All questions marked by an asterisk are required

**Event Name:**

2023 Research Day **EBP** Abstract Submission

This form is for those wishing to submit an abstract for a poster or oral presentation that pertains to an **evidence-based practice project**. If you are submitting quantitative or qualitative research abstracts, please use that specific form.***Once you start filling out the online abstract submission, you CANNOT save it and return later. You must be prepared to complete the submission in one attempt.*** We recommend having all of the required information prepared ahead of time so you can copy and paste it into the form.

When submitted, this form will be sent to either the Methodist Nursing Research Council for review. Abstracts will be saved and you will be contacted with invitations to present based on the focus of events, relevance of topic, and other considerations.

Questions regarding this form or process should be referred to [PD@methodistcollege.edu](mailto:PD@methodistcollege.edu).

Guidelines for **Evidence-Based Practice** Abstract Submission

**You will need to provide the following information regarding your abstract:**

* Purpose, problem, and PICO(T) question
* Background and Significance (describe the knowledge base presenter is building on, importance of the study purpose, aims)
* Analysis of Literature (level of evidence included)
* Setting
* Proposed implementation strategies (if implemented, describe the innovation, and the process of implementation)
* Evaluation of implementation (if implemented, describe the effectiveness of the innovation and how success was measured)
* Implications for Practice or Education
* Future Recommendations (identify any future research or ideas for implementation based on these findings)
* A minimum of three key references that support your project
* Deadline to apply is June 12, 2023.

\*First name of primary author/presenter:



\*Last name of primary author/presenter:



\*Credentials of primary author/presenter. Please enter your credentials as you would have them appear on any publicity or official records.. If none, type N/A or none.:



\*Email Address (not a student/school email address):

\*Retype Email Address (not a student/school email address):

\*Co-Author/ Co-presenter information. Please provide the name(s), credentials and contact information for ALL co-authors. If none, mark N/A.:



\*Preferred phone number.:



\*Discipline(s) of team members. Select all that apply.:

 Nurse   
 Mental Health Practioner   
 Social Worker   
 Respiratory Therapist   
 Pharmacist   
 Sonographer/Radiology Technician   
 Physician   
 Therapy (OT, PT, PTA, Speech, Recreation)   
 Other

\*Name of Facility Where Employed:



\*Is this presentation/poster required for your educational program?

 Yes   
 No

\*Was your research conducted through Methodist Health System as part of a master’s/doctoral program at another school?

 Yes   
 No

\*What type of presentation are you applying for? An oral presentation is a 20-30 minute discussion of your poster/research. A poster is a 5-10 minute synopsis of your poster/research. Both will be scheduled and you will be expected to present at that time.

 20-30 minute IN PERSON oral presentation   
 20-30 minute VIRTUAL oral presentation   
 5-10 minute IN PERSON poster presentation   
 5-10 minute VIRTUAL poster presentation 

\*Abstract Title:



\*Purpose, problem and PICO(T) question:



\*Background and Significance :



\*Literature search keywords (keywords searched/databases used):



\*Analysis of Literature (level of evidence):



\*New understandings generated from evidence:



\*Evaluation of implementation (if implemented, describe the effectiveness of the innovation and how success was measured):



\*Implications for Practice or Education:



\*Future Recommendations (identify any future research or ideas for implementation based on these findings):



\*Please provide a minimum of 3 key references that support your project.:



\*If selected, will you present your research live in person, or virtually?

 Live in person   
 Virtually

Additional comments or information. Please provide any other information that would be helpful related to this project.:



Please disregard the "Save Information" checkmark box option below. It is valid *only* for course registration and **WILL NOT SAVE** your abstract.

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