

Scoring guide for assessing abstracts

Quality improvement (QI) and audit

The following is a guide to scoring the QI and audit abstracts. Score 1-5 for each of the four areas below.

n.b. All abstracts/posters should contain a statement about ethical/regulatory approval or written consent (for case reports) as a condition of acceptance/presentation. Please check that i) this is done and ii) the statement is appropriate for the content of the abstract/poster (if not, contact the Secretariat).

Please use the full range of scores available in order to spread the scores i.e. i.e. any number between 1 and 5. The total should be out of 20.

| 1. QI and audit methodology (1-5) | |
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| 1 | Poor application of QI or audit methodology, i.e. predominantly data collection with little evidence of interventions to change practice or without clear standards to audit against or plans to improve practice. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | QI or audit methodology but some deficits in its use and room for improvement. Reasonable attempts to change practice and measure impact of change or planned re-audit. Mainly of local relevance. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | Excellent QI or audit methodology, with cyclical/continuous data collection to assess effectiveness of interventions or re-audit cycles with demonstrable improved practice. Wider lessons. |
| 2. Clarity (1-5) | |
| 1 | Messy. Ambiguous. Disjointed. Tables/figures poorly explained. Incomplete information. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Adequate presentation. Fairly clear. Some incomplete information. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | Excellent presentation. Clear. Ordered. Concise. No ambiguities. |
| 3. Significance/ impact/ relevance to clinical practice (1-5) | |
| 1 | Very poor significance and relevance to clinical practice. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Quite significant results. Of some importance to clinical practice. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | Highly significant results. Very important and relevant to clinical practice. |
| 4. Novelty/originality (1-5) | |
| Score | |
| 1 | Very little originality. Of local interest only. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Some originality. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | Highly unique. |

Case report / case series

The following is a guide to scoring the case report / case series abstracts. Score 1-5 for each of the four areas below.

n.b. All abstracts/posters should contain a statement about ethical/regulatory approval or written consent (for case reports) as a condition of acceptance/presentation. Please check that i) this is done and ii) the statement is appropriate for the content of the abstract/poster (if not, contact the Secretariat).

Please use the full range of scores available in order to spread the scores i.e. 1,2,3,4 and 5. The total should be out of 20.

| 1. Importance of message of case report (1-5) | |
|--|--|
| 1 | Minimal message and importance. Minor interest only. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Some tangible benefit to clinical practice. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | Very important lesson for clinical practice. Shapes clinical practice. |
| 2. Clarity (1-5) | |
| 1 | Messy. Ambiguous. Disjointed. Tables/figures poorly explained. Incomplete information. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Adequate presentation. Fairly clear. Some incomplete information. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | Excellent presentation. Clear. Ordered. Concise. No ambiguities. Includes all important information. |
| 3. Significance/ impact/ relevance to clinical practice (1-5) | |
| 1 | Very poor significance and relevance to clinical practice. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Quite significant. Of some importance to clinical practice. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | Highly significant. Very important and relevant to clinical practice. |
| 4. Novelty/originality (1-5) | |
| Score | |
| 1 | Commonly reported event. Of local interest only. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Some originality. Been reported before but has some unique features. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | Highly unique case. Never previously reported. |

Original research

The following is a guide to scoring the original research abstracts. Score 1-5 for each of the four areas below.

n.b. All abstracts/posters should contain a statement about ethical/regulatory approval or written consent (for case reports) as a condition of acceptance/presentation. Please check that i) this is done and ii) the statement is appropriate for the content of the abstract/poster (if not, contact the Secretariat).

Please use the full range of scores available in order to spread the scores i.e. 1,2,3,4 and 5. The total should be out of 20.

| 1. Methodology (1-5) | |
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| 1 | Hypothesis unclear. Methodology doesn't really test hypothesis or poorly conducted. Major design weaknesses. No mention of randomisation/blinding/statistical methodology. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Clear hypothesis. Methodology relevant with only minor weaknesses in design. Some mention of randomisation/blinding/statistical methodology, but not all. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | Clear relevant hypothesis that the methodology accurately tests. Methodology well executed. Includes Info on randomisation/blinding/statistical methodology. |
| 2. Clarity (1-5) | |
| 1 | Messy. Ambiguous. Disjointed. Tables/figures poorly explained. Incomplete information. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Adequate presentation. Fairly clear. Some incomplete information. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | Excellent presentation. Clear. Ordered. Concise. No ambiguities. |
| 3. Significance/ impact/ relevance to clinical practice (1-5) | |
| 1 | Very poor significance and relevance to clinical practice. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Quite significant results. Of some importance to clinical practice. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | Highly significant results. Very important and relevant to clinical practice. |
| 4. Novelty/originality (1-5) | |
| Score | |
| 1 | Very little originality. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Some originality. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | Highly unique. Never previously reported. |

Surveys

The following is a guide to scoring the survey abstracts. Score 1-5 for each of the four areas below.

n.b. All abstracts/posters should contain a statement about ethical/regulatory approval or written consent (for case reports) as a condition of acceptance/presentation. Please check that i) this is done and ii) the statement is appropriate for the content of the abstract/poster (if not, contact the Secretariat).

Please use the full range of scores available in order to spread the scores i.e. 1,2,3,4 and 5. The total should be out of 20.

| 1. Methodology (survey) (1-5) | |
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| 1 | Survey with barely adequate response rate (50-60%). Local relevance only. Some ambiguity. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Reasonable survey with good representation and response rate (>70%) with some wider relevance to national practice. Clear unambiguous questions. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | National survey with good representation, response rate (>80%). Unambiguous. |
| 2. Clarity (1-5) | |
| 1 | Messy. Ambiguous. Disjointed. Tables/figures poorly explained. Incomplete information. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Adequate presentation. Fairly clear. Some incomplete information. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | Excellent presentation. Clear. Ordered. Concise. No ambiguities. 95% CI given for percentages. |
| 3. Significance/ impact/ relevance to clinical practice (1-5) | |
| 1 | Very poor significance and relevance to clinical practice. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Quite significant results. Of some importance to clinical practice. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | Highly significant results. Very important and relevant to clinical practice. |
| 4. Novelty/originality (1-5) | |
| Score | |
| 1 | Very little originality. Of local interest only. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Some originality. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | Highly unique. |

Safety (Annual Congress only)

The following is a guide to scoring the safety abstracts. Score 1-5 for each of the seven areas below.

n.b. All abstracts/posters should contain a statement about ethical/regulatory approval or written consent (for case reports) as a condition of acceptance/presentation. Please check that i) this is done and ii) the statement is appropriate for the content of the abstract/poster (if not, contact the Secretariat).

Please use the full range of scores available in order to spread the scores i.e. 1,2,3,4 and 5. The total should be out of 35.

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|---|--|
| Clear aims and objectives (1-5) | |
| Score | |
| 1 | Aims unclear and poorly defined |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Some aims and objectives defined but some lack of clarity. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | Very well defined aims and objectives. |
| An innovative idea(s) (1-5) | |
| 1 | Some innovation but not an important safety issue. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Innovative approach to moderately important safety issue. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | New approaches to important patient safety issues. |
| How the project was introduced and implemented (1-5) | |
| 1 | Poor implementation. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Effective implementation but poor engagement with main stakeholders. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | Clear and effective implementation with good evidence of engagement with main stakeholders. |
| How performance was measured and benchmarked (1-5) | |
| 1 | Poor attempt to collect supportive data and no change in practice. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Good supportive data and some change in practice. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | Strong evidence of collection of outcome data to support practice. Evidence of changed outcomes. |
| How information about the project was disseminated (1-5) | |
| 1 | Poor communication and feedback. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Reasonably effective communication strategy and feedback. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | Strong communication strategy with feedback to stakeholders. |

The sustainability of the project (1-5)

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|---|--|
| 1 | Change in practice short lived. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Early change in practice but suggestion that effect weakening. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | Evidence of a strong change in practice. |

Transferability of the project to other departments (1-5)

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|---|---|
| 1 | Local relevance only. |
| 2 | (falls between descriptors 1 and 3) |
| 3 | Mainly local effect but some lessons to others. |
| 4 | (falls between descriptors 3 and 5) |
| 5 | Highly relevant to others. |