

Case Study Paper and Poster Presentation Information: AWHONN 2010 Convention, “Sharing Science, Finding Solutions”

A case study presentation is an in-depth study and analysis of an actual complicated or ‘rare occurrence’ patient care case or practice situation which poses unique challenges with an identified nursing focus. **Submissions are reviewed blindly.**

Any reference to names of patients, providers, facilities or organizations must be deleted or blinded to protect confidentiality. In addition, customary practice is to alter non-essential descriptors to avoid inadvertent identification of individuals. For example, a 34 year old woman may be described as 36; or of Belgian descent instead of German descent, assuming that her exact age and descent are not relevant to her clinical state. Case write-ups must not contain identifying information or in any way violate HIPAA regulations. The case under discussion cannot be under current litigation. **Presenters must confirm that they have complied with these guidelines.**

Applicants can indicate a preference to present orally in a paper session, or as a poster. All those interested in presenting orally are encouraged to indicate a willingness to display a poster if not selected for oral presentation. There are a limited number of slots available for oral presentation plus our poster room is extremely well attended. Arguably more attendees are exposed to your work there than in an oral presentation which competes with 9 other sessions.

Criteria for Selection

- Complements convention theme, goals and objectives
- Clear overview of the case and identified problems
- Timeliness
- Likely attendee interest in the case
- Evidence of interdisciplinary problem-solving
- Description of patient or practice outcomes as ‘lessons learned’
- Content free of commercial bias
- Application/implications for women’s health, obstetric and neonatal nursing practice, education or research

Theme, Goal and Objectives

The theme of the AWHONN 2010 Convention is *Sharing Science, Finding Solutions*. The goal of the 2010 AWHONN Convention is to share science and find solutions promoting excellence in the care of women and newborns.

Participants will:

- Identify strategies for optimizing communication among health care stakeholders.
- Explore innovations to measure and improve outcomes.
- Translate research to implement evidence into practice.

Submission Process

To expedite the submission process, gather required components before entering the Speaker Management System. You will be asked to provide the following:

- **Title:** Should be catchy, yet still clearly reflect the content. Sample titles:
Terrorism and the Obstetrical Patient: A Success Story from Iraq; Borderline Personality and Pregnant

- **Submitter's email:** If there is more than one submitter, list the email address of the primary contact.
- **Presentation format:** You will be asked to indicate your preference to present as a paper, a 30 minute oral presentation, or as a poster. If you select paper, you will also be asked if you are willing to present as a poster if your abstract is not selected as a paper.
- **Brief description:** This is 2-3 sentences, no more than 75 words, intended for posting on the convention website or other program materials to let attendees know what the session is about. You want them to attend your session, this should capture their interest. Sample descriptions:
 - *Reports on terrorism often emphasize chemical, biological and radiological events but most attacks involve explosive devices. Those affected can include pregnant women, one of the most complicated situations a multi-disciplinary team is challenged with, especially in the face of limited obstetrical and neonatal resources. This case study will reveal a nurses' experience involving a pregnant victim of a terrorist attack in a war torn country and the success story that ensued.*
 - *This presentation will relay the story of one woman's amazing tale of survival after an amniotic fluid embolism. Through this case presentation, the associated pathophysiology, clinical manifestations and treatment of amniotic fluid embolism will be discussed. As a result of a multidisciplinary team effort, that blended the diverse knowledge and expertise of nurses, obstetricians, anesthesia personnel, blood bank technicians and trauma surgeons, two lives were saved.*
- **Three behavioral objectives** This is what the learner should be able to do on completing your session. Sample objectives:
 - *Describe the multisystem effects of end stage renal disease on pregnancy.*
 - *Define the interdisciplinary needs of pregnancy complicated with end stage renal failure.*
 - *Distinguish the psychosocial needs of a culturally diverse family within a large system with alterations in family bonding.*
- **Teaching delivery methods** You will be asked to select from a list of delivery methods; the methods you choose should be appropriate for the content and objectives.
- **Pharmacology content** You will be asked to estimate how many minutes you will spend discussing medications during your presentation.

Pharmacology content is defined broadly as any reference to the origin, nature, chemistry, effects and uses of drugs. It includes pharmacognosy, pharmacokinetics, pharmacodynamics, pharmacotherapeutics and toxicology. For example a 60 minute session on implications of the Women's Health Initiative, a study examining the health risks and benefits of hormone use, would likely contain 60 minutes of pharmacology content. Although the presenter is not talking about doses, mechanisms of action or absorption rates, she is spending 60 minutes discussing the effects and uses of hormones and pharmacotherapeutic implications. Similarly a session on outreach programs for HIV positive pregnant women is likely to include mention of protocols for

treatment and access to medication which would make the session eligible for pharmacology credit.

- **Bibliography** Reviewers want to see the scientific or academic basis for your presentation, the sources for your assertions. You will be asked to provide at least 5 references, preferably from peer reviewed journals. At least 3 of them must be current as of the last 5 years. A sample bib:

DePalma, R. G., Burris, D. G., Champion, H. R., & Hodgson, M. J. (2005). Clinical Concepts: Blast Injuries. *The New England Journal of Medicine*, 352 (13), 1335-1342.

El Kady, D. (2007). Perinatal Outcomes of Traumatic Injuries During Pregnancy. *Clinical Obstetrics and Gynecology*, 50 (3), 582-591.

Tweddle, C. J. (2006). Trauma During Pregnancy. *Critical Care Nursing Quarterly*, 29 (1), 53-67.

Van Hook, J. W. (2002). Trauma in Pregnancy. *Clinical Obstetrics and Gynecology*, 45 (2), 414-424.

Witcher, P. M. (2006). Promoting Fetal Stabilization During Maternal Hemodynamic Instability or Respiratory Insufficiency. *Critical Care Nursing Quarterly*, 29 (1), 70-76.

- **Content Outline** To determine if the content is congruent with your description, title and objectives, you will be asked to provide the outline for your presentation. If you have indicated you prefer making an oral presentation, you must indicate how many minutes you will spend on each component of the outline. Make sure that the time allotted for each component totals 30 minutes. If you have specified that you will discuss medications, please detail in your outline. Sample objectives with appropriate outline:

Describe the multisystem effects of end stage renal disease on pregnancy. (5 minutes)

1. Describe the effects of renal disease on multisystems/organs.
2. Describe the physiological effects of pregnancy
3. Describe the goal of dialysis
 - a. Describe the medications used for dialysis
 - b. Describe hypertensive therapy during dialysis and pregnancy

Overview of Case Study: Define the interdisciplinary needs of pregnancy complicated with end stage renal failure. (15 minutes)

1. Review of patient history
2. Gestational course

3. Interdisciplinary needs: coordination of services
4. Problem solving process and definition of resources

Distinguish the psychosocial needs of a culturally diverse family within a large system with alterations in family bonding. (10 minutes)

1. Describe the unique challenges of non English speaking family with complex every changing needs
2. Describe the communication and education needs and process to ensure continuity of care
3. Define the assessment and coordination of services postpartum for mother and infant.

- **Disciplines** You will be asked to check off the focus area or areas covered in your presentation.
- **Expert Level** Please indicate if you think your content is targeted toward nurses who have some expertise in the area.
- **Publication** Please indicate if at a later date you are interested in publishing your presentation in our journals.
- **Confirmation** You will be asked to check a box confirming that you have protected patient confidentiality and that the case is not under litigation.
- **Author Information** You will be asked to provide contact information, credentials and affiliations for all presenters. In addition you must include a short biosketch (limited to 200 words) which will be read to introduce you to attendees. Focus of the biosketch should be what makes you qualified to present the topic. This is an example of a biosketch for a case study presentation of a pregnancy complicated by kidney disease.

Dr. Tyer-Viola is certified in inpatient obstetrics and has been a practicing clinician and administrator for the past 22 years. Her area of expertise is in high risk obstetrics, co morbid disease in pregnancy, and maternal fetal ethics. Dr. Tyer-Viola continues to practice clinically at MGH and is a Nurse Scientist in the Yvonne L. Munn Center for Nursing Research. Currently she is an Assistant Professor at the MGH Institute of Health Professions in Boston Massachusetts. Her current program of research focuses on attitudes towards pregnant women with HIV and symptom management during pregnancy. In addition, Dr. Tyer-Viola is Viola is a Principal founder of the Maternal Infant Health Initiative for Zambia; a public private partnership to improve maternal and neonatal mortality in the rural setting. She is the coordinator and US program manager for programs to deliver emergency obstetrical and neonatal care and provide continuing education and support to the existing cadre of nurses and midwives. She has given numerous national and

international presentations on her research, global health and professional issues in nursing.

- **CV/Resume** All presenting authors must upload a current CV or resume.
- **CNE Disclosure** All presenting authors must disclose any relevant financial interests. In addition, you must also indicate whether you will include discussion of off label drug or device use. These disclosures will be shared with learners prior to the start of your session, typically as a slide.
- **Abstract Text** You will be asked to submit a narrative summary of your talk, limited to 500 words. This isn't shared with attendees but used by reviewers to assess your approach to the topic, your grasp of the current state of practice and science, and the level of sophistication of the presentation. You can create this in Word first and then cut and paste into the Speaker Management System. A sample abstract:

Pregnancy is usually a time of hope and dreams; dreams of giving birth to a beautiful baby, and dreams of becoming a mother. However not all dreams come true, and they can be shattered by unexpected complications of childbirth. This presentation will relay the story of one woman's amazing tale of survival of an amniotic fluid embolism. Amniotic fluid embolism (AFE) is a rare and potentially fatal complication in pregnancy, occurring in 1 in 8000 to 80,000 pregnancies in the US (Clark, et al 1995, Schoening, 2006)). The odds of survival are low (20%), and the odds of surviving neurologically intact are even lower (15%).

The current theory about amniotic fluid embolism syndrome is that it is an anaphylactic response to amniotic fluid in the maternal circulation. There is no way to prevent this condition, nor predict who will develop this condition. Historically, it was postulated that amniotic fluid, containing fetal material, (squamous cells & hair) entered in the maternal circulation and formed an embolus, which obstructed the pulmonary vasculature, causing a severe systemic reaction similar to shock and anaphylaxis. More recent studies have shown that fetal elements were not always present in the maternal circulation of women who developed AFE. In contrast, evidence of amniotic fluid has been found in women who have not developed the condition. The idea of an anaphylactic reaction is supported by the findings that women carrying a male fetus and women who have a history of allergy are associated with this condition. The clinical presentation of this condition is typically one of sudden cardiovascular collapse, respiratory distress, shock and coagulopathy which usually occur during labor or within the first 30 minutes after delivery (Moore, 2005). Through this case presentation, the associated pathophysiology, clinical manifestations and treatment of amniotic fluid embolism will be outlined. As a result of a multidisciplinary team effort, that blended the diverse knowledge and expertise of nurses, obstetricians, anesthesia personnel, blood bank technicians, and trauma surgeons, two lives were saved, and a dream came true. This case study demonstrates how the many voices that care for women and newborns work together as partners to optimize health outcomes.

Tips and Timeline

You do not have to complete the submission in one sitting. You can click save and continue at the end of a page and get back to the submission by using your log-in number. If the system will not let you save the content because you have not completed

the entire page, you can simply fill in a place holder such as “to be determined”, and come back to that field at another time.

All abstracts submissions must be completed by August 17, 2009; you will be notified of the Program Committee’s decision in October, 2009.

If Your Abstract is Selected for Presentation

All accepted submissions will be eligible for the prestigious *Best Case Study Award* presented at a designated time during convention.

Paper presenters will be provided an LCD projector, computer, screen and lectern with microphone. No other audio/visual equipment will be provided or may be used. Each paper session will be limited to **30 minutes**, which should include time at the end for questions and answers. A **maximum of two people** can present a paper. *AWHONN does not permit use of flipcharts, overheads, slides or videocassettes during paper presentations.*

Posters are put on display in a room or foyer adjacent to the Exhibit Hall. Because we offer contact hours for poster review, posters cannot share space with exhibitors. Presenters are expected to be at their posters and available for questions during specified times. Attendees can earn a maximum of 5.0 contact hours by viewing posters. Selected poster presenters will be provided with a 4ft. X 8ft. corkboard and chair. Electrical outlets will not be available. A **maximum of two people may present a poster.**

Presenters will be responsible for their own travel and all expenses related to their presentation. All presenters are required to register to attend the convention and will be eligible for a \$75 discount off of full convention registration fees.

Questions or Concerns

If you should have any questions or concerns, please do not hesitate to contact Claudia Reid Ravin by phone at 202-261-2416 or by email at cravin@awhonn.org or Debra Livramento by phone at 202-261-2428 or by email at dlivramento@awhonn.org.