

Considerations for research abstracts

- Is the research quantitative, qualitative, or mixed-methods? Do I understand the research design options chosen?
- Do I understand the methodology outlined in the abstract? Is it appropriate for the question?
- Do I understand the statistical terms used? Are the statistics appropriate to the research question?
- Are the interpretations and conclusions sound and justified by the data and statistical analyses?

Considerations for Practice Issues and non-research Abstracts

- Does the abstract provide new information or approach the topic in a novel way?
- Does the abstract address issues that are important to the profession?
- Is the information based on a theoretical approach?
- Will the content in the abstract change Hand Therapy practice?

Approaching the Review of Abstracts

There is no right or wrong approach to reviewing abstracts. Most Reviewers read all the abstracts before rating to get a "general feel" for the overall range and scope of the abstracts. Some Reviewers will rank order abstracts at this time to provide internal validity for their ratings. After reading, Reviewers then rate each abstract individually using the rating form.

"I read them all through first, thinking initially do I get a picture of what they are talking about, does it make sense, some are so clear yet others I have to read several times to get at what they are saying (and that tells me lots)."

"The strategies that I use to do reviews is to honour the criteria that is provided, seek clarification if I am uncertain about information within or missing from the criteria and add to the criteria as I go through the abstracts to ensure that I am using the same criteria across the board."

"I jot notes on each abstract and give each a quick mark. I then set aside the abstracts that I reacted to most strongly - both positively and negatively...in a day or two I re-read and re-mark each abstract in a more careful manner....I find that a bit of time for reflection helps me determine what engendered that strong positive or negative reaction on initial reading and whether that response was valid. These abstracts often have a more significant change in mark on second reading."

The comments above by Reviewers interviewed in Canada demonstrate that although adhering to the scoring criteria is essential for maximizing the consistency of abstract rating, some reviewers comment before scoring; others after. Reviewers should also check their consistency across the abstracts that they rate. This can happen in a number of ways – you may choose to re-rate a number of abstracts at two sittings independently, then compare scores. Alternatively, you might rank order before or after scoring and then compare this ranking with the order of the scores to see if they are consistent. Some Reviewers re-rate the highly and poorly rated abstracts again to ensure fairness. Any of these approaches to maximize your own internal consistency is acceptable and encouraged.

Rating the Abstract: Quality of the Presentation Content

Quality of the Presentation Content (25 points)					
Use the following rating system:					
1 = unacceptable: information is incomplete or absent					
2 = marginal: missing key information or description					
3 = acceptable: provides some information but not overly informative					
4 = good: provides the majority of key information					
5 = exceptional: informative and comprehensive					
There is substantial information that is appropriate to the content. The abstract is formatted using the following headings either for New Research: Objectives; Materials and Methods; Results; Conclusion <u>OR</u> for Practice Issues papers: Clinical Issue/s; Clinical Reasoning; Innovative, analytical or new approach; Contribution to advancing HT practice. For research, results can include projected or preliminary data, if data not yet compiled.					
Content Headings	Unacceptable 1	marginal 2	Acceptable 3	good 4	exceptional 5
a) Introduction OR Rationale					
b) Objective <u>OR</u> Clinical Issue/s					
c) Materials and Methods <u>OR</u> Clinical reasoning					
d) Results <u>OR</u> innovative, analytical or new approach					
e) Conclusions <u>OR</u> Contribution to advancing HT practice					

- Headings are used as indicated on the form
 - Incomplete or absent heading and content receives a score of 1.
- Introduction or rationale must provide a sufficient and appropriate background to the rest of the abstract, and should be reinforced in the conclusion.
- Objectives must be adequately and clearly presented. They should outline the content or expectations of either the project (generally appropriate for research, practice and education topics) or the presentation (may be more appropriate for professional issue topics).
- Methods must provide a clear description of the methodology used, and it must be appropriate to the objectives and rationale of the presentation or project
- Results must indicate clearly the findings of the project, and they must be consistent with the methodology and objectives. For abstracts that report studies where results are not yet available, it is under the content heading 'Results' where the rating of the abstract would be reduced (in comparison to an abstract where the results are available, all other information being equal).
- Conclusions must be consistent with the introduction or rationale and objectives, so that the information is complete.
- Continually refer back to the system outlined on the form while rating (unacceptable means information is incomplete or absent).

Rating the Abstract: Educational Value

Educational Value (15 points) Use the following rating system: 1 = low; unacceptable; comprehension difficulty 2 ⇅ 3 = moderate; acceptable 4 ⇅ 5 = high; exceptional					
Content Headings	low 1	2	moderate 3	4	high 5
2. Interest and appeal to a hand therapy audience (e.g., needs to be heard, important or common issue, new thinking)					
3. Important contribution to practice, research, theory or knowledge.					
4. Novel or innovative contribution (e.g., current trends or new ideas).					

- Reviewer should consider potential audience for the presentation – what would be of interest to them? Is the content relevant to hand therapy? Does it bring a perspective that is relevant to current practice?
- Does the presentation have the possibility of changing current practice? Does it add significantly to the current body of work in this area?
- Is the information novel in some way? Is the approach or methodology new or different from known approaches? Do the results provide support for a new approach or for changing an accepted approach?
- Are the ideas presented provocative?

Rating the Abstract: Quality of Written Abstract?

Quality of Written Abstract (10 points) Use the following rating system: 1 = low; unacceptable; comprehension difficulty 2 ⇅ 3 = moderate; acceptable 4 ⇅ 5 = high; exceptional					
Content Headings	low 1	2	moderate 3	4	high 5
5. Self-contained (i.e., should not include abbreviations, acronyms, quotes or extensive reference citations) and concise/specific (i.e., each sentence is maximally informative, especially the lead sentence).					
6. Coherent and readable (i.e., written in logical sequence, use of clear vigorous prose, use of the active not passive voice).					

- It is important to consider grammar and writing style in this section only and not let poor grammar influence all ratings; some reviewers rate this section first based on initial impressions.
- Check here for biases in preferred writing styles; try to be objective.
- References should be minimal (preferably nil) and if necessary, they should be confined to a maximum of 3 and be essential for appropriate recognition of authorship in the abstract.
- Abstracts should be clear on first reading; repeated readings for clarity indicate lower readability.

Reviewing Dilemmas

No results

- Abstracts on works-in-progress may be accepted however are likely to receive lower scores for the Quality of Presentation Content section than a similar paper which presents results (all other factors being equal).
- Writers should provide information on preliminary results or preliminary trends if available
- If no results are available, authors should discuss practice implications

Well written but poor content

- Try to address the potential significance of this work
 - Has little work been done or reported on in this area?
 - Is this an emerging area of practice?
- Check yourself for reviewer bias – is this a content/practice area that you are familiar with?
- Ensure that the educational value section marks reflect your comments and perspective

Poorly written but interesting content

- Suggest that reviewers evaluate the quality of writing first, then re-read the abstract to rate the quality of content

Unfamiliar methodology or terminology

- Highlight unfamiliar terms or methods in the first review and look them up.
- Focus more on substantial methodological issues rather than details as these are difficult to assess in a short abstract.
- Balance judging scientific merit with the author's ability to convey their results and interpretation.
- If you feel unqualified to review a particular abstract, let the Chair of the Scientific Committee know and ask that the abstract be re-assigned.

Rejecting an Abstract

- All abstracts which are rated as "Poster Only" or "Reject" must be accompanied with detailed comments that will allow the Chair of the Scientific Committee to clearly and constructively communicate the outcome with the author/s.