CAOT · ACE
Canadian Association of Occupational Therapists
Association canadienne des ergothérapeutes

# CAOT CONFERENCE SUBMISSION GUIDELINES

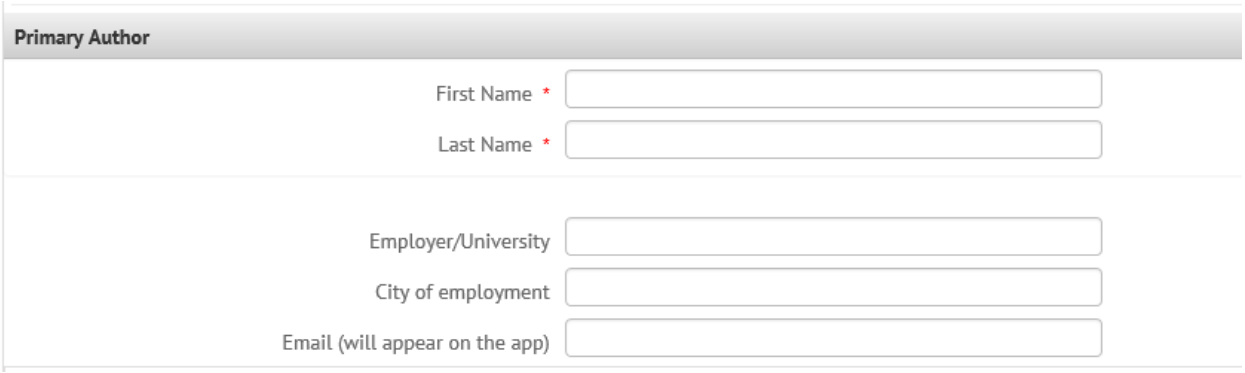
## CLINICAL SUBMISSION

# Introduction

This document is to show you what you will be required to fill out on the abstract submission form and how to properly format the content.

# Authors

The list of authors. For the primary author you will be required to include first name, last name, employer/university, city of employment and email address if you would like to appear on the app. If you do not wish to list your employer, city or email address, leave the field blank.




Each additional author to a max of ten authors you will be required to include first name, last name, employer and email address if you would like to appear on the app. You must have permission from each author to include their email address as it will appear on a public app.

# ABSTRACT CONTENT

## Title

The title should be no more than ten words total. It should follow APA style guides. It should not be all caps. Capital letters should only be used at the beginning of the title, for a proper noun or after a colon. While abbreviations are discouraged, if it is a commonly known abbreviation, it is allowed.

**Example of a correct title:** This title is correct for CAOT: Don't you think?
**Example of an incorrect title:** This Title is Correct for CAOT: Don't You Think?

# ABSTRACT CONTENT

## Abstract

The abstract should be no more than 250 words (paper or poster submissions) or 350 words (extended discussion or hands-on submissions). Please ensure when discussing people with lived experience to use person-first or identity-first language that respects the person or the community's preferences.

The following headings must be used in the order that best flows for your abstract:

- Background/Introduction
- Practice problem/issue or innovation/success
- Approach/ findings/reflection
- Learning objectives
- Practice implications

**Background/Introduction**: familiarize or connect the reader with the relevant background of the topic. Highlight why the occupational therapy community should be interested in this topic.

**Practice problem/issue or innovation/ success**: share the problem/issue or success. (What prompted the need for change or improvement? How did you come to realize this? What information did you use to inform your need for change?
(ex) patient feedback; research evidence; data on patient outcome; a change in resource etc.)

**Approach/ findings/reflections**: outline how the topic was explored and/or the results (What steps did you take to address your change/project? What lessons did you learn along the way that other clinicians could learn from? Who did you involve and why? What were some barriers you had to navigate? What might you do) differently?
**Learning objectives:** what knowledge and/or skills will attendees gain by attending your session
**Practice implications:** State the key message/value on how this could be used in practice

Headings that have choices with / or 'or' dividing them, choose the one that best suits your abstract. The final abstract should be just one paragraph, not one line/paragraph for each heading. The five headings should not be capitalized. The headings are not counted in the word count.

# ABOUT YOUR ABSTRACT

**Example of correct abstract format**: (sample is not correct # of words): Introduction: This is where I familiarize or connect the reader with the relevant background of the topic. Highlight why the occupational therapy community should be interested in this topic. Innovation: This is where I share the problem/issue or success/innovation. Approach: This is where I describe how my innovation was developed. Learning objectives: This is where I explain what knowledge and/or skills attendees will gain by attending your session. Practice implications: This is where I explain the benefits of using this in their practice.

**Example of an incorrect abstract format** - not one paragraph or capitalized headings:
INTRODUCTION: This is where I familiarize or connect the reader with the relevant background of the topic. Highlight why the occupational therapy community should be interested in this topic.
INNOVATION: This is where I share the problem/issue or success/innovation.
APPROACH: This is where I describe how my innovation was developed.
LEARNING OBJECTIVES: This is where I explain what knowledge and/or skills attendees will gain by attending your session.
PRACTICE IMPLICATIONS: This is where I explain the benefits of using this in their practice.

**See example of a real abstract at the end of this document.**

## Anonymity

Abstracts should not provide information that would enable reviewers to directly or indirectly identify authorship through the naming of an individual (i.e., therapist or service recipient), program, service, health care provider or geographic region. Reviewers and the Conference Program Committee members must not be able to identify authorship and therefore, abstracts received with identifying information will be returned to the author and may result in disqualification of the submission. Author can request identifying content to be added back into the abstract once the submission has been accepted.

# ABOUT YOUR ABSTRACT

## Reference list

Reference lists should only be included for in-text citations within the abstract. References must be used sparingly (e.g. when discussing a specific approach or model) and must use the APA style. Citations included in the body of the abstract will be included in the word limit. The reference list will not be counted in the word limit.

## Format type

A topic may only be submitted in one category of presentation. Please choose the format that best fits your topic.

### Paper presentation

Paper presentations are sessions in which practice information/innovations/issues is exchanged. This includes any Q&A time. It is recommended that only one person present. The total length of the session is 25 minutes.

### Extended discussion

Extended discussions consist of two parts: a presentation by one or more speakers for part of the session (approximately 20 minutes) and a group discussion or learning experience on the topic, facilitated by the presenter(s). The total length of the session is 55 minutes.

### Poster presentation

A poster presentation is a visual display session. Topics may include practice information/innovations/issues. The presenter will be expected to prepare a brief overview of his or her poster presentation and be available for questions and discussion.

**Submission options:** Face-to-face or virtual

#### Face-to-face

Poster presentations will be electronic and be presented on monitors. Presenters will be required to upload their poster two weeks in advance. The total length of the presentation time is 25 minutes.

#### Virtual

Not able to attend the conference to present your poster presentation? There will be a limited number of poster presentation slots that will allow you to present your poster virtually. You will login through Zoom at

# ABOUT YOUR ABSTRACT

your presentation day/time. A volunteer will start and moderate your presentation.

**Hands-on learning session/Workshop**
Hands-on learning sessions are skills-based sessions with the aim that delegates will be able to take these skills back to their practice. Abstracts must include learning objectives and structure/participant engagement. You need to indicate the amount of time you will require to accomplish your objectives. Hands-on one session range from 1.5-2 hours. Workshops range from 2-3 hours.

## Additional information:

My abstract submission is primarily: research, practice or education (academic).

The authors are primarily: practitioners, researcher/academics, or students.

## Client group

You will need to choose one of the following client groups:

- Children and youth
- Adult
- Older adult
- Community/Population
- Non-specific
- Not applicable

## Focus area

You will need to choose one of the following focus areas:

- Acute conditions
- Advocacy/Leadership
- Chronic conditions
- Environment
- Equity & Justice
- Fieldwork/Education
- Health and well-being
- Mental health
- Primary care/Primary health care
- Professional practice/issues
- Technology
- Work & Return-to-work

# ABOUT YOUR ABSTRACT

## Key words

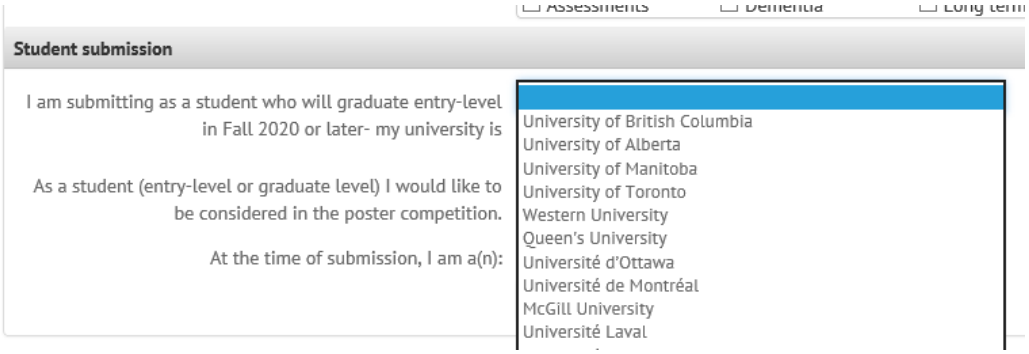
You will be required to choose up to TWO key words that reflect your abstract for indexing purposes. If you choose more than two words, only the first two will be used.

| | | | |
|---|---|---|---|
| acute care | community development | interprofessional | Parkinson's disease |
| advocacy | Long COVID | long term care | private practice |
| ALS | dementia | mental health | program evaluation |
| arthritis | developmental coordination disorder | models | return-to-work |
| assessments | dysphagia | multiple sclerosis | school health |
| assistive devices | Equity & Justice | obesity | seating / mobility |
| autism | evaluation | occupational justice | Sensory integration |
| blindness | evidence-based practice | occupational science | spirituality |
| brain injury | falls | older drivers | stroke |
| cancer | fieldwork | orthopaedics | teaching/education |
| clinical reasoning | hand therapy | orthotics | technology |
| community care | home modification | palliative care | theory |

# ABOUT YOUR SUBMISSION

## Student submission

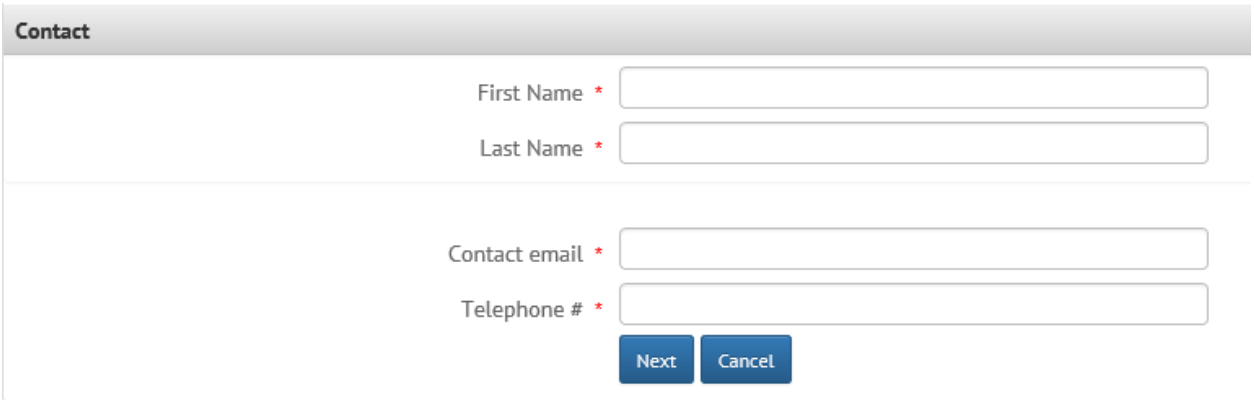
If you are a student who has not yet graduated from an occupational therapy program, please indicate the name of your university. OTA students can choose 'other' and indicate your college/university:




This is for entry-level students and not those in a graduate program.

## Submission contact

The contact details of those who should be receiving communications from CAOT:



# ABOUT YOUR SUBMISSION

## Final disclosure page

You will be asked to answer the following with a yes or no:

I understand that my abstract could be disqualified if I don't meet the following:

My abstract does not contain any content that could identify me, such as an employer/university/known project, city, etc.

My abstract is 250 (paper/poster) or 350 (extended discussion/hands on) words or less.

My title is 10 words or less.

As the submitter of this abstract, I have permission from all listed authors to include their email address, if included, which will appear in the conference program on the app.

## Program development

In order to assist with the program development, you will be asked to indicate all categories that your abstract would fall under. Your abstract does not need to fit in any of the categories to be considered for conference. The categories listed assist the Program Committee in developing some of the larger streams:

Diversity, equity, rights and inclusion
Mental health
Occupational justice
Technology
Home modification
COVID
Driving
None of the above

# ABOUT YOUR SUBMISSION

## Conflict of interest

If the author(s) has/have any commercial interests or associations that might pose a conflict of interest regarding this submission, please list them:

A conflict of interest can occur when you (or your employer or sponsor) have a financial, commercial, legal, or professional relationship with other organizations, or with the people working with them, that could influence your submission.

Potential conflicts of interest in relation to your submission could include consultancies, employment, grants or fees/honoraria.

When making a declaration, the disclosure information must be specific and include any financial relationship that the author(s) of the abstract submission has/have with any sponsoring organization and the for-profit interests the organization represents, and with any for-profit product. Any commercial or financial involvements that might represent an appearance of a conflict of interest need to be additionally disclosed on the abstract submission form.

# SUBMISSION FAQs & EXAMPLES

## Submission FAQs

**Will I receive a confirmation from CAOT that my abstract has been received?**
Yes, you will receive an email confirmation that your abstract has been received. if you do not receive it right away, check your spam. If it is not there, contact conference@caot.ca

**Can I make changes to an abstract that I have submitted?**
Yes, you can email changes to conference@caot.ca by the deadline. After the deadline, your abstract is assigned to a reviewer to begin the review process and cannot be changed.

**I am submitting just before the deadline and I am having technical issues and cannot reach anyone at CAOT, what should I do?**
Send an email to conference@caot.ca before the deadline. Include your name, the title of your abstract, your abstract, client group and area of focus. This will be considered on time for the review process. CAOT will reach out to you to collect the additional information.

**When will I get notified if my abstract has been accepted?**
Notifications will go out mid-December.

**What format should the title be?**
For titles we follow APA style. Only the first word of the title, or any word following a colon should be capitalized unless it is a proper noun.

**Abstracts need to be a maximum of 250 words, are all words included in that count?**
No, the five required headings and any references are not counted as part of the 250 words.

**How do you format the abstract- should each heading be their own paragraph?**
No, the final abstract should be just one paragraph for all sections. This is a requirement.

**Can the name of a city or province be included in the abstract?** Do not include this information at the submission stage as it often suggests the location of the author. This information can be added back to the program, once you have been accepted.

**What if an author does not have an employer or is not connected to a university, what do we indicate?**
It is ok to leave it blank.

**Is there a limit to how many authors can be listed?**
No, there is no limit to the number of authors. However, there are only 10 spaces in the online form. You can add additional authors in the notes section.

**Does the primary author have to present or can one of the other authors do the actual presentation?**
No, any author listed could present the session.

# SUBMISSION FAQs & EXAMPLES

## Examples of clinical abstract submissions

**Quick-reference, visual guide for wheeler and clinician wheelchair skills training**
*Allison Robinson, Emerald Savary*

Background: Using a wheelchair is not something that the average person has experienced. Clinicians are often tasked with prescribing a wheelchair and with teaching a person how to use it. Practice problem: In a fast-paced health care system, precisely what skills a wheeler is taught is often dependent on clinician experience, time and available resources. Most available resources are lengthy and written for clinicians; they are rarely designed for quick reference. As a result, a quick-reference, visual guide for teaching manual wheelchair skills was developed. Approach: Clinical expertise from occupational therapists and rehabilitation assistants working in spinal cord injury rehabilitation was used to identify 26 wheelchair skills essential to manual wheelchair mobility. Two-sided wheelchair skills cards were developed to be used simultaneously by wheelers and clinicians during wheelchair skills training. Each skill was broken down into key visuals, steps/cues, safety, and grading. Learning Objectives: To name three main barriers to teaching wheelchair skills in daily practice; identify why wheelchair skills are important from a health systems standpoint; provide an introduction to a Clinician/Wheeler Manual Wheelchair Skills Guide; and provide at least one way the guide can be immediately applied to daily practice. Practice implications: To disseminate and share the clinical utility of a manual wheelchair skills guide — a quick-reference teaching tool for clinicians to use in the moment with their clients to improve wheelchair skill acquisition, and the overall quality of occupational therapy services.

**Addressing suicide in clinical practice: Practical applications**
*Theresa Straathof, Cassi Starc*

Introduction: Occupational therapists are well suited to facilitate suicide safety through exploring what occupations bring purpose to clients within their environments. Knowing and valuing a comprehensive approach to suicide safety empowers occupational therapists to assist clients dealing with suicide thoughts, plans or actions, and helps clients find meaning again in their occupations. Practice problem/issue: Occupational therapists in every area of practice will encounter clients at risk for suicide. In 2014, members of the Canadian Association of Occupational Therapists sent a call for action requesting tools and resources for addressing suicide. In response, a role paper for suicide prevention was developed (Hewitt et al, 2019). Yet, there continued to be a knowledge/skill gap in implementing the role paper recommendations. Approach: Further exploration of the literature was carried out to inform a comprehensive approach across the spectrum of suicide prevention, intervention and postvention. Three documents were developed to support practice tools and resources related to the role paper recommendations. Learning objectives: The participants will: 1) Explore key practice tools for suicide prevention, intervention and postvention within the occupational therapy scope; and 2) Choose evidence-based resources to address suicide in various practice contexts. Practice implications: Clinicians will gain confidence to use resources/tools to address and advocate for suicide safety with clients and in their community or institutional environment.

# SUBMISSION FAQs & EXAMPLES

**Occupational therapy and whistleblowing: Reflections on risks, benefits, and resolutions**
*Richard Kellowan, Meridith McClenaghan, Ruheena Sangrar*

Introduction: Whistleblowing involves reporting illegal, unethical, or unprofessional actions that compromise healthcare safety and quality. Occupational therapists (OTs) become whistleblowers if they expose issues, outside of mandatory reporting, to preserve the integrity of client care. Practice Issue: Whistleblowing in occupational therapy has not been formally examined, including OT reflections on the risks, benefits, and resolutions on whistleblowing. These reflections may influence whether OTs speak up or remain silent. Approach: Authors will explore whistleblowing by OTs through four steps. 1) Reviewing the literature on medical whistleblowing, including professional risks, benefits, and resolutions. 2) Demonstrating relevance to OTs through case reports. 3) Discussing OT experiences as whistleblowers and sharing their resolutions for practice. 4) Outlining the need for professional practice standards on whistleblowing. The three case reports were identified through an eighteen – month retrospective review of safety reports (n=18) at a rehabilitation hospital. The Gibb's Reflective Cycle will be used to describe their experiences, explore feelings, evaluate actions, analyse outcomes, consolidate clinical conclusions, and devise action plans for practice. Learning Objectives: This session will introduce attendees to the concept and practice of whistleblowing in occupational therapy. By the end of the session, attendees will be aware of how to recognize opportunities that invoke the need for whistleblowing in their practice, as well as practical strategies for action. Practice Implications: Case reports discussed will illustrate occupational therapists' competence for engaging in whistleblowing. Institutional structures and education are encouraged to support practitioners in developing their confidence competencies to engage in this important professional practice.

**Stomping on eggshells: Skills to challenge hegemony in occupational therapy**
*Kaarina Valavaara, Angie Phenix Samira Omar Janna MacLachlan Sherry Just*

Background/Introduction: Occupational therapists are becoming increasingly aware of the importance of addressing white supremacy and the dominance of western thought in occupational therapy research, education, and clinical practice (Restall & Egan, 2021; Grenier, 2020; White & Beagan 2020; Gerlach et al., 2017). Practice problem/issue or innovation/success: Support is needed for clinicians, educators, and researchers to develop skills in identifying their own positionality as well as translating this awareness to actions that can disrupt the power structures that continue to oppress and limit occupational possibilities of Black, Indigenous, racialized and marginalized peoples in Canada. Approach/ findings/reflections: An interactive panel presentation will be used to share first person lived experiences in becoming aware of positionality and worldviews. Participants will then be invited to use small group, case based learning to practice identifying social positions and generate strategies to translate this awareness into meaningful actions. Large group discussions will be used to share and consolidate learning through discussion of key skills, tools, and reflective critical questions that participants can apply to their practice areas. Learning objectives: This session will facilitate application of skills for participants to identify and challenge dominant worldviews and accompanying power structures in various areas of occupational therapy education, research, and practice. Practice implications: Participants will leave the session with an opportunity to create their own concrete action plan for addressing dominant worldviews and power structures that inhibit equity and occupational justice for Black, Indigenous, racialized and marginalized peoples in Canada. Resources will be provided to empower participants to address injustice and challenge oppressive practices, policies and systems in their spheres of influence.

# SUBMISSION FAQs & EXAMPLES

**Occupational therapy's role in cognitive screening: Moving beyond the MoCA**
*Cherie Henderson, Carmen Lazorek, Eileen Keogh*

Background New training requirements for the Montreal Cognitive Assessment [MoCA] prompted a best-practices review of cognitive screening including Occupational Therapy's (OT) unique role in functional cognition, defined as "the ability to use and integrate thinking and performance skills to accomplish complex, everyday activities" (Giles, et al., 2017, p 1.). Learning objectives Attendees will learn about one organization's process of examining clinically appropriate cognitive screening practices, adopting a range of screening tools for use across disciplines, and promotion of occupational therapy as the expert in functional cognition. Approach An OT-led interprofessional working group examined screening practices and professional roles across populations and sectors. Seniors, Neurology, and Addictions/Mental Health sub-groups reviewed literature, consulted subject matter experts and identified evidence-based, accessible options for each area. Concurrently, OT practice leaders identified implications for OTs' use of standardized screening tools within the context of functional cognition. Recommendations and implementation resources for cognitive screening were disseminated and a survey conducted to examine adoption, enablers, barriers and additional resources required. Innovation/success Six evidence-based, accessible tools were recommended and education regarding appropriate use, limitations and interprofessional roles was provided. Based on the available evidence and best practices collected via interviews and surveys, key messages were used to promote a clinically appropriate, client-specific approach to tool selection and greater emphasis on the OT role in functional cognition. Practice implications Cognitive screens can be administered by a variety of professionals whereas the unique contribution of OT is to provide a broader, more comprehensive functional cognitive assessment.

## Need assistance with writing your abstract? Contact conference@caot.ca to be paired with a mentor.