



Abstract Scoring Rubrics

Mini Symposia Scoring

Preference will be given to symposia that include international, multi-center presenters. There is a maximum of 2 Mini-Symposia presentations per speaker.

| Meets Submission Criteria | |
|---|------------------------------------|
| MINI SYMPOSIA CRITERIA | |
| <ul style="list-style-type: none"> ✓ Appropriate number of presenters (No more than 8 additional presenters listed) ✓ Course format is appropriate with clearly written, measurable objectives ✓ Author gives evidence of planned, interactive elements | SCORE (Maximum of 4 points) |
| Quality of Presenters | |
| MINI SYMPOSIA CRITERIA | |
| <ul style="list-style-type: none"> ✓ Authors have a strong track record in the topic and or field ✓ Presenters have strong conference presentation skills <p>Indicate n/a if you cannot confidently judge the authors' presentation skills.</p> | SCORE (Maximum of 2 points) |
| Significance | |
| MINI SYMPOSIA CRITERIA | |
| <ul style="list-style-type: none"> ✓ Topic will be an update/research summary on a theme which is of high interest to the AACPD audience ✓ Addresses an important/topical problem or a critical barrier to progress in the field | SCORE (Maximum of 3 points) |
| Evidence-Based | |
| MINI SYMPOSIA CRITERIA | |
| <ul style="list-style-type: none"> ✓ Proposed session includes current content, based on best available evidence and the course appears to be of high quality <p>NOTE: Please flag the submission in the notes section if it has a clear commercial bias OR if the presentation plans to promote use of a proven ineffective intervention/technique</p> | SCORE (Maximum of 4 points) |
| TOTAL SCORE | |



Abstract Scoring Rubrics

Morning Seminar Scoring

| Meets Submission Criteria | |
|---|--|
| MORNING SEMINAR CRITERIA | |
| <ul style="list-style-type: none"> ✓ Appropriate number of presenters (Ideally no more than 3 additional presenters listed) ✓ Course format is appropriate with clearly written, measurable objectives ✓ At least 20 minutes of the breakfast is dedicated to audience participation | SCORE (Maximum of 4 points) |
| Quality of Presenters | |
| MORNING SEMINAR CRITERIA | |
| <ul style="list-style-type: none"> ✓ Authors have a strong track record in the topic and or field ✓ Presenters have strong conference presentation skills <p>Indicate n/a if you cannot confidently judge the authors' presentation skills</p> | SCORE (Maximum of 2 points) |
| Significance | |
| MORNING SEMINAR CRITERIA | |
| <ul style="list-style-type: none"> ✓ Topic will be an update/research summary on a theme which is of high interest to the AACPD audience ✓ Addresses an important/topical problem or a critical barrier to progress in the field | SCORE (Maximum of 3 points) |
| Evidence-Based | |
| MORNING SEMINAR CRITERIA | |
| <ul style="list-style-type: none"> ✓ Proposed session includes current content, based on best available evidence <p>NOTE: Please flag the submission in the notes section if it has a clear commercial bias OR if the presentation plans to promote use of a proven ineffective intervention/technique.</p> | SCORE (Maximum of 4 points) |
| TOTAL SCORE | |

77TH ANNUAL MEETING
Chicago Marriott Magnificent Mile
September 10-13, 2023



**Winds
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Demonstration Poster

ABSTRACTS ARE BLINDED

The purpose of a Demonstration Poster is to showcase emerging ideas, generate discussion regarding service delivery models, highlight novel techniques and technologies; and/or advocacy efforts pertaining to the care of people with childhood-onset disabilities. Demonstration Posters can be used to highlight an upcoming funded clinical study (i.e., study protocol), but research with results must be submitted as a Scientific Presentation.

The following criteria are to be used to judge Demonstration Poster abstracts:

- Relevance to AACPDMD meeting attendees and members
- Innovation
- Potential to impact childhood-onset disability
- Freedom of commercial bias
- Safety
- Appropriateness of submission for a demonstration poster

If the poster is not free of commercial bias or promote an unsafe practice, or clearly should have been submitted as a scientific presentation, please indicate this in the notes section.

The abstract should be structured as follows:

- Background/Objectives
- Description
- Significance

Demonstration Posters will only be graded as "Accept", "Not Accept" or "Not Accept due to commercial bias, unsafe practice, or inappropriate for a demonstration poster".

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Clinical Observation/Single Case Study Poster Scoring

ABSTRACTS ARE BLINDED

The purpose of the Clinical Observation or Single Case Study poster is to share observations and single case studies that illustrate important or novel findings, treatment outcomes, or lines of scientific inquiry. The goal is to serve as a forum for interesting observations that may not meet the robust standards of scientific evidence needed for a scientific poster but are compelling to our attendees and inspire idea generation about potential new directions for clinical consideration and scientific inquiry.

The following criteria are used to judge Clinical Observation/Single Case study posters:

- Relevance to AACPDM meeting attendees and members
- Innovation
- Potential to impact childhood-onset disability
- Freedom of commercial bias
- Safety

Note: Abstracts that include data analyses and results must be submitted as Scientific Presentations including reviews (i.e., systematic, scoping, umbrella) and meta-syntheses. Abstracts that are clearly more appropriate for scientific presentations will not be considered for this poster category. Please note if this is the case.

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| Level of Evidence* | Intervention | Prognosis | Diagnosis | Epidemiological studies | Basic Science | Qualitative Research | Score | Your score |
|---|---|--|---|--|--|---|-------|------------|
| 1 | Rigorous Systematic review of RCTs conducted according to established guidelines Group design Randomized controlled trials | Systematic review conducted according to established guidelines | Systematic review conducted according to established guidelines | Rigorous study using mandatory national registry | Meets all criteria: 1) Hypothesis driven, 2) Appropriate design (controls, adequately powered), 3. Appropriate analysis, 4) Detailed Results, 5) Results support conclusions, 6) Clear clinical implications | 1) Clearly identified research design 2) Evidence of congruence between research question, data collection, analysis 3) Evidence of depth of analysis and rich descriptions of lived experience 4) Clear clinical implications | 4 | |
| 2 | Single case design - Randomized N-of-1 RCT, alternating treatment design (ATD), and concurrent multiple baseline design (MBD) | Prospective and retrospective cohort studies or control arm of RCT | Cross sectional study with consecutive sample | Systematic review of random sample census or survey studies Random sample census or survey study | Meets 4 of 5 criteria listed above. | Meets 3 of 4 criteria listed above | 3 | |
| 3 | Cohort studies with concurrent control group Single case design Non-randomized, non-concurrent multiple baseline design | Case-control study | Cross sectional study with non-consecutive sample with consistently applied reference standard | Systematic review of non-random sample census or survey or voluntary data registry studies Non-random sample or survey, voluntary data registry study | Meets 3 of 5 criteria listed above | Meets 2 of the 4 criteria listed above | 2 | |
| 4 | Single group study (pre-post-) with no control group Case series with baseline and follow-up data using historical controls (i.e., published data, normative data) Single case design Non-randomized design with at least three phases (ABA, ABAB, BAB, etc.) | Cross-sectional design | Cross sectional study with non-consecutive sample and/or without consistent application of reference standard | Ecological study | Meets 2 of 5 criteria listed above | Meets 1 of the 4 criteria listed above | 1 | |
| 5 | Clinical case study (NB include <i>qualitative</i> case studies under qualitative design) Single case design using Non-randomized AB design Case series with data at only one timepoint or without historical control group. | | | | Meets 0 or 1 criteria listed above | Meets none of the criteria listed above. | 0 | |
| METHODOLOGICAL QUALITY Identify the study quality and limitations REGARDLESS of study design (e.g., Systematic reviews , RCTs , observational studies (cohort, case-control, cross-sectional), prognostic/diagnostic studies , pre-clinical (animal/cell) studies, clinical case studies , single case (subject) design and qualitative research) See the Equator Network for additional reporting guidelines http://www.equator-network.org/reporting-guidelines/ | | | | | | High Quality | 2 | |
| | | | | | | Lower Quality | 1 | |
| | | | | | | Major Flaw | 0 | |
| LIKELY CONTRIBUTION TO THE EVIDENCE BASE? | | | | | | Yes (significant contribution to evidence base) | 1 | |
| | | | | | | No (minimal contribution to evidence base) | 0 | |
| POTENTIAL INTEREST TO AACPDM AUDIENCE | | | | | | High | 2 | |
| | | | | | | Low | 0 | |
| EXTERNAL VALIDITY (ability to be generalized to other contexts; for qualitative studies, is there in-depth description of participants?) | | | | | | High | 1 | |
| | | | | | | Low | 0 | |
| ANALYSIS (appropriateness of analysis methods) | | | | HIGH QUALITY - Most rigorous analysis for the study design and research question (e.g., intervention studies may report effect measures such as differences or odds ratios AND analytic methods (tests which yield p-values) For qualitative research, the analysis well-described and rigorous | | | 2 | |
| | | | | LOWER QUALITY – Use of descriptive methods (e.g., means, distributions) without analytic methods, when higher level analysis would have been possible and more appropriate for the research question and study design. | | | 1 | |
| | | | | MAJOR FLAW – Analysis methods used were incorrect. | | | 0 | |
| TOTAL | | | | | | | | |
| *The study designs included here are examples; the list is not exhaustive (e.g., measurement development and etiological studies are not included). If the design is not included, please attempt to score 1-4. If you are unsure, make a note in the comments section. | | | | | | | | |



SCIENTIFIC PRESENTATION SCORECARD DEFINITIONS

Type of Research

Intervention Studies: Investigating the effects of interventions—Does this intervention help? What are the harms?

Prognosis Studies: Investigating the effect of patient characteristics on the outcome of a disease—What is the natural history of the condition? What will happen if we do not add a therapy?

Diagnostic Studies: Investigating a diagnostic test to determine if the test is accurate. Is this test worthwhile?

Prevalence Studies: Investigating the proportion of people with a condition during a designated time period—How common is the condition?

Basic Science Studies: Involving laboratory studies with cell cultures, animal models or physiological experiments

Research Designs

Systematic Review (SR): Following a systematic process for selecting, assessing and extracting data from peer-reviewed publications to provide a summary of the evidence regarding a particular condition or intervention. SRs are often conducted to determine the state of the evidence for particular interventions.

Randomized Control Trial (RCT): Study in which participants are randomly into separate groups, usually called exposed and unexposed groups (or treatment and control groups), to receive or not receive an intervention. The results are assessed by statistical comparison of outcomes in the exposed and unexposed groups. This design minimizes the effects of confounding variables due to the nature of randomized assignment; deals with selection bias by assigning exposure after study enrollment and measurement error by blinding assessors and, if feasible, participants.

Prospective Cohort Study: Categorizing subjects into two or more groups **based on their status of exposure** such as intervention or patient characteristics. In prospective cohort studies, the investigators conceive and design the study, recruit participants, and collect baseline exposure data, **before** any of the participants have developed the outcomes of interest. The subjects are then followed into the future in order to record the development of any of the outcomes of interest.

Retrospective Cohort Study: Categorizing subjects into two or more groups **based on their status of exposure** such as intervention or patient characteristics. Investigators initiate the study **after** all of the outcomes have already occurred. Therefore, both exposure status and outcome are ascertained retrospectively.

Case-Control Study: Categorizing subjects into two or more groups **based on their status of outcome:** with the outcome (cases) and without the outcome (controls). The investigators examine the frequency of the exposure or, if the exposure is continuous, the level of the exposure in each group to investigate the relationship of the exposure and the outcome.



Abstract Scoring Rubrics

Cross-sectional Study: A study in which exposure and disease are determined at the same point in time in a given population.

Case Series: A group or series of case reports involving patients who were given similar treatment. Reports of case series usually contain detailed information about the individual patients. This includes demographic information (for example, age, gender, ethnic origin) and information on diagnosis, treatment, response to treatment, and follow-up after treatment.

Case Study: a case report involving one or more patients who were given a particular treatment. A report of case contains detailed information about individual patients. This includes demographic information (for example, age, gender, ethnic origin) and information on diagnosis, treatment, response to treatment, and follow-up after treatment.

Ecological study: The unit of analysis is not individuals but groups of people. Both exposure and outcomes are measured for groups and are summarized to make inferences about a population (e.g., prevalence, incidence rates, etc.). An example of a question for an ecological study is: "What is the prevalence of cerebral palsy among infants born pre-term?"

Qualitative Research: There are many qualitative methodologies used in health research including, but not limited to, grounded theory, focused ethnography, phenomenology and interpretive description. A common purpose of qualitative research is to gain insight into the lived experience of a phenomenon from the perspective of individuals who have experienced it. Data collection methods often involve interviews (either individual or focus groups), observation, or participant-observation.

Single Case (Subject) Design: Single Case design is used to determine whether a causal relationship exists between a manipulated variable (independent variable) and the outcome (dependent variable). Typically, single case studies involve repeated measurements across phases to monitor how individuals respond to changing conditions. Participants are used as their own controls. Data analysis techniques can be visual and/or statistical.

Subject Selection

Consecutive sample: Including all participants meeting the inclusion criteria

Non-consecutive sample (convenience sample): Not including all participants that meet the inclusion criteria

Random sample: Randomly selecting participants in a population in such a way that each subject has equal chance of being selected.

Purposive sampling: The sample is selected by researchers based on individuals they think would be appropriate for the study. Purposive sampling is frequently used in qualitative research.