Implementation Science Health Conference Australia 2021

Abstract Submission Guidelines V2

Implementation Science Health Conference Australia 2021 (ISHCA 21) will bring together International and Australian leaders in Implementation Science to explore contemporary themes in health equity, and how implementation science can be harnessed to increase the benefits of health and medical research to all.

ISHCA 21 will be held entirely online on **November 24, 25 & 26**.

Key Dates

Abstract Submissions Open	Tuesday 17th August
Abstract Submissions Close	**Monday 13th September**
Outcome Notification	Monday 4th October
Presenters required to register for *ISHCA21*	Monday 18th October

Presentation types

There will be three presentation formats at *ISHCA 21:*
1. Concurrent Session – oral presentation (15 min plus 5 min Q&A)
2. Rapid Fire – brief oral presentation (5 min plus 2 min Q&A)
3. Poster Presentation (the posters will be accompanied by a 2 min pre-recorded 'mini oral')

When you submit your abstract online, please choose your preference to be considered for a Concurrent Session, Rapid Fire, or Poster Presentation. Spaces for oral presentations are limited, and abstracts not selected for oral presentations may be offered a poster presentation. Abstracts from students and Early Career Researchers (ECRs) are strongly encouraged.

Speaker guidelines will be provided closer to the date.

1. Concurrent Session – oral presentation
20 minute total presentation (15 min presentation plus 5 min Q&A). Presenters will have the opportunity to present live online or provide a pre-recorded version of their presentation. They will then need to be available (online) for live Q&A.

2. Rapid Fire – brief oral presentation
7 minute total presentation (5 min presentation plus 2 min Q&A). Presenters will have the opportunity to present live online or provide a pre-recorded version of their presentation.

3. Poster Presentation
Poster presentations will consist of one PowerPoint slide, with a maximum 2 minute pre-recorded 'mini oral'. Posters will be available for all attendees to view throughout the duration of the conference. They will be presented in a poster showcase during the conference program.

How to submit your abstract

1. Sign-up to become a member of the SHP Implementation Science Community of Practice here. Anyone is welcome to sign up to become a member and it is free to join.
2. Prepare your abstract following the format guidelines and requirements below.
3. Click on the '*Start your submission now*' link on your Community of Practice Member portal or click the '*submit abstract*' link on the event page here.
4. Enter information into the Abstract Submission Form. We strongly recommend that you prepare your abstract in a Word document, and then copy and paste it into the online form when it is finalised.
   NB: As you complete the Abstract Submission Form online, the information will be saved automatically. You will be able to return to your abstract submission form and edit the submission at a later stage. You can find, view and edit all draft and submitted forms on your Member portal.
5. For questions or assistance with abstract submission please contact: sydneyhealthpartners.snrprojectofficer@sydney.edu.au

Abstract Themes

See **Appendix 1** for more information about Abstract Themes.

Abstract Format Guidelines

Abstract title, author information and the abstract body will be entered directly in the online abstract submission form.

Abstract Title and Author(s)

- Abstract title (maximum - 250 characters with spaces)
- Authors – Please enter the author's primary employer as the 'organisation'. If applicable, authors are welcome to list an additional affiliation under 'primary affiliation'. Further affiliations do not need to be included in the abstract submission form.

Abstract Body

The body of your abstract will be entered/pasted into a text box within the submission form. Please do not include your abstract title or author information in the abstract body.

- Abstract is limited to 1500 characters (with spaces)
- Structure your abstract with the following headings:
  - Introduction/background
  - Population/setting
  - Method
  - Results/findings
  - Implications for implementation research or practice
  - Take home messages/ key messages
- Do not include tables, graphs or images
- Do not include references

Requirements

- All abstracts must be original work and must be related to the field of implementation science.
- An abstract must contain sufficient information so that, if published, it will be a complete report independent of presentation.
- The text should not contain statements alluding to results or conclusions not presented within the text.

- Standard abbreviations may be used for common terms only. Otherwise, any abbreviation should be given in brackets after the first full use of the word.
- Abstracts must be free of typographical and grammatical errors.
- Abbreviations may be used in the title, provided the name in full is outlined in the body of the abstract.
- There is a limit of three abstracts that may be submitted by an individual. If you're a member of a team on a large program of work there is a limit of five abstracts that may be submitted.
- The Conference organisers will not be responsible for abstract submissions not received via the website or for submission errors caused by internet service outages, hardware or software delays, power outages or unforeseen events.

Abstract review

Abstracts will be reviewed by the Implementation Science Health Conference Australia 2021 (*ISHCA21*) Scientific Committee.

Authors are advised that abstracts will be scored against the following criteria:
1. Relevance and/or significance to implementation research
2. Quality of the science

Notification of Outcome

Notification of outcome/acceptance will be emailed to the submitting author by Monday 4th October.

Abstract Publication

Abstracts will be published in the Conference abstracts booklet in digital format. When authors are notified of the outcome of their abstract submission, authors of successful submissions will be asked to confirm via return email that they consent to having their abstract published in the Conference abstracts booklet. It is expected that the primary author/presenter will consult with co-authors/supervisors to provide consent for the abstract to be published. Authors will also have the option to opt-out of having the abstract published.

Conference Registration

Conference registration is not required on abstract submission, however presenting authors will be required to register for the Conference by Monday 18th October.

Registration information will be circulated to all Community of Practice members and updates will also be added to the events page on the CoP website here: Events | Sydney Health Partners Implementation Science

Registration Costs:
- Two-Day Registration: $60.00
- Two-Day Student Registration: $30.00

Please note that registration is a flat rate, that is, payment provides a registrant with access to as few or as many sessions as they choose to attend.

Contact

For questions or assistance with abstract submission please contact sydneyhealthpartners.snrprojectofficer@sydney.edu.au
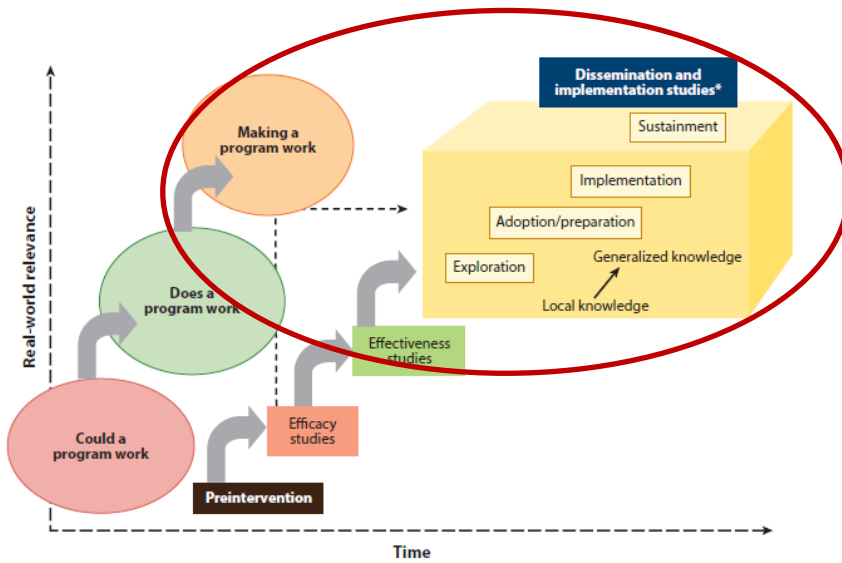
Appendix 1 – Abstract Themes

Call for abstract submissions - inclusions

The Scientific Committee welcomes abstract submissions from researchers and practitioners engaged in implementation research* who can report on findings *and* lessons learned from the field. Abstracts from a broad range of topics are welcome, including:

- **Engaging communities** in partnerships (e.g. community based participatory research, community engaged research, stakeholder consultation) including research focused on health equity issues
- **Applying implementation frameworks**, models and theories in health research (e.g. how frameworks were selected and reporting on findings/outcomes)
- **Health system readiness** to engage in implementation research and practice (e.g. studies about readiness to engage in implementation or research translation from patient, provider, health service or systems)
- **Implementation strategies** (e.g. designing or selecting strategies to implement health programs, interventions or practice innovations, particularly from a health equity perspective)
- **Outcomes focused research** or practice (e.g. balancing implementation, health service, clinical or patient-reported outcomes in research and practice)
- **Reports on research methods, measurement and tools** for implementation research and practice (e.g. qualitative studies, mixed methods studies, quantitative studies, observational studies, designing, testing and/or adapting tools and measures)
- **Implementation and pragmatic trials and programmatic approaches** in healthcare (e.g. implementation trials, hybrid trials of effectiveness and implementation, cluster trials, pragmatic trials, reporting on research programs)
- **Literature reviews**, including scoping, narrative, systematic reviews (e.g. those that focus on readiness to test effective interventions in practice/real-world settings, implementation of interventions or strategies)

* The Scientific Committee acknowledges the diverse terms and definitions of implementation science, knowledge translation and more broadly, research translation. We welcome abstracts that fit with the research translation pipeline shown in Figure 1 or Figure 2 for 'T3' (translation to practice) and 'T4' (translation to community)

Figure 1

Traditional translational pipeline from preintervention, efficacy, effectiveness, and dissemination and implementation studies.
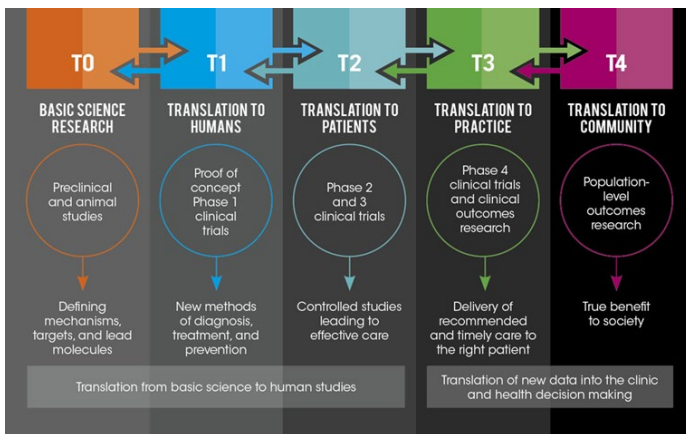

Figure 2:

Figure 1 reproduced from Brown et al, Ann Rev Pub Health 2017, based on original diagram from the (US) National Research Council and Institute of Medicine *Preventing mental, emotional, and behavioural disorders among young people*. National Academy Press, 2009.

Figure 2 reproduced from Clinical and Translational Science Award (CTSA) program, US National Institutes of Health 2013, based on Blumberg (2012).