

Writing Abstracts

Patsy Yates, PhD, RN
Professor of Nursing,
Queensland University of Technology

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in Cancer Care



The purpose of an abstract

- To select presentations/posters relevant to a conference theme
- To organise a conference program
- To enable attendees to decide if they wish to attend a conference session
- To disseminate information about your work

An abstract often has wider reach than your presentation



What is an abstract?

- A concise description of all elements of your work

An abstract is not a table of contents



Categories of abstracts

- Research
- Quality Improvement Projects
- Service, Practice or Educational Innovations

Is this something that is original and of interest to the conference attendees?



Is my work ready for a conference presentation?

- Is the work completed or in progress?

Preference for work that is completed

If not complete, report data you have to date

Avoid promises about work yet to be done

Avoid use of terms “will be discussed”



Categories of abstracts for the 2014 ICCN

Topics/Projects of relevance to cancer nursing
in the areas of:

- Administration/Leadership Development
- Clinical/Evidence-Based Practice
- Education
- Research



Structure of an Abstract

- Statement of the problem/area of focus
- Description of design and methods/scope of the work
- Outcomes, interpretation, implications of the work



Writing Abstracts

Follow instructions

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Writing Style

- Clear and concise
- Short
- Active voice
- Avoid jargon



Common Errors*

- Not enough information provided
- Too much information provided
- Too much background and not enough specifics
- Too many specifics and not enough background
- Not adhering to submission guidelines
- Grammatical, typographical and spelling errors, and poor expression

*Happell, B. (2008) Conference presentations: a guide to writing the abstract. *Nurse Researcher*, 15(4), 79-86.



Some tips about the review process

- Evaluation criteria typically reflect:
 - Originality of the work
 - Rigour of the work
 - Relevance to the conference
- Reviewers may or may not be experts in your specific topic
- The process is competitive – what makes your abstract stand out from the rest on these criteria?



Sample abstract

(Esther Green et al, 16th ICCN)

Title: Developing a resource intensity tool for parenteral chemotherapy delivery

Background: Beginning in 2007, a group of oncology nurses, leaders and a health economist worked on the development of a Resource Intensity Tool identifying workload associated with the delivery of systemic therapy. In our province there are 14 regional cancer programs that include academic and community cancer centers associated with satellite and affiliate systemic therapy delivery units.

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Sample abstract

(Esther Green et al, 16th ICCN)

Method: The initial work began with a review of tools that had been developed but not validated in several cancer centers, and a validated tool developed in the USA through work with cancer programs and the National Institutes of Health. Through a review of the current database from the Oncology Patient Information System (OPIS), we uncovered over 200 protocols for all disease sites in the system.

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Sample abstract

(Esther Green et al, 16th ICCN)

Outcomes: The development of the Resource Intensity Tool involved the following components: establishment of the core elements (VAD access and disconnect; prep time; education; documentation; toxicity assessment and symptom management; antiemetics; pre-meds or additional meds; regimen nursing time delivery; hydration; observation during and post; probability of reaction; average reaction; bring in and turnaround; and safety standards;) calculation of these elements; a multi-task adjustment of 33% (fixed time); and final calculation of the Nurse Intensity Time. The group reached consensus on the time for each core element for each of the >200 protocols.



Sample abstract

(Esther Green et al, 16th ICCN)

Implications: The results have been applied in all the regional programs to increase funding relevant to the workload associated with the intravenous chemotherapy delivery. The work continues to evolve to include new protocols to update the system.

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Sample abstract

(Yan Lou et al, 16th ICCN)

Title: Self management of treatment related fatigue, nausea and vomiting and oral mucositis in Chinese cancer patients.

Background: Treatment related side effects continue to place significant burden on cancer patients. Many side effects require patients to engage in a range of self management actions. While some studies have explored self management in western settings, no studies were identified that described self management practices in China.



Sample abstract

(Yan Lou et al, 16th ICCN)

Methods: A cross sectional survey of patients from a large cancer hospital in China was conducted. Two samples were recruited. The first sample comprised patients from radiation treatment departments experiencing oral mucositis; the second sample included patients from chemotherapy departments with fatigue or nausea/vomiting.

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Sample abstract

(Yan Lou et al, 16th ICCN)

Results: Overall 100 patients experiencing oral mucositis were recruited for the first sample. A mean of 5.16 (+/-1.67) self management behaviours were reported to manage the symptom. The behaviours reported by more than two thirds of respondents were “drank more liquid” (92%), “ate bland and soft food” (91%), and “used a prescription mouthwash” (78%).



Sample abstract

(Yan Lou et al, 16th ICCN)

Results: Activities most commonly rated as providing some to a lot of relief were “avoided very hot/cold food” (85%) and “avoided alcohol/tobacco” (79%).

(....results from second sample were also included here...)

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Sample abstract

(Yan Lou et al, 16th ICCN)

Conclusion: Similar to reports from overseas, Chinese cancer patients initiate a wide range of self management behaviours in response to treatment related side effects. While some behaviours were reported to provide relief, many did not. Importantly, for almost all behaviours, Chinese cancer patients reported low levels of self efficacy. Such findings have important implications for the development of evidence based patient education programs.



Submitting an abstract for the 18th ICCN

"Strengthening Leadership, Unity and Compassion in Cancer Care".

- Abstract submission deadline
 - 16 January 2014 at 3AM ET
- Focus topics for the 18th ICCN:
 - ✓ Abstracts that reflect the concepts of compassion, humanization and diversity to address disparities in cancer care worldwide
 - ✓ Abstracts that consider the caregiver as well as the burden of caregiving.



Submitting an abstract for the 18th ICCN: Options

- **Oral:** A 15-minute oral presentation by the author(s) plus 5 minutes for questions (20-minutes total).
- **Poster:** A visual display. Author(s) must be present. Designated poster session times will be included within the program. Presenting authors will be required to stand by the poster during this assigned presentation time.
- **Oral or Poster:** Either an oral presentation by the author(s) or a visual poster presentation.



Submitting an abstract for the 18th ICCN

- Online abstract submission is available through the ISNCC Website:
<http://iccn2014.abstractcentral.com/>
- Abstracts are limited to two submissions addressing two different abstract categories



Submitting an abstract for the 18th ICCN

- There is a limit of 2,000 characters including spaces for the text of your abstract submission
- You will be asked to include:
 - A short biography typed into the submission site
 - Rank order of presentation preference (if selected): oral, moderated poster session, poster session



Submitting an abstract for the 18th ICCN

- The abstract submission system includes all the steps and criteria required for formatting your abstract
- Mentorship for abstract, poster and power point presentation development may be available through your regional representative. Contact ISNCC secretariat



Submitting an abstract for the 18th ICCN

- Notice of acceptance will be made by the end of April 2014.
- Abstracts are published in the conference booklet as submitted online, so take care.
- Good luck and see you in Panama City!!



QUESTIONS?

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