Abstract Guidelines
REaSoN Meeting 2022

Deadline date for abstract submission 9th May 2022

Abstract Submission Steps

Abstract submission requires four simple steps:

1. Develop your structured abstract using one of the two guidelines for a structured abstract below ensuring you keep within the word/page count.
2. Ensure all authors have had the opportunity to read, comment and approve your abstract.
3. A supervising consultant or senior nurse must approve submission and provide a contact email.
4. Submit your abstract using the Reason Portal choosing one of the following… the Fisher and Paykel or the Quality Session or Service Development by a Nurse or Nursing Team Session.
5. . Do not submit your abstract to both sessions.

Fisher and Paykel Abstracts Competition

Submissions for this section should describe research, case series or case reports. Case reports are unlikely to be accepted for oral presentation.

Quality Improvement Session

Submissions for this section should describe quality improvement activity or clinical effectiveness research. Traditional audits are unlikely to be accepted for oral presentation, and require to be of sufficient quality for poster presentation.

Service Development by a Nurse or nursing team Session

Submissions for this section should describe aspects of service development or care practices which have been led by a nurse or nursing team. Examples include bereavement care pathways; development of a home phototherapy pathway; introduction of developmental care or family integrated care. Accepted abstracts will be presented by poster. Abstracts which do not comply with these guidelines will not be considered.

Scoring

Abstracts for oral and poster presentation are scored by an independent panel according to a pre-defined scoring schedule which assesses the quality of the methodology undertaken, the applicability and importance of results and the quality of the submitted abstract.

Tips:

- Read other abstracts. It is the best way to learn the conventions of writing an abstract.
- A good abstract is strong but impactful, so make sure every word counts. Each sentence should clearly communicate one main point.
- Avoid filler words and jargon.
- The abstract should tell a condensed version of the whole story. Give yourself a day away from your finished abstract before re-reading it with fresh eyes to make sure it gives a clear summary.
- Get other colleagues to read and comment before submitting.
- Make sure your abstract meets the guidelines below before submitting.

Fisher and Paykel Abstract Guidelines

Abstracts for this section should describe research, case series or case reports. Abstracts which do not comply with these guidelines will not be considered. Case reports are unlikely to be accepted for oral presentation.

- **General:**
    - The abstract should be created using Arial 11 font, limited to 300 words. One graph, figure or table can be included.
    - Generic names for products and devices should be used whenever possible. The abstract should not provide any commercial messages or product endorsements. The abstract should not contain any identifiers or protected health information (i.e. DOB, medical record numbers, patient identifiers etc.)
- **Title:** The abstract should include a short descriptive title (10 to 15 words) that clearly communicates the nature of the work.
- Institution name; Institution city, and country
- Author name(s) and degree(s); Primary author contact name, degree(s), email address, and telephone number
- Name and email address of supervising consultant or senior nurse/educator who must approve the abstract prior to submission. Authors should be aware that this person may be contacted subsequently by email to verify their approval by the abstract scoring faculty.

Abstract content should be carefully structured using the following categories to organise your work:

Introduction or background: this should provide the context for your research, what is already known in this area, the rationale for your research and the central questions your research addresses. Do not cite references in your abstract.

Methods: what type of study was it? Eg RCT, case control, cohort and was it retrospective or prospective. This section should define very clearly which patients/population/model was investigated and how this was done.

Results: Include data which are relevant and unique. Use statistical tests but the correct ones for your data eg are the data normally distributed, should mean or median be used, parametric or nonparametric tests? Ensure that denominator data are provided where relevant. If results are not presented, the abstract will not be considered for oral or poster presentation unless you are submitting a case report.

Conclusions: only include what you can derive from the data that have been presented. Do not present new data here or repeat information from the introduction. This should be brief and a maximum of 1-2 sentences which highlight the significance or implications of your findings. You might briefly include recommendation for future research or implementation.

Quality Improvement Session Abstract Guidelines

Abstracts for this section should describe quality improvement activity or clinical effectiveness research. Abstracts which do not comply with these guidelines will not be considered. Traditional audits are unlikely to be accepted for oral presentation and will require to be of sufficient quality to be accepted for poster presentation.

- **General:**
    - The abstract should be created using Arial 11 font, limited to 450 words. Figures and tables should be included (maximum of 1 additional page).
    - Generic names for products and devices should be used whenever possible. The abstract should not provide any commercial messages or product endorsements. The abstract should not contain any identifiers or protected health information (i.e. DOB, medical record numbers, patient identifiers etc.).
- **Title:** Abstract includes a short descriptive title (10 to 15 words) that clearly communicates the nature of the improvement work.
- Institution name; Institution city, and country
- Author name(s) and degree(s); Primary author contact name, degree(s), email address, and telephone number
- Name and email address of supervising consultant or senior nurse who must approve the abstract prior to submission. Authors should be aware that this person may be contacted subsequently by email to verify their approval by the abstract scoring faculty.

Abstract content should be carefully structured using the following categories to organise your work:

- **Background**: The background should be described, identifying a gap between the present and desired practice and present a clear and compelling rationale for undertaking this project. Do not cite references in your abstract.
- **“SMART” Aim:** The abstract should have a clear and concise “SMART Aim”. A “SMART Aim” is specific, measurable, attainable, relevant and time-limited.

- **Setting:** Abstract includes a brief description of the practice setting and population (e.g. # of infant beds, inborn/outborn, transport team etc)
- **Drivers for Change:** Abstract should describe what practices and processes are hypothesized to support the desired change. The drivers may be thought of as determinants of effective change. When possible, drivers are depicted using a driver diagram linking change ideas and projects to the SMART Aim.
- **Methods:** Abstract should include a clear outline of the methods employed to achieve change. These are the change ideas, interventions and strategies that were used to improve care. Methods should have a logical link to the Drivers of Change. Methods are grouped /organized in Plan-Do-Study-Act (PDSA) cycles showing small tests of change implemented chronologically over time.
- **Measures:** Abstract should include clearly defined measures with the unit of measurement articulated. Measures are linked to the stated SMART Aim. Measures include both process and outcome measures, and may be quantitative and/or qualitative. When possible, balancing measures should be provided. Measures include *what* you measured, *how* you measured it and *how often* you performed the measures.
- **Data/Results:** Abstract should include relevant data. If results are not included, the abstract will not be considered. The data reported is the numeric representation of the described measures. The abstract should include **at least one annotated run chart** or **statistical process control chart** and **reflects at least two PDSA cycles.** NOTE: Continuous quality improvement is best represented with continuous measures. Where possible, avoid analyses that rely on 'before' and 'after' data such as traditional audits which represent low quality data in improvement activity.
- **Discussion:** Discussion should summarise the key findings of the project, lessons learned, strategies to overcome barriers (if appropriate) and the next steps in the improvement journey. You might include recommendations for wider implementation.

'Service Development by a Nurse or nursing team' Abstract Guidelines

Abstracts for this section should describe aspects of service development or innovative care practices which have been led by a nurse or nursing team. Examples include bereavement care pathways; development of a home phototherapy service; introduction of a developmental care or family integrated care model.

Accepted abstracts will be presented by poster. Abstracts which do not comply with these guidelines will not be considered.

- **General:**
    - The abstract should be created using Arial 11 font, limited to 450 words. Figures and tables should be included (maximum of 1 additional page).
    - Generic names for products and devices should be used whenever possible. The abstract should not provide any commercial messages or product endorsements. The abstract should not contain any identifiers or protected health information (i.e. DOB, medical record numbers, patient identifiers etc.).

- **Title:** Abstract includes a short descriptive title (10 to 15 words) that clearly communicates the nature of the service development work.
- Institution name; Institution city, and country
- Author name(s) and degree(s); Primary author contact name, degree(s), email address, and telephone number
- Name and email address of supervising consultant or senior nurse/educator who must approve the abstract prior to submission. Authors should be aware that this person may be contacted subsequently by email to verify their approval by the abstract scoring faculty.

Abstract content should be carefully structured using the following categories to organise your work:

- **Background**: The background should be described, identifying a gap between the present and desired practice and present a clear and compelling rationale for undertaking this project. Do not cite references in your abstract.
- **Aim:** The abstract should have a clear and concise aim.
- **Setting:** Abstract includes a brief description of the practice setting and population (where did it take place, what level of unit, what type of babies)
- **Methods:** Abstract should include a clear outline of the methods employed to achieve development of the service. These are the ideas, interventions and strategies that were used to develop/introduce care practices, and may also describe a description of the team involved in the activity. You may have measured the impact of your service development and if so the abstract should include these defined measures. Measures include *what* you measured, *how* you measured it and *how often* you performed the measures.
- **Data/Results:** Abstract should include any relevant data about the impact of your project. This may be qualitative or quantitative data.
- **Challenges and/or successes:** Abstract should include challenges and successes experienced during the activity and how the nurse/nursing team overcame barriers and/or celebrated successes.
- **Discussion:** Discussion should summarise the key findings of the project and the next steps in the journey. You might include recommendations for wider implementation.