ABSTRACT GUIDELINES

The quality of the scientific programme depends on your submissions and we thank you for choosing this conference to present your work.

DEADLINES FOR RECEIPT OF SUBMISSIONS

BIGSPD Admin office must be in receipt of all submissions by **5pm on Friday 14th January 2022.**

ABSTRACT SUBMISSION:

➢ Complete the online submission here no later than **14th January 2022.**. Email receipt of submission will be provided.

➢ You will be informed of the decision of the evaluations after 7th February 2022.

REGISTERING TO ATTEND THE CONFERENCE:

➢ **All** presenters and co presenters need to register and pay to attend the 3 day conference by completing and returning a registration form.

➢ Registration forms and further details about this will be sent with all acceptance letters.

➢ **Abstracts will be judged anonymously so please do not include names on your PDF document.**

TYPE OF PRESENTATION:

The types of work we would like to see presented include:

- Research. This kind of work usually generates new knowledge where there is no or limited research evidence available. Research usually has the potential to be *generalisable* or *transferable* i.e. the data is collected in such a way that the findings are likely to hold true in other contexts e.g. other services, other parts of the UK, or internationally. Research involves collecting novel data, or analysing data that others have collected, using scientifically robust methodology. Submissions that reflect our values of co-production will be viewed more positively. We are aiming for 50% of accepted submissions to fall under this category.

- **Service development**, **service evaluation**, or **quality improvement**. These involve local changes to clinical practice or evaluations of existing clinical practice. These types of submission mainly aim to evaluate what is happening in a particular clinical service. Submissions that reflect our values of co-production will be viewed more positively. You must also demonstrate critical appraisal of your service or initiative, including of the initiative itself and/or of the methods used to evaluate it.

- Other. We are open to other types of submissions e.g. experiential pieces, lived experience accounts, debates, big ideas. These will be judged on a case-by-case basis in line with our values and fit with the overall conference programme.

This year we will be especially keen to receive abstracts exploring work around personality disorder in connection to complex trauma/ PTSD; racial and gender identity inclusivity; child and adolescent mental health; forensic work and out of area placements. We will also be particularly keen to hear from under-represented groups including people with lived experience of the diagnosis of personality disorder, black and brown people and people with different sexual identities. We will be seeking to achieve balance in our accepted abstracts between different types of knowledge and different viewpoints.

FORMAT OF PRESENTATION:

Work can be presented as an oral symposium, a standalone oral presentation, a workshop or a poster.

Symposia provide an opportunity to bring together a number of focused presentations on a particular topic. They are typically 90 minutes in length in total. We reserve the right to ask some presenters to reduce the total length of their symposium. Your symposium should consist of three or four oral presentations from different authors on a related theme. After the presentations, a discussant may provide an overview of the main issues and facilitate a general discussion of the topic by the audience and authors. The symposium submission must include an overview plus a structure abstract for *each* presentation. **All the submission forms for the symposium must be submitted together by the symposium convenor.**

Standalone oral presentations are typically 25 minutes long.

Posters allow contributors to present very recent or small-scale work. This helps to keep the conference programme responsive to emerging issues and developments. Posters may include pilot studies or examples of practical application. Further information regarding the dimensions of the poster boards and suggestions of how to display poster material will be supplied to presenters who have their posters accepted. We reserve the right to ask some individuals who have applied to give an oral presentation, to instead present their work as a poster.

Workshops allow contributors to use an interactive format to help participants improve their skills, knowledge or understanding in a particular topic area relevant to clinical practice. They may include group exercises or discussions.

ABSTRACT STRUCTURE: The following are some ideas for how to structure abstracts for **1) Research projects, 2) Service development, service evaluation, or quality improvement 3) Workshops/ Other**. These are only ideas, not all may be relevant to your piece of work.

Abstracts will be judged anonymously so please do not include names on your PDF document.

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1) Research project abstracts

a) Title

b) Objectives

c) Background (Were you addressing a particular gap in the research literature? Were you testing a particular theory? Did you draw on any previous work on the topic to inform your objectives and your methods?)

d) Design

e) Methods If applicable, include details of participants, interventions, data collection, measures, data analysis

f) User involvement/ co-production (How were service users or carers involved in the design, conduct, analysis or dissemination of this piece of work? Will any service users be involved in presenting this work at the conference? N.B. Presenters from NHS or educational establishments, who are involving service user or carer co-presenters, will be expected to obtain the cost of conference attendance from their own organisation rather than applying for the BIGSPD free service user/ carer places.)

g) Results

h) Limitations

i) Conclusion

2

2) Service development, service evaluation, or quality improvement

NB. Accepted abstracts must demonstrate critical appraisal of your service or initiative, including of the initiative itself and/or of the methods used to evaluate it. Uncritical evaluations of a service or initiative will not be accepted. You must explain how you evaluated whether what you did was successful – not just tell us what you did.

a) Title.

b) Type of project

c) Objectives. (What were you trying to achieve with this piece of work?)

d) Background. (Were you addressing a particular gap in service provision or in understanding of lived experiences? Did you draw on any previous work on the topic to inform your objectives and your methods?)

e) Methods. (How did you carry out this piece of work?). You could include some or all of the following:

i) Participants. (E.g. how many people took part; were the participants service users, staff or the general population; what were the key characteristics of the participants)

ii) Intervention. (Did you change, explore or evaluate a particular aspect of clinical practice? E.g. a psychological intervention, medication, service development, service delivery, service user involvement, an assessment tool, a referral pathway.)

iii) Data collection. (What kind of data did you collect to evaluate the success of your project? How did you collect this data?)

iv) Analysis. (How did you analyse the data you collected?)

f) User involvement. (How were service users or carers involved in the design, conduct, analysis or dissemination of this piece of work? Will any service users be involved in presenting this work at the conference? N.B. Presenters from NHS or educational establishments, who are involving service user or carer co-presenters, will be expected to obtain the cost of conference attendance from their own organisation rather than applying for the BIGSPD free service user/ carer places)

g) Results. (What did you find?)

h) Limitations. (What were you not able to do? What was your service not able to achieve? What do you wish you could do more of? How could your evaluation have been better designed?)

i) Conclusions. (What are the implications of your findings for understanding personality disorder or improving clinical practice?)

3) Workshops/ Other

a) Title

b) Objectives (What will be achieved by the end of this workshop/ piece?)

c) Rationale (Is your workshop/ piece addressing a gap in understanding or clinical practice?)

d) Content (What materials, theories, research findings or resources will your workshop/piece drawn upon?)

e) Delivery. (How will the content be delivered? E.g. interactive discussions or exercises?)

f) Justification for workshop/ other format (What will participants gain from this being delivered in this way?)

g) Limitations. (What are the limitations of what you can achieve?)

CRITERIA FOR JUDGING ABSTRACTS:

- **Clarity:** Does the abstract clearly, concisely and comprehensively explain what you want to do and why?

- **Relevance:** Is this piece of work relevant to understanding or advancing the care of people with personality disorder? Does it illustrate good practice or demonstrate innovative ways of thinking about or working with personality disorder?

- **Rationale:** Were the objectives, design and methods of this piece of work informed by a sound rationale?

- **Data collection:** WHERE APPLICABLE - Was the methodology for data collection scientifically robust, reliable and valid? Service development projects are more likely to be selected if they have collected data to evaluate the success of the project. (This criterion is not relevant for workshops/ other submission types).

- **Analysis:** WHERE APPLICABLE - Was the method of data analysis scientifically robust? Service development projects are more likely to be selected if they have collected and analysed data to evaluate the success of the project. This criterion is not relevant for workshops/ other submission types).

- **QUANTITATIVE ONLY** - **Generalisability:** Are the findings likely to be applicable to wider numbers of service users or services across the UK? (Work based on findings from large numbers of participants, with sociodemographic and clinical characteristics reflecting the diversity of service users across the UK, is more likely to be generalisable).

- **QUALITATIVE ONLY – Credibility, Transferability, Reflexivity**: Do the research findings represent plausible information drawn from the participants' original data; can the results be transferred to other contexts or settings; critical self-reflection about oneself as researcher (own biases, preferences, preconceptions), and the research relationship. See https://www.tandfonline.com/doi/pdf/10.1080/13814788.2017.1375092

- **Co-production:** Were service users or carers involved in the design, conduct, analysis or dissemination of this piece of work? Will any service users be involved in presenting this work at the conference? N.B. Presenters from NHS or educational establishments, who are involving service user or carer co-presenters, will be expected to obtain the cost of conference attendance from their own organisation rather than applying for the BIGSPD free service user/ carer places

- **Limitations:** Does the abstract acknowledge the limitations of the piece of work?

- **Conclusions:** Do the conclusions match the findings? Try not to over-state the implications of your findings.

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