



**INSTITUTE FOR FAMILY-CENTERED CARE**  
The 4th International  
**CONFERENCE ON PATIENT- AND FAMILY-CENTERED CARE**  
*Partnerships for Quality and Safety*  
**AUGUST 17-19, 2009 PHILADELPHIA, PA**

## **How to Use the Online Abstract Submission System**

### **I. Submitting an Abstract**

#### **A. Important Information**

1. An abstract template (template.doc) was attached to your registration email. (Also see Appendix 4 at the end of this document.) This is a Microsoft Word file, which is designed to ensure that your abstract is prepared in the right way for publication. Please save this template file to your hard drive and use it when you prepare your abstract. Save and submit your abstract as filename: [Abstract Submission-LastName,FirstName.doc](#).
2. If you are submitting more than one abstract, you can use the same email address and password for each abstract. Save and submit your abstracts as filenames: [Abstract Submission-LastName,FirstName-1.doc](#), [Abstract Submission-LastName,FirstName-2.doc](#), etc.
3. Abstracts are required for all presentations, including posters and videos. **Abstracts MUST be submitted using the template form provided.**
4. Each abstract must fit within the abstract template and use the Arial font in size 10.

#### **B. Preparation of Your Abstract**

1. The title should be as brief as possible but long enough to clearly indicate the nature of your presentation. Capitalize the first letter of each word.
2. Abstracts should contain the following:
  - Background;
  - Description of Program/Initiative/Study;
  - Patient and Family Involvement in Planning and Implementation of Program/Initiative/Study;
  - Methods/Activities;
  - Outcomes;
  - Lessons Learned and Future Implications;
  - Resources/Tools or Handouts That Will Be Shared; and
  - Organization/Agency Where Program/Initiative/Study Takes Place.
3. Open the template file (or see Appendix 4) and enter your abstract into it following the instructions above. Save it ([Abstract Submission-LastName,FirstName-2.doc](#)) and make a note of its saved location.



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### **C. The Submission Process**

Log in to the submission system at <http://www.familycenteredcare.org/abstract-submission.html> when your abstract is completed and ready to send. To log in, enter your email address and the password you chose when you registered with the system.

1. When you click the “log in” button, you will be taken to a screen from which the submission process starts. Please read the instructions on this screen carefully. If you have not yet submitted an abstract to the system, you should click the link that says, “Click here to submit a new abstract”.
2. Submitting an abstract is a multi-step process. Each step asks several questions:
  - Step 1: Click the “Browse” button and locate your abstract file on your hard drive. Fill in answers to any other questions on this screen and then click the “Next” button.
  - Step 2: You can copy the abstract title from your Word document and paste it into the Title field on the submission form. Please note that because of web browser limitations, some symbols may not paste correctly into the form. You may have to correct this by writing the name of the symbol in full, for example “beta” instead of  $\beta$ . Your Word document will not be affected.
  - All steps: Some questions are marked “Required.” We cannot review and accept your abstract until these questions have been answered.
  - All steps: If you do not know the answer to a question — for example you may not be sure in which category your abstract should be presented — you can skip the question and return later to complete it.
  - Final step: once you have uploaded your abstract and completed all of the questions in their entirety, click the “Finish” button.
    - If you anticipate making changes, simply do not click the last submit button and your submission will be saved as incomplete, and you can then come back to your submission by logging in and editing your submission.
    - If you have answered all the mandatory questions, then your abstract will be assigned a reference number and you will receive an email confirmation. Your submission will be sent to the program committee for review.
    - If you have not answered all the mandatory questions, your abstract will be held in temporary storage until you return later and complete all the questions.



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## **II. Amending a Submission**

You may change your answers to some of the questions on the submission form, or even change the abstract file itself. If you anticipate making changes, do not click the last submit button. Your submission will be saved as incomplete, and you can then come back to your submission by logging in and editing your submission. If you must make changes to your submission once submitted, please email the administrator at [abstracts@iffcc.org](mailto:abstracts@iffcc.org).

To amend an abstract submission:

1. Log in to the submission system.
2. You will see a list of the abstracts that you have submitted. Click on the abstract that you wish to amend.
3. The process of amending an abstract is the same as the original submission process, except that the submission form will be automatically filled in with the answers that you previously submitted. You don't have to change an answer if you don't want to.
4. If you want to change your abstract file, you can click the "Browse" button to locate the revised file on your hard drive; then click "Next" to send it to the abstract system. If you don't want to change the file, just press "Next" to bypass this step.
5. When you reach the final step and press "Finish," you will receive an email confirming that your abstract has been amended, provided you have answered all the mandatory questions.

## **III. Withdrawing an Abstract**

If you want to withdraw an abstract, please contact the conference administrator at [abstracts@iffcc.org](mailto:abstracts@iffcc.org).

## **IV. Required Documentation, Upon Abstract Acceptance**

Upon abstract acceptance, you will be required to complete two documents, a Presentation Outline and a Conflict of Interest form. Please see the example and forms on pages 5-7. Please fax these forms to the Institute for Family-Centered Care at 301-652-0186.

## **V. Registering for the Conference**

All presenters must register for the conference. We encourage presenters to stay for the entire conference to facilitate networking among attendees. A special presenter fee is available for accepted presenters. Registration information will be available at [www.familycenteredcare.org](http://www.familycenteredcare.org).

### Presenter Registration Fees:

Professionals	\$495
Patient and Family Leaders	\$375



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**Appendix 1: Sample Presentation Objectives Form**

Example

SAMPLE EDUCATIONAL DESIGN DOCUMENTATION FORM

Title of Activity: \_\_\_\_\_ **Physical Assessment of a Child** \_\_\_\_\_

Behavioral Objectives	Content Outline	Instructional Methods	Faculty	Time Frame
I. Identify the elements included in a complete pediatric history and assessment survey	I. Elements included in history and assessment: a. Significant data • Child's age • Birth date • Sex • Race • History of problem b. Family history c. Immunization history d. Birth history e. Growth and development history f. Physical and psychosocial patterns	Lecture/Discussion Sample data collection forms	Joan Smith, RN	25 min
II. Identify the correct method for approaching the pediatric patient for a physical exam	II. Age-based approaches a. Newborn b. Infant (first year) c. Early childhood (1-5yr) d. Late childhood (6 yr +)	Lecture/Discussion Videotapes	Joan Smith, RN	30 min

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**Appendix 2: Presentation Objectives Form**

Title of Activity: \_\_\_\_\_

Behavioral Objectives	Content Outline	Instructional Methods	Presenter	Time Frame



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**Appendix 3: Conflict of Interest Form**

Planner, Faculty and Author Conflict of Interest Statement

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity and any potential conflict must be resolved. In order to ensure balance, independence, objectivity and scientific rigor at all programs, the planners, faculty and authors must make full disclosure indicating whether the planner, faculty or author and/or his/her spouse/ family has any relationships with pharmaceutical companies, biomedical device manufacturers and/or corporations whose products or services are related to pertinent therapeutic areas. All planners, faculty, authors and feedback specialists participating in CE activities must disclose to the audience information listed below.

- A. Is there a potential conflict of interest? Yes No  
 If yes, list company(ies) with relationship:

Self	Spouse/ Partner	Type of Financial Relationship	Indicate Applicable Manufacturer(s)
<input type="checkbox"/>	<input type="checkbox"/>	Salary	
<input type="checkbox"/>	<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	<input type="checkbox"/>	Receipt of Intellectual Property Rights	
<input type="checkbox"/>	<input type="checkbox"/>	Consulting Fee	
<input type="checkbox"/>	<input type="checkbox"/>	Honoraria Directly from Commercial Interest of Their Agents <sup>1</sup>	
<input type="checkbox"/>	<input type="checkbox"/>	Contracted Research <sup>2</sup>	
<input type="checkbox"/>	<input type="checkbox"/>	Ownership Interest (stocks, stock options, or other ownership interest excluding diversified mutual funds)	
<input type="checkbox"/>	<input type="checkbox"/>	Speakers Bureau	

- B. If YES to Item A above, use this space to describe how any conflict of interest will be resolved (e.g., signed policy statement, nurse planner/planning committee member to monitor session, other):

- C. Discussion of unlabeled uses: Yes No  
 If yes, you must disclose this information during your presentation. How will you do this?

1. Verbal statement during the presentation
2. Information provided on handouts
3. Information provided in audiovisuals (slides, overhead, PowerPoint, etc.)
4. Other: Describe:

All information disclosed must be shared with the audience either on the program handouts, advertising and/or audiovisual presentation.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

By checking this box, I am providing my electronic signature approving all the information entered above. (Please enter name and date on signature and date lines above).

<sup>1</sup>An accredited/approved CNE provider is NOT an agent for a manufacturer, whereas a company acting for a manufacturer in a promotional activity IS an agent.  
<sup>2</sup>Only include research funds received directly from industry, grants to your institution are NOT reportable.



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**Appendix 4: Abstract Template**

Title:

Abstract: (Your abstract must use 10pt Arial font and must not be longer than this box)

Please be sure to carefully read the submission instructions to ensure you properly submit your abstract. Do not use this space for author and affiliation information unless pertinent to your content. You will be able to enter author details during the submission process.