



**ADVANCE PRACTICE NURSING MONTHLY TELECONFERENCE  
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**“Writing Abstracts”  
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**Edited for readability**

Diana Wagenhofer introduced Betty Ferrell. Dr. Betty Ferrell has been in oncology nursing for 28 years and has focused her clinical expertise and research in pain management, quality of life and palliative care. Dr. Ferrell is a Research Scientist at the City of Hope National Medical Center. She is a Fellow of the American Academy of Nursing and she has over 270 publications in peer-reviewed journals and texts. Dr. Ferrell received the Oncology Nursing Society Distinguished Nurse Researcher Award in 1996. She is Principal Investigator of a study funded by the American Cancer Society on “Palliative Surgery” and she is also Principal Investigator of the End-of-Life Nursing Education Consortium (ELNEC) project funded by the NCI and several other funded projects related to end-of-life care in cancer centers and QOL issues in cancer survivors. She is a hospice volunteer and also the chairperson of the Southern California Cancer Pain Initiative. She has authored five books - Cancer Pain Management (1995), a text on Suffering (1995), Pain in the Elderly (1996) and the Textbook of Palliative Nursing Care (2001) and the second edition of the Textbook of Palliative Nursing Care (2006) published by Oxford University Press. Dr. Ferrell is also currently pursuing a Masters degree in Theology, Ethics and Culture from Claremont Graduate University.

Betty Ferrell

I am very excited to present this topic today. I know it probably is not quite as exciting as some of the clinical topics that we hear in HPNA teleconferences, but I think it is equally important for our profession. I am sure that you would agree that now that there is so much in the field of hospice and palliative nursing, there is so much excellent clinical work, great educational projects and research, that it is important for nurses to share their expertise with others. One of the keys ways that we have to share our expertise is to present at professional meetings. We also know that presentations at professional meetings often find their way into journals as manuscripts or published abstracts and so we should all be committed to the idea of sharing the good works that we are doing.

I always try to remind nurses as I visit hospices or talk with people in palliative care programs that when you have done something great in your own setting, whether you developed a new way to teach families about end-of-life care or you have designed a better way to teach your nursing staff about system management, it is a great thing if you have done something that helps your staff or your patients. If you can present it or publish it, you should think about the ripple effect. You now have the ability to impact hundreds or thousands of other patients and families by sharing your work.

I think this topic is also important because of the trend toward interdisciplinary care and interdisciplinary interaction. Of course, one of the greatest examples of that is the Hospice and Palliative Nursing Association meeting that will happen next week in Nashville in conjunction with the American Academy of Hospice and Palliative Medicine. At this meeting and many others, nurses are presenting, along with their medical colleagues and colleagues and social work, oncology, pharmacology and many other disciplines. Being able to write abstracts and have your work accepted for presentation at these meetings is an ongoing way for us as nurses and in the nursing profession to educate our colleagues about the valuable role that we play in interdisciplinary care.

In preparing for this teleconference today, I tried to reflect on my own experiences in writing and submitting abstracts. I also put on my hat of a reviewer, having served on many review committees in reviewing abstract. I also thought about the pearls or the lessons that I have learned about writing abstracts that I might share with others of you. I know that probably many of you on this call have had experiences in writing and presenting your abstracts at meetings.

I wanted to come up with a few general thoughts that I thought were important in terms of a general approach to writing an abstract for any meeting. The three key points that I have listed for you here are to, first, start early; second, to have an obsessive adherence to the instructions and, third, something that I call the personal peer review.

By starting early, one of the things that I have seen certainly in my own office and with other nurses is that so often we get these flyers in the mail that say, upcoming meeting, call for abstract. We glance down and it says 200-word abstract or 250-word abstract. Our natural inclination is to say, no big deal, I can write 200 words and it goes in the bottom of our stack. We think it says it's due April 15, let me make a note here and about April 10 I will pull this out and whip out my 200 words and get it mailed in. I am not sure if anybody else on this call is guilty of procrastination, but it is very easy to do when it comes to abstracts. We think it is a small task and, therefore, we can do it quickly.

I can tell you from my experiences from reviewing abstracts that it becomes very clear when someone has just thrown together an abstract at the last minute. Even though abstracts are small in size, you always want to start early, at least a month early and often even more time in advance. I often tell people I think it is much, much easier to write 500 words than to write 100 words. It is easier to write 300 words than 100 words. When we have the luxury of more space, we can embellish our ideas and include more explanations. When we are forced to fit 200 words into a little box, it can be very challenging. You may have heard the term, "word economy" or

“word efficiency,” meaning that if you only have 200 words (depending on the size of the abstract, they are generally anywhere from 200 to 400 word limits) every word and every sentence has to really count.

The second thing that I would say, as a general guideline, is that you have to have an obsessive adherence to the instructions. Often I see abstracts that are written and it honestly looks to me like someone probably with all good intent sat down and just wrote her abstract in terms of what they wanted to tell everyone. They never really read the instructions. The reason that reading the instructions is so important is that for many meetings, including the Hospice and Palliative Nursing Association meetings, there are generally hundreds of abstracts submitted and a review committee has a very short period of time. A typical reviewer would be given anywhere from 25 to 50 and sometimes more, abstracts to read and rate and get back in a really short time frame, perhaps a couple of weeks maximum. For that reason, most abstract reviewers sit down with the stack of abstracts in front of them along with the instructions and criteria for judging. This becomes a pretty, technical, automatic, by the books kind of review. One of the just general principals or pearls I would say to you is after you have written your abstract, sit down and kind of try to reverse chairs for a minute. Put the list of instructions in front of you, and evaluate your own abstract. Say I was now the reviewer of this abstract, here are the instructions and how would my abstract rate. I have seen many times where perhaps a great study or a great project was not accepted because it was written in a format different from the instructions. I have seen projects that perhaps aren't the biggest or the greatest, perhaps pilot work and yet because it was well written and closely adhered to the instructions, this was the abstract that was accepted.

The third general guideline that I have mentioned here is what I call personal peer review. In my office here at the City of Hope, I have been here 16 years, and Marsha Grant, my colleague has been here more than 25 years, and we have written a lot of abstracts between us. For us, and for our staff, every time we write an abstract, even when you get to the point where you think, boy, this is good, I have really done it, ten drafts later we hand it off to our colleagues. Just pass it around and ask people to read it. It is amazing the kinds of suggestions that people come up with. Things that you just stared at the page for too long to be objective, other people can have good ideas to help you. This also is a reason why you can't be doing this at the last minute. If you write your abstract three or four weeks in advance, it does give you the opportunity to share it with your colleagues, maybe e-mail it to other people that you know and get feedback. By the time your abstract gets mailed, you should feel confident that it is fine tuned and you are not mailing off an early draft.

I wanted to just say a few things about the review process before we move into the actual writing of the abstract. Some of this overlaps my comments about the instructions, but in terms of the review process, the ways that any abstract review process happens are very similar across organizations. I have reviewed for many pain meetings, oncology meetings, palliative care meetings and the process is generally the same. That is that there is a program committee that is planning the conference and that has come up with perhaps some themes or general focus that the conference would like to achieve. Then a review committee is established separately to do the work of reviewing abstracts. The program committee and the abstract review committee then have come up with some specific criteria about what they want to see in the abstract. For example, some meetings when you are looking at the call for abstracts, you might not see the

review criteria, you might only see the instructions and the forms to write the abstract. There are actually many meetings where you will see the instructions, but you will also see information provided about the abstract criteria or the review process. If the review criteria are provided, please pay good attention to it. If they don't give you the actual review criteria, what you should do is just think about the instructions as the review criteria, so that you are writing your abstract to fit within the rules of the committee. You want to be writing your abstract in a way that meets the needs of the reviewer.

For example with HPNA and the Academy meetings, there would typically be 300 or 400 abstracts that would come in; there would be a group of about 20 people who would then divide those abstracts. Abstracts are usually read by two or often three different reviewers, each who would rate the abstract. After all the abstracts are read by two to three people, the scores come in and then generally the abstracts are put in some sort of priority order from the highest point abstract to the lowest point abstract. At that point, the entire review committee generally gets together by phone to make decisions. The reason I share this with you is to say you can see how this by nature becomes a very objective process and kind of "by the number," meaning that the way to get your abstract accepted is to get the highest score. How do you get the highest score? You get the highest score because your abstract meets the criteria and then at that point you are informed if your abstract is accepted.

If you had ever submitted an abstract and it is not accepted, it's much like if you had written a paper or you had done a project that was not accepted. Instead of just saying, oh forget it, throw it away and feel defeated, learn from that experience. Try to find a mentor within HPNA to sit down and look at your abstract with you in order to help you figure out how you might strengthen it for the future.

I also wanted to just make a general comment about paper versus poster abstract. At most meetings and in most calls for abstracts, you would be given a choice where you would indicate if you want your abstract to be considered only as a paper presentation (meaning that you stand up and present it verbally), if you would only want it as a poster abstract or if you would like it to be considered for both. I just wanted to make a few comments based on my experience over the years. Sometimes people think, "Oh posters aren't very important," and will only want to present if they can do a paper presentation. I think that is a myth that should be dispelled. One of the ways that I try to think about it is, let's say for example at next week's meeting in Nashville, if you think about the fact that if you are presenting a paper in a small group or breakout session, you might have 40 or 50 people sit in on your breakout session and hear your paper presentation. But if you have a poster, there is an opportunity for close to all of the 2,000 attendees to come by and look at your poster. Posters can also be a great way to share your work, to interact with people as they come by and talk to you about your poster or connect with you later about your poster. Poster abstracts are also a great opportunity, and I would encourage you to think about submitting a poster.

The other thought about the odds of being accepted – if you really want to go to a meeting, in terms of your experiences in presenting at meetings, to always open yourself to the possibility of either paper or poster. It does enhance your opportunity. For example, at a typical meeting,

there may only be 30 slots for verbal papers to be presented, but there might be as many as 100 or more slots for posters.

I do think there are times where you do need to sit back and think what is going to be the best way to present my information. There are actually some projects that I think are much better to be presented as a poster. For example, if you are doing a presentation on wound care or if you are sharing some kind of educational curriculum, it actually might be presented better as a poster where people can have time to stop and look at the various proponents. They can photograph or study the aspects of your abstract, whereas in a paper presentation where we often have less than a minute for a slide, it is hard for people to grasp information. Do think about what is going to be the best way to present your information.

The next point is something that I think is important for nursing and within our field of palliative care and that is what kind of abstract are you really submitting? There are three basic kinds of abstracts that are submitted to professional meetings: Research abstracts, meaning you are presenting data or presenting work from a study; Clinical abstracts in which you are sharing experiences with a particular patient or patients or clinical practice and Education abstracts, where you are submitting information about educational programs.

I would encourage you to read carefully the instructions and the background of the meeting. For example, there are some meetings that I know I attend that there is quite honestly a bias that they accept almost only physically researched abstracts. It is very hard to get a clinical project or education project submitted and accepted. Whereas other meetings are very open to accepting clinical and education projects. There are some meetings that only want complete projects whereas other meetings are open to you submitting work from a project that is still ongoing and you are presenting preliminary work. The idea is to find the best fit for your abstract. You will also find that at some meetings there are slightly different review criteria. For example, the Oncology Nursing Society is an example where there are a diversity of research, clinical and education abstracts. There are separate criteria in the way we would judge a research study abstract, which might be very different from judging a clinical project.

Again, another reason to start early is so that you can think about how to best pitch your project and what criteria would help you. There are often instances where you might have a choice. For example, in some of our end-of-life nursing education projects, the ELNEC Project, there are instances where we could present that as an education abstract and focus on the content of ELNEC. There are other times where we could write that more of a research abstract, emphasizing the evaluation data. Think about your particular project and how to best position it.

Always have a mind set that abstracts should become publications. By the time that you have gone to all of the effort of organizing a project, writing an abstract, getting it accepted, creating a poster or writing a presentation, that is an enormous amount of work and you want to be able to benefit from all that work by seeing your project through to publication. When you are writing an abstract and particularly if that abstract has been accepted for presentation, you should think about the next step of how you can publish your work. I know myself and there are many other people within HPNA that are always very glad to read early drafts of your work for you, talk with you by phone or in person to look at your poster or your PowerPoint® presentation and help

you think about how you might move that on to publication. We are fortunate that we have the HPNA's journal and now there are many other journals in palliative care and hospice, so there are great opportunities to publish your work.

I sat down with the review criteria used for the abstract for the Hospice and Palliative Nursing meeting, which is very typical of other meetings, and I have tried to talk to each of the components. If you are going to write an abstract, what would you need to write? For example, you need to write a purpose; you need to write a statement of significance; you need to say something about your methods. I have taken each of the components of an abstract and then given you two examples. I purposely have given you one example that would come more from a research study and then another example for each of these components, an abstract that would come from a clinical education project, knowing that probably many of you on the whole may be more involved with clinical education project versus research studies.

I am going to walk through each element of the abstract, share these examples with you and try to point out for you why these might be good examples for an abstract.

The first component of an abstract is writing a purpose statement. The first statement says "the purpose of the study was to test a quality of life intervention for women with ovarian cancer." That is an example of a purpose from a research study. The second example here says "the purpose of this project was to train faculty in undergraduate nursing programs to integrate end-of-life content in curriculum." We have a research purpose statement and we have an education project purpose statement.

What I want you to hopefully learn from these examples is that these are very clear and very direct. The abstract reviewer reading this first sentence immediately knows where you are going. They immediately know what your abstract is about. It gets there and hopefully it peaks their interest, "oh, this is great, a study of quality of life intervention for women with ovarian cancer," or, "wow, training faculty in school of nursing, that's important." The purpose statement should do those two things. It should be very clear to get to that reviewer who has those 50 abstracts to read in front of them. You want to catch their attention to say, what is my abstract about and to hopefully start them leaning in a positive way towards your abstract. This is important. As you write your purpose statement, that would be a way for you review yourself. Does this clearly say what my abstract is about and does it get people to think that this is an important abstract?

Writing a statement of significance. Sometimes I have heard of abstract that people skipped over this. This is a place where people lose points in the abstract process. The best way that I can describe writing a statement of significance is to remember that this topic that you have written about is probably your passion. It is something near and dear to your heart; you believe in this. You believe in it so much that you've done some great study or project. You believe in it so much that you want to share it with other people. But what you have to stop and think about is the person who is hearing your abstract may not know or really care a lot about this project. So the statement of significance is really your way of converting everybody else to have the same level of passion about this abstract that you do.

The first example I have given you is the research statement of significance which says “quality of life concerns are critical for the 40,000 women diagnosed with ovarian cancer each year and 25,000 who have died from this disease.”

The second statement of significance that I wrote from an education abstract says “end-of-life education is essential but underrepresented content for the nation’s 1,500 undergraduate nursing programs.”

I hope that you see that the statement of significance is the place in this process where the reviewer says, “Wow, I didn’t know that, oh man, ovarian cancer, you know, I never see it that much, I don’t think of it that much, but I didn’t realize 25,000 women die.” Perhaps this is a physician who happens to be reviewing your abstract saying “Wow, I didn’t know that 1,500 nursing schools do not teach end-of-life content. Gee, I have always thought about medical education as having problems, but I didn’t really think about the fact that even nursing schools have really underrepresented end of life content.” The statement of significance is to say wow, this is important and it is the way to pull the reviewer into being as committed to your abstract as you are.

Probably the most challenging part of writing an abstract is the section of writing a summary of methods. The reason that this is so challenging is that you have such little space to describe such important information. The summary of the method is the way that you explain to the viewers what you have done. Sometimes it is not so clear what people want you to put in the method section, but there are three bullet points that I think reviewers are looking for. I went back and looked at review criteria that are given to the abstract reviewers and I know that these are the three elements that they are “giving points for.” If you write the summary of methods, you want to say something about the population or sample included in your abstract. You want to say something about the design, how is the project designed and then the method. How did you do this? This is the method as what did you do, who was involved and how did you go about doing this?

You will see that the methods section take up a few more words here, maybe this becomes a two-sentence versus a one-sentence, but still was distinct.

The example is an example of methods of a research project. It says “subjects were 60 women with Stage III or IV ovarian cancer sample from an urban cancer center. Subjects were randomly assigned to a no treatment control group or to a four part QOL education intervention. Outcomes were assessed using the COH QOL Tool, pre-treatment, and at one and three months post intervention. Dependent variables included QOL domains of physical, psychological, social and spiritual well being.”

What you see is that you are trying to get a lot of information in a little space. One of the things I would mention about this example is that you will see that we often use a lot of abbreviations or numbers as a way to send more information in.

One of the things that you might do after this phone call is to look at this example that presents the method for this research study and kind of play a game and say, what if this was a 200 word

abstract assignment, not a 400 word abstract assignment, then I would need to cut some space. You could play around with how you might reduce the information. As a hint, for example, maybe I am not going to have room to list the four domains of quality of life, so I could strike those words to save some space.

The next is an example for you of how we write a method for an educational project. This is an educational project and it could not be written as a research abstract. The reviewer still wants to know, who are you working with, what were you doing, how did you do it? “Five hundred nursing faculty nominated by their Dean attended a three day ELNEC course focused on nine domains of end-of-life care. The project included a pre-course and six and twelve month post course evaluations of faculty perspectives on end of life care, student knowledge and curriculum change.”

What I hope you see from this example is in two sentences you have given people information about who was there, the fact that there was a nomination process, the dean was involved, that this isn't just presenting information on a two hour in-service, it was a three day course. There were nine domains. You want the reviewer to start seeing that this is a big project. The fact that there was a thoughtful evaluation and that it was not just an immediate pre and post course, but there was follow up here and that we were looking at different dimensions, the student knowledge and the curriculum change. You can see that in a little space, you have given the reviewer a lot of information about your project to hopefully be excited about.

Next, we tackle the part of the abstract which is writing results. Writing results can also be a very skillful and tricky thing because again, you have probably a lot of information and you are going to have to make decisions about what will fit within an abstract.

The first example that I have given you is from the ovarian study and says “data analysis revealed no change in the usual care group but improvement in the intervention group in physical, psychological and spiritual well being with the p value of .01 and social well being with the p value of .05 at both one and three month post measures.”

The main thing I want you to learn is that when it comes to writing results, you just don't have room to present a lot of numbers or individual aspects. The best approach in writing results is try to jump to the broad conclusion for it, to the larger statement, so that people get an idea of the overall results, but they understand that in the abstract you can't give them an item by item or get specific in terms of results.

I will say that abstract reviewers like numbers; they always want to know that you have used statistics, that there is a scientific process, so if you can include numbers from your data and you can use p values, then it is convincing in terms of the significance of your work.

Next slide is an example of presenting results from an education project. It is a descriptive analysis and test measures of pre versus twelve month post course data revealed significant improvement in faculty perceptions of effectiveness, an increase in end-of-life content, the need of eleven hours in the curriculum and improved student knowledge again with the p value.

Again, you are trying to be convincing that you did this educational project and we got some results. We have some data to share with you. What you do not want to see in terms of the result section are statements that would appear to be very subjective, so the results of our study indicated that this educational program was very effective or give the results of a clinical project or education. The investigators were very pleased with the overall result. That is not convincing for an abstract reviewer. They want to see something more objective about the results of your project.

How you begin to wrap up your abstract? One of the points I would like to make about writing conclusions and implications is that this is generally the point in time where you have run out of space. You are in trouble because here as this one more criteria you are trying to address, writing conclusions and implications, but the truth is that you are already over the word limit and there is no space left in the box. You are worn out and maybe in the back of your mind, you are thinking this probably isn't very important. That result stuff is important. But the conclusions and implications, I think is the punch line, where you really get the abstract reviewer to kind of finish your abstract and say, this is good. So don't shortchange this part of the abstract process.

The first example – this quality-of-life intervention appears to be effective for ovarian cancer survivors. Further research is needed to refine the intervention and evaluate it in larger diverse samples.

There is a little psychology here about how you write conclusions and implications and what is written. One of the things is that, of course, every one of us conducts studies or does clinical projects or education, usually with not much money, not enough staff, not enough time and so, of course, there are going to be limitations to what we have done. This is most everything that we share and present is not the end all, be all, perfect project forever. It is a great attempt to get started with something. To that end, the psychology is that it is always better for you to tell the reviewer, we know the limitations, or we know that this is not the absolute opus of all time, so we know the limitations of our own study.

Also, I think psychologically we all want to know that what you have done is not the end but rather, hopefully, it has opened the door to future work or that your efforts will continue, either because you are expanding, you will repeat now that you know more or that other people will take your work and move it forward.

What you are accomplishing in writing conclusions and implications is that you are trying to summarize your study. You are trying to let people know that you understand that this is the pilot or this is limited, or it was a first attempt at an intervention, it was a testing of a curriculum, or it was trying some new clinical project. Then you always want to leave the reviewer feeling like this was not a dead end, that this is going to go somewhere. In the words that you have tried to say, appear to be effective, but this isn't knowledge forevermore, but we feel like we have started something and that we need to do more research because we know we need to refine it. We know that we need to evaluate it with more subjects. I hope you can get the tone that the abstract reviewer who reads these words feels like, yeah, good, you know they understand there are some weaknesses, this is really positive. You are right, this should go forward and so there is

another reason to accept this abstract because maybe other people will pick up this work and move it ahead.

The second example of writing conclusions and implications comes from the education project. It says the ELNEC curriculum has had a positive impact on undergraduate education. Future efforts will extend the project to additional undergraduate programs and to graduate nursing programs.

What is the psychology here? Well, in the psychology of writing the conclusions and implications you want to be positive, so the reviewer is positive. You kind of hit him with the ovarian study appears effective. The ELNEC curriculum had a positive impact. But we are also letting them know that we intend to expand to more programs and that we are going to even go further. We are going to now extend into graduate nursing education. It feels like this project has a future and therefore, it probably would be worth presenting at this national meeting.

Those are the individual elements of the abstract. I think when you are writing an abstract, rather than thinking about just the box, you know the whole 200 words together, if you break it down and dissect it – how can I write the best perfect statement; how can I write the best statement of significance. If you think about writing the individual pieces and fine tune those pieces and then put it together the whole will be much stronger.

I hope that this gives you some ideas of ways to feel more confident in writing an abstract. Now you are able to think about the abstract process, both from you the writer, but as well as the reviewer and the whole process of a scientific meeting. I hope that you will be more confident in terms of submitting your work for the future.

The final thing that I would say is that we are all in the process of learning – that nurses and the field of palliative care are striving to share our good work and to be a part of major meetings and interdisciplinary conferences. We will only see good nursing work, the nursing representatives at meetings if we help each other. I would encourage all of you to think about calling on your colleagues, whether you are a seasoned abstract writer or you are new at writing abstracts to get help and to have people proof things for you. Collectively strong nursing work really helps the presence of nursing within the field. I think we as nurses have so much to teach others about the aspects of palliative and hospice care that aren't always recognized by our colleagues.

I hope that we can think about not just how do I get my abstract to be written and accepted, but how can we collectively promote nursing and promote the important patient issues within the field.

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