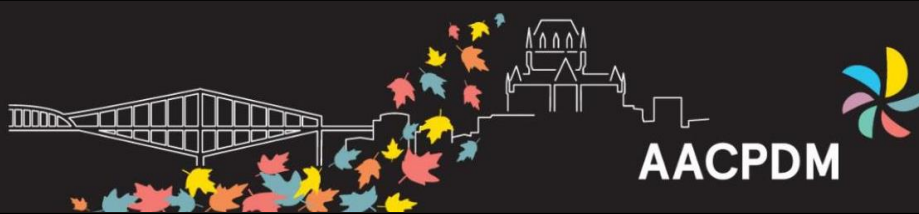




## Scientific Presentation Scoring Criteria

Scientific Presentations are scored in 6 domains and review is blinded. Please refer to the Appendix for more details on Scientific Presentation Terminology.

Domain 1: Level of Evidence (4 points maximum)							
Level of Evidence	Intervention	Prognosis	Diagnosis	Epidemiological	Basic Science	Qualitative	Score
1	Rigorous <b>Systematic review</b> of RCTs conducted according to established guidelines  <b>Group design</b> 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	Meets all criteria: 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	<b>4</b>
2	<b>Single case design</b> - 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				
2				<b>Systematic review</b> of random sample census or survey studies  Random sample census or survey study	Meets 4 of 6 criteria listed above.	Meets 3 of 4 criteria listed above	<b>3</b>
3	<b>Cohort studies</b> with concurrent control group  <b>Single case design</b> Non-randomized, non-concurrent multiple baseline design	Case-control study	Cross sectional study with non-consecutive sample with consistently applied reference standard	<b>Systematic review</b> of non-random sample census or survey or voluntary data registry studies  Non-random sample or survey, voluntary data registry study	Meets 3 of 6 criteria listed above	Meets 2 of the 4 criteria listed above	<b>2</b>
4	<b>Single group study (pre- post-)</b> with no control group  <b>Case series</b> with baseline and follow-up data using historical controls  <b>Single case design</b> 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 6 criteria listed above	Meets 1 of the 4 criteria listed above	<b>1</b>
5	<b>Clinical case study</b> (quantitative design)  <b>Single case design</b> using Non-randomized AB design  <b>Case series</b> with data at only one time point or without historical control group.				Meets 0 or 1 criteria listed above	Meets none of the criteria listed above.	<b>0</b>



**Domain 2: Methodological Quality (2 points maximum)**

<i>Regardless of study design, what is the quality of the study? Some factors to consider include: selection of participants, choice of research setting, choice of sample size, quality of outcome measures chosen, and efforts made to reduce bias.</i>	High Quality	<b>2</b>
	Lower Quality	<b>1</b>
	Major Flaw	<b>0</b>

**Domain 3: Statistical Analysis (2 point maximum)**

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.	<b>2</b>
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.	<b>1</b>
Major Flaw: Analysis methods used were incorrect.	<b>0</b>

**Domain 4: External Validity (1 point maximum)**

How likely can the study be generalized to other contexts? For qualitative studies, is there in-depth description of participants to help with generalizability?	High	<b>1</b>
	Low	<b>0</b>

**Domain 5: Contribution to the Evidence Base (1 point maximum)**

Does the study add to the body of knowledge of the condition and uniquely contribute to the evidence base?	Significant Contribution	<b>1</b>
	Minimal Contribution	<b>0</b>

**Domain 6: Interest to AACPDm Audience (2 point maximum)**

Does the study focus on topics of interest to AACPDm members? Does the study pertain to individuals with childhood-onset disability?	High Interest	<b>2</b>
	Low Interest	<b>0</b>

*Please refer to the Appendix for more details on Scientific Presentation Terminology.*



## Demonstration Posters

The purpose of a Demonstration Poster is to show case 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.

Review of demonstration posters is blinded.

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

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

- Innovation
- Potential to impact research and/or clinical practice in childhood-onset disability
- Freedom from commercial bias
- Safety
- Scientific abstracts of hypothesis driven research or other abstracts that would qualify for submission as a Scientific Presentation will not be considered for Demonstration Posters

## Clinical Observation or Single Case Study Posters

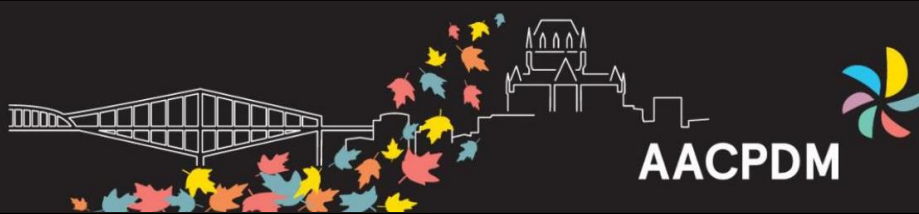
The purpose of the Clinical Observation or Single Case Study poster is to share observations and single case studies that illustrate important or novel findings, treatment outcomes, or lines of scientific inquiry. The goal is to serve as a forum for interesting observations that may not meet the robust 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 review of Clinical Observation or Single Case Study Posters is blinded.

**Clinical Observation of Single Case Study Posters will be graded as "Accept", "Not Accept" or "Not Accept due to commercial bias, unsafe practice, or inappropriate for a demonstration poster."**

The following criteria will be used to judge Clinical Observation and Case Study Poster abstracts:

- Innovation
- Potential to inform research and/or clinical practice in childhood-onset disability
- Freedom from commercial bias
- Safety



## Morning Seminars

Morning Seminars are 1 hour instructional courses offered throughout the conference. Preference is given to highly interactive sessions with audience participation. **There is a maximum of 2 Morning Symposia presentations per speaker.**

Scoring criteria are as follows:

Meets Submission Criteria	
<ul style="list-style-type: none"> <li>✓ Appropriate number of presenters (no more than 4 presenters listed)</li> <li>✓ Course format is appropriate with clearly written, measurable objectives</li> <li>✓ At least 20 minutes of the breakfast is dedicated to audience participation</li> </ul>	<b>4 points maximum</b>
Quality of Presenters	
<ul style="list-style-type: none"> <li>✓ Authors have a strong track record in the topic and or field</li> <li>✓ Presenters have strong conference presentation skills</li> </ul>	<b>Yes/No (Does not affect total score)</b>
Significance	
<ul style="list-style-type: none"> <li>✓ Topic will be an update/research summary on a theme which is of high interest to the AACPDM audience</li> <li>✓ Addresses an important/topical problem or a critical barrier to progress in the field</li> </ul>	<b>3 points maximum</b>
Evidence-Based	
<ul style="list-style-type: none"> <li>✓ Proposed session includes current content, based on best available evidence</li> <li>✓ No commercial bias</li> <li>✓ No promotion or use of a proven ineffective intervention/technique.</li> </ul>	<b>4 points maximum</b>

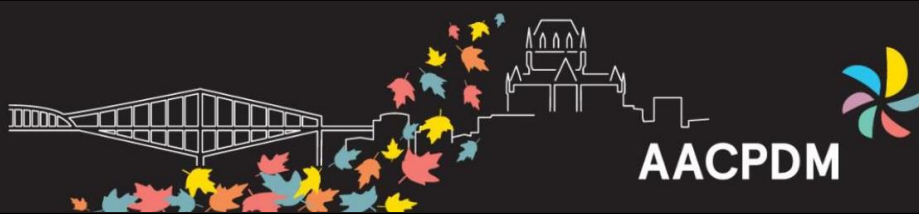


## Mini-Symposia

*Mini-Symposia are 2 hour instructional courses offered throughout the conference. Preference will be given to Mini-Symposia that include multi-center presenters. International collaboration is encouraged. **There is a maximum of 2 Mini-Symposia presentations per speaker.***

Scoring criteria are as follows:

Meets Submission Criteria	
<ul style="list-style-type: none"> <li>✓ Appropriate number of presenters (No more than 8 additional presenters listed)</li> <li>✓ Course format is appropriate with clearly written, measurable objectives</li> <li>✓ Evidence of planned, interactive elements</li> </ul>	<b>4 points maximum</b>
Quality of Presenters	
<ul style="list-style-type: none"> <li>✓ Authors have a strong track record in the topic and or field</li> <li>✓ Presenters have strong conference presentation skills</li> </ul>	<b>Yes/No (Does not affect total score)</b>
Significance	
<ul style="list-style-type: none"> <li>✓ Topic will be an update/research summary on a theme which is of high interest to the AACPD audience</li> <li>✓ Addresses an important/topical problem or a critical barrier to progress in the field</li> </ul>	<b>3 points maximum</b>
Evidence-Based	
<ul style="list-style-type: none"> <li>✓ Proposed session includes current content, based on best available evidence and the course appears to be of high quality</li> <li>✓ No commercial bias</li> <li>✓ No promotion or use of a proven ineffective intervention/technique.</li> </ul>	<b>4 points maximum</b>



## Pre-Meeting Instructional Course

*Pre-Conference Instructional Courses (or “Pre-Courses”) are 4 hour in-depth instructional courses offered on the day before the conference commences. Preference will be given to Pre-Courses that include multi-center presenters. International collaboration is encouraged. **There is a maximum of 1 pre-conference per speaker.***

Scoring criteria are as follows:

Meets Submission Criteria	
<ul style="list-style-type: none"> <li>✓ Appropriate number of presenters (No more than 10 total presenters listed)</li> <li>✓ Course format is appropriate with clearly written, measurable objectives for a 4 hour slot</li> <li>✓ Evidence of planned interactive elements incorporating dynamic contemporary teaching approaches</li> </ul>	<b>4 points maximum</b>
Quality of Presenters	
<ul style="list-style-type: none"> <li>✓ Authors have a strong track record in the topic and/or field</li> <li>✓ Presenters have strong conference presentation skills</li> </ul>	<b>Yes/No (Does not affect total score)</b>
Significance	
<ul style="list-style-type: none"> <li>✓ Topic will be an educational update/research summary on a theme which is of high interest to the AACPDm audience</li> <li>✓ Topic addresses an important/topical problem or a critical barrier to progress in the field</li> </ul>	<b>3 points maximum</b>
Evidence-Based	
<ul style="list-style-type: none"> <li>✓ Proposed session includes current content, based on best available evidence, and the course appears to be of high quality</li> <li>✓ No commercial bias</li> <li>✓ No promotion or use of a proven ineffective intervention/technique.</li> </ul>	<b>4 points maximum</b>





## Appendix: Scientific Study Terminology

Scientific Presentations are divided into the following **study types**:

- *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?
- *Epidemiological 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
- *Qualitative Research Studies*: Gains 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. There are many qualitative methodologies used in health research including, but not limited to, grounded theory, focused ethnography, phenomenology and interpretive description.

Studies can have the following **research designs**:

- *Systematic Review (SR)*: Follows 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.
- *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.
- *Cross-sectional Study*: A study in which exposure and disease are determined at the same point in time in a given population.
- *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?”
- *Prospective Cohort Study*: Categorizes 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*: Categorizes 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*: Categorizes 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.
- *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.
- *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.

Research studies can perform **subject selection** in the following ways:

- *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.