

NI2024: FROM THESIS TO CONFERENCE SUBMISSION

Karen L. Courtney, RN, PhD
School of Health Information Science
University of Victoria
court009@uvic.ca

WELCOME

We acknowledge and respect the Lək̓ʷəŋən (Songhees and Esquimalt) Peoples on whose territory the university stands, and the Lək̓ʷəŋən and WSÁNEĆ Peoples whose historical relationships with the land continue to this day.



THIS SESSION...

- The presentation section of this session may be recorded
- We will be using the NI2024 conference as an example throughout this session

- Outline
 - Submission types
 - Choosing content
 - Applying the template
 - Questions & Answers

THIS SESSION...

- By the end of this session, you will be able to
 - Understand submission options
 - Choose what material you will share
 - Apply the submission template

IMPORTANT LINKS

<https://ni2024.org/>

<https://ni2024.org/submissions/>

<https://ni2024.org/wp-content/uploads/2023/09/ni2024-Explanation-of-Submission-Tracks.pdf>

<https://ni2024.org/wp-content/uploads/2023/09/ni2024-Explanation-of-Submission-Themes.pdf>

SUBMISSION TYPES – QUESTIONS TO ASK

- What type of content is intended for the presentation?
- What type of presentation is involved?
- How long is the presentation?
- How interactive is this type of presentation?
- Are preliminary results acceptable content?
- What are the page limitations in the template?
- Does this presentation involve multiple presenters?

SUBMISSION TYPES – NI2024

- Pre-conference tutorial
 - Workshop
 - Case Study
 - Debate
 - Technology demonstration
- Paper
 - Poster
 - Panel

SUBMISSION TYPES – NI2024

- **Paper**
 - Original contributions that describe a completed study, a novel system, a methodology, report on the results of a systematic review or new insights from research or practice
 - 15 minute oral presentation + 5 min Q&A
- **Poster**
 - Pilot research, research in progress, the reporting of preliminary results, the design of a system or process or discussion of an innovation in practice
 - Visual presentation, may be present to discuss
- **Panel**
 - A position statement, followed by panelist discussion and including active audience interaction and participation
 - 3-5 panelists, 1 hr 20 min

SUBMISSION TYPES – NI2024

- Pre-conference tutorial
 - Workshop
 - Case Study
 - Debate
 - Technology demonstration
- Paper
 - Poster
 - Panel

SUBMISSION TYPES – NI2024

- **Pre-conference tutorial**
 - Educational or teaching sessions that address a specific topic
 - 3 hr, pre-conference option
- **Workshop**
 - Engages the audience and collaboratively works around a specific theme
 - 3-5 organizers, interactive, 1 hr 20 min
- **Case study**
 - Highlights informatics projects aimed at improving the day-to-day delivery of care OR that showcase practical applications of the latest digital health technologies that affect nurses
 - 15 minutes presentation + 5 minutes Q&A

SUBMISSION TYPES – NI2024

- **Debate**
 - Presents pros and cons of an informatics issue and can cover a range of topics including ethical, technical, policy or research, with implications for health and nursing informatics
 - 2-4 organizers, run 40 minutes
- **Technology Demonstration**
 - Illustrates one or more aspects of a leading-edge nursing technology in practice that is currently under development, at a testing/prototype stage, or at implementation stage
 - 15 minutes demonstration + 5 minutes Q&A

CHOOSING CONTENT – QUESTIONS TO ASK

- Who is the intended audience of the conference?
- What are the themes/issues/ideas of the conference?
- What are the themes/issues/ideas for the field?
- How much content do I have?
- What type of content do I have?
- What are the scholarly expectations of the type of content?
- Is my goal to publish my work?

NI2024 – THEMES (CONTENT FOCUS – CHOOSE UP TO 3)

- Administration, leadership & management
- Analytics and data science
- Artificial intelligence
- Clinical applications and point-of-care informatics
- Digital health equity
- Education
- Interoperability & standards
- Organizational issues
- Patient-facing technologies
- Policy
- Public health
- Usability-user design & experience
- Workforce

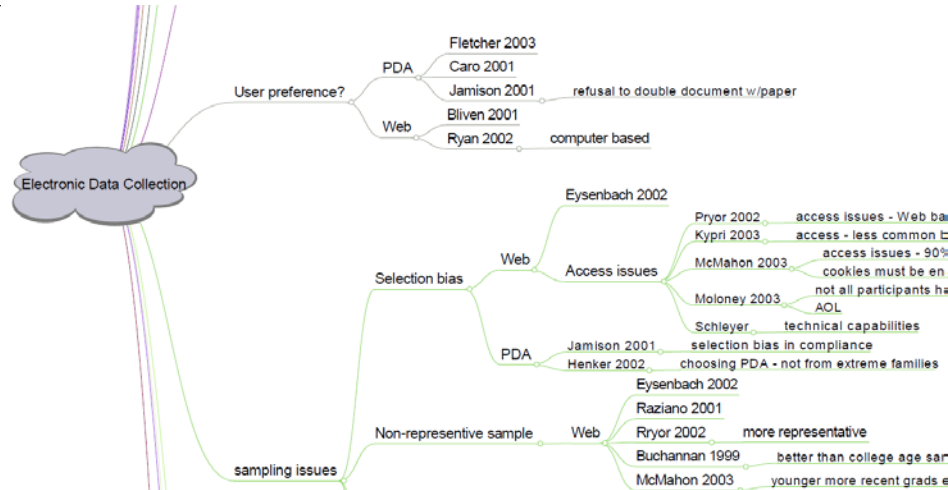
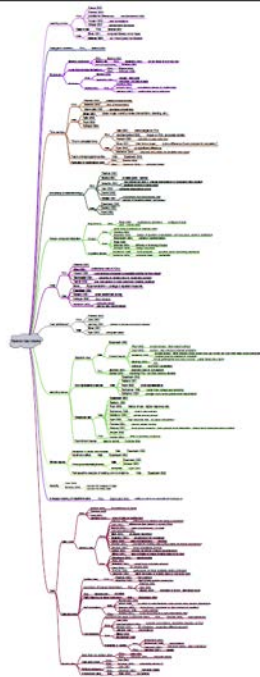
NI2024 – TRACKS (PRACTICE DOMAIN – CHOOSE 1)

- Applied/clinical informatics
- Education
- Global health
- Innovation & entrepreneurship
- Public health/population health
- Research & methods
- User-facing technologies

CHOOSING CONTENT — THE USUAL SUSPECTS

- Research!
 - What was the answer to your research question(s)?
 - Is your research finished or do you have preliminary data?
 - Were there other deliverables with your research that might be reportable – such as workflows, etc. ?
- Systematic Literature Reviews
 - Does your work provide a current, comprehensive review of the literature relevant to your topic?
- Systems/Technology Development
 - Do you have user testing and modifications to report?
 - Do you have a new prototype to share?

LITERATURE REVIEWS — PAPER OR POSTER?



Abstract:

Researchers investigate questions that often involve gathering data on sensitive issues from patients and health care providers. Electronic data collection through PC-based Internet applications or handheld devices (PDAs) can provide advantages over traditional paper based surveys and questionnaires. The authors review and present published study findings on the specific benefits and unique limitations of electronic data collection. Many of the benefits for each method overlap. In comparison to traditional paper based methods, electronic data capture can offer advantages in the following areas: increased compliance, increased differentiation in results, and increased trustworthiness of the data.

Electronic data collection issues explored include: data issues; sampling issues; time-related issues; immediacy; costs; human-computer interaction; user-preferences; learning curves; equipment issues; ethics issues; potential for increased sharing; security issues; and workflow effects. The best data collection method depends on the study population, the type of data to be collected and available research resources.

CONCENTRATING YOUR CONTENT

- Background (10 – 20%)
 - Very limited
 - Concentrate on key information for understanding the context and/or consequences of your research
- Research (60 – 80%)
 - What are the main points/findings (2-4)?
 - What are your best examples to support the findings/results?
- Discussion/conclusion (10 – 20%)
 - Brief
 - Focus on key lessons for clinical practice, informatics practice and next questions

CO-AUTHORSHIP

The ICMJE recommends that authorship be based on the following 4 criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or reviewing it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

WRITING TIPS

- Focus on your main points and the evidence that supports them
- Use transitional sentences to connect ideas
- Use structure when possible
 - “Three barriers to implementation were identified...
 - The first barrier was lack of electrical outlets...”
- Choose tables & figures wisely (limited room)
- Write the abstract last!
- Use bibliographic software
- Check for grammar, typos, and misused words (spelled correctly, but not the word you wanted)

NI2024 (IOS PRESS) TEMPLATES

This is the template to be used for all Paper submissions – please refer to general IOS word template for format of secondary headings, tables, figures etc. This template provides an overview of information requirements and structure only.

Maximum of 5 pages

Title

First AUTHOR¹ and Second AUTHOR²

¹Affiliation

²Affiliation

ORCID ID: Author Name <https://orcid.org/>

Abstract. Abstract goes here (125-150 words)

Keywords. Keyword, keyword

1. Introduction

2. Methods

3. Results

4. Discussion

5. Conclusions

Acknowledgements

References

- [1] Pettitt DB, Crooks VC, Buckwalter JG, Chiu V. Blood pressure levels before dementia. Arch Neurol. 2005 Jan;62(1):112-6. doi: ...
- [2] Rice AS, Farquhar-Smith WP, Bridger D, Brooks JW. Cannabinoids and pain. In: Dostrovsky JO, Carr DB, Kolzberg M, editors. Proceedings of the 10th World Congress on Pain; 2002 Aug 17-22; San Diego, CA. Seattle (WA): IASP Press; 2003. p. 437-68. doi: ...

Applying the Behavior Change Technique Taxonomy to Mobile Health Applications: A Protocol

Karen L. COURTNEY^{1*}, Mary ANTONIO², Ashley GARNETT¹, and Judith T. MATTHEWS¹
¹University of Victoria, Victoria, BC, Canada
²University of Pittsburgh, Pittsburgh, PA, USA

Abstract. The lack of standardized descriptions of behavior change techniques in mobile health apps makes it difficult for clinicians and consumers to quickly evaluate the potential of a mobile health app. The Behavior Change Technique Taxonomy (BCTT) was developed to evaluate health interventions for the presence of behavior change techniques. This paper describes the methods used and methodological issues in applying the BCTT to commercially available mobile health apps in the smartphone and tablet domains.

Keywords: mHealth, mobile health applications, consumer health information, behavior change

1. Introduction

Over 225,000 mobile apps are now available through the major app stores, yet the majority have less than 5,000 downloads [1]. Unlike traditional health interventions that have originated from clinicians or clinical researchers, mobile health apps are often developed communally with little clinician or consumer input. While the aim is to improve health outcomes, the evidence in using mobile health apps for this purpose is limited [2]. Evaluating the effectiveness of mobile health apps has been hindered by limited examples of validated adoption, particularly by individuals who could receive the greatest benefit. Mobile health adopters tend to have higher education levels, stronger self-regulatory health and be more physically active [3,4]. As systematic reviews on engagement with mobile health apps, lack of motivation was identified as a potential barrier, with low behavior change techniques being conditions, personalized interventions, feedback, social comparison, and clinician influence [5]. However, there are limited examples of best practice approaches and tools that can enhance the presence of behavior change techniques in app design [2]. This makes it difficult for clinicians and consumers to quickly evaluate the potential of a mobile health app.

*Corresponding Author: Karen Courtney, School of Health Information Science, University of Victoria, PO Box 1800 STN CSC, Victoria, BC, Canada V8W 2Y2. Email: kccourt@uvic.ca
This project was supported by grant number 8011020089 from the Agency for Healthcare Research and Quality. The content is solely the responsibility of the authors and does not necessarily represent the official views of the Agency for Healthcare Research and Quality.

There is a growing literature base describing behavior change techniques (BCTs) as individualized, evidence-based, and specific actions that can be used to influence behavior change [6]. One of the most widely used BCTs is the Behavior Change Technique Taxonomy (BCTT) [7]. The BCTT is a taxonomy of behavior change techniques [8]. It is a list of behavior change techniques [9]. The BCTT is a list of behavior change techniques [10]. The BCTT is a list of behavior change techniques [11]. The BCTT is a list of behavior change techniques [12]. The BCTT is a list of behavior change techniques [13]. The BCTT is a list of behavior change techniques [14]. The BCTT is a list of behavior change techniques [15]. The BCTT is a list of behavior change techniques [16]. The BCTT is a list of behavior change techniques [17]. The BCTT is a list of behavior change techniques [18]. The BCTT is a list of behavior change techniques [19]. The BCTT is a list of behavior change techniques [20].

The research team has used the BCTT to identify key interventions from an original dataset of 10 mobile health apps [10]. This helped the researchers to more effectively use available data for the development of a mobile health app. The BCTT is a list of behavior change techniques [11]. The BCTT is a list of behavior change techniques [12]. The BCTT is a list of behavior change techniques [13]. The BCTT is a list of behavior change techniques [14]. The BCTT is a list of behavior change techniques [15]. The BCTT is a list of behavior change techniques [16]. The BCTT is a list of behavior change techniques [17]. The BCTT is a list of behavior change techniques [18]. The BCTT is a list of behavior change techniques [19]. The BCTT is a list of behavior change techniques [20].

1. Methods

Phase 1: A list of 10 mobile health apps was identified from a search of the App Store and Google Play. Phase 2: The BCTT was applied to each app to identify the presence of BCTs. Phase 3: The BCTT was used to identify the presence of BCTs in each app. Phase 4: The BCTT was used to identify the presence of BCTs in each app. Phase 5: The BCTT was used to identify the presence of BCTs in each app. Phase 6: The BCTT was used to identify the presence of BCTs in each app. Phase 7: The BCTT was used to identify the presence of BCTs in each app. Phase 8: The BCTT was used to identify the presence of BCTs in each app. Phase 9: The BCTT was used to identify the presence of BCTs in each app. Phase 10: The BCTT was used to identify the presence of BCTs in each app.

1. Results

The results of the analysis are presented in this section. The BCTT is a list of behavior change techniques [11]. The BCTT is a list of behavior change techniques [12]. The BCTT is a list of behavior change techniques [13]. The BCTT is a list of behavior change techniques [14]. The BCTT is a list of behavior change techniques [15]. The BCTT is a list of behavior change techniques [16]. The BCTT is a list of behavior change techniques [17]. The BCTT is a list of behavior change techniques [18]. The BCTT is a list of behavior change techniques [19]. The BCTT is a list of behavior change techniques [20].

1. Conclusions

Based on these experiences, the following recommendations are made for applying BCTT to mobile health apps:
1. Create a pre-identified assessment scale of the BCTT to identify the presence of BCTs in each app.
2. Use the BCTT to identify the presence of BCTs in each app.
3. Use the BCTT to identify the presence of BCTs in each app.
4. Use the BCTT to identify the presence of BCTs in each app.
5. Use the BCTT to identify the presence of BCTs in each app.
6. Use the BCTT to identify the presence of BCTs in each app.
7. Use the BCTT to identify the presence of BCTs in each app.
8. Use the BCTT to identify the presence of BCTs in each app.
9. Use the BCTT to identify the presence of BCTs in each app.
10. Use the BCTT to identify the presence of BCTs in each app.

Applied the BCTT in evaluating their in-app purchase options. The steps taken to evaluate each app are as follows:

- Defining the search strategy and inclusion/exclusion criteria for locating and evaluating mobile health apps.
- Conducting an assessment of each app to identify the presence of BCTs.
- Identifying the presence of BCTs in each app.
- Identifying the presence of BCTs in each app.
- Identifying the presence of BCTs in each app.
- Identifying the presence of BCTs in each app.
- Identifying the presence of BCTs in each app.
- Identifying the presence of BCTs in each app.
- Identifying the presence of BCTs in each app.
- Identifying the presence of BCTs in each app.

App Name	App Store Link	Google Play Link
1. HealthierMeNow	HealthierMeNow	HealthierMeNow
2. MyFitnessPal	MyFitnessPal	MyFitnessPal
3. Lose It!	Lose It!	Lose It!
4. MyPlate	MyPlate	MyPlate
5. MyFitnessPal	MyFitnessPal	MyFitnessPal
6. MyFitnessPal	MyFitnessPal	MyFitnessPal
7. MyFitnessPal	MyFitnessPal	MyFitnessPal
8. MyFitnessPal	MyFitnessPal	MyFitnessPal
9. MyFitnessPal	MyFitnessPal	MyFitnessPal
10. MyFitnessPal	MyFitnessPal	MyFitnessPal

Table 1. Sample of the 10 mobile health apps in the BCTT app catalog.

2.2. Data Collection

Each selected app was downloaded onto a smart phone for the researcher to evaluate. The app was then evaluated for the presence of BCTs. The BCTT is a list of behavior change techniques [11]. The BCTT is a list of behavior change techniques [12]. The BCTT is a list of behavior change techniques [13]. The BCTT is a list of behavior change techniques [14]. The BCTT is a list of behavior change techniques [15]. The BCTT is a list of behavior change techniques [16]. The BCTT is a list of behavior change techniques [17]. The BCTT is a list of behavior change techniques [18]. The BCTT is a list of behavior change techniques [19]. The BCTT is a list of behavior change techniques [20].

Any app that was available on both the App Store and Google Play was included in the final list of apps. The BCTT is a list of behavior change techniques [11]. The BCTT is a list of behavior change techniques [12]. The BCTT is a list of behavior change techniques [13]. The BCTT is a list of behavior change techniques [14]. The BCTT is a list of behavior change techniques [15]. The BCTT is a list of behavior change techniques [16]. The BCTT is a list of behavior change techniques [17]. The BCTT is a list of behavior change techniques [18]. The BCTT is a list of behavior change techniques [19]. The BCTT is a list of behavior change techniques [20].

References

- [1] HealthierMeNow website. Archived: [HealthierMeNow](#). January 10, 2013.
- [2] MyFitnessPal website. Archived: [MyFitnessPal](#). January 10, 2013.
- [3] Lose It! website. Archived: [Lose It!](#). January 10, 2013.
- [4] MyPlate website. Archived: [MyPlate](#). January 10, 2013.
- [5] MyFitnessPal website. Archived: [MyFitnessPal](#). January 10, 2013.
- [6] MyFitnessPal website. Archived: [MyFitnessPal](#). January 10, 2013.
- [7] MyFitnessPal website. Archived: [MyFitnessPal](#). January 10, 2013.
- [8] MyFitnessPal website. Archived: [MyFitnessPal](#). January 10, 2013.
- [9] MyFitnessPal website. Archived: [MyFitnessPal](#). January 10, 2013.
- [10] MyFitnessPal website. Archived: [MyFitnessPal](#). January 10, 2013.
- [11] MyFitnessPal website. Archived: [MyFitnessPal](#). January 10, 2013.
- [12] MyFitnessPal website. Archived: [MyFitnessPal](#). January 10, 2013.
- [13] MyFitnessPal website. Archived: [MyFitnessPal](#). January 10, 2013.
- [14] MyFitnessPal website. Archived: [MyFitnessPal](#). January 10, 2013.
- [15] MyFitnessPal website. Archived: [MyFitnessPal](#). January 10, 2013.
- [16] MyFitnessPal website. Archived: [MyFitnessPal](#). January 10, 2013.
- [17] MyFitnessPal website. Archived: [MyFitnessPal](#). January 10, 2013.
- [18] MyFitnessPal website. Archived: [MyFitnessPal](#). January 10, 2013.
- [19] MyFitnessPal website. Archived: [MyFitnessPal](#). January 10, 2013.
- [20] MyFitnessPal website. Archived: [MyFitnessPal](#). January 10, 2013.

NI2024 (IOS PRESS) TEMPLATES

Panel 3 page limit

This is the template to be used for all **Panel submissions** – please refer to general IOS word template for format of secondary headings, tables, figures etc. This template provides an overview of information requirements and structure only.

Maximum of 3 pages

Title
First AUTHOR^{a,1} and Second AUTHOR^b
^aAffiliation
^bAffiliation
ORCID ID: Author Name <https://orcid.org/.....>

Abstract. Abstract goes here. (125-150 words)

Keywords. Keyword, keyword

1. Introduction

2. Panel Topic Description and Relevance

3. Introduction of Panellists

4. Discussion Structure and Questions

References (if relevant)

- [1] Pettit DB, Crooks VC, Buckwalter JG, Chau V. Blood pressure levels before dementia. Arch Neurol. 2005 Jan;62(1):112-6. doi:
- [2] Rice AS, Farquhar-Smith WP, Bridges D, Brooks JW. Cannabinoids and pain. In: Dostorovsky JO, Carr DB, Koltzenburg M, editors. Proceedings of the 10th World Congress on Pain; 2002 Aug 17-22; San Diego, CA. Seattle (WA): IASP Press; c2003. p. 437-68. doi:

Poster 2 page limit

This is the template to be used for all **Poster submissions** – please refer to general IOS word template for format of secondary headings, tables, figures etc. This template provides an overview of information requirements and structure only.

Maximum of 2 pages

Title
First AUTHOR^{a,1} and Second AUTHOR^b
^aAffiliation
^bAffiliation
ORCID ID: Author Name <https://orcid.org/.....>

Abstract. Abstract goes here.

Keywords. Keyword, keyword

1. Introduction

2. Methods

3. Results

4. Discussion (optional)

5. Conclusions

Acknowledgements

References

- [1] Pettit DB, Crooks VC, Buckwalter JG, Chau V. Blood pressure levels before dementia. Arch Neurol. 2005 Jan;62(1):112-6. doi:
- [2] Rice AS, Farquhar-Smith WP, Bridges D, Brooks JW. Cannabinoids and pain. In: Dostorovsky JO, Carr DB, Koltzenburg M, editors. Proceedings of the 10th World Congress on Pain; 2002 Aug 17-22; San Diego, CA. Seattle (WA): IASP Press; c2003. p. 437-68. doi:

Case Study 3-5 page limit

This is the template to be used for all **Case Study submissions** – please refer to general IOS word template for format of secondary headings, tables, figures etc. This template provides an overview of information requirements and structure only.

Maximum of 3-5 pages

Title
First AUTHOR^{a,1} and Second AUTHOR^b
^aAffiliation
^bAffiliation
ORCID ID: Author Name <https://orcid.org/.....>

Abstract. Abstract goes here. (125-150 words)

Keywords. Keyword, keyword

1. Introduction

2. Case Study Description and Relevance

3. Project Design

4. Execution

5. Analysis (if relevant)

6. Impact and lessons learned

References (if relevant)

- [1] Pettit DB, Crooks VC, Buckwalter JG, Chau V. Blood pressure levels before dementia. Arch Neurol. 2005 Jan;62(1):112-6. doi:
- [2] Rice AS, Farquhar-Smith WP, Bridges D, Brooks JW. Cannabinoids and pain. In: Dostorovsky JO, Carr DB, Koltzenburg M, editors. Proceedings of the 10th World Congress on Pain; 2002 Aug 17-22; San Diego, CA. Seattle (WA): IASP Press; c2003. p. 437-68. doi:

PUBLICATION

What's published in the conference proceedings?

- Papers
- Case studies
- Posters

What's indexed in PubMed?

- Papers
- Case studies
- Posters

NI2024 IMPORTANT DATES

- Submission deadline – December 15th
- Notification of acceptance – March 15th
- Registration deadline – May 3rd
- Conference – July 28th – July – 31st

QUESTIONS?

- Stop recording now.

UVIC

COURT009@UVIC.CA



University
of Victoria