POSTER ABSTRACT SUBMISSION
GUIDELINES Due by Saturday, October 31, 2015

The Miami Neuro Nursing Symposium Planning Committee invites interested individuals to submit poster abstracts for consideration at this symposium.

Please follow the Submission Guidelines closely:
■ Abstracts must be written in English.
■ The abstract text should not exceed 300 words.
■ Use a standard font like Arial when formatting your text.
■ It is the author’s responsibility to submit a correct abstract. Any errors in spelling, grammar or scientific fact will be reproduced as typed by the author.
■ Accepted abstracts will be added to the master program.
■ Send abstract submission for consideration to JulieZ@BaptistHealth.net by October 31.
■ Notifications of acceptance / non-acceptance will be sent to the submitting author when approved to the email address on the Abstract Submission Form.
■ Requests for abstract withdrawal must be received by September 7.
■ Symposium registration is required.

Allotted Space
Abstract Body: 8.5" x 11" page size. The margins are 1" on top, bottom and sides. The title should be centered and all caps. Please do not use right justification or full justification, do not begin a sentence with a numeral and do not exceed the 300-word limit.

An abstract may be submitted in Word or PDF.

Abstract Title
An abstract must have a title that is specific. The body of the abstract should follow logically from the title (please, no abbreviations). Structure the abstract with the following headings: Purpose, Background, Methods, Results, Conclusions. Abstract Example

Abstract Title

Essence of Stroke Educators: Standardizing Stroke Education to Optimize Perception and Understanding of Stroke Information

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Purpose: To determine if the perceived quality and understanding of stroke education improved through the use of an interactive stroke education booklet compared to a printed packet of stroke information.

Background: Providing stroke education to patients and family members is essential to optimize stroke recovery, maximize functional status and prevent secondary cerebrovascular events. Because of the complexity of cerebrovascular disease and potential cognitive deficits, the delivery of succinct, consistent, individualized, high-quality stroke education continues to be a challenge in healthcare. Furthermore, the incorporation of patients’ perceptions of education needed versus education received often is overlooked.

Methods: A patient-report instrument was used to evaluate direct and indirect perceptions and understanding of the quality of stroke education needed and received. In total, 124 stroke patients were randomized to the stroke booklet (n=73) or stroke packet (n=51). Independent samples t-tests were used to determine if there were differences between the booklet group and the packet group on the total score of the patient-report instrument, and on its separate subscales (education needed versus received versus delivered). Hierarchical multiple
regressions were used to determine if age, education level, number of hospital admissions, living arrangements, or length of stay would predict scores on the patient report instrument. Significant results were noted if \( p < 0.05 \).

**Results:** Statistically significant differences between the booklet group and the packet group were not found for the total score of the patient-report tool \( (p = 0.44) \), or on the subscales education needed \( (p = 0.95) \), received \( (p = 0.14) \) and delivered \( (p = 0.51) \). When the type of education received was controlled, the patient demographic characteristics were not statistically significant predictors \( (p > 0.05) \) of score.

**Conclusions:** The standardization of stroke education through the use of dedicated stroke educators may be most beneficial in increasing the perception and understanding of stroke information. Further research is warranted to determine if there is a correlation between the perception of understanding stroke education and stroke educators spending adequate time with patients/families and using caring and compassion during education.

Submitted for consideration in the 2015 Miami Neuro Nursing Symposium, December 3.
Proofread: Proofread abstracts carefully to avoid errors before submission. Revisions to abstracts will not be permitted after Saturday, October 31.

Theme: ■ Clinical Research ■ Evidence-based Practice Initiative, ■ Practice Innovation/Quality Improvement Initiative, ■ Patient/Nursing Education, ■ Future of Nursing

Submission Form: To submit your abstract for consideration, go to the Submission Form and follow the instructions.

Trade Names: Any use of trade names in this program is for reference purposes only. No promotion of particular products or devices should be implied. Generic drug names are acceptable and preferred.

Comments: Use this area on the Submission Form for any additional comments you would like to share with the Planning Committee.

If you have any questions regarding your abstract submission, please contact Julie Zimmett at JulieZ@BaptistHealth.net or 786-596-8612.