Poster Abstract Information

FAQs

When will the call for poster abstracts be open?
The call will open November 19, 2026
What is the submission deadline?
The deadline is February 2, 2027
Do you accept abstracts that have been presented at other conferences?
Yes, you may submit your abstract for consideration.
Do I have to be a member to submit an abstract? What about if it's accepted?
No, authors are not required to be members.
If my poster is accepted, do I receive any discounts or financial assistance to attend conference?
No, financial assistance or discounts are not provided to authors of accepted posters.
Am I required to register for conference to present my work?
If accepted, at least one author must register and attend conference.
Who can I contact if I have more questions?
Please contact abstracts@ena.org or 847-460-4000

Overview of Submission Process

Authors
Only the primary author will submit all information for the poster abstract, author profile information, keywords, the abstract, a conflict-of-interest disclosure, and a statement of understanding. It is the primary author's responsibility to update coauthors on the status of the poster abstract submission.

Author Profile
All authors are to add their contact information, short biography statement, demographics and professional information (e.g., title, credentials). Primary authors will add co-authors to the poster in the online submission system.

Keywords
A minimum of three keywords or brief, keyword phrases (e.g., emergency nursing, quality improvement, blood culture contamination) are required. Do not enter the same keyword/phrase more than once.

Abstract
Abstracts must include only essential information for communicating the nature and results of the study. **Abstracts are limited to 500 words**. Abstracts not meeting the format requirements will not be reviewed:

- Literature reviews and systematic reviews are not accepted and will not be reviewed.
- Projects that have not started or have no preliminary data to report will not be reviewed.
- Abstracts must reflect either completed projects or projects in the final stages of completion with results available for inclusion in the poster (due in May, if accepted).
- Abstracts must be in narrative format only—no graphs, charts, tables, images, or bulleted lists allowed.
- Do not include personal identifying information or the facility/hospital name in the abstract.
- Do not cite references within your abstract content.

Poster Abstract Information

There are three poster categories

(see pages 3-5 for specific content to be included in the abstract):

- **Evidence-Based Practice**: should include information about the process and results of identifying and implementing evidence guiding practice change that is aimed at advancing clinical practice.
- **Quality Improvement**: should include information about the project aims, documentation of improvement, and clear delineations of changes that sustain improved practice.
- **Research**: should include information about the process and results of a study aimed at *generating new knowledge* relative to a specific research question to advance clinical practice.

References

The abstract should be based on best-available, current (no older than 7 years), evidence-based practice. Submit 3-5 references that support your work.

Statement of Understanding

This statement outlines the responsibilities of the primary author should the abstract be accepted for a poster presentation.

Conflict of Interest and Financial Disclosure

Authors are in a position to control the content of educational activities and must disclose whether or not there is a conflict of interest. All conflicts of interest, including potential ones, will be reviewed by ENA prior to the conference and the primary author will be notified if anything further needs to be addressed. The primary author will complete this form.

Review Process

All abstracts are blind-reviewed by a minimum of three emergency nurse content experts selected from the ENA membership. Each section of the abstract receives a weighted score.

Notification of Acceptance

Notifications will be sent in late March. If accepted, you will be asked to submit a PDF version of your poster in May (exact dates TBD). Exact poster specifications will be provided upon acceptance.

Poster Abstract Scoring Rubrics

Research	Score				
	0	1	2	3	4
Purpose	The scope or nature of the problem addressed is not present.	The scope or nature of the problem addressed is broadly described, but not discreetly tied to project presented.	The scope or nature of the problem addressed is described and the purpose/research question is clearly stated.		
Design	The specific research study design is not present.	The specific research study design is stated.			
Sample	The sample characteristics and the procedures for selecting participants with inclusion/exclusion criteria are not present.	The sample characteristics and the procedures for selecting participants with inclusion/exclusion criteria are poorly described.	The sample characteristics and the procedures for selecting participants with inclusion/exclusion criteria are described.		
Setting	The study/project setting is not present.	The study/project setting is poorly described.	The study/project setting is described (e.g., a teaching, urban level I trauma center).		
Methods	No description methods or data analyses. Instruments or tools are not mentioned. Variables and measurements are not defined.	Procedures or evaluation methods are mentioned but lack detail. Instruments or tools are identified but not adequately described. Variables and measurements are vaguely defined or incomplete.	Procedures and methods are described but with gaps. Instruments or tools are partially described but lack clarity or critical details. Variables and measurements are defined but may not be fully clear or specific.	Procedures and methods are described with enough detail. Instruments or tools are described adequately. Variables and measurements are clearly defined and mostly complete.	Procedures and methods are described thoroughly. Instruments or tools are described in detail, including their validity, reliability, and application. Variables and measurements are precisely defined, with a clear explanation of how they are measured.
Results	No data is presented to address the study purposes. No statistical analyses or preliminary analyses are included.	Minimal data is presented, but it is unclear or irrelevant to the study purposes. Statistical analyses are either missing or inadequately summarized.	Some relevant data is presented, but there are gaps or inconsistencies in how it addresses the study purposes. Statistical analyses are included but lacks clarity or depth.	Data is presented clearly and sufficiently addresses the study purposes. Statistical analyses are included and provide a reasonable level of detail.	Data is thoroughly and effectively presented, fully addressing the study purposes. Statistical analyses are summarized in detail, with clear and insightful interpretation.
Implications	No conclusions, implications, recommendations, or anticipated outcomes are stated. No acknowledgment of additional analyses for projects with preliminary data.	Conclusions are vague or unrelated to the data presented. Implications for emergency care are mentioned but lack relevance or clarity. For projects with preliminary data, anticipated outcomes or further analyses are vaguely mentioned or omitted.	Conclusions are stated but lack depth or direct connection to the data. Implications for emergency care are partially addressed but may lack specificity. Anticipated outcomes and additional analyses are mentioned but need more clarity or detail.	Conclusions are reasonable and clearly based on the data presented. Implications for emergency care are stated with relevance and clarity. For projects with preliminary data, anticipated outcomes and additional analyses are clearly outlined.	Conclusions are insightful, well-reasoned, and strongly supported by the data. Implications for emergency care are innovative, detailed, and actionable. For projects with preliminary data, anticipated outcomes and additional analyses are detailed.
Written Expression	Wording is not clear at all or lacks proper grammar, capitalization and punctuation.	Some errors in wording, grammar, capitalization or punctuation.	The wording is clear, logical, accurate and concise. No errors in grammar, capitalization or punctuation.		
Innovation	Project is a common topic and typical approach.	Project is a common topic, but novel approach.	Project uses novel approaches and/or addresses novel or understudied questions.		

Poster Abstract Scoring Rubrics

Evidence-Based Practice	Score				
	0	1	2	3	4
Objective	The scope or nature of the problem addressed is not present.	The scope or nature of the problem addressed is broadly described, but not discreetly tied to project presented.	The scope or nature of the problem addressed is described. The objective of the EBP project is clearly stated.		
EBP Model	The EBP model used for this project is not stated.	The EBP model used for this project is stated.			
Participants	The healthcare professionals involved in the project are not identified.	The healthcare professionals involved in the project are identified with basic details.	The healthcare professionals involved in the project are identified by their title and role on the project.		
Setting	The study/project setting is not present.	The study/project setting is poorly described.	The study/project setting is described (e.g., a teaching, urban level I trauma center).		
Methods	No details of the literature review process are provided. The intervention and procedures used are not mentioned. No description of how the outcomes were measured.	The literature review process is mentioned but lacks clarity, detail, or relevance to the practice change. The intervention and procedures are vaguely described or unclear. The method of measuring outcomes is missing or poorly explained.	Some details of the literature review process are provided but are incomplete. The intervention and procedures are summarized but with gaps in clarity or completeness. Outcome measurement is mentioned but lacks detail or specificity.	The literature review process is adequately detailed and demonstrates the need for the practice change. The intervention and procedures used are summarized with sufficient clarity. Outcome measurement is described with relevant details.	The literature review process is thoroughly detailed and clearly demonstrates the need for the practice change. The intervention and procedures are comprehensively summarized. Outcome measurement is thoroughly explained, including clear and relevant methodologies.
Outcomes	No data is presented to address the study purposes. No preliminary analyses are included.	Minimal data is presented, but it is unclear or irrelevant to the study purposes. Preliminary analyses are mentioned but lack coherence or relevance.	Some relevant data is presented, but there are gaps or inconsistencies in how it addresses the study purposes. Preliminary analyses are provided but lack sufficient detail or are underdeveloped.	Data is presented clearly and sufficiently addresses the study purposes. Preliminary analyses are included with sufficient detail and provide a reasonable understanding of findings.	Data is thoroughly and effectively presented, fully addressing the study purposes. Preliminary analyses are thorough, insightful, and provide meaningful progress toward understanding outcomes.
Implications	No conclusions, implications, recommendations, or anticipated outcomes are stated. No acknowledgment of additional analyses for projects with preliminary data.	Conclusions are vague or unrelated to the data presented. Implications for emergency care are mentioned but lack relevance or clarity. For projects with preliminary data, anticipated outcomes or further analyses are vaguely mentioned or omitted.	Conclusions are stated but lack depth or direct connection to the data. Implications for emergency care are partially addressed but may lack specificity. Anticipated outcomes and additional analyses are mentioned but need more clarity or detail.	Conclusions are reasonable and clearly based on the data presented. Implications for emergency care are stated with relevance and clarity. For projects with preliminary data, anticipated outcomes and additional analyses are clearly outlined.	Conclusions are insightful, well-reasoned, and strongly supported by the data. Implications for emergency care are innovative, detailed, and actionable. For projects with preliminary data, anticipated outcomes and additional analyses are detailed.
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Poster Abstract Scoring Rubrics

Quality Improvement	Score				
	0	1	2	3	4
Aim	The scope or nature of the problem addressed is not present.	The scope or nature of the problem addressed is broadly described, but not discreetly tied to project presented.	The scope or nature of the problem addressed is described. The aim of what is to be improved in the QI project is clearly stated.		
Framework	The framework used for this project is not stated.	The framework used for this project is stated.			
Stakeholder Team	The healthcare professionals involved in the project are not identified.	The healthcare professionals involved in the project are identified with basic details.	The healthcare professionals involved in the project are identified by their title and role on the project.		
Setting	The study/project setting is not present.	The study/project setting is poorly described.	The study/project setting is described (e.g., a teaching, urban level I trauma center).		
Methods	The process targeted for improvement is not mentioned. Variables and measurements are not defined. Data analysis plans are not described.	The process targeted for improvement is vaguely mentioned, with little or no detail about steps taken. Variables and measurements are either unclear or incomplete. Data analysis plans are mentioned but lack coherence or relevance.	The process targeted for improvement is described but lacks sufficient detail or organization. Variables and measurements are defined but are incomplete. Data analysis plans are partially described, with gaps in clarity or logic.	The process targeted for improvement is clearly described, including most steps taken. Variables and measurements are adequately defined. Data analysis plans are described with sufficient detail to understand the approach.	The process targeted for improvement is thoroughly described. Variables and measurements are precisely defined. Data analysis plans are comprehensive and provide a clear framework for interpreting results.
Outcomes	No data is presented to address the study purposes. No preliminary analyses are included.	Minimal data is presented, but it is unclear or irrelevant to the study purposes. Preliminary analyses are mentioned but lack coherence or relevance.	Some relevant data is presented, but there are gaps or inconsistencies in how it addresses the study purposes. Preliminary analyses are provided but lack sufficient detail or are underdeveloped.	Data is presented clearly and sufficiently addresses the study purposes. Preliminary analyses are included with sufficient detail and provide a reasonable understanding of findings.	Data is thoroughly and effectively presented, fully addressing the study purposes. Preliminary analyses are thorough, insightful, and provide meaningful progress toward understanding outcomes.
Implications	No conclusions, implications, recommendations, or anticipated outcomes are stated. No acknowledgment of additional analyses for projects with preliminary data.	Conclusions are vague or unrelated to the data presented. Implications for emergency care are mentioned but lack relevance or clarity. For projects with preliminary data, anticipated outcomes or further analyses are vaguely mentioned or omitted.	Conclusions are stated but lack depth or direct connection to the data. Implications for emergency care are partially addressed but may lack specificity. Anticipated outcomes and additional analyses are mentioned but need more clarity or detail.	Conclusions are reasonable and clearly based on the data presented. Implications for emergency care are stated with relevance and clarity. For projects with preliminary data, anticipated outcomes and additional analyses are clearly outlined.	Conclusions are insightful, well-reasoned, and strongly supported by the data. Implications for emergency care are innovative, detailed, and actionable. For projects with preliminary data, anticipated outcomes and additional analyses are detailed.
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