GUÍDELINE FOR THE ABSTRACT EVALUATION USED BY THE SCIENTIFIC COMMITTEE OF THE INTERNATIONAL NURSING RESEARCH CONFERENCES

- The evaluation procedure is blind; the evaluator does not know the authors’ names and work places. If despite this, the evaluator knows the abstract submitted, he/she must refuse the evaluation if a conflict of interest is possible which might affect neutrality. Abstracts submitted by any member of Investén-isciii or its Consulting Commission will be considered a conflict of interest and will be evaluated by a pair of reviewers external to Investén-isciii, in order to guarantee the evaluation’s transparency and avoid disadvantages to the Organization. If the author of an abstract includes personal data in the text of the abstract, it should be noted in the evaluation form.
- Both the abstract and its evaluation report are confidential documents.
- The evaluation procedure includes the completion of every item of the on-line evaluation within the planned deadlines.
- If the evaluator wishes to include a comment about the abstract, he/she must complete the item REVIEWER COMMENTS. In this item he/she may include issues to highlight from the abstract or significant limitations of the design or content of the study. As well, ethical aspects must be included in this item.

- Authorship:
  - The maximum number of authors per abstract is NINE.
  - Regarding the author guidelines, the Scientific Committee will follow the AUTHORSHIP CRITERIA of the International Committee of Medical Journal Editors (ICMJE), update of 2014 that says:
    1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
    2. Drafting the work or revising it critically for important intellectual content; AND
    3. Final approval of the version to be published; AND
    4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
  ** All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged at the acknowledgments section.
  - In the case that the same author submits more than five abstracts which have been positively evaluated, the scientific committee reserves the right to limit the number of oral presentations accepted (of the same author), in order to prevent organizational problems.

- Plagiarism and redundant publication. Abstracts on nursing and healthcare research, not previously published in any format (journals, web…) will be accepted for evaluation. The Scientific Committee will analyze all the abstracts for coincidences, with a plagiarism analysis program. Every abstract will be compared to the rest of abstracts submitted as well as with the ones submitted on precedent Conferences. Abstracts with coincidence higher than 70%, will be eliminated from the evaluation procedure, unless the Scientific Committee in plenary session considers their inclusion. It won’t be considered as plagiarism, if the abstract has been accepted previously but it wasn’t presented because of justified reasons, as long as no more than two years has elapsed since the date of the first and the second acceptance.
Items to be evaluated from each abstract, according to which modality is chosen

Abstract’s structure.

The abstract must include information enough on the content of the study, so the rigor and relevance can be evaluated. It must comply with the established guidelines, the items of objective, method, results, and discussion must be appropriately organized and be consistent (discussion consistent with objective, results consistent with method, and conclusions consistent with the rest of items). As an exception the Scientific Committee will consider the option that abstracts submitted to the Fulltime Undergraduate Student’s Corner and the Master Student’s Corner don’t include results and discussion. These abstracts will be presented only in poster format.

In case of the contents of the items won’t be written in the appropriate place of the abstract’s structure, it shall be considered that the abstract follows the structure, otherwise the application would assign a value of 0 and it would not allow continuing with the evaluation process. However in the corresponding section be taken into account this circumstance to the score. (For example, if the results have been included in method, shall be considered that the study has results, but not in the section on results and therefore it shall score lower).

1. **Title.** It must be specific, with information about the abstract’s content.
2. **Objectives.** They must be clear, concrete and appropriately defined.
3. **Method.** It must be appropriate for the attainment of the objectives. It must include the following items:

   A. **Primary research**
      - **Scope or scene of the study.**
      - **Design.** Simply described, it must allow the attainment of the objectives.
      - **Subjects/participants.** Quantitative studies must include information about the target population, the sample and procedure used. Qualitative studies must include information about the reference population, recruitment procedure and the participants’ selection criteria.
      - **Variables/Dimensions.** Quantitative studies must include variables (defined if applicable) and measure method used. In qualitative studies it will be evaluated the studied dimensions.
      - **Instrument or procedure used for the data collection.** The tools used for the collection of information must be described. They must be appropriate to the design and objectives.
      - **Data analysis or procedure and method.** Consistent with the design. For quantitative studies, statistical analysis. For qualitative studies, procedure and analysis method. The type of validation, the procedure for attaining the saturation of the information must be described.
      - Each of this referred part must be appropriate for the attainment of the objectives.

   B. **Secondary research:**
      - **Area of the systematic review.** *(only will be considered systematic reviews, no literature reviews).*
      - **Design.** Search strategy (information sources -data bases, manual search, contacts with experts-, considered years, language restrictions).
      - **Studies.** Selection criteria according to the design; methodological consistency criteria.
      - **Variables.** Selection criteria for the variables considered in the included studies, with regard to population, interventions and outcome measures; clinical consistency criteria.
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- **Instrument, method or procedure used for the data collection.** Validity assessment criteria and procedures used for data extraction.

- **Data analysis.** Data consistency, synthesis conducted (meta-analysis, meta-synthesis, or narrative development).

4. **Results.** They must be consistent with the proposed objectives and able to be pulled out from the method used. The relevant information responding to the research question must be presented, excluding superfluous details. For quantitative studies, the results presented exclusively in a narrative manner will have a score of 0 for this item.

5. **Discussion.** It must be consistent with the results. The content must allow the study’s relevance evaluation, including an estimate contribution to the field (healthcare, methodology, etc.) in terms of significant knowledge and implications for practice, as well as study’s originality. Assessment of the study’s results compared with other studies may be presented, as well as the study’s limitations and implications for future research. Although it is not required in the abstract’s form, Conclusions may be included, which must be consistent with the results.

6. **Implications for practice.** All abstracts must include this item. They must be consistent with the results and their contribution. Their significance for improving practice must be justified.

**Scoring system**

- The following items will be evaluated for the calculation of the final score (automatic calculation):
  - A. Objectives: innovation and relevance.
  - B. Method: Consistency with the objectives. Validity.
  - C. Results: consistent with and derived from the objectives.
  - D. Discussion and relevance for practice.

  Marks (whole numbers, not decimal numbers) to give by each evaluator for items A, B, C and D:
  - Excellent: 3 points (score between 8 and 10)
  - Good: 2 points (score between 5 and 7)
  - Fair: 1 point (score between 2 and 4)
  - Poor: 0 points (score between 0 and 1)

- If, by mistake, an evaluator does not score in the aforementioned way, the Secretary of the Scientific Committee shall take the pertinent measures, and shall inform the Scientific Committee about the criterion followed.

- The addition of the score given by each evaluator for items A, B, C and D shall be not less than 0 (minimum score) and not more than 10 (maximum score).

- With the aim of promoting the presentation of original works and designs not usual in care research, the Scientific Committee will consider for the abstract’s final score, the originality and design used.
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Evaluation Form Template

| Structure: | a) Is it adapted to the established submission guidelines? | YES □ NO □ |
| b) Does the abstract include results? | YES □ NO □ |
| Content: | Is it related to health care research? | YES □ NO □ |

Note: If you have answered NO to any of the three questions on Structure and Contents, the score in all items will automatically be 0.

| A) Objectives: | | |
| --- | --- | --- | --- |
| Objective/s of the study | Very Good=3 | Good=2 | Fair=1 | Poor=0 |

This item will correspond to 10% of the total score

| B) Methods: | | |
| 1. Study's area or setting | | |
| 2. Design | | |
| 3. Subjects/participants/studies | | |
| 4. Variables (Quantitative R.) / Dimensions (Qualitative R.) | | |
| 5. Instrument, method or procedure used for data collection | | |
| 6. Data analysis or procedure and method | | |

This item will correspond to 60% of the total score

| C) Results: | | |
| Presentation of findings | | |

This item will correspond to 20% of the total score

| D) Discussion: | | |
| It is consistent with findings | | |
| Findings are presented for practice | | |

This item will correspond to 10% of the total score

| TOTAL SCORE | (from 0 to 10, 10 being the higher score) |
| Originality | Very original □ Moderately □ Little □ |
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Study area
☐ Cancer / Palliative care
☐ Caregivers / Dependency
☐ Ageing and fragility
☐ Care interventions assessment
☐ Management (of care / of staff)
☐ Management and control of signs and symptoms
☐ Mother and children care
☐ New technologies
☐ Evidence Based Practice
☐ Acute processes
☐ Critical processes
☐ Chronic processes
☐ Health promotion / Health education
☐ Mental health
☐ Health and Gender
☐ Inequalities in health
☐ Teaching methodologies

Study scope
☐ Hospital Care
☐ Primary / Community Care
☐ Sociosanitary Care
☐ University
☐ Several areas

Methodology
☐ Descriptive study
☐ Cohorts
☐ Case-control study
☐ Instrument validation
☐ Quasi-experimental study
☐ Experimental study
☐ Systematic review
☐ Observational (including Consensus methods: Delphi, nominal technique)
☐ Interpretative /constructivist study (Phenomenology, Grounded Theory, Ethnography)
☐ Participative / Social-critical (Participatory Action Research or other)

Study population
☐ New born < 1 month old
☐ Infant (children) ≥ 1 month < 12 years old
☐ Adolescents 12 to 18 years old
☐ Adults > 18 years old
☐ Elderly > 65 years old

Reviewer’s comments

Regardless of the author’s preferences, you consider this work should be presented as:

Oral presentation ☐ Yes ☐ Yes, if it includes the following changes

Oral Brief Presentation ☐ Yes ☐ Yes, if it includes the following changes

Poster ☐

Virtual presentation ☐

Note: Abstracts submitted for the “Undergraduate Student’s Corner” and the “Master student’s Corner” shall be presented as poster presentations.