

# ACE Reunion Conference Abstract & Poster Guidelines

As you all recall, we have encouraged you to develop your “elevator talk,” so that you will always be ready to portray your work in a succinct and compelling manner. The Reunion Conference provides you with an opportunity to put this skill into practice as you share lessons learned with one another.

To aid in this process, we are requesting that you provide an abstract of your ACE Project to be included in the Reunion Syllabus. This allows you to broadly disseminate your work as well as give you an opportunity to use practical skills that are helpful in your leadership development. Your **one-page** abstract (submitted in Times New Roman font size 12 with 1 inch margins all around) will include:

- **Biographical Sketch** that highlights your work and career accomplishments; include your name, credentials, institution, and preferred contact information (email and phone number);
- **Background** need for your planned project activity (be sure to cite your references). Include vision statement;
- **Objectives** of what you hoped to accomplish; utilize your S.M.A.R.T. goals (**S**trategic/**S**pecific, **M**easurable, **A**chievable/**A**ttainable, **R**elevant, and **T**ime-framed). How have these changed or evolved?
- **Methods** that you used to attempt change and reach your goals;
- **Results** of your actions. (How did you measure these outcomes?)
- **Discussion** regarding the lessons that you learned and the clinical implications of your work (how does your project ultimately influence the delivery of care?). What is the significance of your results? What is the impact of your efforts upon your setting?

We encourage you to be part of the optional interactive poster sessions that will take place at the Reunion Conference by submitting a poster about your project. The poster session will give you an opportunity to share what you have accomplished. In addition, the session will stimulate a rich, in-depth discussion with those who have a particular interest in your work.

All who attend the Reunion Conference and submit an abstract by the August 15<sup>th</sup> deadline will receive a pin, Continuing Education Units, and the distinction of **Palliative Care Advocate** in recognition of your successful completion of the ACE Project requirements. Those who choose to participate in the optional poster session will also be eligible for consideration of additional honors. Twenty participants will receive **Awards of Merit** (\$500) and ten will be recognized with **Advocacy Honors** (\$1,000) in acknowledgment of their outstanding abstract and poster submissions. Awards will be determined by demonstration of your leadership and advocacy skills as highlighted through your abstract and poster submissions.

If you are developing a poster, please bring handouts to accompany it. We want your poster to present a pleasing and compelling message that your audience eager to learn more. Be creative! Include data, quotes, pictures, etc. in your poster. Please plan to either hand carry your poster to the Reunion Conference or make arrangements to ship it to your hotel prior to your arrival. We understand that some of you may have limited resources to create your poster; therefore, **participants are not required to present a poster at the Reunion Conference, nor are posters required to be professionally printed.**

# ACE Reunion Conference Abstract & Poster Guidelines Continued

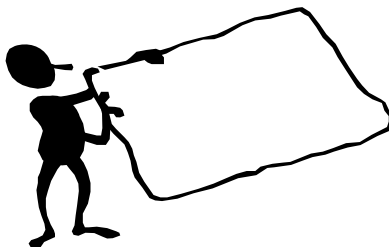
Below are tips to assist you in constructing your poster:

- We will provide a 4-ft. (height) by 8-ft. (width) bulletin board to post your presentation.
- Prepare a title banner at the top of your poster that indicates your project's title, the names of the authors involved, your ACE Course number and your institutional affiliation.
- Similar to the abstract, the posters should include: background, objectives, methods, results and discussion.
- Use large font size, graphs and charts that can be easily read at a distance of 4 feet.
- We will provide pushpins for your use to mount the poster.
- Each figure or table should have a heading of one or two lines in large type stating the point of its message. Detailed information can be provided in a legend in smaller font below the figure. These legends should be brief, yet informative.
- Be thoughtful about your use of color and graphics for the background and headings.
- Check with your institution regarding their ability to assist you with poster production. Possible outside vendors you may consider are listed below:
  - [www.makesigns.com](http://www.makesigns.com)
  - [www.fedex.com/us/office/](http://www.fedex.com/us/office/)
  - [www.posterpresentations.com/](http://www.posterpresentations.com/)

Keep in mind that there needs to be a consistency between your abstract and poster, the abstract is a narrative and the poster is a creative representation of your work. We are happy to give you guidance in the planning process and creation of your abstract and poster. **Email Eunice Yang ([eyang@coh.org](mailto:eyang@coh.org)) an electronic copy of your finished abstract, when you register online for the Conference on June 15 - August 15, 2010, to allow time for syllabus creation.**

The following pages include abstract and poster examples. For more examples of posters and abstracts, check out:

- *Journal of Pain and Symptom Management*, volume 39, number 2, February 2010 issue.
- [The International Student Congress of Medical Sciences Guidelines Poster Presentation](#)
- [The University of Groningen Poster Instructions](#)
- [The University of Groningen Abstract Instructions](#)



# Sample ACE Project Abstract

(Adapted from a call for abstracts for a professional conference)

## ***Measuring Program Impact:***

### ***ACE Project - Advocating for Clinical Excellence: Transdisciplinary Palliative Care Education***

**Biographical Sketch** – Shirley Otis-Green, MSW, LCSW, ACSW, OSW-C is a licensed clinical social worker and Senior Research Specialist in Nursing Research and Education at the City of Hope in Duarte, CA. She is the Principal Investigator for the ACE Project, and is a Project on Death in America Social Work Scholar with nearly 20 years of experience in palliative care research, education and practice. Shirley can be reached at [sotis-green@coh.org](mailto:sotis-green@coh.org) or 626-256-4673.

**Background** – Excellence in palliative care requires skillful collaboration among professionals to address the multidimensional aspects of cancer care, yet evidence suggests that too few psycho-oncology professionals have been adequately trained to maximize their responsibility as advocates and change agents (Institute of Medicine, 2008). This presentation will describe the design and initial findings from a five-year, NCI-funded intensive leadership training program for 300 competitively selected psychologists, social workers and spiritual care professionals. The curriculum was developed consistent with the recommendations of the National Consensus Project for Quality Palliative Care: Clinical Practice Guidelines (2004; 2009) and the National Quality Forum (2006).

#### **Objectives** –

1. Discuss the need for innovative psychosocial-spiritual palliative care education to develop leadership and advocacy skills for psycho-oncology professionals.
2. Provide an overview of the educational design and outcome measurement strategies used in this five-year educational program.
3. Present the pre-course, post-course and six-month follow-up evaluation data from the 300 participants involved in the four courses held to date.

**Methods** – The investigative team developed an intensive program that encouraged improved inter-professional communication skills. Participants completed baseline evaluations and proposed institutional change goals. Process and outcome evaluation strategies were used to measure the effectiveness of the course and progress made by the participants toward meeting their identified goals. Application data and demographics were collected prior to each course. Participants rated the educational effectiveness of the program, as well as their confidence level regarding seven critical palliative care competencies. Follow-up evaluations examined the continued impact of the training on their confidence and the progress that they had made on their identified goals.

**Results** – This national training program had participants representing 45 of 50 states. The four courses received overwhelmingly positive ratings from the participants (Mean score of 4.77 on a scale of 1-5 with 5 being the highest evaluation possible). Participants rated their confidence in all seven palliative care competencies higher immediately following the course and importantly, their confidence was maintained six-months post-course. At six-month post-course, participants reported significant progress on meeting their goals. Thirty-two percent of the participants' goals were to provide increased palliative care education within their institutions. Twenty-nine percent of the participants' projects focused on direct strategies to improve clinical care, while 21% sought to provide organizational change.

**Discussion** – The positive pre- and post-course evaluations and the six-month follow-up results of this innovative transdisciplinary training support the program's effectiveness in improving confidence of participants in seven critical palliative care competencies. The curriculum provided psycho-oncology professionals with strategies to become more effective change agents for enhanced palliative, end-of-life and bereavement care within their institutions.

# ACE Project Abstract Example

## *Establishing a Bereavement Program for Pediatric Deaths at St. Anywhere Hospital*

**Biographical Sketch:** Jane Smith, MSW, is a senior pediatric social worker at Anywhere Hospital, Department of Palliative Medicine in Sioux Falls, SD, focusing on oncology patients. She has received the American Cancer Society Award recognizing her accomplishments in 2009...Jane can be reached at [jsmith@anywherehospital.org](mailto:jsmith@anywherehospital.org) or 000-000-0000.

**Background** - Literature reveals the value of bereavement follow up and support (cite references). Even though St. Anywhere Hospital roughly has 50 pediatric deaths per month, there was limited bereavement support for the families of pediatric deaths. Along with my colleagues, we developed and implemented a pilot bereavement program at St. Anywhere Hospital...The vision statement for my ACE project is: A bereavement program will be available for all pediatric deaths.

### **Objectives**

1. Demonstrate the need for a bereavement program at St. Anywhere Hospital's...
2. Identify successes and challenges in undertaking such a program ...
3. Evaluate the program at 6 months and...

**Methods** - An email was sent out to all health providers in the oncology wing of the hospital about a meeting regarding the creation of a pilot bereavement program for those who would like to be involved... To obtain contact information, parents and families with children admitted to St. Anywhere Hospital from January 2009 to June 2009, who died, were enrolled in our program...

**Results** - After one year, 90% of all families of pediatric deaths received a bereavement mailing within one month post-death. This was measured by calling the families to confirm that they received a bereavement mailing and storing the data into an Excel spreadsheet. The staff chaplain now holds monthly bereavement support group meetings...

**Discussion** - This pediatric bereavement program can positively impact the grieving process. Families expressed how comforting the cards were to them, especially knowing that the health providers not only assisted in their child's treatment but also...Bereaved parents reported that attending the bereavement support groups were...I learned that the support of fellow medical staff is crucial in creating a bereavement program. Another important lesson I learned through this project was...



# EXAMPLE POSTER OUTLINE



## Improving Bereavement Care at St. Anywhere Hospital

Jane Smith, MSW

ACE Project- Course #2

St. Anywhere Hospital, Department of Palliative Medicine, Sioux Falls, SD

### 1. BACKGROUND

The need for your planned project activity. Be sure to cite your references, include vision statement.

### 2. OBJECTIVES

What you hoped to accomplish; utilize S.M.A.R.T. goals, (**S**trategic/**S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime Framed. How have these changed or evolved over time?



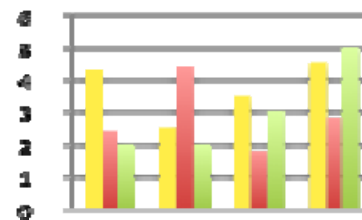
Example Bereavement Support Cards

### 3. METHODS

Strategies you used to attempt change and reach your goals?

### 4. RESULTS

What outcomes your project produced. (How did you measure this?)



Data from Bereavement Mailing

### 5. DISCUSSION

What did you identify to be your institutional strengths and challenges affecting your goal attainment? How did you adjust your plans accordingly? Discuss lessons learned and the clinical implications of your work. How does your project ultimately influence the delivery of care? What is the significance of your results? What are your next steps? What is the impact of your efforts upon your setting?



Quotes from bereavement meetings:  
"It is so helpful to talk with others who have also been through a loss..."