

Publishing 101 for Residents

Focus on Abstracts

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	NM
I am member of an Advisory Board , consultant or equivalent with a commercial organization.	NO
I am member of a Speaker Bureau .	NO
I have received payment from a commercial organization (including gifts or other considerations or “in kind” compensation).	NO
I have received a grant(s) or an honorarium from a commercial organization.	NO
I hold a patent for a product referred to in the CME/CPD program or that is marketed by a commercial organization.	NO
I hold investment (stock/bonds excluding Mutual Funds) in a pharmaceutical organization, medication devices company or communications firm.	NO
I am currently participating in or have participated in a clinical trial .	YES CIHR
Other , please specify:	NO

Objectives

Following this exercise and discussion, the participants will be able to

1. Describe the IMRaD (*Introduction, Methods, Results and Discussion*) Principle of scientific writing
2. Discuss effective ways to present data in an abstract
3. Outline the common pitfalls to abstract writing and what reviewers are looking for

Exercise

Form into groups of 3 or 4

Read through this first draft abstract

In the group, seek to identify errors of omission and commission in each section

hint: > 20 !

Be ready in 15 minutes to all come together to discuss your findings

Here is a first Draft of an abstract

What are the errors of omission and errors of commissions?

Background: Adolescents and young adults (youth) are at high-risk for morbidity and mortality due to risk-taking behaviours and psychosocial dysfunction¹ coupled with substandard screening and treatment by health care providers. The Emergency department (ED) is an important setting in which to identify risk-taking youth because those who rely on the ED for primary care have particularly vulnerable psychosocial profiles⁴⁶⁻⁴⁹. HEADDSS (Home, Education, Activities, Drinking, Drugs & Smoking, Sexual behaviour, Suicide & Depression) is a well-known psychosocial interview tool designed to screen adolescents for high-risk behaviours and situations⁵².

Methods: A retrospective systematic chart review was done for documentation of HEADDSS topics addressed. The charts included were of patients 12 - 24 years less one day who were seen at either the HI or the IWK ED from March 21, 2009 – March 20, 2010. 929 charts were reviewed. HI and IWK ED physicians completed anonymous questionnaires about their HEADDSS screening practices. Chi-square analysis was done to compare proportions of youth screened with HEADDSS topics addressed comparing all of the variables.

Results: 4 patients were excluded, 2 for illegible physician writing and 2 for developmental level inadequate to address the topics. 73% of all youth seen in the IWK ED and 69% at the HI ED had no HEADDSS topics addressed. Youth at the IWK were more likely to have ≥ 6 HEADDSS topics addressed than youth seen that HI (18.1% vs 2.7%, $p < 0.001$). Youth at the HI was more likely to have 1-5 HEADDSS topics addressed than a youth seen at the IWK (20.3% vs 4.7%, $p < 0.001$). 12 and 13 year olds had the fewest HEADDSS topics addressed (88% none addressed) compared with all the other age groups ($p \leq 0.001$). Youth seen in the summer had the least HEADDSS topics addressed (78.5% none addressed) compared to all other seasons ($p = 0.02$). Pediatrics residents addressed fewer HEADDSS topics than non-pediatrics residents (2.9% vs 36.4%, $p < 0.001$).

Conclusion: HEADDSS topics were (and likely still are) being under-addressed at the HI and IWK EDs, however they are being addressed better than in 2003. Youth seen at the IWK were more likely to have a complete HEADDSS assessment done, most of which were done by a crisis or social worker, while youth at the HI were more likely to have had some HEADDSS topics addressed. Most of the HEADDSS topics addressed at the HI were relevant to the presenting complaint, rather than being addressed as part of a regular screening interview for youth.

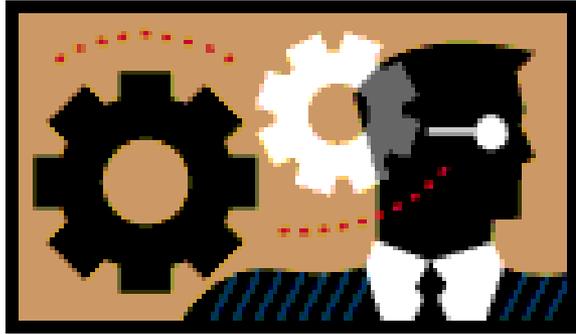
Meeting(s) Selected



Follow abstract guidelines

- **beware of date** of submission
- verify **format, word count, manner of submission** (fax, email, online etc)
- note if must **pay to submit** and if so how much and how?
- note author, affiliation, COI specifics:
eg. **Sponsorship of a “member”?**

Abstract Pearls



Write well ***before deadline*** so have time to revise

Usually only submit ***1 abstract per meeting on your research project***

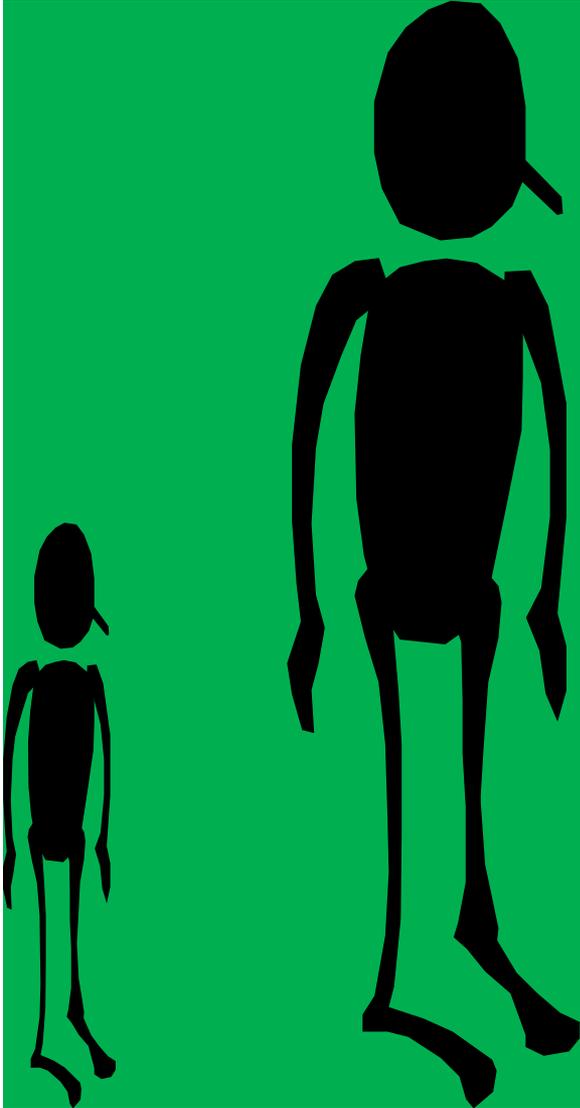
May submit ***variation*** to more than one meeting- ***beware***

May submit even if journal paper submitted if not yet accepted

Structured abstract easier to read and follow:

Bkg, Objective, Methods, Results, Conclusion

Abstract Title



Choose with **great care**

Accurate promise of abstracts contents

10 to 12 words -see how fits in space

Dynamic, conclusive - not descriptive

Avoid jargon, acronyms unless well known

Know what audience you are **targeting** with title

Authors and Affiliations

Restricted to those who actually did study*
conceived, designed, gathered data,
analyzed, wrote grant / abstract

Order by relative contributions- most first=
person to present if accepted, senior last

Names, credentials , one relevant
affiliation for each- usually where work
done- follow instructions

COI-state who sponsored- gov' t, industry
etc

IMRaD Format: Abstract

***Authors require “organizational skills”
not “literary skills”***

Introduction Why did we do this work?

Methods What did we do?

Results What did we find?

and

Discussion What do the results mean?
+/-What needs to be done now?

Intro: Why Did We Do This Work?

1 or 2 sentences
sum up
what is known
what is your
hypothesis or
rationale
=/-why important



Methods: What Did We Do?



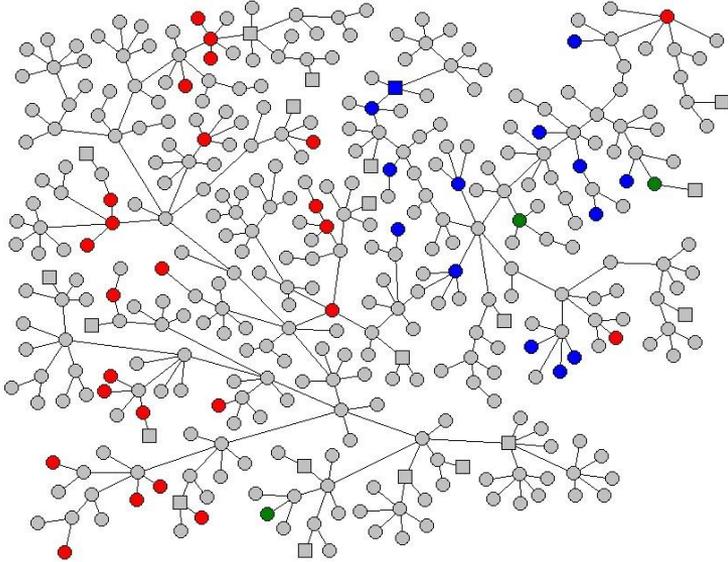
Read abstract instructions carefully
methods requirements vary

Be very concise BUT note design, context,
patients and measurements-i.e. RCT, cohort etc
State analysis methods as succinctly as possible
Look at previous abstracts accepted to that meeting
Note funding source, ethics

***Method issues most common reason
for rejection of an abstract !!!***

Results: What Did We Find?

**Extensive social sexual network
among young people in Denver,
USA**



*Al-Tayyib AA, Rietmeijer CA 19th Biennial
Conference of the International Society for
Sexually Transmitted Diseases Research.
Sex Transm Infect 2011;87 :Suppl 1, : A
17-18.*

Critical component
Concisely present
findings

-results pertain to the
hypothesis, 1^o end pts
-enough to show why
conclusion

Use table or figure if
conveys info more
clearly

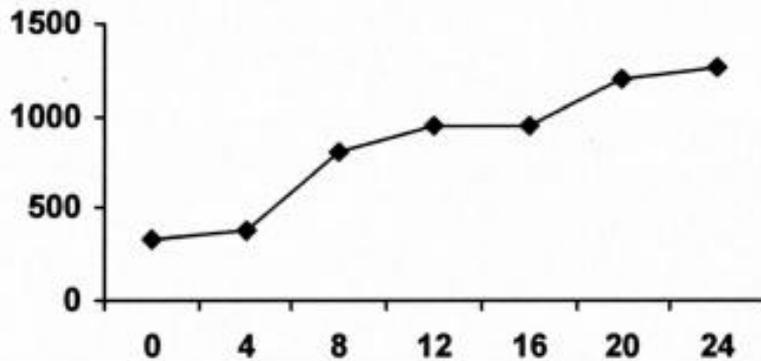
May start sentence with
number

Rules for Tables & Figures Abstracts

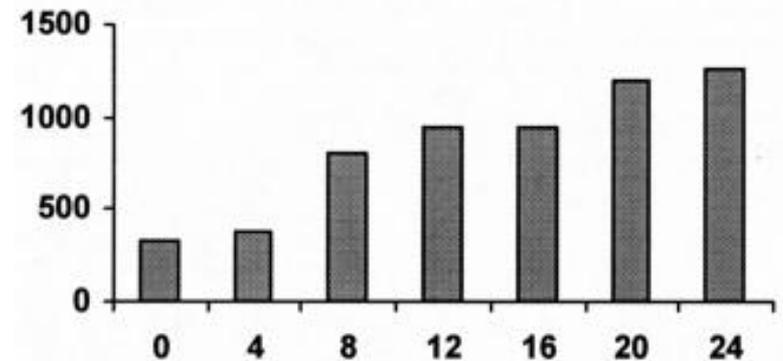
1. Use table or figure only if **helps convey** more clearly or less space
2. Present only **most important data**
3. Table or figure should take up **less than 1/3** of abstract
4. Include table only if **font same size-** not squish
5. Do not use text, table or figure to say same thing i.e. **redundancy**
6. Check if lines in table increase **readability** or not- lines take space

Durbin CG Jr. Respiratory Care 2004;49:1233-37

Which is Correct Display of Discrete Data Points ?



A

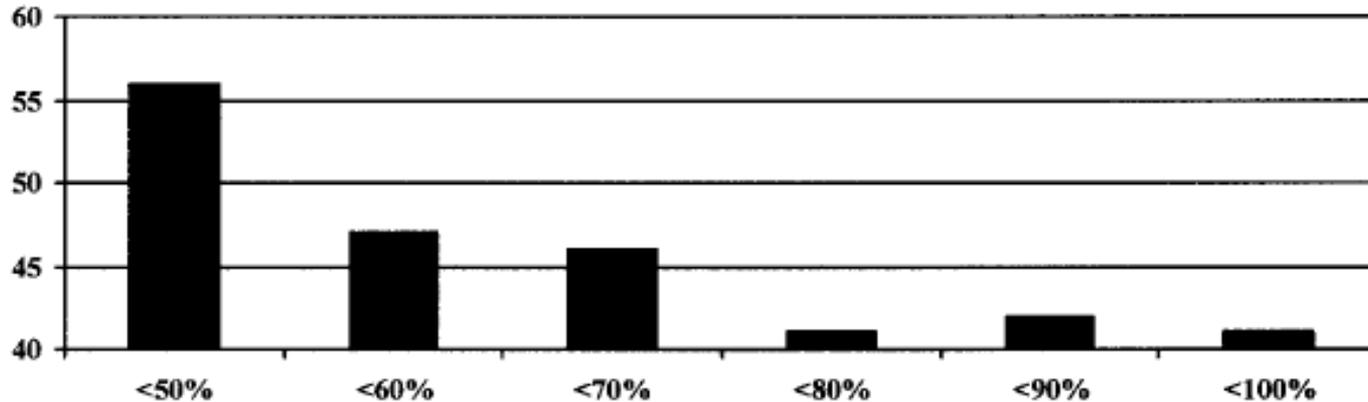


B

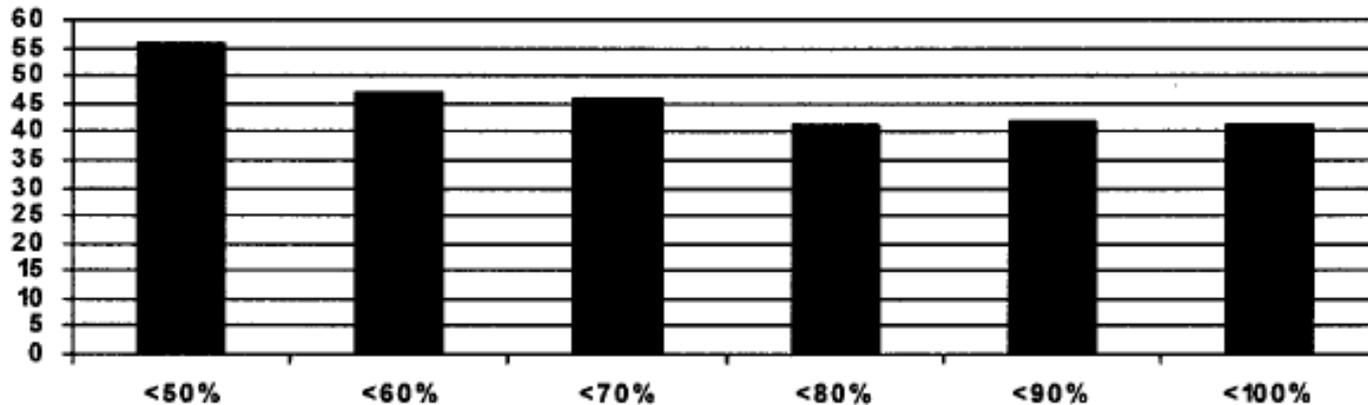
Durbin CG Jr. Respiratory Care 2004;49:1233-37

What is the Error Here?

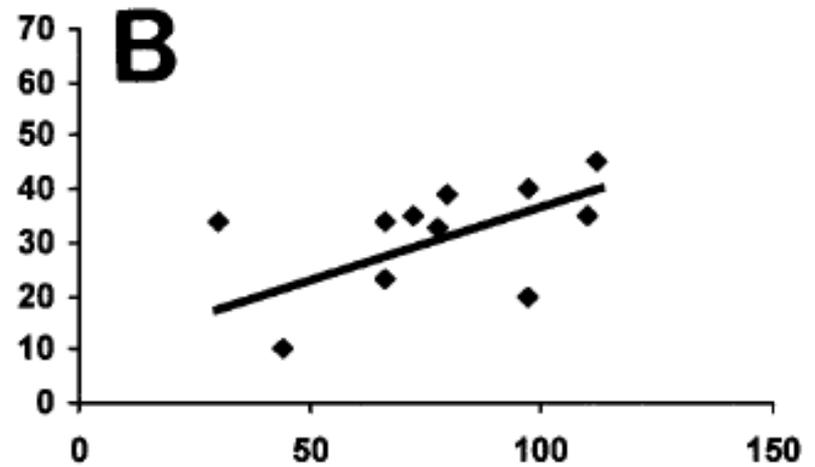
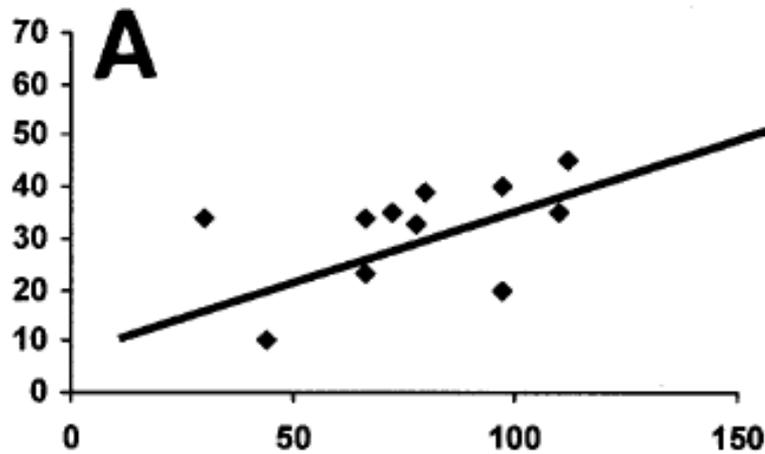
A



B



What is the Error Here?



Durbin et al Respiratory Care 2004;49:1233-37

Discussion (Conclusion): What Do the Results Mean?



Be straightforward and brief

1 to 2 sentences

- summarizes main finding

- interprets/gives clinical implications

Do NOT over value your results

Abstract Pitfalls: Content

1. Abstract topic not “fit” the meeting-
2. Title unrelated to content -work
3. Intro/bkg lacks hypothesis or rationale
4. Methods lacking, unclear, not related to results* ***Most common flaw***
5. Results- never say “results will be presented”
 - data –unclear, too compact
 - focused on statistic
not clinical significance
6. Rarely if ever use references unless well known and saves space-this is NOT the final paper
7. Conclusion- not follow from data
 - not related to hypothesis
 - too sweeping given results

Abstract Pitfalls: Copy Edits

1. Did not follow abstract instructions
missing affiliations, COI
not structured format
font too small etc
2. Spelling errors
3. Grammar errors
use sentences, not just phrases
4. Abbreviations unclear, over used-must be readable
5. Figures or tables
too small to read, too cluttered
misleading

Remember

Reviewer

read >100 abstracts; choose only 30

Yours must be memorable

for being good

i.e. make it best it can be