

Abstract Mark Scheme– GASOC Conference 2021



GASOC would like to invite abstracts to our conference of studies or projects related to **Global Health and Global Surgical, Obstetric, Trauma or Anaesthesia care (SOTA Care)**.

“**Global health** is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasises transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care.”

Koplan JP, Bond TC, Merson MH, Reddy KS, Rodriguez MH, Sewankambo NK, et al. Towards a common definition of global health. The Lancet. 2009;373(9679):1993–1995.

Abstracts should be submitted via: <https://forms.gle/rFMDW7f1Jj5MGHA28>

The format should be:

Title

Authors (including role, affiliated institution, and country of origin for each author. If accepted for publication no more than 6 authors can be included).

Aim

Methods

Results

Conclusion

The body of the abstract (aim, methods, results and conclusion) should have **no more than 250 words**.

Abstracts should contain a statement about ethical/regulatory approval or written consent (for case reports).

Abstracts of a high quality, publishable standard are likely to be accepted for presentation and publication in the journal *Tropical Doctor*. In order to ensure the abstract meets the standards required to be published, try where possible to use UK English (not American) spellings, metric values and SI units. Prior to the use of abbreviations, a term must be written in full, e.g. Millennium Development Goals (MDG).

At least one author must attend the Virtual Gasoc Conference if the abstract has been accepted for presentation.

If you have any questions or difficulties in submitting via the google form please email gasocpostersubmission@gmail.com



Grading System Guide (each of the four components marked from 1 to 3 where 3 is the best mark).

A. Clarity of project title, aim

- 1 = Title is confusing/inappropriate and the purpose of project is totally unclear.
- 2 = Title and aims are understandable to non-expert.
- 3 = Very clear title which matches the project and aids understanding; project aim is very well expressed, well focused and appropriate.

B. Suitability of methods to achieve aim

- 1 = Method(s) completely inappropriate/ not expressed at all/ totally unclear
- 2 = Methodology relevant with only minor weaknesses in design.
- 3 = Well-chosen methodology which is expressed very clearly

C. Presentation and interpretation of results

- 1 = No clear results/ results have no relation to methods/ results cannot be understood.
- 2 = There is limited meaningful or appropriate interpretation. This level of presentation is approaching publishing quality
- 3 = Results are readily understood, well presented, well selected, and follow meaningfully from the methods. There is an appropriate and useful interpretation of results which places them in context, clearly applies them and moves understanding forward. This level of presentation is publishable.

D. Relevance of study to ‘Global Surgical, Obstetric, Trauma or Anaesthesia Care’

- 1 = No relation at all to either broad topic. No LMIC author in study which collected primary data in LMIC.
- 2 = Of some importance to SOTA care. Includes author from LMIC if primary data collection was conducted in LMIC.
- 3 = Excellent relevance; this project is a very meaningful contribution to the achievement of ‘equity in health for all people worldwide’. Includes author from LMIC if primary data collection was conducted in LMIC.

E. Novelty/ originality

- 1 = Very little originality.
- 2 = Some originality (for example well discussed topic in a new context)
- 3 = Highly unique, never previously reported.