CALL FOR ABSTRACTS INSTRUCTIONS

DEADLINES:

1. Call for **Sessions and Workshops – February 18ᵗʰ, 2016** – Midnight – Eastern Time
2. Call for **Freestanding Papers and Posters – April 8ᵗʰ, 2016** – Midnight – Eastern Time
3. Call for **Dangerous Ideas Soapbox – June 1ˢᵗ , 2016** - Via email jj@cfpc.ca

Please read all instructions before completing your submission.

TYPE OF ABSTRACT:

1. Sessions / Workshops

Sessions – FMF sessions are typically 1 hour in length. They may include from 20 to 100+ participants and most are provided on a first come/first served basis.

Workshops – There are a limited number of small group workshop time slots available. If your workshop is limited to a specific number of individuals, please indicate this in the submission. Please keep in mind that FMF typically hosts 3000 or more delegates, so the number of time slots dedicated to small group work is limited.

Communities of Practice in Family Medicine (CPFM) Top of Scope Sessions - The CFPC would like to enable those practitioners who have an interest in focused clinical areas/communities of practice to attend learning activities appropriate to their scope of practice. A Top of Scope program has been added on Wednesday to facilitate this learning and strengthen added competencies.

Demonstration Theatre Workshops - Demonstration Theatre workshops feature hands-on, small group, clinical sessions.

Medical Humanities Sessions - Medical Humanities sessions celebrate the arts in family physicians' lives. These include presentations on writing techniques; qualitative research using humanities databases of stories and history; and using art, music, and narrative to explore topics in medicine.

Mainpro-C Sessions - Mainpro-C accreditation is awarded only to CME programs, events, or activities that focus on quality and/or performance improvement. These programs are designed with the needs of a specific target audience in mind and are implemented using learning methodologies that promote reflective practice and continuous quality improvement. Mainpro-C accreditation is granted only through the CFPC National Office.

2. Free Standing Papers / Posters

Free Standing Papers – Free Standing Paper Presentations (Research and Teaching/Faculty Development-related) are 10-minute oral presentations with an additional 5 minutes for questions. They are presented at the Family Medicine Innovations in Research and Education Day on Wednesday of FMF.

Posters – Poster presentations showcase academic, research or clinical information typically a result of individual or team project/initiative. Research and Teaching posters are typically featured during the Family Medicine Innovations in Research and Education Day on Wednesday of FMF and clinical posters are scheduled for Thursday and Friday of FMF.

3. Dangerous Ideas Soapbox

Dangerous Ideas Soapbox Sessions - The Dangerous Ideas Soapbox offers a platform to share an important idea that isn't being heard, but needs to be heard in the family medicine community. A dangerous idea could be very controversial, completely novel, blue sky thinking, or something that challenges current thinking. But it must also demonstrate a commitment to moving the idea forward—to making a difference. Each speaker has three minutes to present their idea. Audience members may then challenge the speakers, critique the ideas, and cast their vote to choose the most potent dangerous idea, which will be published in Canadian Family Physician. Submit via email to jj@cfpc.ca

DECLARATION OF CONFLICT OF INTEREST

Definition: 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 judgement and actions.

The CFPC requires all presenters to complete the Declaration of Conflict of Interest form (within the abstract submission form).

All 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 disclosed (please see A Guide to Mainpro Accreditation for definitions and examples http://www.cfpc.ca/Commonly_Referenced_Resources_and_Policy_Updates

1. It is the presenter's responsibility to ensure that their presentation (and any recommendations) is balanced and reflects 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.
2. Disclosure must be done verbally and displayed in writing at the beginning of a presentation or included in the written conference materials.
3. This form must be completed and submitted to the CPD program's provider or organizer prior to the start date of the event or program.

Examples of 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 ("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
- Member of a speakers' bureau
- Holding a patent for a product referred to in the CPD activity or that is marketed by a commercial organization
- Receiving honoraria to speak on behalf of a pharmaceutical organization or medical communications company, including talks for which you have been contracted but have not yet received payment

False disclosure or failure to disclose conflict of interest as outlined in this document could require the planning committee to replace the presenter/speaker.

PRESENTER(S)

The primary presenter [only] will receive all correspondence related to the submitted abstract. It is the responsibility of the primary presenter to share any correspondence received from the CFPC with any co-presenters.

For sessions and workshops, ONLY the primary presenter will be provided with complimentary registration on the day they present at FMF. All co-presenters will be required to pay the registration fee, or, if only coming to FMF for that session, obtain a guest pass at the registration desk.

For free standing paper and poster presentations, presenters are *not* provided with complimentary registration and must register for that day in the applicable category.

ABSTRACT COMPOSITION
- Please review your abstract to ensure there are no errors prior to submission. Editors may fix spelling and punctuation.
- The abstract should not contain charts, graphics, references, or credits, bulleting or numbering.
- You may not include your name or the names of any presenters/authors in the abstract description.

Title:
Your title should be short and concise, capturing the essence of the presentation. The title will be the session's key identifier and will ascertain the primary focus of the session for registrants. If accepted, and once published abstract titles, learning objectives and descriptions can NOT be changed. **The word count maximum for the abstract title is 15.**

Learning Objectives:

A clear learning objective states what the learner will be able to do upon completion of a continuing professional development activity, in terms of behavioural change. A clear objective identifies the physician behaviour or desired outcome of the educational offering. These behaviours and/or outcomes have been identified through the needs assessment process.

Step 1 - Learning objectives begin with the phrase, "At the conclusion of this activity, participants will be able to …"

Step 2 - Describe the information, skills, behaviours, or perspectives participants in the session will acquire through attendance and participation. Use verbs that describe an action that can be observed and that is measurable within the time frame of the activity

Relevant Verbs - adjust, apply, assess, compare, conclude, define, demonstrate, detect, determine, differentiate, distinguish, evaluate, examine, explain, explore, identify, implement, integrate, interpret, investigate, list, measure, organize, participate, perform, plan, predict, prepare, produce, recognize, use, verify, write

Verbs to avoid - know, comprehend, understand, appreciate, familiarize, study

Step 3 - Conclude with the specifics of what the learner will be doing when demonstrating achievement or mastery of the objectives. Emphasize what the learner will be able to do as a result of participation in the activity.

Objectives review checklist
1. Is the learning objective reflective of the needs assessment results?
2. Is the learning objective measurable?
3. Does the learning objective target one specific aspect of the expected performance?
4. Does the learning objective utilize an effective action verb that targets the desired level of performance?
5. Is the learning objective learner-centred?
6. Do the learning objectives measure a range of educational outcomes?
7. Does the learning objective match instructional activities and assessments?
8. Does the learning objective specify appropriate conditions for performance?
9. Is the learning objective written in terms of observable, behavioural outcomes?

The word count maximum for each learning objective is 20.

Description:
Descriptions should be clear, concise and include the teaching methods that will be used. Family Medicine Forum endorses the use of non-discriminatory language in presentations and, specifically, gender neutral language and bias-free communication. Your audience will be looking for 'pearls for practice', rather than abstract philosophy. **The word count maximum for the description is 350.**

ADDITIONAL INSTRUCTIONS FOR FREE STANDING PAPER (ORAL) PRESENTATIONS AND POSTERS

FREE STANDING PAPER (ORAL) PRESENTATIONS
Research will include projects representing primary care research as well as those including rigorous evaluation of innovations that improve family medicine practice or primary health care. Submissions from both novice and experienced researchers are welcomed, as well as submissions from a range of disciplines.

Original Research Abstracts must follow this format:
1. All Research must be completed at the time the abstract is submitted
2. Previously published research is not acceptable for presentation
3. The abstract must include at least ONE learning objective
4. Abstract descriptions should use these headings (see sample below): Context, Objective, Design, Participants, Intervention/Instrument, Outcome measures, Results/Findings, Discussion, Conclusion
5. You must provide the list of authors including your own if it applies in the spaces provided. Please put an * after primary presenter's name in the list of authors. Do not include author names in the abstract description field.

Sample:

Context: The abstract should begin with a sentence or two summarizing the rationale for the study, providing the reasoning behind the research question. **Objective**: State the primary objective of the study (e.g. "To determine secondary data analysis..."). **Design:** State the basic design of the study (e.g., RCT, cohort, study, survey research program evaluation, grounded theory, qualitative descriptive. **Participants** (or "**Target Population**")**:** Explain the important eligibility criteria and key demographic characteristics of the participants. Provide sample size**. Intervention** (or "**Instrument**")**:** Describe the essential features of any intervention, key instrument, or database used to complete the study. **Outcome Measures:** State the primary outcome measures of the study if applicable. **Results** (or if qualitative methods- "**Findings**")**:** Provide the main results of the study or evaluation. **Conclusions:** State the study's conclusions that are supported directly by the study results as well as their potential implications.

POSTERS – RESEARCH - (displayed on Wednesday of FMF)
1. Abstracts should use the headings listed in the sample above (Context, Objective, Design, Participants, Intervention, Outcome Measures, Results, Conclusions)
2. Previously published projects are not acceptable for presentation
3. You must provide the list of authors including your own if it applies in the spaces provided. Please put an * after primary presenter's name in the list of authors. Do not include author names in the abstract description field.
4. You may only submit one abstract as primary presenter

POSTERS – GENERAL - (displayed at FMF on Thursday and Friday of FMF)
1. Projects previously presented at FMF will not be accepted
2. Medical Student and Family Medicine Resident posters are welcomed

REVIEW CRITERIA:
SESSIONS/WORKSHOPS
To assist you in meeting the objectives of the Planning Committee, submissions will be peer reviewed and selected based on the following criteria:
- Relevance and importance to family physicians
- Aligned with the post FMF needs assessment
- Innovation/originality
- Clear, well-written description, well-defined objectives and appropriate learning methods/style

DANGEROUS IDEAS SOAPBOX SESSIONS
Submissions will be selected based on:
- Creativity (is the idea new?)
- Challenge (is the idea dangerous?)
- Suitability (can the idea make a difference?)

RESEARCH SESSIONS, FREE STANDING PAPERS AND POSTERS
Submissions will be evaluated using the following criteria:
- Relevance to family medicine
- Clarity of the aim(s) and research question
- Trustworthiness of the results/findings*
- Potential Impact of the Findings or Conclusions

*Features that increase the likelihood of results being trustworthy:
a) Cohort/observational studies: Inclusion criteria clear; sample size sufficient; validated and reliable measures used; response rate 80%+; follow-up rate 80%+ (if longitudinal); statistical analysis appropriate; conclusions justified by findings
b) Trials: Inclusion criteria clear; allocation randomized; randomization concealed; blindness considered; sample size sufficient; valid and reliable measures used; acceptable follow-up rate; statistical analysis appropriate; conclusions justified by findings
c) Qualitative studies: Methodology stated (grounded theory, phenomenology etc.) sampling justified (purposive, theoretical, snowball, etc.); data collected; type of analysis described (iterative, thematic, constant comparison, etc.); conclusions justified by findings