Implementation Science Health Conference Australia 2023 Abstract Submission Guidelines

Implementation Science Health Conference Australia 2023 (ISHCA23) will bring together International and Australian health care leaders in implementation science to explore the themes: **Scale. Sustain. Success**, and how implementation science can be harnessed to increase the benefits of health and medical research to all.

ISHCA23 **will be held entirely face-to-face on March 23-24 2023.**

Key Dates

Abstract Submissions Open	14/11/2022
Abstract Submissions Close	05/12/2022
Presenters required to register for *ISHCA23*	31/01/2023

Presentation types

There will be three presentation formats at *ISHCA23:*

1. **Concurrent Session – oral presentation (12 min plus 3 min Q&A)**
   12 min presentation plus 3 min Q&A (15 minute total duration).
2. **Rapid Fire – brief oral presentation (5 min plus 2 min Q&A)**
   5 min presentation plus 2 min Q&A (7 minute total duration).
3. **Poster Presentation**
   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. The five best posters will be awarded and provided the opportunity to present as a Rapid Fire – brief oral presentation on day 2.

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, clinicians, and early- and mid-career researchers (EMCRs) are strongly encouraged.

Speaker guidelines will be provided closer to the date.

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 ISHCA23 website 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, prior to abstract submission deadline. 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 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 250 words
- Structure your abstract with the following headings:
  - Introduction
  - Methods
  - Results
  - Conclusions (including implications for implementation research or practice)

- 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

- Please avoid the use of abbreviations. 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. Abbreviations may be used in the title, provided the name in full is outlined in the body of the abstract
- 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 2023 (*ISHCA23*) 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
3. Alignment with themes

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 and attend the Conference.

Registration information is available on the ISHCA23 website at ishca.au.

Registration Costs:
- Conference Registration 2-day standard: $350
- Conference Registration 1 day standard: $175
- Conference Registration 2-day clinician*: $210
- Conference Registration 1 day clinician*: $105
- Conference Registration 2-day student: $105
- Conference Registration 1 day student: $55
- Additional Friday morning breakfast workshop (capped at 50 registrants): $15

*Clinician registrations are for people whose primary role is clinical (medical, nursing or allied health). Does not include clinician researchers with academic appointments.

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

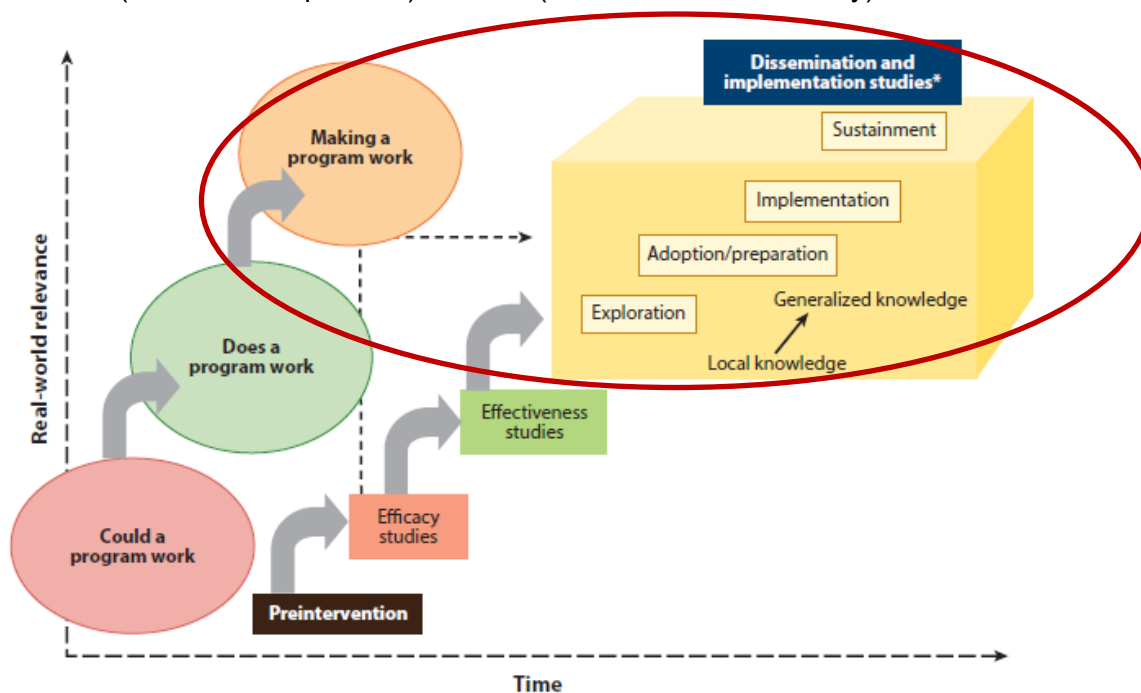## Appendix 1 – Abstract Themes

Call for abstract submissions

The ISHCA23 Scientific Committee welcomes abstract submissions from researchers and practitioners engaged in implementation research* who can report on findings and lessons learned.

Abstracts from a broad range of topics are welcome, including but not limited to:

- **Scale**: expanding health interventions shown to be beneficial in small scale or controlled environments to real world conditions and into broader policy or practice.
- **Sustain**: continued delivery of a program, clinical intervention, implementation strategy, and/or individual clinician or patient behaviour change.
- **Success**: enhanced adoption, (de)implementation, scalability or sustainability of service delivery, a clinical program or practice to:
  1. Improve the experience of care (including quality and satisfaction)
  2. Improve the health of populations
  3. Reduce the per capita cost of health care.

* 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).

*These dissemination and implementation stages include systematic monitoring, evaluation, and adaptation as required.

Figure 1

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

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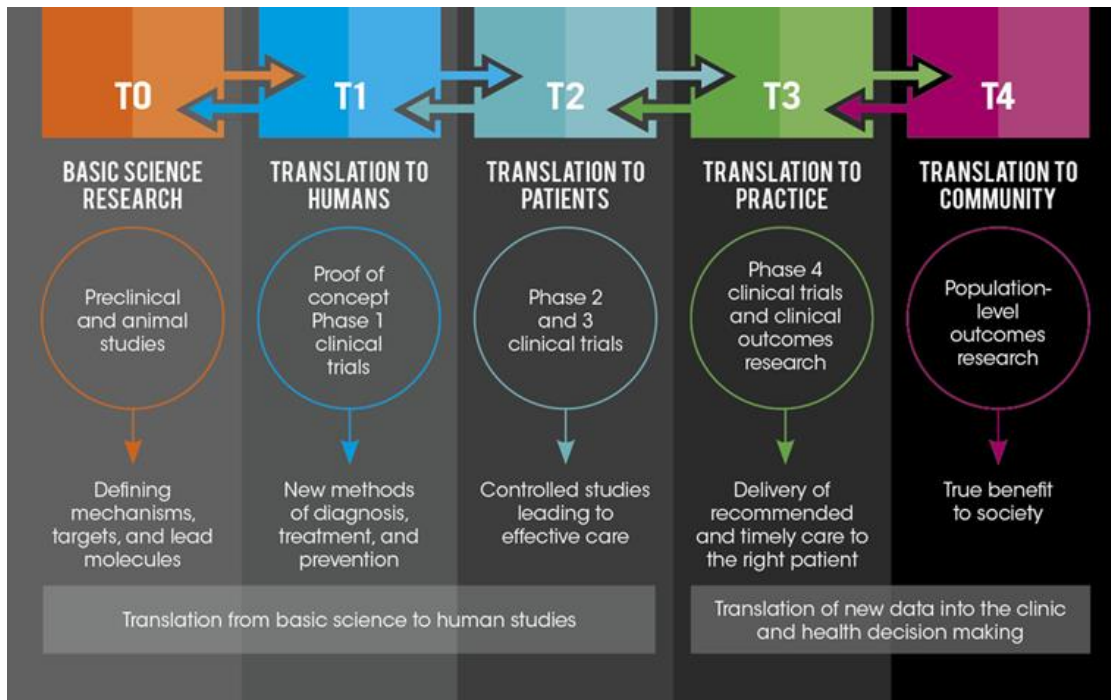
Figure 2. Reproduced from Clinical and Translational Science Award (CTSA) program, US National Institutes of Health 2013, based on Blumberg (2012)
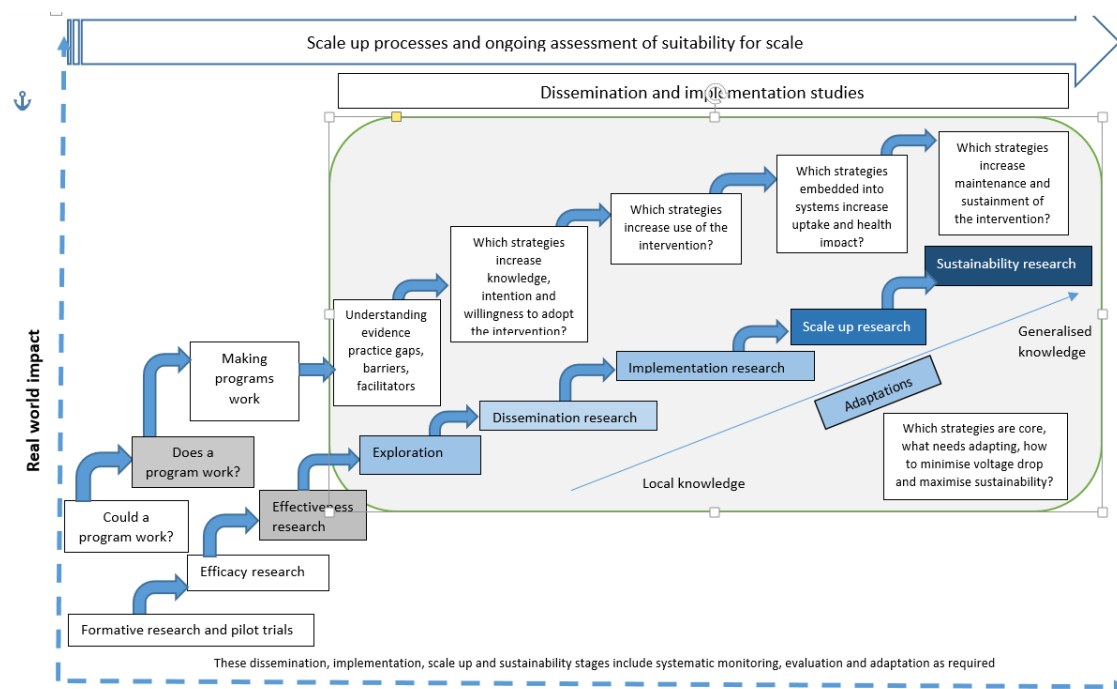

Figure 3. Implementation scale and sustainability. Reproduced with permission.