CALL FOR ABSTRACTS Guide for Submitters

ABSTRACT SUBMISSION DEADLINES

Rapid Fire abstracts: Monday March 13, 2017 at 11:59pm (ET) E-Posters abstracts: Monday March 13, 2017 at 11:59pm (ET)

OBJECTIVES FOR ABSTRACTS

- To present the best new scientific research
- To present best practices, treatments and tools in all areas of family medicine
- To provide delegates with hands-on experience of concise, interactive, practical, case-based and engaging teaching methods

ABSTRACT FORMATS

Abstracts may be presented in Rapid Fire or E-Poster format.

RAPID FIRE: 10 minute presentation followed by a five-minute Q&A**

Rapid Fire sessions are designed to address specific topics in family medicine. For example, a Rapid Fire session might address What's new in testing for tuberculosis or Best practices for assessing suicide risk.

**Based on review by the ASA Planning Committee, certain Rapid Fire submissions may be selected for greater consideration at ASA and a submitter may be asked to deliver one-hour presentation.

E-POSTER: 10-minute presentation followed by a five-minute Q&A

The E-Poster sessions offer an opportunity for family practice residents, practising physicians, health-care professionals and others to share their research and/or scholarly projects with the wider family medicine community. Research must be completed or submitted as a "work in progress".

ABSTRACT TOPICS

The eligibility of topics is determined by Mainpro+ standards.

Eligible topics

- Clinical and therapeutic
- Faculty development
- Primary care research
- Practice management / administration skills for family practice, such as finance or technology

- Alternative health practices as related to primary care
- Health care provider resiliency and prevention of burn-out which can be directly linked to one or more CanMEDS-FM roles

Ineligible topics

- Any topic outside the generally accepted scope of family practice (i.e. aesthetic procedures)
- Business management topics that focus on physician benefits (i.e. personal financial planning)
- Programs on alternative health practices that are designed to teach associated techniques
- Programs aimed at preparing individuals to challenge the College's certification examinations for CCFP and CCFP (EM)
- Programs that focus on personal well-being (i.e. yoga), self-growth, or personal development of physicians

GUIDELINES & TIPS FOR WRITING ABSTRACTS

- Abstract submissions should not include charts, graphics, reference, bulleting or numbers.
- Editors MAY fix spelling, grammar, and punctuation but the OCFP does not guarantee comprehensive editing of submissions.
- In accordance with Mainpro+ guidelines, generic names may be used while the use of brand names is discouraged.
- Only the primary presenter will be named in conference materials. Authors may be named during presentations. At least **one author must be available to present the E-Poster.**
- Titles of abstracts should be dynamic and conclusive, rather than descriptive. Your title must capture the primary focus of your presentation. Submit titles in Title Case only do not use all CAPS.
- Abstract titles will be published as submitted. Prior to submitting, carefully review your abstract title
 and description for accuracy.
- Your abstract description should be concise and provide the participant with a clear understanding
 of what to expect in the presentation. This description will be included in the ASA Preliminary
 Program and Final Program. Maximum word count is 250 words.
- For **E-Poster submissions**, your description must meet the following guidelines for length:
 - Background: 50 words
 - Summary of work: 50 words
 - Summary of results: 50 words
 - Discussion: 50 words
 - Conclusion: 50 words
- Provide key clinical pearls at the end of your presentation, including key points that identify what the participant will be able to apply to practice.
- Include learning objectives that are learner-centered, specific and measurable, and provide an active description of the knowledge participants will acquired. For example, words such as *list*, *identify*, *select*, *explain*, *operate* and *differentiate* are specific and provide a good description of what the

learner can expect. The objectives should also identify the applicable CanMEDS-FM role. Further tips on how to write effective learning objectives can be found in a <u>brief guide</u> from the University of Toronto's Faculty of Medicine.

INFORMATION FOR PRESENTERS

All correspondence related to a submission will be sent to the abstract submitter. **Submitters who complete an abstract on behalf of the primary presenter are responsible for informing the primary presenter about all related communication.** If you decide to withdraw the submission at any stage, please advise the conference planner immediately by email at ocfpasa@cfpc.ca.

Only **one presenter** will be provided complimentary registration on the day of their presentation. **Additional presenters and co-presenters must register and pay the conference fee.** Accepted submissions will **not** be provided with an honorarium and all presentation-related expenses are of the responsibility of the submitter and/or primary speaker.

SELECTION CRITERIA

RAPID FIRE SUBMISSION REVIEW CRITERIA

Submissions will be peer reviewed and selected based on the following criteria (five-point scale):

- Abstract has originality
- Stated learning objectives are actionable
- Topic is relevant to family medicine
- Abstract is credible, balanced and unbiased
- Knowledge, competency or performance gaps addressed in the abstract is relevant to family medicine

E-POSTER SUBMISSION REVIEW CRITERIA

Submissions will be evaluated using the following criteria (five-point scale):

- Strong study design
- Research has strong methodology
- Research has strong incorporation of evidence

SUBMITTING YOUR ABSTRACT

Before beginning the online abstract submission process, we recommend you have on hand all the materials and information you will need to complete the submission.

The checklist below is designed to help and act as a guide through the process. Please note the minimum and maximum length requirements for certain items. Additional information and clarification can be found in Appendix A, B, and C, attached to this document, and by using the links provided.

☐ Abstract title (max. 15 words)
☐ Clinical area. Refer to Appendix A for a full list of clinical areas that may be addressed.
□ Primary stream track:
 Innovation Evidence in research Excellence in clinical care Faculty development/teaching
☐ <u>CanMEDS roles</u> – refer to <u>Appendix B</u> for a list of roles that may be covered
☐ Abstract description (max. 250 words)
☐ Knowledge/performance gaps (max. 100 words)
☐ Clinical pearls (max. 50 words)
☐ Literature references (if applicable)
☐ Learning objectives (up to 3)
 □ Primary presenter information • First, last name • Contact information • Credentials • Biography (max. 100 words) • Upload photo (option to opt-out)
☐ Declaration of Conflict of Interest – refer to Appendix C for more information

APPENDIX A

Clinical areas

- Allergy & Immunology
- Addictions
- Cardiovascular Medicine
- Care of Elderly
- Complementary & Alternative Medicine
- Dermatology
- Emergency Medicine
- Endocrinology, Diabetes, & Metabolism
- Environmental Medicine
- Ethical & Legal Issues
- Family Practice Anesthesia
- Gastroenterology & Hepatology
- Genitourinary
- Infectious Disease
- Mental Health
- Nephrology
- Neurology
- Office Procedures
- Oncology & Hemotology
- Ophthalmology
- Orthopedics
- Pain Management
- Palliative Care
- Pediatrics
- Perioperative Medicine
- Practice Management
- Procedures
- Pulmonary Medicine
- Rheumatology
- Screening & Prevention
- Sports and Exercise Medicine
- Women's Health
- Other

APPENDIX B

CanMEDS Roles

A detailed explanation of CanMEDS Roles can be found in the excerpted Physician Competency Framework published by the Royal College of Physicians and Surgeons of Canada. Following is a summary of definitions for your quick reference.

Medical Expert (integrating role)

As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

Communication

As Communicators, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

Collaboration

As Collaborators, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.

Leader

As Leaders, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

Health Advocate

As Health Advocates, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change

Scholar

As Scholars, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.

Professional

As Professionals, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

APPENDIX C

Declaration of Conflict of Interest

A conflict of interest is a situation in which the personal and professional interests of individuals may have actual, potential, or apparent influence over their judgment and actions.

In keeping with Mainpro+ certification guidelines from The College of Family Physicians of Canada, all presenters must complete the Declaration of Conflict of Interest form. Submitters can access each primary presenter's/author's form by clicking on their listed name.

- 1. All presenters' financial or in-kind relationships (not only those relevant to the subject being discussed) encompassing the previous two (2) years, up to and including the current presentation, must be declared and disclosed.
- 2. It is the presenter's responsibility to ensure that their presentations (and any recommendations) are balanced and reflect the current scientific literature. The only caveat to this guideline is where there is only one treatment or management strategy. *Unapproved use of products or services must be declared within the presentation.*
- 3. Disclosure must be done verbally and displayed in writing at the beginning of a presentation or included in the written conference materials.
- 4. The conflict-of-interest declaration forms must be completed and submitted at the time of abstract submission.

Relationships that must be disclosed include, but are not limited to, the following:

- Any direct financial interest in a for-profit entity such as a pharmaceutical organization, medical device company, or communications firm, or other financial supporter of the program ("the Organization")
- Investments held in the Organization
- Membership in the Organization's advisory board or similar committee
- Current or recent participation in a clinical trial sponsored by the Organization
- Being a member of a speakers' bureau
- Holding a patent for a product referred to in the presentation or marketed by a commercial organization
- Receiving honoraria to speak on behalf of a pharmaceutical or medical communications company, including presentations for which the individual has been contracted but has not yet received payment

False disclosure or failure to disclose conflict of interest as outlined in this document would result in the replacement of the presenter.