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CLINICAL NOTE

Hitting the target! A no tears approach to writing an abstract for a conference presentation

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ABSTRACT: *From the author's experience in reviewing abstracts for conference presentations, nurses do not find it easy or straightforward to write an abstract, nor do they appear to fully understand its aim and purpose. The aim of this paper is to provide a clear understanding of the role of the abstract in the context of conference presentations and to provide a practical tool to guide nurses through the process of writing an abstract for a conference presentation in terms of both the structure and the content. Tips on what to avoid when writing an abstract are included.*

KEY WORDS: *abstract, conference presentations, nurses.*

INTRODUCTION

Presenting a paper at a nursing conference is an important means of disseminating the knowledge and skills inherent in mental health nursing practice by clinicians to clinicians (Ashworth 1996; Cleary & Walter 2004; Coad & Devitt 2006; Coad *et al.* 2007; O'Neill & Duffey 2000). However, despite the important role conference presentations play, the literature offers little in the way of guidelines to support the novice presenter. The author's experience as an abstract reviewer suggests that nurses do not find it easy to write an abstract in a manner that clearly conveys both the importance of the topic and an accurate overview of the proposed content of the presentation.

Furthermore, the limited literature available tends to describe the structure of a research paper (Sheldon & Jackson 1999). While this is important for nurses who seek to present their research findings, examples of abstracts for research papers can readily be found in nursing and other academic journals. More recently, overviews of the structure of a quality improvement paper, including the abstract, have been published (Moss & Thompson 1999; Smith 2000). However, clinicians frequently prefer to present on other aspects of clinical care such as the development of a new programme (other than as a quality improvement project), or a newly implemented nursing intervention. A search of the literature did not reveal any information or suggestions as to how to write these types of abstracts.

The aim of this paper is to assist nurses in writing an abstract for a clinical paper. More specifically the paper will provide:

- A brief overview of the importance of a conference abstract
- Mistakes commonly made in the preparation of an abstract
- The structure of a clinical abstract
- An exemplar of a clinical abstract

THE IMPORTANCE OF THE CONFERENCE ABSTRACT

The abstract represents a summary of your proposed presentation. Essentially, it is your introduction to the scientific committee and conference reviewers, the people who will ultimately decide whether to: definitely include it in the programme; reject it outright; or consider it acceptable but with low priority. Frequently, many more abstracts are received than can be accommodated, so acceptance depends on having more than just a good idea.

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It has to have a story to tell, not only that is worth hearing, but that is considered a must include in the face of competition. As Sheldon and Jackson (1999) state:

> The abstract is an advertisement of what is to come. Therefore it needs to grip the minds of the reader . . . it needs to reflect at least one theme of the conference and it needs to introduce your paper competently. (p. 78)

Writing an abstract is not generally considered either an easy or an enjoyable task. Perhaps because of this, it is considered an awkward hurdle or an academic exercise, rather than as a significant source of information. Consequently, nurses often concentrate on making sure the abstract is well written at the expense of clearly articulating the proposed rationale and providing a solid rationale or context for the proposed presentation. The writing style is important as it will enable the reader to comprehend what the presentation is about and why it absolutely should be a part of the programme, but a beautiful writing style is no substitute for substance.

It is also important that the set guidelines for abstract preparation and submission are followed. This has been addressed elsewhere in the literature (Cleary & Walter 2004; Groves & Abbasi 2004; Sheldon & Jackson 1999) and is therefore not the focus of this paper. However, this can prove difficult for the writer who already has the full 20-min presentation in his or her head and finds it difficult to synthesize so much information into a succinct overview. In the absence of a clear structure, many abstracts do not successfully convey the essential ingredients for success.

MISTAKES COMMONLY MADE IN THE PREPARATION OF AN ABSTRACT

Aside from grammatical errors and poor expression, abstracts frequently fall into one of four categories:

- Overdoing the context, with insufficient attention to the details, purpose, or implications
- Overdoing the details, purpose, and/or implications, with insufficient attention to the context
- Failure to acknowledge the implications or importance of the content
- Failure to articulate what will be covered in the presentation

These mistakes are now presented in more detail and supported with examples. The examples are fictitious but have been influenced by the author's experience in reviewing conference abstracts.

Overdoing the context, with insufficient attention to the details, purpose, or implications

This type of abstract devotes considerable attention to the service, programme, or intervention but does not emphasize its unique characteristics, what led to the development of the specific initiative, or how it has met an identified need. For example:

> The Men's Wellness Program was introduced following the closure of LFT, a major production company that previously provided employment for a significant proportion of the male community. This led to a significant increase in the unemployment rate for the town as the alternative work options are few, particularly for the large number of semi-skilled workers. Unemployment has been identified as a major risk factor for deterioration in physical and mental health and well-being. The program caters for men between the ages of 18 and 65. It consists of an outpatient clinic and drop-in centre. Referrals are received from GP clinics, local hospitals and mental health services. It is staffed by general and mental health nurses who receive support from a part time psychiatrist and social worker. A number of educational sessions are run including: recognizing and dealing with stress; the importance of maintaining physical health; smoking cessation; and recognizing problem behaviours related to alcohol and drug abuse and gambling. The service has received support through extra funding from the local council. It is considered to meet a previously unmet need.

Unless you have a strong passion for men's health issues, this abstract is likely to leave you wondering – so what? On deeper reflection, you might be left with the following questions:

1. How was the programme initiated and what specific aspects of the broader problem did it aim to address?
2. What were the outcomes? How do you know the programme was successful?
3. Did anyone attend the programme? If so, how many?
4. What does this mean for the future? Should the programme be retained as is? modified or refined?

The author has provided some information about the programme itself but it is not related to the broader context of the presenting problem and tends to be superficial. The educational programmes are listed but no justification is given for these choices or what is hoped to be achieved by introducing them.

Furthermore, the writer has not conveyed what will be covered in the presentation. It is not clear from this abstract whether the plan is to talk about the broader programme itself, a specific initiative within it, or the observable outcomes. The clinical abstract (like all others)

needs to clearly state the scope and content of the presentation. While this might seem obvious, it is frequently omitted.

Overdoing the details, purpose, and/or implications, with insufficient attention to the context

This type of abstract cuts straight to the proposed content of the presentation but does not provide a context in order to fully justify the reason for introducing the initiative. For example:

> The aim of this presentation is to describe the introduction of an Indigenous mental health worker in a remote community. The aim of this role is to provide supportive outreach care mental health care to indigenous people within the community. The worker locates him/herself in areas frequented by indigenous people in order to become familiar to, and therefore establish a relationship with, these people. In this presentation I will: 1) outline some of the problems encountered in the attempt to become accepted by the target population; 2) discuss the strategies used to overcome these problems; and 3) describe two case studies that illustrate the importance and success of this role. The implications for mental health nursing will be illustrated.

Again, there is no intent to question the importance or relevance of this topic but one may be left wondering:

1. Why? What particular issues led to the introduction of this new role?
2. Where? What are the specific characteristics of this community that led to the recognition of this need?
3. What outcomes have been observed to date? Apart from the two case studies, what leads you to conclude that the initiative has been successful? Or alternatively, what is special about the two case studies? Why were these two specifically chosen?
4. What now? What has been learned from the experience? How should it be further developed? The statement: 'The implications for mental health nursing will be illustrated' tells us nothing; we need to know what the implications are and why they are important.

Failure to acknowledge the implications or importance of the content

> In this presentation the author will describe the use of motivational interviewing techniques with a client diagnosed with both a mental illness and a substance abuse disorder. To illustrate the use of this technique, the experience of working with one client (to be known as Ian) will be examined in detail. The presentation will commence by outlining the reasons why this technique was chosen will be summarized. The author will then detail how motivational interviewing was used to establish a therapeutic relationship between the nurse and the client, giving a brief outline of the structured sessions. The outcome of this process and its implications for the therapeutic relationship and for Ian himself will be discussed.

In this example, the author provides some detail about the content of the presentation and the subject matter to be included. We know what it is about but we have not been told why this is important. For example:

1. Were the outcomes perceived to be favourable or unfavourable?
2. What has been learned as a result of this experience?
3. What are the implications for mental health nursing practice?
4. Would the author recommend this approach for clients with a dual diagnosis? For clients with other psychiatric diagnoses?

It is not necessarily expected that the abstract will cover all of these issues, but some indication of why the presentation is important and how the content is relevant to mental health nursing practice is essential.

Failure to articulate what will be covered in the presentation

This is a common error. The first example (above) of the men's wellness programme illustrates this point. To cite another example:

> Clinical supervision has been identified as an important strategy in reducing the stress and burnout commonly associated with mental health nursing work, and therefore to increase the level of job satisfaction. Therefore it has been acknowledged as important strategy to promote retention within the profession. Clinical supervision was introduced on a trial base for nurses employed in a mental health service in Woop Woop. Ten senior members of the nursing staff undertook training to ensure they had the necessary skills and expertise to be able to undertake the role of clinical supervisor. Clinical supervision was then offered to nurses on a voluntary basis. Twenty-three nurses opted to be included in this program. They each received individual clinical supervision on a monthly basis for six months. At the end of this time they were asked to complete a questionnaire which included questions about: their satisfaction with receiving clinical supervision; if and how they felt it influenced their nursing practice; whether they wanted to continue to receive clinical supervision; and what they felt could be done to improve the process. The findings demonstrate a high level of

satisfaction with clinical supervision and an interest in continuing. Some suggestions for improvement were provided.

This abstract contains detailed information about clinical supervision, including the rationale for its introduction, how it was introduced, the process of evaluation, and a brief overview of the main findings. However, the reader is left to guess what will be covered in the presentation. It might be assumed that the focus will be placed on the evaluation findings but this needs to be stated explicitly. Words such as 'this presentation will . . .' need to be used so decisions about whether or not to attend this paper (if the abstract is accepted) can be based on fact rather than assumption.

THE STRUCTURE OF A CLINICAL ABSTRACT

Essentially, an abstract for a clinical paper should address the Why? Where? How? What (outcomes)? and What now (implications)? These components will now be discussed.

Why?

This refers to the reasoning behind the introduction of the new programme, role, or intervention. Implementation of something new does not occur randomly but reflects the recognition of a problem or issue that is not currently met with existing service delivery.

Where?

What was the setting? What is particular or special about this setting? Does it cater for a particular geographical area? Type of client? Gender? Or ethnic background for example?

How?

An overview of the process used to introduce the new initiative. What changes (if any) were required within the service? Was training or education of staff required? Were there any particular challenges or issues that needed to be addressed? If so, how was this achieved?

What?

What outcomes have been observed? Ideally, this will include the findings of a structured evaluation; however, it can also include: number of people who attended the new programme/initiative, informal feedback, referral to data routinely collected, for example, critical incidents, seclusion data.

What now?

People generally attend conference presentations because they believe the topic is relevant. In the case of clinicians, they are often particularly interested in learning from the experience of others. Therefore, it is important to devote some attention to the implications for practice that have arisen from the findings. For example, do they suggest the need for staff training in a particular area? Do they demonstrate the ability to reduce adverse effects? Do they demonstrate increased consumer satisfaction with service delivery when a particular therapeutic intervention has been adopted? How could these findings apply to other services and practice settings?

It is also important to discuss any lessons learned in the experience. These do not have to be favourable ones. For example, some specific difficulties may have emerged that are now considered to be the result of inadequate staff training. Your audience will learn as much from your 'bad' experiences as from your 'good'. Therefore, these stories should be told.

The structure simplified

Of course, not all abstracts are the same and some care should be taken in following any system; however, the following provides a guide to the information that should be included in a clinical abstract:

1. The first sentence (or two) should provide a short, sharp description of the relevance and importance of the topic for the reader (reviewer or conference delegate).
2. The setting, client population, specific needs identified, etc., should be briefly described.
3. The process through which the initiative or programme was implemented should be *briefly* described. Reference should be made to any specific issues encountered and how these were dealt with.
4. A description of observable outcomes should be provided. This is likely to be the area of particular interest to your audience and should therefore be given more attention than the proceeding sections.
5. Implications for nursing practice should be discussed. This may also include a brief reference to lessens learned (positive or negative) and an overview of any further issues that require attention. Avoid the use of blanket statements like 'the implications of this initiative for mental health nursing will be presented'. What does this tell us? Basically nothing and as such it is a waste of words that could have been used to alert readers as to why this topic will make a difference to their professional lives.

6. An overview of the focus of the proposed presentation. This does not necessarily need to be the last section of the abstract, although it can be. Alternatively, it might come after the first, second, third, or even forth points, depending on the structure and flow of the abstract. It is, however, important that enough information is provided so that the reader will have a clear understanding of what it is you plan to present.

THE STRUCTURE DEMONSTRATED – AN EXEMPLAR OF A CLINICAL ABSTRACT

Examples often prove very useful in assisting people to make sense of a structure, by seeing it 'in action'. The following exemplar contains all of the elements of the structure described above. For the reasons discussed previously, it is intended as a guide only. There may be good reasons to vary the structure, but nevertheless it is important that all six points are covered in a logical and coherent way:

> Primary nursing was originally introduced as a way to provide person centred care for patients within the health care service. Service X, like many others discarded primary nursing because 'it just wasn't working'. Primary nursing was reintroduced into an acute in-patient unit, with the strong support of all nursing staff. The model involved a coordinated approach with one primary nurse identified and a number of secondary nurses who would assume patient care when the primary nurse was not on duty. The evaluation of this initiative included administering a questionnaire to measure nurses' job satisfaction before the change and six months later. The findings suggest nurses' job satisfaction increased substantially following the introduction of primary nursing. In particular nurses emphasised being able to work with and be of assistance to a small number of patients, rather than feeling they were putting out 'spot fires'. This experience has demonstrated that primary nursing can provide a satisfying and successful approach to the care of people in mental health inpatient units. However, for success to be achieved, a coordinated approach is needed to ensure continuity of care. This presentation will describe the introduction of this approach and an overview of the evaluation findings.

In 199 words, the author has been able to provide a comprehensive overview of the *why*, *where*, *how*, *what*, and *what now*. The people reviewing this abstract will have a clear idea of the relevant issues, outcomes, and the content that is to be covered. They will be well placed to make a decision and in all likelihood this abstract would be accepted (although of course it is difficult to second guess the opinions of reviewers, who after all are only human). If the abstract is accepted, it will also give conference delegates the type of information needed to decide whether or not they want to attend this paper.

Furthermore, by following the structure outlined, the author will be forced to focus on exactly what it is she or he proposes to cover. This will help to refine his or her thoughts. Should the abstract be accepted, it will also provide a clear outline that will assist in preparing the final presentation.

SOME FINAL TIPS

Make sure the abstract strictly adheres to the guidelines as set out by the conference-organizing committee. Note the word limit and any other special requirements.

Carefully proof read the abstract. Typographical and spelling errors, poor grammar and clumsy expression can be very 'off putting' to reviewers. Like all of us, reviewers are busy people, and will often view ill-prepared work negatively. They may also think that this lack of attention to detail might also influence the way the presentation is written. They are therefore much more likely to reject it. Ask a colleague to read it, to be sure it makes sense and contains all of the important information

CONCLUSIONS

This paper provides a structure for the preparation of a clinical abstract. Essentially, this involves providing sufficient but succinct information to describe the *why*, *where*, *how*, *what*, and *what now*. An exemplar has been provided to illustrate the way in which information should be presented to enhance the chance of acceptance. So what are you waiting for? Haven't you got an abstract to write?

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