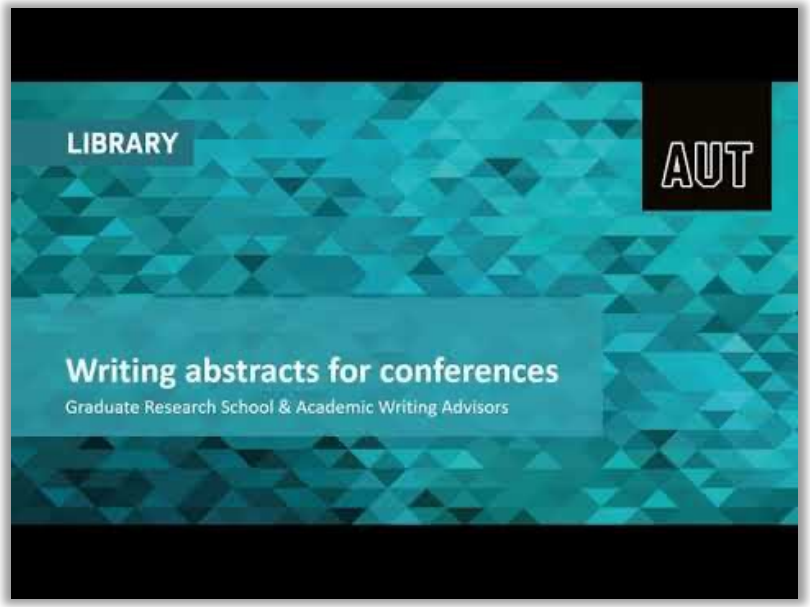
Preparing a Conference Abstract

What Is an Abstract?

- A short document (usually 250-500 words)
- Intended to capture the interest of the review committee (and ultimately our audience)
- A “marketing” document for your podium presentation, symposium, or poster presentation
- Provides solid science
- Succinct, informative, and engaging



https://youtu.be/H5ceQ_xeab0

Select Your Conference Carefully

Talk to your advisors and mentors.

Review the list of potential conferences.

If you don’t see the right conference, talk to more people.

Conference Guidelines

Go to the conference website.

Review submission guidelines carefully.

Use a template, if available.

Follow instructions carefully while writing!

Planning Your Abstract

- Note the submission deadline.
- Find and review previously selected abstracts for content and formatting ideas.
- Clarify what you want to present—why and how it is relevant to the audience.
- Determine how your topic and content relate to the theme of the conference (if applicable).
- Determine what you can present in the timeframe allowed.

Writing Your Abstract

Keep	Keep your audience in mind. - Be clear and engaging. - Space is limited, so be concise. - Steer clear of jargon that's specific to one field.
Try	Try to use a maximum of five references (fewer is fine). - Consider including only "classic" and "cutting edge" references.
Don't	Don't include a bibliography unless asked. - Create and provide a QR code for the bibliography: https://www.qr-code-generator.com/.

Standard Components of an Abstract

Title
Authors/Affiliations
Background/Introduction
Purpose/Objective
Methods
Results
Conclusions
Keywords (3-5)

Abstract Title

Choose a title that will “sell.”

Your title should be simple, descriptive, and engaging.

Limit your title to 12-15 words--sometimes less is more.

Include the idea, the design, and the context in the title.

Consider that the title needs to help reviewers categorize your presentation.

Abstract Title Samples

"Shifting the Culture: A Coordinated Approach to Testing for SARS-CoV-2 Among Veterans Experiencing Homelessness" (Transcultural Nursing Society 47th Annual Conference 2021)

"Implementation and Evaluation of a Standardized Social Determinants of Health Tool in a Free Clinic" (32nd Annual Congress 2021 – Sigma)

"Clinical Debriefing: Addressing Moral Distress Among Emergency Department Nurses" (WIN 2021)

"A Guided Imagery Smoking Cessation Intervention: Results of a Randomized Feasibility Trial" (Society for Research on Nicotine & Tobacco, 2019)

Authors/Affiliations

Remember to list all authors who helped with the abstract.

All authors should be involved in the writing/review of the abstract, not just the project being presented.

Enter names and affiliations into the submission system. You may be asked to use superscript numerical references for author affiliations.

Authors' Information to Collect

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Background/Introduction

- State the problem you are trying to solve.
- Introduce the context of your study.
- Demonstrate your understanding of current literature.
- State the gaps your project is filling.
- Establish that your question or issue is interesting and worth answering.

Background/Introduction Samples

Moral distress is a complex phenomenon affecting healthcare professionals who perceive an inability to deliver optimal patient care due to organizational or situational constraints. High levels of moral distress negatively impact staff retention and patient outcomes. Nurses within the ED are particularly vulnerable to moral distress due to frequent exposure to ethical conflicts and adverse events. The literature suggests that clinical debriefing following these significant adverse events may be an intervention to address moral distress. One such tool supported by the American Heart Association is the Debriefing In Situ Conversation after Emergency Resuscitation Now (DISCERN) tool.

After primary cancer treatments, cancer survivors and their informal caregivers (ICs) (family members or friends) often experience impairments in quality of life (QOL). The goal of this investigation was to explore whether a dyadic relationship (spouse/partner versus other) moderates the effects of 8-week meditation-based Cognitively-Based Compassion Training (CBCT®) on QOL of survivors and caregivers.

Purpose/Objectives

Clearly state the topic of your presentation and your research question.

Be concise.

Purpose/Objectives Samples

To examine the therapeutic effect of sub-anesthetic ketamine treatment to increase microglia phagocytosis of aberrant neuronal spines and prevent levodopa-induced dyskinesia in a rodent model of Parkinson's disease (PD).

Describe changes in symptoms of depression, anxiety and stress, sleep, oxidative stress, and inflammatory markers post-intervention among community-dwelling stroke survivors with depressive symptoms.

This quality improvement project explored the feasibility of implementing a clinical debriefing protocol to address moral distress among emergency department (ED) nurses.

This project systematically reviews the published literature regarding the efficacy of integrative health approaches (IHA) for managing chronic pain conditions and reducing opioid use.

Methods

- How did you approach solving the problem or making progress on it?
- What was your study design?
- What was the study timeline?
- What was the context of your research?
- What is your population of study?
- What measures did you use?

Methods Samples

Rogers' Diffusion of Innovation theory provided the framework to generate a plan-do-study-act (PDSA) cycle for this quality improvement project. A pre-/post-survey design was utilized to evaluate change. Baseline data included a measure of moral distress, knowledge, and attitudes toward moral distress and debriefing. An asynchronous education bundle was offered to all ED staff, but data was only gathered from bedside nurses. The bundle included background on moral distress and debriefing in addition to instructions on using the DISCERN tool. Staff were asked to utilize the DISCERN tool over a three-week period following significant adverse events. The post-intervention survey included questions to assess facilitators and barriers to using the DISCERN tool to support future PDSA iterations and sustainability.

The feasibility trial was conducted between 05/02/18 and 12/31/18. A total of 105 participants were recruited through the statewide quitline or community-based methods and randomized to a GI Intervention Condition (IC; n=56) or active behavioral Control Condition (CC; n=49). We used a 6-session protocol over 6 weeks for each condition, focusing on benefits of quitting; triggers for smoking; alternative strategies; coping with cravings and withdrawal; staying quit; and 4 weeks of NRT. The IC focused on creating and using GI audio files to visualize behavior change while the CC practiced behavioral techniques. Tobacco use, GI use, and attitudes towards quitting and GI were assessed at baseline, 8-weeks, and 6-months post-enrollment.

Results

- Summarize the data collected.
- Provide an overview of the findings or trends.
- Use summary statistics to support claims.
- Objectively describe what the data suggest.

Results Samples

Abnormal involuntary movements were present in levodopa treated rats throughout the 15-day assessment period. On day 14, levodopa-induced AIMs were reduced in ketamine-treated rats compared to vehicle treated controls ($p = 0.04$). The number of microglia process endpoints/cell and process length/cell was significantly reduced in SNpc and striatum of the lesioned hemisphere ($p < 0.05$); however, ketamine treatment had no effect on morphology.

Community-dwelling stroke survivors (N=11) on average 69.7±9.3 years old, mainly retired (73%, n=8), married men (55%, n=6) with >13 years education (91%, n=10), reporting depression symptoms (CESD=17.3±11.4) and 55% taking anti-depressant medications, enrolled. The majority of participants reported having an ischemic stroke (82%, n=9) with hemiparesis (55%, n=6), but were able to walk 15 feet without assistance (91%, n=10). After the Tai Chi intervention, we observed significant reductions in symptoms of depression (-5.3±5.9, p=0.01), anxiety (-2.2±2.4, p=0.01) and stress (-4.6±4.8, p=0.01); along with better sleep efficiency (+1.8±1.8, p=0.01), less wakefulness after sleep onset (-9.3±11.6, p=0.04), and less time awake (-9.3±11.6, p=0.04). In addition, there was a 36% decrease in SOD activity (p=0.02) indicative of a decreased oxidative environment post-intervention; though no significant changes in any of the inflammatory markers were found (all p-values >0.05).

Among the studies under review, specific IHA will be identified as effective, or associated with, chronic pain relief and mitigation of opioid use. The long-term effectiveness and adverse effects will be explored and identified. This review will classify specific data regarding the implementation of IHA, demographic characteristics of participants, the amount of opioid reduction reported, treatment effectiveness, and duration of treatment utilization. The results of the review will summarize the efficacy and safety of IHA for the chronic pain opioid-using population.

There were 14 total participants out of a pool of 126 bedside nurses for a response rate of 11%. Baseline moral distress levels were low, consistent with the literature on ED nurses. However, there were high scores across system-level processes such as patient loads, lack of resources, and an overemphasis on tasks. Three participants (21%) reported a consideration of leaving their position due to moral distress. Post-survey responses indicated a higher level of familiarity with both clinical debriefing and moral distress. There was also an increase in the belief that moral distress has a negative impact on professional quality of life and patient outcomes. All respondents reported use of the DISCERN tool was both emotionally and clinically beneficial. Facilitators commonly reported were organizational support and the efficiency and scripting facilitated by the pocket DISCERN tool. Reported barriers included lack of time and the availability of other staff for participation.

Conclusions, Part 1

State your conclusion(s) by relating your data to your original question.

- Discuss the connections between your results and the problem.

Discuss only what is in the results.

- Do not introduce new topics in the conclusions section.

What do your results mean?

- How will they contribute to your field?
- Are your results generalizable or specific?
- Were they as expected or not, and why?
- Do not overstate the scope of the findings.

Conclusions, Part 2

Why is your work relevant and exciting?

What are the implications of the research, program, or project?

What are the possible next steps?

“In progress”

Conclusions Samples

Survivor QOL improvements due to CBCT as compared to CHE were greater when dyads included ICs that were spouses/partners than ICs that were others.

Both the IC and CC protocols were feasible to deliver. We surpassed our recruitment goals and had high levels of adherence and retention. Both conditions had quit rates comparable to those of quitlines and received high satisfaction ratings. The next step is to conduct a fully-powered, randomized trial to establish efficacy.

We demonstrate a clear effect of sub-anesthetic doses of ketamine to reduce development of LID in a rodent model of PD. However, the role of microglia phagocytosis of aberrant neuronal spines has yet to be established; a next step will be to examine additional phagocytosis markers. Based on these and other data, a clinical trial to examine the therapeutic effects of ketamine to reduce dyskinesia in a human PD population is underway. These data are a promising future for the clinical care of PD patients with LID.

This review will serve as a synthesis of IHA use in chronic pain patients using opioids. The results will inform future directions of research on the efficacy and effectiveness of IHA as a treatment for chronic pain and intervention for reducing opioid use. Researchers should further explore this topic to develop systematic utilization and implementation of IHA and provide healthcare professionals with up-to-date best clinical practices for chronic pain and opioid management.

Despite known disadvantages associated with moral distress and established benefits of debriefing, only a limited number of studies have investigated debriefing as an approach to addressing moral distress. While this project measured the short-term impact of a debriefing protocol within a single practice setting, the results may yield long-term benefits such as improved staff retention and patient outcomes. Organizational policy implications include a possible system-wide adoption of this protocol, which may yield future data to support the development of a practice guideline.

Keywords

- Help other researchers find your work
- Accurately reflect content of your paper
- Standard keywords whenever possible
- Medical Subject Headings (MeSH)

MeSH Browser: https://meshb.nlm.nih.gov/search

Reviewing Your Abstract

Give	Give yourself at least a day away from your first draft.
Edit	Edit with fresh eyes.
Ask	Ask peers for input.

Submitting Your Abstract

Submit early.

You may submit more than one abstract.

Persevere!

Resources

- ORS Webpage for Resources: https://www.nursing.arizona.edu/resources/research

- Sample abstracts, lists of potential conferences, and other resources are available from the ORS Resources page

- If you have any questions or if you have any issues accessing these resources, please email: CON-ORS@email.arizona.edu