

Virtually CAHSPR



2021 Annual CAHSPR Conference
HINDSIGHT, INSIGHT AND FORESIGHT
May 19-21, 2021

Important Dates

Abstract submission opens:	Monday, November 16, 2020
Abstract submission closes:	Friday, January 22, 2021
Notification of decisions:	Week of March 1, 2021
Registration Opens:	Monday, March 1, 2021
Submit online:	CLICK HERE

Presentation Format & Submission Content Guidelines

VIRTUAL ORAL PRESENTATIONS: STANDARD

Abstract submissions for oral presentations should be for research that is either complete or will be complete by the conference dates. These sessions are grouped by the Scientific Program Committee into thematically related areas. Each oral presenter will be given approximately **15 minutes** (including Q&A) to share their work. Abstracts submitted as oral presentations can subsequently be considered for poster presentations if not accepted for the standard oral presentation format.

To facilitate peer review, abstracts must be submitted in a structured format comprising four sections:

Background and objectives (75-word limit)
Approach (100-word limit)

Results (125-word limit)
Conclusion (50-word limit)

The abstract submitted should not exceed 350 words. You are encouraged to submit abstracts based on methods as well as content. For submissions on works in progress in which the results will not be complete by the conference dates, describe anticipated results or impacts.

VIRTUAL ORAL PRESENTATIONS: EMBEDDED RESEARCH – PROGRAM & POLICY INITIATIVES

CAHSPR will be accepting a select number of submissions for oral presentations by embedded researchers, managers or policymakers from Canadian health care organizations or agencies involved in innovative program or policy initiatives likely to be of high interest to the health services and policy research community. These submissions may describe new or ongoing health programs or policies, cases of 'embedded research' within organizations, or describe future initiatives that would benefit from a strong involvement of researchers. These sessions will be grouped by the Scientific Program Committee into thematically related areas. Each presenter will be given approximately **15 minutes** (including Q&A) to share their work.

To facilitate peer review, abstracts must be submitted in a structured format comprising four sections:

Background and objectives (75-word limit)
Approach (100-word limit)

Results (125-word limit)
Conclusion (50-word limit)

The abstract submitted should not exceed 350 words. Use the Approach section to describe the initiative and its innovative nature, and the Results section to describe the anticipated or observed results or impacts.

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Presentation Format & Submission Content Guidelines (continued)

VIRTUAL POSTER PRESENTATIONS

Poster presentations can be for research that is complete or in progress, as well as for novel ideas or other things that people wish to present in order to receive feedback from their peers. The schedule for the posters will be confirmed in the coming months as the virtual conference program is developed and finalized.

To facilitate peer review, abstracts must be submitted in a structured format comprising four sections:

Background and objectives (75-word limit)
Approach (100-word limit)

Results (125-word limit)
Conclusion (50-word limit)

The abstract submitted should not exceed 350 words. You are encouraged to submit abstracts based on methods as well as content. For submissions on works in progress in which the results will not be complete by the conference dates, describe anticipated results or impacts.

VIRTUAL PANEL PRESENTATIONS

Panel presentations should bring together a group of experts and add significant value over and above individual presentations. Abstract submissions for panel presentations should be for research that is either complete or will be complete by the conference dates. Because the qualifications of individuals involved in special thematic panels are an important part of the value added, panel abstracts will not be “blinded” of the presenters’ identities during the peer review process. It is expected that all panel participants will be identified and confirmed prior to abstract submission. These sessions will be given 75 minutes to present. Panels will be presented during concurrent sessions at the conference.

Abstracts must be submitted in a structured format comprising four sections:

Importance and Relevance of the topic (100-word limit)
Objectives (100-word limit)

Invited Experts (150-word limit)
Approach (150-word limit)

Panel abstracts will comprise a maximum of 500 words. Each submission should communicate the unique contribution made by grouping the (maximum of five) presenters together. Please note: Panel abstracts **must not** be “blinded” of the presenters’ identities.

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Important Information

(Please read the information below carefully)

- ❖ Each abstract is to be submitted for one of four (4) formats:
 - Oral Presentation: Standard
 - Oral Presentation: Embedded Research – Program & Policy Initiatives
 - Poster Presentation
 - Panel Presentation
- ❖ Proposals for presentations of any format (oral, poster, or panel) must identify the presenting author as the main contact. The presenting author information should not be included in the content of the abstract itself.
- ❖ There will be selected opportunities in the abstract competition for oral presentations by researcher and/or partners given our desire to encourage health services and policy research relevant for Indigenous peoples. We would encourage researcher/decision-maker/Indigenous partners to co-present posters, where applicable.
- ❖ All abstracts must be submitted using CAHSPR's online abstract submission process.
- ❖ The text should appeal to CAHSPR's interprofessional membership of decision makers, managers, researchers, trainees and patients.
- ❖ Avoid specialized jargon and undefined abbreviations. Do not include tables, figures, diagrams, footnotes, references, or acknowledgements in the text of the abstract.
- ❖ All presenters accepted through the abstract submission process and/or presenting at the conference **must register and pay** the conference registration fee. In addition, if the accepted presenter invites co-presenters to present with them, they must also register and pay the conference registration fee.
- ❖ Lead authors are permitted to submit **no more than two (2)** oral and/or panel presentations each.
- ❖ There is no limit to the number of abstracts an author may submit for poster presentations.
- ❖ For submissions related to innovative programs or policies, authors may present as a group, but the lead presenting author must be an embedded researcher, healthcare manager or policymaker and must attend the conference.
- ❖ Accepted abstracts will be published online which will be available to the conference delegates and will be made available electronically on the CAHSPR site following the conference.
- ❖ French submissions are encouraged! Presenters are permitted to submit in the language of their choice and to present in the language of their choice.
- ❖ Abstracts are to be presented in the format for which they have been accepted.
- ❖ Names of authors and organizations must not appear in the text of the abstract (for orals and poster presentations only) to allow for blind peer review.
- ❖ Names of presenters must be included when submitting a panel as this information will assist the review process to determine how the sessions would bring together uniquely qualified leaders/experts to discuss a related topic.
- ❖ In an effort to be transparent and to promote learning, abstract evaluation feedback is available upon request.
- ❖ Funding supports will be made available to some students to facilitate their participation in the conference. Funding supports through CAHSPR are limited so students are encouraged to consider all available opportunities. More information regarding student funding supports will be made available shortly.

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Abstract Themes

Abstracts submitted for the conference should identify which of the areas of focus below best describe the abstract being submitted.

- ❖ Cancer
- ❖ Chronic Disease Management
- ❖ Collaborative Healthcare Improvement Partnerships
- ❖ COVID-19
- ❖ Equity and Vulnerable Populations
- ❖ Health Economics/Financing/Funding (*including cost and economic analysis*)
- ❖ Health Human Resources
- ❖ Health Informatics
- ❖ Health Policy, Healthcare Reform (*includes priority setting, politics*)
- ❖ Health System Performance (*including access to care, quality, safety, efficiency, leadership*)
- ❖ Home Care, Long Term Care and Aging
- ❖ Indigenous Health
- ❖ Knowledge Translation & Exchange (*includes KTE methods*)
- ❖ Maternal and Child Health
- ❖ Mental Health and Addictions
- ❖ Patient and Public Engagement
- ❖ Primary Healthcare
- ❖ Pharmaceutical Policy

Methods

Abstracts submitted for the conference should identify which of the areas of focus below best describe the abstract being submitted.

- ❖ Data Mining/Big Data Analytics
- ❖ Economic Analysis or Evaluation
- ❖ Emerging Methods (*ie. new developments in observational study design*)
- ❖ Experimental or Quasi-experimental Methods
- ❖ Healthcare Service or Policy Initiative
- ❖ Knowledge Synthesis
- ❖ Knowledge Translation and Exchange (KTE) Methods
- ❖ Mixed Methods
- ❖ Participatory or Action Research Methods
- ❖ Policy Case Study
- ❖ Program or Policy Evaluation
- ❖ Qualitative Research Methods
- ❖ Statistics/ Econometrics
- ❖ Survey Research Methods

Evaluation Criteria for Oral Presentations and Posters

Using a blind review process, the Scientific Committee will review presentation using the following criteria:

ORAL (STANDARD) & POSTER PRESENTATIONS

- ❖ Importance and relevance of the topic to health services and policy research
- ❖ Clarity of the research aim(s) or question(s)
- ❖ Appropriateness of methods
- ❖ Robustness of results
- ❖ Appropriateness of conclusions, consistent with the methods and results
- ❖ Importance of implications for health outcomes, practice, programs and/or policy
- ❖ Quality of writing

EMBEDDED RESEARCH ORAL PRESENTATIONS

- ❖ Importance and relevance of the topic to health services and policy
- ❖ Clarity of the initiative
- ❖ Innovative nature of the initiative
- ❖ Likely interest to conference delegates
- ❖ Quality of writing

PANEL PRESENTATIONS

- ❖ Importance of the topic
- ❖ Relevance to the conference theme
- ❖ Clarity of the objectives
- ❖ Quality of the invited experts
- ❖ Quality of the proposed approach

[Click here to submit your abstract!](#)