How to Prepare an Abstract to Submit to a Scientific Meeting
Evidence Based Practice Project

Follow the directions below to construct an abstract. These instructions can be used for any EBP project abstract.

Helpful hints for writing abstracts:
<u>Number one</u>. A scientific abstract is not creative writing. That may sound very simple, but clarity and directness are the keys to presenting your material. Overuse of abbreviations or jargon does not substitute for good writing.
- ✓ Abstracts do not have adverbs that attempt to show importance to what you were doing. The data are the data. So don't use words like, very, quite, extremely…. If you have to use an adverb to describe your project, then you do not trust the importance of your project. Do not use the word *significant* unless it is in the context of a statistical analysis. In the science world, statistical significance is shown by statistical testing. Changes can have clinical significance (with or without statistical significance), but you only use the word significance in those instances.
- ✓ If you use an abbreviation spell it out first and put the abbreviation in parenthesis.
- ✓ Commonly known abbreviations can be used without first spelling out. For example, in the nursing world RN, LPN, PRN are common enough and do not require being spelled out first. But NA (nursing assistant) is not. Hospitals usually assign a term for non-licensed patient care assistants, so this abbreviation would be spell out first. [For example: Patient care technician (PCT), nursing technician (NT)].

<u>Number two</u>. ***Follow the directions*** as outlined in the author guidelines for the meeting:
- ✓ If there are suggested headings, use them.
- ✓ If there is a word limit, stick to it.
- ✓ If you are asked to provide objectives and references via a particular format, provide them.
- ✓ Once you completed your first draft, do a word-count. Where do you need to cut? After a couple of edits, let someone else read and edit it. Writing an abstract takes time and can be particularly challenging if your word count is limited. A word count of 300 words or less challenges us to state clearly and succinctly what the purpose and findings of our study.

<u>Number three</u>. Think of your audience as well as your reviewers as you construct your abstract.
- ✓ Your project should indicate that you have completed an exhaustive literature review for the question you posed. Think about the conference audience and the reviewers and write to them. Is this a specialty audience? Are all attendees in your same field? If you are in a specialty (say, neonatal nursing) you can be sure unless you are at a neonatal nursing conference that your audience will not have the level of expertise that you do in understanding the significance of the problem or the literature. Your reviewers will be just as inexperienced as your audience, so make sure that you write clearly to those outside of your specialty.
- ✓ The first question the reviewers answer on the critique sheet is "Is the problem/purpose of the project clearly stated?" So take time to clearly state your problem. Construct your problem statement before you construct your introductory sentence(s). That way your introduction supports your problem statement and not the other way around.
- ✓ The problem statement is a pivotal piece of your abstract. Your clinical question supports your problem, and you present your literature synthesis and integration based on the question that you asked. Your conclusions will also relate back to the problem statement. Remember; each section of the abstract builds upon the next section with the PICO question acting as the foundation.

You have read the basics and now you are ready to develop a scientific abstract. You know the audience and you have written your problem statement. Let's take each section of an abstract and examine what should be included.

Background/Significance of problem (use the headings suggested in the author guidelines).
This section is for your problem statement and why it is important. Don't confuse your reader with excess verbiage.

For example,
Your PICO question is about fall rates with early mobility after stroke. Why is this important? In this background statement, it quickly gets to the point.

> Cognitive and functional abilities can be improved with early mobilization in the hospitalized stroke patient. Often, the fear of a stroke patient falling prevents clinical nurses from getting patients out of bed. Several investigators found physical activity during hospitalization improved measures of functional ability and decreased depression.

Clinical question
This is your PICO or PICOT question. Short, sweet, and supports the problem statement.

For example

> In hospitalized patients who have experienced a stroke, does very early mobilization in the first 24 hours impact the fall rate?

Search of literature/best evidence
This section is where you tell the reviewers how you found the literature that led to your change in nursing practice. This includes the databases searched, key words used, yield of articles, and the number of articles that met the criteria to be included in your synthesis. This is a challenging section. The idea is to let the reviewer (and then in your presentation, your audience) know that you did a very complete search and the literature you found encompassed what was needed to answer your clinical question. Your job is to have the audience feel relieved that they don't have to go to do the literature search!!!! You've done a thorough job. But of course, in an abstract, your words are limited. Be sure you describe your thoroughness clearly.

For example

> Combining the key words stroke and early mobilization in Ovid Medline and Cochrane Database of Systematic Reviews, 56 articles were identified, 9 that met the inclusion criteria for research with a mobilization intervention and reported outcomes for falls or functional capacity or depression. One meta-analysis and 8 randomized controlled trials (RCT) were reviewed.

Clinical appraisal
What did the articles that you found tell you about your outcome variables? Again, quite challenging as this section isn't asking you to repeat what each article found but what they all found about your outcome (listed in your PICO question). Most likely you did a synthesis table during your project that gave you a snapshot--did the studies find improvement or not? Use that table to help you describe the findings.

For example

> Patients in the pooled analysis who were ambulated early experienced only 5% of falls compared to 14% in the standard care group. The early mobilized patients were 3 times more likely to be independent at 3 months. Three out of the 8 RCTs found no difference in fall rates for early mobilized subjects.

Or

> The body of research for nursing workflow and missed nursing care is descriptive comparative. Interruptions have been documented from .3 to 13.9 per hour. Although patient safety is of concern, there is little empirical evidence linking interruptions to patient safety. The investigations for missed nursing care have identified specific errors that have indirect links to patient outcomes. Nursing staffing, case mix, and absenteeism were predictive of missed nursing care with communication, labor and material resources as common reasons for missed care.

Recommendations for nurses to have more time at the bedside included patient-center designs, integrated technology, and seamless workplace environments.

Integration into practice.
This is a description of what you did to modify practice. Either there was insufficient evidence to change practice and you are piloting a proposed change or you are using the literature to modify practice. Either way, describe what was done and what was measured.

For example
> The EBP project team developed and implemented a multidisciplinary protocol for the early mobility in stroke patients. Mobility was progressed from sitting, standing to walking and began within the first 24 hours of hospitalization. Tasks were described for clinical nurses, patient care technicians and Physical Therapists, as all contributed to the patient's functional independence. Clinical nurses were initially uncomfortable with the new protocol as the fall risk was of great concern.

Other examples
> The ABCDE bundle [this abbreviation was defined earlier in the abstract] was integrated into ICU practice after modification of the medical record and education of nursing and respiratory clinicians. Baseline data on the presence of delirium was collected to determine the current rate of delirium present in the ICU.

Or
We chose to implement a thermoregulation bundle on trauma patients. The bundle included one active and two passive warming measures, and the goal was to maintain or improve the temperatures of those patients while in the Emergency Department.

Evaluation of evidenced based practice
This is your outcome (s) of your pilot….the answer to your PICO question. Your outcome measures need to be from your PICO question.

Example
> Falls for ICU Stepdown patients 6 months before and 6 months after the early mobility program were evaluated. During the pre-integration period, 19 patients experienced a fall. During the 6 months after the new practice was implemented, 7 falls occurred on the unit. Early mobilization did not increase the fall rate in this patient population.

Or
> After evaluating patients from April 1, 2010 until November 1, 2011, the data showed a significant difference in the change in temperature pre and post bundle implementation. We also found that patients were 57% less likely to die if temperature was maintained and 54% less likely to die if passive warming measures were used.

Or
> Baseline delirium was 22% and trended downward as the bundle strategies were integrated. A delirium dashboard was created to follow ICU length of stay, all-cause mortality, ventilator associated pneumonia, and ventilator days; all factors that are impacted by the presence of patient delirium. As of September 2012, no change in length of ICU has been observed; however, ventilator days have slowly reduced.