

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. Novelty/originality (1-5)	
Score	
1	Very little originality. Of local interest only.
2	(falls between 1 and 3)
3	Some originality.
4	(falls between 3 and 5)
5	Highly unique.
2. Clarity (1-5)	
1	Messy. Ambiguous. Disjointed. Tables/figures poorly explained. Incomplete information.
2	(falls between 1 and 3)
3	Adequate presentation. Fairly clear. Some incomplete information.
4	(falls between 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 1 and 3)
3	Quite significant results. Of some importance to clinical practice.
4	(falls between 3 and 5)
5	Highly significant results. Very important and relevant to clinical practice.
4. QI and audit methodology (1-5)	
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 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 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.

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.

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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. Novelty/originality (1-5)	
Score	
1	Commonly reported event. Of local interest only.
2	(falls between 1 and 3)
3	Some originality. Been reported before but has some unique features.
4	(falls between 3 and 5)
5	Highly unique case. Never previously reported.
2. Clarity (1-5)	
1	Messy. Ambiguous. Disjointed. Tables/figures poorly explained. Incomplete information.
2	(falls between 1 and 3)
3	Adequate presentation. Fairly clear. Some incomplete information.
4	(falls between 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 1 and 3)
3	Quite significant. Of some importance to clinical practice.
4	(falls between 3 and 5)
5	Highly significant. Very important and relevant to clinical practice.
4. Importance of message of case report (1-5)	
1	Minimal message and importance. Minor interest only.
2	(falls between 1 and 3)
3	Some tangible benefit to clinical practice.
4	(falls between 3 and 5)
5	Very important lesson for clinical practice. Shapes clinical practice.

Original research

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

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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. Novelty/originality (1-5)	
Score	
1	Very little originality.
2	(falls between 1 and 3)
3	Some originality.
4	(falls between 3 and 5)
5	Highly unique. Never previously reported.
2. Clarity (1-5)	
1	Messy. Ambiguous. Disjointed. Tables/figures poorly explained. Incomplete information.
2	(falls between 1 and 3)
3	Adequate presentation. Fairly clear. Some incomplete information.
4	(falls between 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 1 and 3)
3	Quite significant results. Of some importance to clinical practice.
4	(falls between 3 and 5)
5	Highly significant results. Very important and relevant to clinical practice.
4. Methodology (1-5)	
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 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 3 and 5)
5	Clear relevant hypothesis that the methodology accurately tests. Methodology well executed. Includes Info on randomisation/blinding/statistical methodology.

Surveys

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

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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. Novelty/originality (1-5)	
Score	
1	Very little originality. Of local interest only.
2	(falls between 1 and 3)
3	Some originality.
4	(falls between 3 and 5)
5	Highly unique.
2. Clarity (1-5)	
1	Messy. Ambiguous. Disjointed. Tables/figures poorly explained. Incomplete information.
2	(falls between 1 and 3)
3	Adequate presentation. Fairly clear. Some incomplete information.
4	(falls between 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 1 and 3)
3	Quite significant results. Of some importance to clinical practice.
4	(falls between 3 and 5)
5	Highly significant results. Very important and relevant to clinical practice.
4. Methodology (survey) (1-5)	
1	Survey with barely adequate response rate (50-60%). Local relevance only. Some ambiguity.
2	(falls between 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 3 and 5)
5	National survey with good representation, response rate (>80%). Unambiguous.

Safety (Annual Congress only)

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

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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.

Clear aims and objectives (1-5)	
Score	
1	Aims unclear and poorly defined
2	(falls between 1 and 3)
3	Some aims and objectives defined but some lack of clarity.
4	(falls between 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 1 and 3)
3	Innovative approach to moderately important safety issue.
4	(falls between 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 1 and 3)
3	Effective implementation but poor engagement with main stakeholders.
4	(falls between 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 1 and 3)
3	Good supportive data and some change in practice.
4	(falls between 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 1 and 3)
3	Reasonably effective communication strategy and feedback.
4	(falls between 3 and 5)
5	Strong communication strategy with feedback to stakeholders.

The sustainability of the project (1-5)	
1	Change in practice short lived.
2	(falls between 1 and 3)
3	Early change in practice but suggestion that effect weakening.
4	(falls between 3 and 5)
5	Evidence of a strong change in practice.
Transferability of the project to other departments (1-5)	
1	Local relevance only.
2	(falls between 1 and 3)
3	Mainly local effect but some lessons to others.
4	(falls between 3 and 5)
5	Highly relevant to others.