

Specialty Session Information

AWHONN 2010 Convention, “Sharing Science, Finding Solutions”

Specialty sessions are oral presentations lasting either 60 or 90 minutes including time allotted for questions and answers. Topics should be in keeping with the convention theme, goal and objectives and *targeted toward nurses with a minimum of five years of experience*. The talk may consist of a literature review or an in depth examination of a clinical problem or a professional issue. It is not necessarily original research. **This is not a blinded review** and past experience as a presenter is a plus. (Research, Innovative Program and Case Study presentations *are* selected via blind review).

Criteria for Selection

- Topic in keeping with convention theme, goal and objectives.
- Sufficient depth and sophistication for a typical attendee.
- Topic meets an identified learning need.
- Topic is timely and likely to be of interest to attendees.
- Content free of commercial bias
- Content is evidence-based, and reflects current or cutting edge state of the science.
- Creative approach to the topic.
- Application/implication for women’s health, obstetric or 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:
Accidents Happen: Criminal Prosecution for Nursing Errors; Be Nice to Me, I'm New Here: Transitioning the Well Baby
- **Submitter's email:** If there is more than one submitter, list the email address of the primary contact.
- **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:
 - *The development of high reliability perinatal units places new professional demands on nurses invested in the charge role. As the unit coordinator of care, the charge nurse's actions are frequently scrutinized when unanticipated adverse outcomes occur. This presentation will describe the professional duties and legal risk inherent in the charge nurse role.*

Strategies for role development and role enhancement will be described; Case law will be used to illustrate the current demands placed on charge nurses.

- *Do you like reviewing interesting fetal heart monitoring cases? Do you have your “cockpit” checklist available at your fingertips? After a short review of NICHD terminology, we will apply clinical knowledge to interesting high risk case studies. An evidence-based approach will highlight the tenets of fetal heart monitoring and relevant standards of care. Once we’ve completed our checklists, we can “fly on” to our next destination.*
- **Three behavioral objectives** This is what the learner should be able to do on completing your session. Sample objectives:
 - *Review the principles of fetal heart rate interpretation*
 - *Analyze fetal heart rate patterns and uterine activity.*
 - *Correlate indicated interventions on fetal well-being.*
- **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. For example, if one of your objectives is that attendees demonstrate Leopold’s Maneuvers, your teaching methods should include demonstration and/or hands on participation.
- **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:

Bellamy, L., Casas, J. P., Hingorani, A. D., & Williams, D. J. (2007). Pre-eclampsia and risk of cardiovascular disease and cancer in later life: Systematic review and meta-analysis. *British Medical Journal*, 335, 974-985.

Berends, A. L., de Groot, C., Sijbrands, E. J., Sie, M., Benneheij, S. H., Pal, R., Heydanus, R., Oostra, B. A., van Duijn, C. M., & Steegers, E. (2008). Shared constitutional risks for maternal vascular-related pregnancy complications and future cardiovascular disease. *Hypertension*, 51, 1034-1041.

Diehl, C. L., Brost, B. C., Hogan, M. C., Elsber, A. A., Offord, K. P., Turner, S. T., & Garovic, V. D. (2008). Preeclampsia as a risk factor for cardiovascular disease later in life: Validation of a preeclampsia questionnaire. *American Journal of Obstetrics & Gynecology*, 198, e11-e13.

Garovic, V. D., Hayman, S. R. (2007). Hypertension in pregnancy: An emerging risk factor for cardiovascular disease. *Nature Clinical Practice Nephrology*, 3, 613-622.

Germain, A. M., Romanik, M. C., Guerra, I., Solari, S., Reyes, M. S., Johnson, R. J., Price, K., Karumanchi, S. A., & Valdes, G. (2007). Endothelial dysfunction : A link among preeclampsia, recurrent pregnancy loss, and future cardiovascular events? *Hypertension*, 49, 90-95.

- **Content Outline** Reviewers want to determine if the content is congruent with your description, title and objectives. You will be asked to provide the outline for your presentation, along with the amount of time you anticipate spending on each part of the outline. If you think your session is best fitted for a 90 minute time slot, make sure the time you have allotted for each component totals 90 minutes; if you think your session is best fitted for a 60 minute time slot, make sure the time you have allotted for each component totals 60 minutes. If you have specified that you will discuss medications, please detail in your outline. Sample objectives with appropriate outline:
 - Identify 5 common injuries experienced by staff working in maternity and newborn services and the physical, emotional, and economic consequences of those injuries
 - Compare and contrast traditional body mechanics with a new evidence-based approach to patient mobilization and transfer to prevent injury
 - Apply principles learned in this session to champion a campaign for employee safety in your workplace.

I. Employee/Nursing injuries in the workplace – significance of the problem (10 minutes)

- a. Number and types of injuries each year
- b. Physical, emotional and economic consequences of the problem
- c. Specific types of injuries seen in Maternal –Newborn service

II. Evidence-based literature review – what works to prevent injury and what doesn't work (20 minutes)

- a. Traditional approach - body mechanics classes in orientation & annual competency testing
- b. The new paradigm –An ergonomic approach to promoting employee safety
- c. Safe patient mobilization and transfer of patients

- Patient Assessment for safe mobilization
 - Documenting findings and making a proactive plan for safe patient mobilization
 - Preventing non-direct patient care strains and sprains in pushing & pulling equipment – new thinking and new evidence
 - Preventing repetitive motion injuries with common nursing activities & computer use
- III. Transforming the workplace to a safety culture environment (20 minutes)
- a. Education isn't the preferred method
 - b. Champions for change – spreading the word and the culture
- IV. Best practices for successful programs to prevent employee workplace injuries (10 minutes)
- **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.
 - **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. A sample biosketch for a presentation on disaster preparedness in the perinatal setting:

Robbie Prepas CNM, MN, JD is a certified nurse midwife in clinical practice since 1993, in a hospital based setting. She is an adjunct professor of midwifery at the University of California at Los Angeles. She has been involved in International Midwifery for the last 15 years working in Asia, Africa, South America, and Russia, working with the Life Saving Skills curriculum in teaching midwives in developing countries. In addition she worked as a consultant for the Center for Disease Control in Afghanistan in a maternal child health survival project. She has been a member of the Disaster Medical Assistance Team (DMAT) in California and has worked in disaster relief at ground zero in New York City, Guam, and Hurricane Katrina. Her DMAT team was the first to respond to medical efforts in New Orleans. She was the sole midwife involved in care at the Louis Armstrong International Airport in New Orleans, seeing hundreds of pregnant women and delivering several babies there. She has recently initiated a Committee for Disaster Preparedness at the American College of Nurse Midwives, serving as its chairperson.

- **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:

Hospitals present situations and conditions that can result in employee injury. According to the U.S. Department of Health & Human Services (DHHS), hospitals have a higher incidence of non-fatal occupational injuries as compared to other industries such as construction, manufacturing, trade, transportation, and utilities. Employees are subject to sprains and strains (back, shoulder and limb injuries; cervical, thoracic and lumbar spine injuries; extremity injuries), repetitive motion injuries, and exposure to respiratory and blood borne pathogens in the process of patient care. This presentation will focus on the employee injuries in the Labor-Delivery-Recovery (LDR) Unit and will address methods to reduce the incidence of employee sprains, strains and repetitive motion injuries.

There are several factors that are effective in reducing employee injuries including the use of patient lifting and mobilization aids, a "No Lift Policy", patient assessment upon admission to identify lift risk factors, use of lift teams, and training in the use of patient mobilization aids.

An organizational culture embracing a safe and injury free work environment for staff has been shown to decrease the incidence of staff injuries, since such cultures continually reinforce the necessity of safe patient mobilization practices.

There are many factors that inhibit employee compliance with proper use of patient lifting and moving aids largely because of the complexity of the patient care process. Nurses often focus on the immediacy of the patient's need and sacrifice their own safety to ensure that the patient's needs are met. In the LDR, there are many factors that cause employee injury as staff provide care for patients including: 1) moving or repositioning patients after epidural anesthesia; 2) holding the patient's legs to change pelvic diameters during the intra-partum stage of delivery; 3) holding patients during an "arched back" position while spinal or epidural anesthesia is administered; 4) transferring patients from an LDR bed to the OR table for cesarean delivery; 5) leaning or stretching to examine the patient; 6) stretching to hold the descending fetal head off of a prolapsed cord; or 7) moving (pushing or pulling) or lifting equipment.

Employee injuries result in significant monetary and emotional costs, and affect the employee. In some situations, an employee injury can prevent the employee from returning to work at all or results in a restrictive work assignment.

Education and training has not been associated with a reduction in employee injuries. A cultural change enhances the educational process rather than seeing education as a one-time event to impart information. Education can enhance awareness, enhance staff knowledge about risk factors that may lead to injury and methods to mitigate the risk, change attitudes about the importance of safety in providing patient care, and promote and safe practices in ways that minimize risk to the employee to prevent employee injury. Leadership training must also occur to enhance leaders' knowledge about their roles in transforming the culture to facilitate employee safety and encouraging employees to be motivated to ensure their own safety by using patient mobilization aids.

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 May 11, 2009; you will be notified of the Program Committee’s decision in July, 2009.

If Your abstract *is* Selected for Presentation

Presenters will be provided with an LCD projector, computer, screen and lectern with microphone. No other audio/visual equipment will be provided or may be used. *AWHONN does not permit use of flipcharts, overheads, slides or videocassettes during specialty sessions.*

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 full convention registration fees. If you are asked to repeat your session, you are entitled to a \$150 discount off full convention registration fees. *A maximum of two people may present a specialty session.*

If Your Abstract is *not* Selected for Presentation as a Specialty Session

There are other ways to participate in the 2010 convention. In many cases proposals submitted for specialty session slots can be resubmitted for consideration as a research, case study or innovative program paper (30-minute oral presentation), or poster. If appropriate in your situation, please consider this additional opportunity to present. The deadline for submitting research, case study and innovative program abstracts is **August 17, 2009.**

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.