

Abstract Submission Guidelines



Abstracts must be submitted to one out of a range of topic tracks that are offered. Submitting authors are requested to check the entire list of tracks carefully so as to ensure they submit to the most appropriate track.

Workshop proposals should be submitted through the 'pre-conference workshops' conference website link, which provides a separate submission system to that for the main conference. See section 6. below for the submission guidelines.

Each track will be chaired by two track chairs appointed by the Scientific Committee. The track chairs will assess the submissions within their tracks. The Scientific Committee has the final decision on the inclusion of abstracts and on the final presentation format.

How are abstracts assessed for inclusion in the scientific programme?

- The abstract content should be explicitly linked to at least one aspect of health psychology.
- The abstract content must be received on time and presented in the appropriate format, e.g., it must not exceed the word limit (details below).
- The abstract should not report research that has been published at the time of submission or research presented at previous EHPS or BPS Division of Health Psychology conferences.
- The study must have followed the standards of ethics in research with human beings and/or animals that apply and have obtained appropriate ethical approval (if an empirical study).
- Submissions of primary and secondary empirical research must include analyses and a summary of findings. It is not sufficient to state "the data will be analysed" or "findings will be presented/discussed".
- The abstract is written using British spelling. Spelling, grammar and English should be satisfactory.

Submissions of good quality meeting these criteria will be accepted for inclusion in the scientific programme.

The most common reasons for rejecting abstracts are:

- Incomplete or insufficient empirical evidence reported in the abstract.
- Did not include theories or applications directly relevant to the discipline of health psychology.
- The guidelines on abstract submission were not adhered to.

- The abstract arrived after the deadline for submission.
- The number of presentations allowed for the presenting author was exceeded.

The maximum number of presentations for presenting authors is one oral presentation and one poster presentation (for this purpose, 'oral presentations' include State of the Art presentations or presentations as part of a symposium, but exclude presentations as part of roundtables or keynote addresses). There is no limit on the number of non-presenting co-author presentations.

All accepted abstracts will be published as an online abstract book and as a supplementary online issue of the *European Health Psychologist* (EHP). It is assumed authors give consent and authorise the Scientific Committee to publish their abstract.

Please note that presenting authors of all accepted abstracts must register and pay the conference registration fee by the deadline for pre-conference online registration. The abstracts of authors who fail to do so will be removed from the programme and will not be published in the final abstract book or in the EHP.

Submission options and abstract formats

When submitting an abstract, the preferred type of presentation should be chosen from the options below, and the appropriate abstract format guidelines followed:

1. Oral presentations
2. State of the art presentations
3. Poster presentations
4. Symposia
5. Roundtables and Debates
6. Workshops

Most submissions are for oral and poster presentations. Oral and poster submissions are subjected to the same criteria. However, many more abstracts are submitted for oral presentations than there are slots available within the programme and so the Scientific Committee will decide which submissions to include as oral presentations and which as poster presentations. These decisions are made in order to try and achieve the ideal programme, which includes high-quality research and reflects contributions from a range of topics, theoretical perspectives, and methodologies.

1. Oral presentations

Oral presentations will last for 15 minutes (10 minutes presentation and 5 minutes for audience questions) and would typically describe original empirical primary or secondary research. They can also include "important replications" (please state in the abstract what this study is replicating and why this is important) or describe "lessons learned" from problems and pitfalls in specific research projects (for the abstract format guidelines, please see the "lessons learned" section for poster presentations, below).

Abstracts not accepted for oral presentation will automatically be considered for a poster presentation. Please do not submit the same abstract twice.

All oral presentations will be allocated by the track chairs to themed individual paper sessions lasting for 90 minutes (i.e., your oral presentation would be one of six presentations within a session on a common topic).

Abstracts should include:

Title: 15 words or fewer (use upper-case letters only for the first word and names).

Author(s) details (name and affiliation): First name(s) followed by surname(s); Institution of affiliation, country. Authors should be no more than 10. The first author is the presenting author.

The body of the text should be no longer than 250 words and include:

Background: State the primary objectives of the study, including the main research questions, aims or theory being tested.

Methods: **Quantitative studies** should include design, participants (including number of participants), measures and analysis; **qualitative studies** should include design, participants, methods of data collection and analysis, e.g. thematic analysis, discourse analysis, interpretative phenomenological analysis.

Findings: Quantitative studies should include a summary of the results (accompanied by important statistical information); qualitative studies should include a description of the main findings such as the themes or categories generated. Note: it is not acceptable to state "findings will be presented". **An abstract that does not include findings will be automatically reassigned as a poster presentation.**

Discussion: Conclusions and/or some discussion of the possible contribution to, or implications for, health psychology and other relevant contexts. Note: it is not acceptable to state "results will be discussed".

Please do not include (a list of) references in the body or at the end of your abstract.

2. State of the Art presentations

Previously called 'overview talks', these are 30-minute talks (plus 15 minutes for discussion) that provide an extended, cutting edge reflection and synthesis of a topic, a theory, or an innovative line of research of current importance to health psychology. They should be of interest to a wide audience.

We encourage submissions on any topic, but particularly welcome submissions related to the conference theme: "*Behaviour change: making an impact on health and health services*". Such a theme-related presentation could include: (a) an overview of studies on, for instance, the state of the art in implementation science or theories applied to implementation research; or (b) an overview of how research has resulted in a substantial impact on health and health services.

Only three state of the art presentations will be included in the conference program. If you wish to give a state of the art presentation, please submit a 300-word abstract and a short statement (max 150 words; prepare as a separate file, to be uploaded in the submission process) justifying why your presentation should be selected for inclusion in the programme by **Friday 8th January 2016 (please note the early deadline)**. These submissions will be judged by the Scientific Committee and a decision communicated by the beginning of February at the latest and before the abstract submission deadline for other submission formats. Therefore, authors who receive a negative decision will be able to resubmit their abstract with slight revisions under a different presentation format (e.g., oral presentation).

3. Poster presentations

Poster presentations can be of the following types:

a. Standard poster

Such posters present original empirical research or reviews. The abstract format is the same as for oral presentations, see above.

b. Lessons learned

Since, very often, problems in research tend to be very informative, a presentation can be devoted to discussing lessons learned from problems and pitfalls in specific research projects.

Abstracts for "Lessons learned" posters (and oral presentations) should include:

Title: 15 words or fewer (use upper-case letters only for the first word and names).

Author(s) details (name and affiliation): Name: first name(s) followed by surname(s); Institution of affiliation, country. Authors should be no more than 10. The first author is the presenting author.

*The **body of the text** should be **no longer than 250 words** and include:*

Background: State the primary objectives of the study, including the main research questions, aims or theory being tested.

Methods: **Quantitative studies** should include design, participants (including number of participants), measures and analysis; **qualitative studies** should include design, participants, methods of data collection and analysis, e.g. thematic analysis, discourse analysis, interpretative phenomenological analysis.

What went wrong: Describe the limitations/obstacles faced in conducting the research and how this impacted upon, for example, the study findings or objectives.

Possible solutions: Describe possible solutions (if any).

Conclusions: What have we learnt from this?

Please do not include (a list of) references in the body or at the end of your abstract.

c. Work in progress

This type of presentation allows researchers to provide information about and share their reflections on work in progress. Although these presentations do not require data collection to be completed, the work still has to be of a demonstrably good scientific quality to be accepted. Consequently, the abstract should have clear and explicit aims and objectives, hypotheses or research questions; methods should be clearly described, with an explicit statement of intended sample characteristics and justification for this; a clear plan of analysis should be outlined, which should make clear how the intended analyses will address the research aims or research question; and the discussion section should clarify the expected or potential implications of the research.

Abstracts for "Work in progress" posters should include:

Title: 15 words or fewer (use upper-case letters only for the first word and names).

Author(s) details (name and affiliation). Name: first name(s) followed by surname(s); Institution of affiliation, country. Authors should be no more than 10. The first author is the presenting author.

*The **body of the text** should be **no longer than 250 words** and include:*

Background: State the primary objectives of the study, including the main research questions, aims or theory being tested.

Methods: **Quantitative studies** should include design, participants (including number of participants), measures and analyses; **qualitative studies** should include design, participants, methods of data collection and analysis, e.g. thematic analysis, discourse analysis, interpretative phenomenological analysis.

Expected results: Describe the preliminary or expected results.

Current stage of work: Describe the stage you are at with regard to the planned work.

Discussion: Some discussion of the possible contribution to, or implications for, health psychology.

Please do not include (a list of) references in the body or at the end of your abstract.

4. Symposia

Symposia provide an opportunity for a series of presentations focused on a particular topic. Symposia should last 90 minutes and be constructed in 15 minute slots. You need to include a minimum of four oral presentations from different authors on a related topic. You may use the two remaining slots flexibly, **but should not include two additional oral presentations**. For example: two separate discussions, one oral presentation and one discussion, a video presentation and an audience engagement activity, or a discussion and audience engagement. All six slots must be filled, and each slot must contain a unique presentation/activity, e.g., the same presentation/activity should not last for two consecutive 15 minute slots. The authors should be from at least two different countries, preferably more (the United Kingdom is considered as one country in this regard). **Presenters in a symposium cannot also be the presenting author of an oral presentation (symposium discussants are not considered presenters in this respect).**

We welcome symposium submissions on any topic of relevance to health psychology, including those focussing specifically on the conference theme.

The symposium convenor must submit the symposium details, a symposium overview abstract and the timetable indicating the running order of the six 15 minute presentations/activities that comprise the symposium. Following this submission, **the abstract submission system will automatically email** the authors named in the symposium details as responsible for each oral presentation in the symposium **a code for the symposium**. These authors should then submit their respective abstracts as per the instructions for oral presentations (see above), but **they must use the code which they have received from the system to link their submission to the symposium**. Further details are provided below.

Symposium details and overview abstract format:

Title: 15 words or fewer (use upper-case letters only for the first word and names).

Convenor details (name and affiliation): First name(s) followed by surname(s); institution of affiliation, country. There can be up to two convenors, but it is a requirement that one of the convenors is designated as responsible for the symposium.

Chair details (name and affiliation): First name(s) followed by surname(s); institution of affiliation; country. There can be up to two chairs. The chair may be the same person as the convenor or an author of one of the symposium presentations.

Oral presenters (name, affiliation and email): First name(s) followed by surname(s); institution of affiliation; country; and email address. Please provide **one** name per presentation only; this should be the person responsible for each oral presentation in the symposium.

Activity co-ordinator details (if applicable) First name followed by surname; institution of affiliation; country. The activity co-ordinator will present, lead or chair the activity session if one is featured in the symposium.

Discussant details (if applicable): First name followed by surname; institution of affiliation; country. After the presentations/activities, the discussant (if applicable) provides an overview of the main issues raised in the symposium and facilitates a general discussion of the topic by the audience and the authors.

Symposium overview abstract (*maximum 300 words*) including:

Aims: four or five points that summarise what you expect the symposium to achieve.

Rationale: explaining why it is important to discuss this issue at this year's conference.

Summary: outlining the symposium as a whole and integrating the individual contributions.

Please do not include (a list of) references in the body or at the end of your abstract.

Timetable indicating the running order of the sections in 15-minute slots (prepare as a separate file, to be uploaded in the submission process).

Abstracts for individual symposium oral presentations: Please follow the submission guidelines for an oral presentation with regard to the appropriate format of the abstract.

Please note that the symposium overview abstract and all individual oral presentation abstract in the symposium must be submitted to the same track.

5. Roundtables and Debates

These types of session provide an opportunity to take forward an issue of relevance to health psychology by critiquing current evidence and suggesting future directions for research and applications. The session, which lasts 90 minutes, should select a specific topic or issue which is to be the focus of discussion from different perspectives. The contributors to the session should provide concise and coherent summaries of their respective perspectives on the topic/issue sufficient to enable delegates to be participate in the session.

Roundtables usually involve up to five presentations from different presenters (from a minimum of two countries; the United Kingdom is considered as one country in this regard), and are aimed at developing ideas on a topic. A **debate** may consist of up to three presentations from different presenters (from a minimum of two countries; the United Kingdom is considered as one country) on a specific argument, with each presentation taking a contrasting view to the other. For both types of session, an interactive and structured discussion period is required.

We welcome roundtable or debate submissions on any topic/issue of relevance to health psychology, and particularly on the conference theme. Submissions on the conference theme could, for instance, focus on: how to strengthen the contribution of health psychology to improving population health, possibly with contributors outside health psychology; involving representatives of the patients and the public in all research stages to increase the impact of health psychology research; and incorporating health psychology expertise in the teaching and training of health practitioners to facilitate the translation of research evidence into clinical practice.

A presenting contribution in a roundtable or debate can be in addition to an oral presentation.

The convenor of the roundtable or debate should make the submission, which should include the following details:

Title: 15 words or fewer.

Convenor(s) details (name and affiliation): First name(s) followed by surname(s); institution of affiliation, country.

There can be up to two convenors, but it is a requirement that one of the convenors is designated as responsible for the submission. The convenor(s) also serves as the chairperson who takes responsibility for leading the discussion and asking questions.

Contributors' details (name and affiliation): First name(s) followed by surname(s); Institution of affiliation, country.

For debates there should be no more than three contributors.

For roundtables there should be no more than five contributors.

Roundtable overview abstract (maximum 400 words) including:

Purpose: a statement of focus to be addressed by this discussion.

Objectives: up to four objectives, summarising what you expect the discussion to achieve.

Rationale: a rationale for addressing this issue at this conference.

Summary: outlining the context or focus of each contributor's research / approach.

Please do not include (a list of) references in the body of your abstract or at the end of your abstract.

Timetable indicating the running order of the sections (prepare as a separate file, to be uploaded in the submission process).

6. Workshops

This category of submission refers to sessions provided on Tuesday 23rd August 2016, before the official opening of the conference.

A workshop provides an opportunity for a group of participants to achieve a specific goal or address a particular problem. It may be designed to train or educate participants in a particular research methodology or theoretical approach, or to address a specific problem, such as how to use particular research findings in health care or policy. A workshop can also be a useful way to develop a consensus on a particular issue. For example, the goal of the workshop may be to produce a position statement or policy on a particular topic, to identify priorities in a specific area or to develop theoretical perspectives or methodologies. It should have a clear structure and require active participation by everyone involved.

A workshop proposal must be submitted by the convenor and must include the following details:

Title: a title of 15 words or fewer.

Convenor and Facilitator details (name and affiliation): First name(s) followed by surname(s); Institution of affiliation, country.

There can be up to two convenors, but it is a requirement that one of the convenors is designated as responsible for the workshop. Facilitators should be experts in the topic.

An indication whether a **half-day** or **full-day** workshop is preferred.

Workshop overview abstract (maximum 300 words) including:

Objectives: up to four objectives, summarising what you expect the workshop to achieve and issues to be addressed.

Activities: an indication of the activities that will be undertaken during the workshop.

Description of the intended participants.

The maximum number of participants for the workshop.

Conflict of interest: Convenor(s) are required to disclose any potential conflict of interest they may have in relation to the content of the proposed workshop (this disclosure is not included in the word limit).

Please also note that:

Conference workshops should focus on topics that correspond with the conference tracks and should be of broad relevance to health psychology such as methods, scientific writing, intervention techniques and development strategies, evaluation strategies, health behaviour theories, implementing health psychology into practice, critical reading, etc. We particularly welcome proposals for workshops related to the conference theme.

Full-day workshops are reimbursed with 250 Euros per workshop (not per facilitator) and half-day workshops are reimbursed with 125 Euros per workshop (not per facilitator) by the EHPS.

Workshops will take place providing a sufficient number of participants apply to ensure the workshop is financially viable. If only a small number of participants register for a workshop, the EHPS has the right to cancel it up to four weeks ahead of the conference.