



# CALL FOR ABSTRACTS INSTRUCTIONS 2021

## SUBMISSION DEADLINES

**Call for sessions and workshops: February 9, 2021 – 11:59 p.m. (ET)**  
**Call for free-standing papers and posters: April 5, 2021 – 11:59 p.m. (ET)**  
**Call for Big Ideas Soapbox: April 30, 2021 – 11:59 p.m. (ET)**

**Please read all instructions before completing your submission.**

### FMF PLANS AND PRESENTATION FORMATS:

FMF is currently planning for either a hybrid or a full virtual event. A hybrid event would include some virtual sessions and some live sessions. Important to note live sessions will only take place if health guidelines allow.

You will be asked two new questions:

1. Please confirm if you agree to present (select one)
  - Virtual only
  - Live in-person only
  - Any format Live or Virtual
2. Please select your preferred session format (select one)
  - Meeting Format (all attendees visible)
  - Webinar Format (only presenters and moderators visible)
  - Either Format (whichever is recommended)

**Webinar Format** – This is the recommended format for the majority of presentations. You would present for approximately 45 minutes and only you, your co-presenters and a moderator would appear on-screen. You would screen share your slides, present your material and a moderator would monitor questions, read them out loud and you will respond verbally at the end of your presentation. Any unanswered questions would still be available in the chat to answer after your presentation concludes.

**Meeting Format** – This is good for smaller groups only. This format is where all speakers, moderators and attendees are all on screen together. This allows anyone to speak up or interrupt at any time to ask questions or inject comments. This works well in small groups, of estimated attendance of 60 or below. In a meeting format your moderator would encourage the use of raise hands and allow attendees to interject questions where appropriate. Polling during zoom meetings would require all participants to have second tab open to access the polls.

**Important to Note: All sessions, workshops and papers will be presented “Live Virtual”** – Delivering your presentation live, synchronously in real time from your location. This is the recommended method, as it allows the most current information to be presented, it is the most engaging and our attendees prefer the engagement of attending live.

**Pre-Recorded Virtual** – Will be offered upon request only, on a limited basis for those with concerns about internet connection and/or bandwidth and/or scheduling concerns. This requires your presentation to be ready approximately 1 month in advance, and your recording would be created in a 2-hour timeslot scheduled with our AV team, from your office or home location. If your session is accepted, any requests to pre-record should be directed to [dmckay@cfpc.ca](mailto:dmckay@cfpc.ca).

## TYPES OF ABSTRACTS

### 1. Sessions

**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. The recommended format for live or virtual is 75% presentation and 25% reserved for Q&A. In a virtual format it may be permissible to achieve the 25% required interactivity via chat and polls. Accepted sessions are all 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.

### 2. Workshops

**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. If virtual, these sessions will all be conducted in a meeting format where all participants can be seen and speak freely. The randomized breakout group option would be used for any small group activities within the workshop.

**The FMF Committee will only accept programs that are certified at time of abstract submission. If a program's certification expires prior to FMF 2021, it is the responsibility of the program provider to apply for recertification upon acceptance. All accepted workshops will be scheduled pre-conference on Tuesday, November 9<sup>th</sup>, 2021.**

### 3. Free-standing papers

**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. 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.
- 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)).

## 4. Posters

**Posters:** Poster presentations showcase academic, research/practice improvement, or clinical information that is typically a result of an individual or team project/initiative. You may submit one poster per call only. The same poster cannot be presented twice. Student and resident posters are welcome.

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 methods section should include a statement indicating that the work has been approved or exempt by the local Research Ethics Review board. Those that do not have one of these, will not be included in the review process.
- 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.

## 5. Big Ideas Soapbox Submissions

Do you have an idea that could make a difference to clinical practice, faculty development, post-graduate or undergraduate education, patient care and outcomes, or health policy? This session offers a platform for innovators to share fresh ideas, innovative thinking, and fledgling developments with the potential to be initiate change. With audience participation, let’s put some ideas to the test!

### **CRITERIA FOR PRESENTATION:**

The author of the idea selected for presentation must be present during the session at FMF. Each speaker will have three minutes to present their innovation. Audience members then have an opportunity to question the speaker(s), critique innovations, and cast their vote to choose the most compelling innovation. All the presented ideas will be published in Canadian Family Physician.

**The idea or innovation must be:**

- Creative - Novel and therefore not yet implemented, tested, or published
- Ethical
- Suitable for dissemination - Based on a strong rationale and/or evidence to suggest it is feasible and has potential to make a difference

**The idea Submissions must meet the following criteria:**

- Paragraph one (150 words or less): Describe your idea/ innovation
- Paragraph two (150 words or less): Describe the idea/innovation's hypothesized effect(s) and how they might be measured

## 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:** 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.

**Step 3:** Specify how the learner will be able to master these objectives 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

**Relevant verbs:** adjust, apply, assess, compare, conclude, define, demonstrate, describe, 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, learn

**Description:** The word count maximum for the description is 300 words. Descriptions 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 – CLINICAL SESSIONS & WORKSHOPS

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 Virtual Event Platform and/or FMF APP.

#### 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 this topic meet the needs of our members and their communities?
- Is the content appropriate and should appeal to a national audience (i.e. not province-centric)
- 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?
- Are the objectives actionable, measurable, well defined, specific, and reflective of needs?
- Are the objectives attainable using the methods described?
- 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.

## REVIEW CRITERIA - 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

## Mainpro+ CERTIFICATION (Sessions, Workshops and Free-Standing Papers)

### 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.

## PRESENTER INFORMATION

**Session and workshop presenter:** Only the primary presenter will receive complimentary registration for the day they present. All co-presenters will be required to pay the registration fee.

**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/instructions with co-presenters.

**Conflict of Interest:** It is important to state all Conflicts of Interest up front upon submission. If any affiliations exist, with you or any of your co-presenters, please state how these will be mitigated with your submission. The primary presenter of each session is responsible for ensuring all co-presenters complete and submit a Conflict of Interest Form.

**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 of your presentation to help promote and support excellence in continuing professional development (CPD) within family medicine. All presenters are required to return to the FMF platform after their presentation and periodically throughout the duration of the “on-demand” viewing period to check for questions and provide answers as required. All presentations, whether live or virtual are retained and used exclusively by the College of Family Physicians of Canada for Continuing Professional Development and promotional purposes as needed.

## **MANDATORY REFERENCE MATERIALS:**

- Conflict of interest Mandatory Slides, Forms & Quick Tips (<https://fmf.cfpc.ca/speaker-resources/>)
- CFPC Resources for CPD Providers (<https://www.cfpc.ca/en/education-professional-development/cpd-program-certification/cpd-program-certification>)
- Mainpro+® Quality Criteria Framework overview (<https://fmf.cfpc.ca/wp-content/uploads/2018/02/Quality-Criteria-Scoring-Framework.pdf>)
- National Standard for Support of Accredited CPD Activities (<https://portal.cfpc.ca/resourcesdocs/uploadedFiles/CPD/National%20Standard%20for%20Support%20of%20Accredited%20CPD%20Activities%20FINAL%20ver%2023-1.pdf>)

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