the Nurse Planner (or other individual as described above), attest to reviewing the content of this Conflict of Interest Form and determining appropriate resolution of any conflicts of interest.

***Signature: Name and Credentials (Required)** **Date**

*** Signature may be hand-written, electronic, or typed. WNA reserves the right to validate all signatures.**