

Abstract writing for beginners



Writing an Abstract



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Abstract writing for beginners

- What is an abstract
- Who writes it
- For what purposes
- Who reads it
- Different types of abstract
- What to include
- What not to include
- Some examples



What is an abstract?

- A short, self-contained, powerful summary of an article, paper or thesis;
- Length: between 150 and 250 words;
- Layout: usually one – 3 single paragraphs; font size is different from the main text;
- Position: usually at the beginning of the paper (but it can appear elsewhere, e.g. in book of abstracts or on-line);

What is an abstract? (Continued)

- An original document, not a collection of quotations taken from the text it summarizes, i.e. it must stand alone.
- It does not contain vague statements which force the reader to refer to the main text.

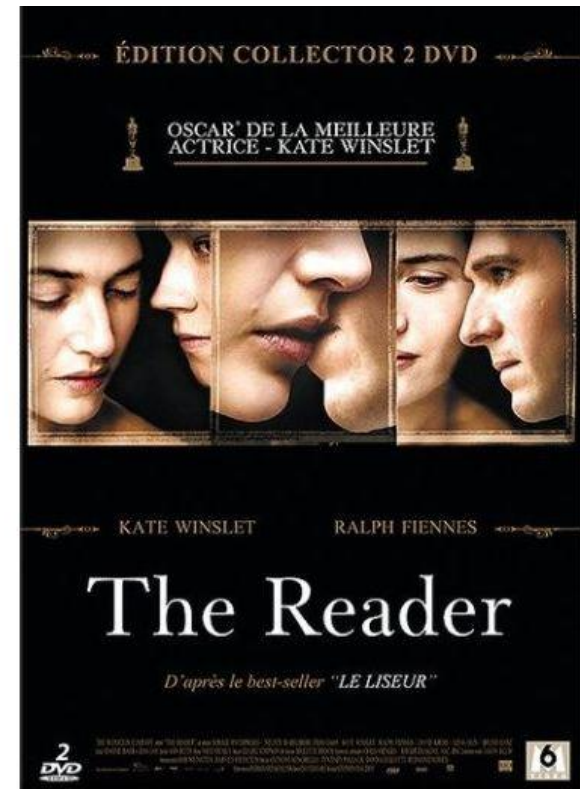
Who writes it?

- Usually first author of paper,
- Sometimes professional writers, who abstract books and articles for a wide audience.



Who reads it?

- Same-field professionals looking for further information;
- Health care providers having to evaluate future specialists' achievements;
- Students charting research in a given area.



Different types of abstract

- Abstracts are usually divided into two main categories:
- DESCRIPTIVE AND INFORMATIVE
- Descriptive abstracts describe:
 - What the text is about
 - The issues or problems explored
 - The purpose and methodology of the research



Different types of abstract (continued)

- Format of your abstract will depend on the work being submitted;
- An abstract of a scientific research paper will contain elements not found in an abstract of a literature article, and vice versa;
- However, all abstracts share several mandatory components.

Different types of abstract (continued)

- Informative abstracts describe:
 - What the text is about
 - The issues or problems explored
 - The purpose and methodology of the research
 - The results
 - The conclusion and recommendations

Different types of abstract (continued)

- Descriptive abstracts are often written before a project is completed;
- Emphasis is placed on the problem and method;
- They may be required for conference paper proposals or for progress reports;
- Informative abstracts are written after a project has been completed;
- Emphasis is placed on the results and conclusion of the project.

Writing an abstract

- Plan your abstract in six steps
- Then use these to structure the entire abstract/paper/thesis
- This technique clarifies thinking and leads to a final sentence that summarizes why your research findings matters

**"WRITING
IS THE
PAINTING
OF THE
VOICE!"**
VOLTARE



1. Introduction. In one sentence, what's the topic?



- Phrase abstract in a way that readers/audience will understand
- Assume they are familiar with general field of research
- Be specific about what topic your addressing

The Title is important



- Good titles (typically 10–12 words) use descriptive terms /phrases that accurately highlight the content of the paper
- Journal websites and search engines use the words in titles to categorize and display articles to interested readers,
- Readers use the title as the first step to determining whether or not to read an article.

2. What's the problem



- What's the key research question- Again, in one sentence ?
- State the central question you want to address
- First sentence introduced overall topic, so you can build on that, and focus on one key question within that topic

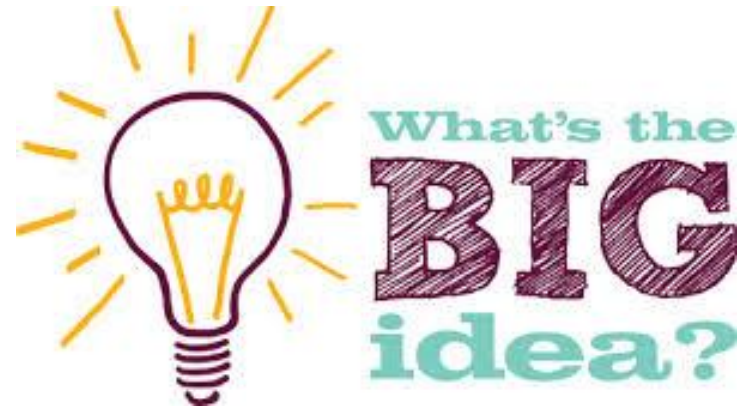
3. Summarize why nobody has adequately answered research question yet

- Explain that there's one particular approach that nobody else tried yet
- There is a gap in the literature!
- Use a phrase such as “previous work has failed to address...”.
- Explain in a few words the general message expressed in terms of what's missing



4. Explain, in one sentence, how you tackled the research question

- What's your big new idea?
- What's the new perspective you have adopted?
- What's your overall view on the question you introduced in step 2



5 - In one sentence, how did you conduct the research that follows from your big idea.



- Did you conduct experiments?
- Carry out case studies?
- Conduct a patient survey?
- Describe your methods here.
- In a sentence that you could read aloud without having to stop for breath

6- As a single sentence, what's the key impact of your abstract/research?

- What does it mean?
- Why should people care?
- What conclusions did you draw?
- Summary of implications for practice?
- Future research questions?



Rules for clarity

- Everyone will acquire his or her own style
- However, some general rules:
 - Use short sentences which express single concepts
 - Use short paragraphs
 - Use good grammar and punctuation
 - If in doubt, keep it simple



- To put it simple:
 - What the author did;
 - How the author did it;
 - What the author found;
 - What the author concluded.

Preliminary Outcomes of CREWS study

Phyllis Murphie, Margaret Gall, Mary Wilson, Dr. Musa Ali, Helen Coles, and Dr. Stuart Little.,
Respiratory Medicine, NHS Dumfries and Galloway, Dumfries, United Kingdom.

Background

People with severe Chronic Obstructive Pulmonary Disease (COPD) can experience exacerbations necessitating hospital admission with resulting increased socio-economic costs. Current evidence supports home care models of service delivery and good evidence exists that home care may reduce the risk of hospital admission/readmission ^{1,2}.

CREWS uses a combined model of advanced self management skills with anticipatory care, with the emphasis on educating the individual about proactive self-care, using a relatively inexpensive system compared to other home telehealth models currently being implemented worldwide.

Objectives

Feedback from COPD patients and clinicians regarding CREWS and:

- Impact on self management skills
- Recognition of deterioration in respiratory status
- Health care utilisation

Methods

A one year pre and post pilot observational study in 50 people with a diagnosis of COPD with at least 1 admission in the year prior to enrolment in the study.

The number of admissions and bed days; QOL life; Utility of the CREWS; and self management ability pre and post intervention are of interest.



Results

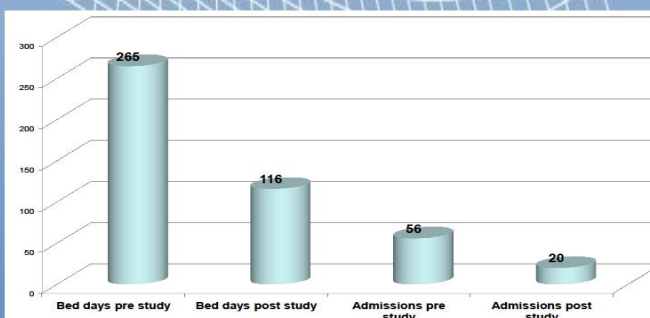
47 participants have been recruited, with 24 having completed follow up. 9 have been excluded due to withdrawal of consent and 3 have died during the follow up period.

There has been a 64% reduction in acute admissions, giving a 56% reduction in bed days – equivalent to a saving of around €100,000.

Community Respiratory Early Warning System

Score	0	1	2	3	4	Total
Oxygen saturation %	90% or above with air oxygen	91-92% with air or oxygen	88-90% with air/oxygen	86-87% with oxygen	Less than 85% with oxygen	
Pulse rate	Less than 90	90-100	101-110	111-120	More than 120	
Temperature	36-38.5	37-37.5	37.6-38	38.6 with paracetamol and antibiotics for 24hrs	39% with antibiotics for 3 days	
Cough	No cough/no change in cough	Increased cough but no sputum	Increased cough with sputum	Frequent coughing with sputum	Severe cough, coughs to sleep	
Sputum	None	Small amount	Moderate amount	Large amount	Very large	
Sputum colour	None	White	Yellow	Green	Black/Blood	
Wheeze	No wheeze	Infrequent	With significant exertion	With moderate exertion	Wheezing at rest	
Ankle/Leg swelling	None	Mild - in feet and ankles only	Moderate - in calves as well as feet	Severe - up to knee level	Very severe - above knee	
Shortness of breath/ABC score	Not breathless except on strenuous exercise	Short of breath when hurrying or walking up slight incline	Walking slower than on level ground because of breathlessness, or stop for breath when walking at even pace	Stop for breath after walking about 100 m or after other activities on level ground level	Not possible to walk up the stairs, or breathless when dressing or eating	
Daily Activities	Fully active/Usual activity when well	Some extra effort/physical work, but can do anything else	Up and down more than half the day, can look after yourself, but not well enough to work	In bed - sitting in chair for more than half the day, need a stick to get up, looking after yourself	In bed - sitting in chair for more than half the day, need a stick to get up, looking after yourself	
TOTAL						

Usual Score when Well = Action: Contact Number if CREWS changes by score of 3 or more:



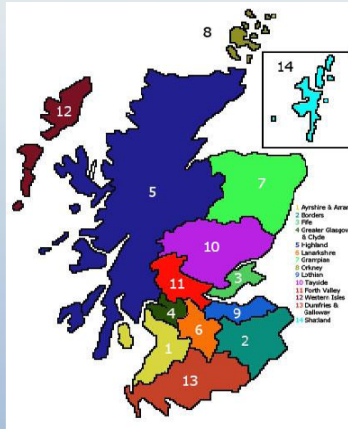
Conclusion

Our preliminary results indicate that the CREWS may be helpful in reducing hospital admission rates and beds days. Utility, QOL and self management data will be reported on study completion.

References

1. NICE Guideline - Chronic obstructive pulmonary disease. 2004. [Online] <http://www.nice.org.uk/CG012/NICEguideline>
2. American Thoracic Society. Statement on Home Care for Patients with Respiratory Disorders. 2005. American Journal of Respiratory and Critical Care Medicine Vol 171, pp 1443-1494.

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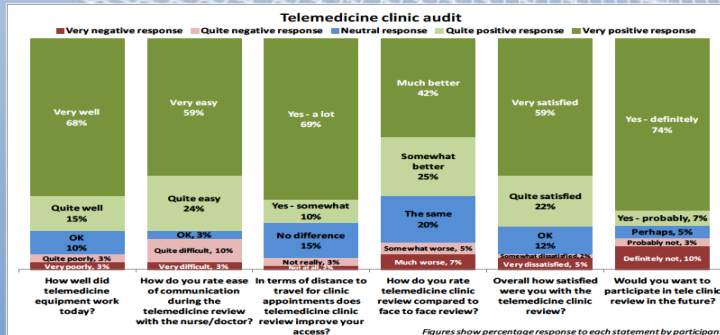


Objectives

To seek services user's views of their experience and acceptability of telemedicine clinical review and to quantify any efficiency savings in terms of reduction in mileage travelled, fuel consumption and reduction in carbon footprint impact.

Conclusion

Our results demonstrate that teleconsultation is very acceptable to the vast majority of service users who received this intervention and there are significant financial and environmental economies for sleep medicine healthcare providers. We now offer this method of clinical review as part of our mainstream service and are looking ahead at home teleconsultation possibilities using current technology. Delivered at scale this method of clinical review can offer significant financial savings for the NHS and we would encourage other Sleep medicine providers to explore the use of telemedicine consultation in their service.



Background

Our Sleep medicine service has in excess of 1000 clients living across 2,500 square miles of rural Southern Scotland. Considerable commuting time, and distances, are involved for those attending centralised clinics and also for clinicians attending peripheral clinics. We have surveyed clients feedback regarding teleclinic review and acceptability compared to usual face to face clinical care.

Methods

110 service users diagnosed with OSAHS who were utilising CPAP therapy or MRS therapy were asked to complete a postal survey regarding their experience and views of remote teleconsultation in 2014.

Results

60 people returned completed surveys representing a 55% response rate. See figure 1

References

1. Tele Sleep Clinic Review in NHS Dumfries and Galloway. P Murphie, R Paton, N McIntosh, C Scholefield, S Little.
2. Isetta V et al, 2014. Telemedicine-Based Approach for Obstructive Sleep Apnea Management: Building Evidence Interact J Med Res 2014;3(1):e6 doi:10.2196/ijmr.3060

National Home Fill Survey in Scotland

Phyllis Murphie¹, M Wilson¹, Bill mitchell¹, Willie McGhee², Steven Laird³, Stuart Little¹

NHS Dumfries and Galloway¹, Health Facilities Scotland², Dolby Vivisol³

Introduction

In 2013 NHS Scotland transitioned to an integrated home oxygen service. The HomeFill oxygen system is relatively new in Scotland and the demand for this modality is greater than was anticipated. The system combines an oxygen concentrator with an integrated reservoir allowing home refilling of ambulatory cylinders with integral oxygen conserving headsets. It provides a pulsed dose oxygen delivery option thus increasing the ambulatory oxygen cylinder supply time by up to threefold.

Methods

Following the introduction of the Homefill oxygen delivery system 750 Homefill users across 14 health boards in Scotland were asked to complete a postal survey (administered by Dolby Vivisol) asking their views on this oxygen delivery system. Questionnaires were returned and results analysed by the Respiratory team.



Figure #1

Is HomeFill easy to use?

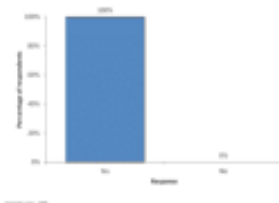
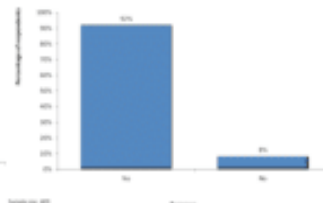


Figure #2

Improvement in quality of life since using HomeFill



Results

450 surveys were returned and analysed, representing a 62% response. Respondents reported the system was easy to use with a 50% increase in time away from the home in those who went out 4 times or more per week. 92% of respondents reported improved quality of life and 100% rated the quality of the home care service as good or better. A small number were found to be unable to trigger the integral conserving device, emphasising the importance of appropriate initial assessment and review regarding the use of all oxygen delivery systems to ensure a patient centred and effective therapy. One third of respondents indicated issues with the weight / duration of oxygen supply.

Figure #3

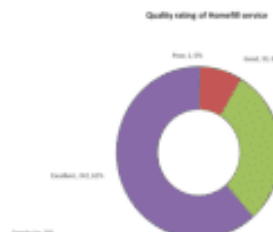
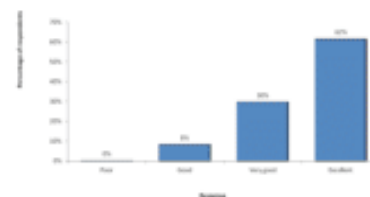


Figure #4

Quality rating of oxygen delivery service



Conclusions

This is the largest HomeFill survey conducted to date and it indicates that the vast majority find it easy to use and have benefitted from increased time away from home, improved quality of life, with high levels of satisfaction with the home oxygen service. This survey has demonstrated that this integrated Long term oxygen therapy / Ambulatory Oxygen system is acceptable to the majority of patients who spend extended time away from home. HomeFill significantly reduces healthcare costs by eliminating cylinder deliveries, allowing users freedom and independence with an unlimited supply of ambulatory oxygen. Home Fill is a cost effective integrated Long Term Oxygen Therapy and Ambulatory Oxygen system that is acceptable to the vast majority of patients who meet the requirements for ambulatory oxygen therapy and spend extended time away from the home and should be prescribed following assessment by a respiratory clinician.

Acknowledgement

Mary Wilson RN¹ entered and collated all the data entry for this survey.
Bill Mitchell Health Intelligence Analyst¹ - Analyzed and supplied all the data and graphs.
Dolby Vivisol - distributed all the postal questionnaires.

References

1. Murphie P et al, HomeFill II oxygen concentrator system – "better for your patient and your pocket" ERS 2009 Abstract
2. Murphie P, Little S. Homefill: better for your patient, better for your pocket? *Prim Care Respir J* 2011;20(2):223-224. DOI: <http://dx.doi.org/10.4104/pcrj.2011.00030>
3. Murphie P. March 2014. Oxygen delivery devices: exploring the options Practice Nursing March 2014.

CONCLUSION

- It is challenging to write effective abstract titles
- And to choose appropriate keywords
- Its definitely worth putting in time to get these right.
- The 3 smallest segments of your paper have the potential to significantly impact your chances of getting published, read, and cited.

