

## CALL FOR ABSTRACTS INSTRUCTIONS 2020

### SUBMISSION DEADLINES

- Call for sessions and workshops: February 9, 2020 – 11:59 p.m. (ET)
- Call for free-standing papers and posters: April 5, 2020 – 11:59 p.m. (ET)

Please read all instructions before completing your submission.

### MANDATORY REFERENCE MATERIALS:

- [Conflict of interest information and disclosure form](#)
- [Conflict of interest slide template](#)
- [Quick Tips: Identification and Management of Conflicts of Interest and Transparency to Learners](#)
- [Mainpro+® Quality Criteria Framework overview](#)
- [Mainpro+ certification – full guidelines](#)
- [National Standard for Support of Accredited CPD Activities](#)
- [CanMEDS–Family Medicine Roles](#)
- [CFPC Commonly Referenced Resources and Policy Updates](#)

### TYPES OF ABSTRACTS

#### 1. Sessions/workshops

**One-credit-per-hour sessions:** Sessions at Family Medicine Forum (FMF) are typically one hour in length, as our surveys indicate this is the preferred duration for all sessions. Sessions must be submitted in one-hour increments to allow attendees to earn their maximum daily credits. All sessions are set up in theatre style, set for between 50 and 1,000 participants, as determined by the FMF Committee. All sessions are provided on a first-come, first-served basis. These sessions are certified as part of FMF.

**Enhanced clinical sessions:** Tailored to meet the needs of practitioners who have an interest in focused clinical areas/communities of practice, including those with Certificates of Added Competence (CACs), the enhanced clinical sessions facilitate learning and strengthen added competencies. These sessions are certified as part of FMF.

**Two- or three-credit-per-hour Mainpro+ workshops:** These are small-group workshops that must be certified separately through the College of Family Physicians of Canada (CFPC)'s National Office. Workshop providers should aim to have 10 to 12 participants per facilitator. Please review all Mainpro+ guidelines prior to submitting a two- or three-credit-per-hour workshop. The FMF Committee can accept only programs that are currently certified or have applied for certification. If a program's certification expires prior to FMF 2020, it is the responsibility of the program provider to apply for recertification upon acceptance. **All workshops must be certified six months prior to FMF for inclusion in the FMF registration portal and FMF program.**

#### 2. Free-standing papers/posters

**Free-standing papers:** Free-standing paper presentations (teaching, research, and practice improvement related) are 10-minute oral presentations with an additional five minutes for questions. They are presented on Day 1 (Wednesday).

**Posters:** Poster presentations showcase academic, research/practice improvement, or clinical information that is typically a result of an individual or team project/initiative. These posters are featured on Day 1. Clinical posters are presented on Days 2 and 3. You may submit to one poster call only. The same poster cannot be presented twice.

## PRESENTER INFORMATION

**One-credit-per-hour sessions:** Only the primary presenter will receive complimentary registration for the day they present. All co-presenters will be required to pay the registration fee.

**Two- or three-credit-per-hour workshops:** Workshop providers will receive one complimentary registration based on a maximum of one presenter per 10 to 12 participants.

**Poster and free-standing papers:** Presenters must be registered and are required to pay the registration fee.

**Correspondence:** Information will be sent to the original submitter only. Thus, we ask that this individual share all correspondence with co-authors/presenters.

**Commitment:** If your abstract is accepted for the FMF program it is extremely important that you honour the commitment to present. It is also greatly appreciated if you submit a copy of your handouts and/or slides in advance to help promote and support excellence in continuing professional development (CPD) within family medicine.

## ABSTRACT GUIDELINES AND TIPS

### IMPORTANT NOTES:

- Abstracts will not be edited for grammatical errors and will be published as submitted; please review your abstract to ensure there are no errors prior to submission.
- Abstract must not contain charts, graphics, citations/references, credits, or bullets.
- Use generic drug names instead of brand names wherever possible, as the use of specific brand names is strongly discouraged.

### NOTING AUTHORS AND PRESENTERS:

- Do not include your name or any reference to your company name (if applicable) or the names of any presenters/authors in the abstract.
- When noting credentials in the author list, do not include degrees in progress (or bachelor's degrees of non-physicians).
- If applicable, MD should be the first credential listed and the number of degrees/designations per author should be limited to four.

### Title:

**The word count maximum for the abstract title is eight words.** Your title should be short and concise, capturing the essence of the presentation. The title will be the session's key identifier and will define the primary focus of the session for registrants. Titles are to be presented in title case; **do not use all caps.**

### Learning objectives:

**The word count maximum for each learning objective (maximum three learning objectives) is 15 words.**

A clear learning objective states what the learner will be able to do upon completion of a CPD 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:** Keep in mind that learning objectives should 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 will acquire through attendance at and participation in the session. 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:** appreciate, comprehend, familiarize, know, study, understand

**Step 3:** Specify how the learner must demonstrate the mastery of the objectives. Emphasize what the learner will be able to do as a result of participation in the activity.

**Sample learning objectives:**

1. Describe the physical attributes of a school-age child with undiagnosed diabetes
2. List three of the currently approved statin drugs

**Description:**

**The word count maximum for the description is 300 words.** Descriptions are included in the FMF program and should be clear and concise and include the methods used. The FMF Committee requires 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.

## REVIEW CRITERIA

**Please note that the FMF Committee will review a maximum of five abstracts per primary presenter.**

### PRIMARY CATEGORY

You must select a **Primary Category** when submitting your abstract. Sessions and workshops are reviewed and categorized for comparison using the primary category only. You may select additional categories for tagging in the FMF App.

**Categories:** Addiction Medicine; Allied Health/Health Care Teams/Patient’s Medical Home; Artificial Intelligence/Virtual Care; Cancer Care; Cardiology/Cardiovascular; Child and Adolescent Health; Choosing Wisely/Screening/Preventative Medicine; Chronic Disease Management; Chronic Pain; Climate Change/Environmental Issues; Communication and Leadership Skills; Community Health; Dermatology; Developmental Disabilities; Emergency Medicine; Endocrinology; Enhanced Surgery Skills; Ethics; Family Practice Anesthesia; First Five Years in Family Practice/Resident/Student; Gastroenterology; General Family Practice (if no other category applies); Genetics; Global Health; Health Care of the Elderly; Health Humanities; Hospital Medicine; Immunology/Allergies; Maternity and Newborn Care; Medicinal Marijuana; Men’s Health; Mental Health; Neurology; Nutrition/Lifestyle; Occupational Medicine; Ophthalmology/Otolaryngology; Opioids; Palliative Care; Patient Education; Patient Safety; Pharmacology; Physician Wellness; Practice Management/Information Technology; Prison Health; Quality Improvement; Research; Respiratory Medicine; Rural Health; Sexual Health/LGBTQ; Social Accountability; Sport and Exercise Medicine/MSK/Ortho; Teaching and Faculty Development; Urology; Vulnerable Populations/Indigenous/Refugee; Women’s Health.

### Category Notes:

**General Family Practice:** Please select this category only if your abstract absolutely does not relate to any of the other 50 streams or topics available. You will not be able to select subcategories if this is selected as the primary category.

**Health Humanities:** This refers to interdisciplinary approaches (including storytelling, history, art, music, and narrative) that explore topics such as resiliency, burnout prevention, and patient care related to illness and well-being.

**Submissions will be peer reviewed based on the following criteria:**

- Does the abstract meet the criteria for Mainpro+ certification?
- Was the conflict of interest information appropriately declared and mitigated?
- Does the abstract deal with an important issue?
- Does this topic meet the needs of our members and their communities?
- Are the objectives actionable, measurable, well defined, specific, and reflective of needs?
- Are the objectives attainable using the methods described, and do they match instructional activities and assessments?
- Are the learning objectives learner-centred, and do they measure a range of educational outcomes?
- Do the learning objectives specify appropriate conditions for performance?
- Are the learning objectives written in terms of observable behavioural outcomes?
- Is the description clear and well-written?
- If applicable, research ethics board approval or exemption is explicitly stated.

## **Mainpro+ CERTIFICATION**

**Eligible topics include:**

Clinical medicine; collaborative or team-based care; faculty development; health system renewal/improvement/change; innovative health practices; practice management; primary care and patient-oriented research; resiliency and burnout prevention; social determinants of health; therapeutics; and topics directly linked to CanMEDS-FM Roles.

**Ineligible topics:**

Any topics outside the generally accepted scope of practice in family medicine; alternative health practice techniques; business topics for physician benefits (e.g., personal financial planning); CCFP/CAC exam prep courses; and programs for personal well-being (e.g., yoga), self-growth, or personal development.

## **INSTRUCTIONS FOR FREE-STANDING PRESENTATIONS AND POSTERS**

**FREE-STANDING PAPER (ORAL) PRESENTATIONS** (Wednesday at FMF):

Research/practice improvement includes projects on primary care research as well as those including rigorous evaluations of innovations that improve family medicine practice and/or primary health care.

Original research abstracts must meet these requirements:

- All research must be complete when the abstract is submitted.
- Previously published research is not acceptable for presentation.
- The abstract must include at least one learning objective.
- The word count maximum for the abstract description is **300 words** and should use these headings: Objective, Design, Setting, Participants, Intervention (if appropriate), Main outcome measures, Results/Findings, and Conclusion.
- In the author list section, list **all** authors (including your name, if applicable) and place an asterisk (\*) after the primary presenter's name.
- Do not include any names of presenters or authors in the abstract.

**Sample:**

**Objective:** State the primary objective of the study (e.g., "To determine the effect of ..." OR "to explore the experience of ..."). **Design:** State the basic design of the study (e.g., randomized controlled trial, cohort study, survey, systematically conducted review, program evaluation, grounded theory, qualitative descriptive). **Setting:** Identify the

setting in which the study took place. **Participants:** Explain the important eligibility criteria and key demographic characteristics of the participants. Provide the sample size. **Intervention** (if applicable): Describe the essential features of any intervention, key instrument, or database used to complete the study. **Main 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. **Conclusion:** State the study’s conclusions that are supported directly by the study results as well as their potential implications.

For more information please visit [www.cfp.ca/content/Author-Instructions](http://www.cfp.ca/content/Author-Instructions).

#### **POSTERS – RESEARCH** (Wednesday at FMF):

Original research abstracts must meet these requirements:

- All research must be completed at the time the abstract is submitted.
- Previously published research is not acceptable for presentation.
- The abstract description should use these headings (see sample above): Context, Objective, Design, Setting, Participants, Intervention (if appropriate), Main outcome measures, Results/Findings, and Conclusion.
- List all authors (including your name, if applicable) and place an asterisk (\*) after the primary presenter’s name.
- Do not include the names of any presenters or authors in the abstract.

Original Research/Practice Improvement Work-In-Progress (poster submissions only) must meet these requirements:

- All posters for work in progress must have “Work-in-Progress” in the title.
- Previously published research is not acceptable for presentation.
- The abstract description should use these headings (see sample above): Context, Objective, Design, Setting, Participants, Intervention (if appropriate), Main outcome measures, Results/Findings, Conclusion.
- The design section must state either: (1) “A Certificate of Approval or a Letter of Exemption has been received from [name of the Research Ethics Board (REB)]”. OR (2) “This project does not require REB approval according to the policies of [name of the Research Ethics Board (REB)] regarding QA/QI, program evaluation or medical education studies.”
- List **all** authors’ names (including your name, if applicable) and place an asterisk (\*) after the primary presenter’s name.
- Do not include any names of presenters or authors in the abstract.

#### **POSTERS – GENERAL** (Thursday and Friday at FMF):

- Projects previously presented at FMF will not be accepted.
- Student and resident posters are welcome.

#### **RESEARCH SESSIONS, FREE-STANDING PAPERS, AND POSTERS:**

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

- Relevance to family medicine, primary health care, and patient-oriented research
- Clarity of the research question and appropriateness of the methods
- Trustworthiness of the results/findings
- Potential impact of the findings or conclusions
- Overall interest to family physicians and family medicine researchers
- Research ethics board approval or exemption is explicitly stated

Features that increase the likelihood of results being trustworthy:

- Cohort/observational studies: inclusion criteria clear; sample size sufficient; validated and reliable measures used; response rate > 80 per cent; follow-up rate > 80 per cent (if longitudinal); statistical analysis appropriate; conclusions justified by the results/findings
- 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 the results/findings
- Qualitative studies: methodology stated (e.g., grounded theory, phenomenology) sampling justified (e.g., purposive, theoretical, snowball); data collected; type of analysis described (e.g., iterative, thematic, constant comparison); conclusions justified by findings

**Thank you for your efforts and your commitment to providing the highest-quality education in family medicine.**