

Insider Tips: Crafting a Captivating Abstract

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- Professional meetings
 - Actively participate
 - Highlight local expertise
- Advance clinical practice
 - Share findings and experience
 - Meet others with similar interests
 - Gain advice to develop ideas
 - Meet potential collaborators

Why submit an abstract?

- Focuses thinking
- Clarifies most important message
- Provides written history of your work
- Step toward publishing
 - Suggestions and input
 - Options and Opportunities

What are the benefits?

- Depends on the conference but generally...
- Completed research projects
 - Data
 - Practice implications
- Quality improvement/practice innovation
 - How you addressed an organizational need
 - What was the result?
- Evidence based practice changes
 - EBP implementation
 - Impact on outcomes
- Partially completed research or project
 - Data you anticipate presenting

Types of abstracts?

- Discuss possible topics
 - Think new
- Invite co-authors
- Draft
 - Ideas, just get them down!
- Review
 - Co-authors
 - Mentors
- Revise, Revise, Revise
- Submit

What are the main steps?

- Look for:
 - Authors
 - Type of work
 - Is "in progress" ok?
 - Format & headings
 - Spacing
 - Margins, font, number of characters or words
 - Tables or figures ok?

Directions: Read, believe and follow!

- Did they contribute to:
 - Developing ideas and design?
 - Implementing the project?
 - Making sense of the data?
 - Writing-abstract, poster, paper?
- Involvement
 - Contribution in 2 or more areas
- Intellectual property

What about co-authors?

- Title
- Background & purpose
- Sample
- Methods/description
- Results/Evaluation
- Conclusions
- Implications

What to include?

- Make it easy for the reviewer
- Use section titles
- Be specific, succinct and clear

Avoid the ball
without breaks or
apparent
organization

How do I organize it?

- Capture interest
- Emphasize what was studied
- Be specific and clear

Choosing a Title

- Finding our NICHE
- Good, better best: Never let it Rest
- The Heart of the Matter:
Smoking/Tobacco Cessation
- Parent's Report of Stress in the NICU

Title: setting the stage

- Why did you do the work?
 - Clinical question or problem
- What was the main purpose?
- Keep it short
 - 2-3 sentences
 - Clear statement
 - Leads into methods

What about background?

Background

"The inability to speak during critical illness is a source of distress for patients, yet nurse-patient communication in the intensive care unit has not been systematically studied or measured."

Purpose

"To describe communication interactions, methods, and assistive techniques between nurses and nonspeaking critically ill patients in the ICU."

Background and purpose example

Happ et al, 2011 Am J Crit Care 20:e28-40.

"Our staff is composed of nurses from divergent backgrounds and experience levels. We recognized the potential to develop a dynamic and competent unit but the challenge lay in synchronizing efforts to encourage and optimize the individual and the group's strengths and critical thinking skills." McBroom, 2005

Purpose example

"Pressure ulcer development in the ICU leads to numerous negative outcomes including a longer LOS, increased morbidity/mortality and decreased patient/family satisfaction. The data collected during the quarterly pressure ulcer prevalence audits showed intensive care units to have a higher prevalence than the national average. This data highlighted the need for a plan to address pressure ulcer prevention and care."

- "Development of a process to decrease pressure ulcer prevalence in the ICU, while simultaneously increasing staff awareness and competence in pressure ulcer prevention and treatment."

Background and purpose

Boyd et al. 2011 Development of ICU Bedside Skin Assessment Rounds. WHS/SAWC Joint Meeting

- Who?
- From where?
- How many?
- How did they get in the study?
- Demographic characteristics

Sample

- Briefly state type of design
- Describe what was done
 - How and when data were collected?
 - What did participants do?
 - What procedures or measures?
- Detail within space limits
- Caveat: methods make sense based on purpose

Method or description

Title: Maintaining the momentum of a fall prevention program.

Problem: Falls and outcomes are serious health threats for adults in AC settings. Implementing and maintaining a program to prevent falls is essential to promoting safety.

Purpose: Decrease falls and maintain momentum of the fall prevention program.

Methods: Revision of PSRF to improve analysis of fall data; develop a data base for fall data; use data to develop unit specific plans; enhance role of the unit based "Fall Coordinator"; select the Hendrich II Fall Risk Assessment tool for pilot study on 3 units; revise standard of care related to falls.

Method example

Kalp et al, 2004 Conference: Academy of Medical-Surgical Nurses

"A plan for "skin rounds", twice a week, was implemented. During rounding, high risk patients were given a head to toe skin assessment. Staff education on pressure ulcer prevention was integrated into these bedside rounds. The goal of skin rounds was to highlight awareness of pressure ulcer prevention and care by consistent role modeling."

Method example

Boyd et al. 2011 Development of ICU Bedside Skin Assessment Rounds. WHS/SAWC Joint Meeting

- Give real data
- Consistent with purpose and methods
- Use tables or figures if they help explain results
- In progress— describe *what you will present*

Results or outcomes

- "After one quarter, the VAP rates at our hospital were drastically reduced."
(Reducing occurrence of VAP by use of a ventilator care bundle, Lawson, 2005)
- "Going back to basics reduced costs ~ \$46,000. VAP rate decreased from 12.32 to 1.6 based on the NNIS" (Back to basics: Driving down VAP, Peavy, 2005)

Results examples

"In 2008, the total reportable pressure ulcers on the medical surgical ICU were 13. This was an increase following the implementation of the skin rounds process. As the increased surveillance continued, the number of reportable pressure ulcers has decreased with 11 reportable in 2009 and 5 thus far in 2010. The number of reportable pressure ulcers on the cardiothoracic unit also increased when bi-weekly surveillance was started approximately 2 years later."

Results example

Boyd et al. 2011 Development of ICU Bedside Skin Assessment Rounds. WHS/SAWC Joint Meeting

Results: Six warmed (22%) and 10 standard care (37%) patients experienced healing problems.

Number of Patients with Wound Infection by CDC classification.

Group	Superficial	Deep Incisional	Organ Space
Warming	2	3	1
Standard Care	4	4	2

Table example

- Be brief
- Be realistic
- Be specific
- Support your conclusions with data
- Avoid overstating—stick to the facts

Conclusions and implications

Results

- MSICU reportable PU: 2008-13, 2009-11, 2010-5
- Surveillance on CT ICU started and number of reportable PU increased.

Conclusion

- Skin rounds resulted in increased staff awareness of PU prevention and care.
- Data demonstrate overall decrease in PU in MSICU.
- Anticipate downward trend in CT ICU as surveillance continues

Conclusion example

Boyd et al. 2011 Development of ICU Bedside Skin Assessment Rounds.
WHS/SAWC Joint Meeting

- Use active voice
- Use generic labels
- Abbreviations
 - Spell out 1st time to save space, but....
 - Avoid using too many abbreviations
- Read and re-read
- Co-authors input and approval
- Submit!

Fine tuning your abstract

- Authors who followed directions
- Easy to understand
 - (∅ jargon or ambiguous terms)
- Clear information – ideas linked
- Findings and conclusions make sense
 - Based on methods
 - Based on results
 - Is this new?
 - Add to current understanding?

What do reviewers look for?**Questions?**