Preparing a Conference Abstract

The following guidelines have been developed to assist you with writing a well written abstract that meets the conference criteria.

Abstract Content:
A ‘structured’ abstract should be prepared. The term ‘structured’ means that an abstract follows a pre-determined structure, and includes certain sub-headings and content. Word limit for abstracts is strictly 250 words. IMPORTANT: As all abstracts will be ‘blind reviewed’ they must not contain any identifying information (e.g. author names or names of organisations).

Abstract Template:
An Abstract template has been prepared for your use, and is available for download on the Call for Papers page on the Qld Conference website:

Sub-headings

1. Title: The title should explain as much as possible about the context and the aims of the study and should be about 10–12 words long. It should include the scope of the investigation, the study design and the goal. In general, it is preferable to make the title a description of what was investigated rather than a statement of the results or conclusions. The abstract’s title should be easy for the reader to understand and should not include jargon or unfamiliar acronyms or abbreviations. The title of an abstract is key to conference delegates identifying presentations they wish to learn more about.

2. Background: Is the introduction to the topic/issue. May identify a gap in knowledge or a trigger for progression of the project or research. The primary aim of the study or presentation would be stated here (e.g. ‘to investigate...’, ‘to describe...’, to evaluate...’, ‘to demonstrate...’).

3. Method: Clear description of methodology/approach used. The description of the methods has to be concise, however, in a few short sentences, you can give the reader a good idea of the design of the study/project/activity, the context in which it was done, and the types of participants or measurements that were included.

4. Discussion/Outcomes: Key findings of the project or practice implications. What did you find or discover? What is the magnitude of the findings? This should be the most important data or outcomes in your study/project, and the findings on which your conclusions will be based.
5. **Conclusion**: Word count limitations generally limit you to a single sentence of why you think your findings are important, and their potential implications. What do the results or practice implications mean to the profession or health system? Is this information new?

*It is an expectation of the Queensland Occupational Therapy State Conference that if a student research project is submitted that it has been endorsed by the health service where the research was completed and this is confirmed at the time of the Abstract submission.*

All abstracts will be blind reviewed by occupational therapists with experience and expertise in the nominated stream/s, and who are members of the Scientific Program Advisory Group.

**Presentation Formats**

**Oral Presentations, Soapbox, Workshops and Panel Discussions**

**Oral presentations will be 20 minutes in duration** - allowing 15 minutes for the presentation and 5 minutes to answer questions from the audience. **A maximum of 2 presenters** per presentation is allowed.

**Soapbox Presentation will be 15 mins in duration** - 10 minute presentation with 5 minutes to answer questions from the audience. **A maximum of 2 presenters** per presentation is allowed.

**Workshops will be a maximum of 2 hours** in duration. **A maximum of 2 presenters** per presentation is allowed.

**Panel Discussions will be a maximum of 1 hour** in duration. **A maximum of 4 presenters** per presentation is allowed.

**Poster Presentations**

Posters should be available for viewing and displayed for the duration of the conference (excluding pre-conference workshop days). A specific day and time can be chosen to present at your poster, and answer any questions or provide further information (break times only). **A PDF version of the poster is not required when submitting your abstract - but will be requested if your poster is accepted by the specified due date. It will be your responsibility to produce the full-size poster and present it at the conference for display.**

Following the abstract review process, all successful presenters invited to participate in the conference program (including posters) must register for the conference, for at least one full day rate (e.g. the date of their presentation), plus any additional days they attend.
Abstract Examples:

Abstract Example 1:  Poster Presentation

Title - The First Carriage – a pilot project to increase the confidence and knowledge of powered mobility aid users in accessing the community.

Background - Through past interventions with clients who utilise motorised mobility aids such as scooters and power wheelchairs, a common theme arose around decreased confidence and knowledge in accessing the wider community. Hence a pilot program was developed to address these issues and determine if such an initiative would be effective and sustainable. A group of powered mobility aid users was contacted and a six month program commenced with 5 interested participants.

Method - Prior to establishing the group, clients with a motorised mobility aid known to the OT department were contacted and two phone surveys were conducted to ascertain the need and design of a possible scooter group.

Of the people contacted, there were 5 interested in attending the group. From the information provided by participants, 6 outings were planned over a 6 month period from July until December 2011.

Participants were asked to complete a Quality of Life survey prior to starting and then upon completion of the group; and a pre and post outing questionnaire that directly related to the objectives and client nominated goals.

Outcomes/Conclusion - Consistent positive feedback was received from those who attended the group, particularly regarding exposure to different forms of public transport and introduction to accessible community venues. However, due to low attendance, it was deemed not viable to continue running the program in a group format. There were, however, great individual learnings for the client who regularly attended around public transport use and community access. For staff, there were significant learnings around timing, planning and facilitating a group, especially where complex medical conditions are a factor.

Since the completion of the pilot, it has been published on the Quality Improvement Program Planning System.

Abstract Example 2:  Accepted for Oral Presentation

Title: Management of oncology symptoms impacting on occupational performance: an evidence based practice project.
Background: Living with cancer and managing oncology symptoms impacts on one’s ability to participate in chosen occupations and quality of life. Literature and Occupational Therapist experience highlights the importance of addressing this issue for people living with cancer. Occupational Therapists can contribute significantly to the management of oncology symptoms and subsequent enhancement of occupational performance, however may encounter difficulties in fulfilling this role within an acute setting often directed by the medical model. Review and redesign of the Occupational Therapy model within an acute oncology service, aimed at provision of evidence based therapy, to contribute to symptom management and maximize occupational performance for people living with cancer.

Method: A literature review to explore the assumption that oncology symptoms impact on occupational performance was conducted. A review of current Occupational Therapy practice via a qualitative documentation audit will then be conducted. A secondary literature review and benchmarking will then be completed, to identify best practice within the acute setting. Changes to practice will be implemented, and evaluated with a second documentation audit.

Outcomes: Evidence within the literature moderately supported the observation that living with cancer and managing oncology symptoms impacts on occupational performance. The findings of the documentation audit will be explored, including the symptoms identified by other team members and by Occupational Therapists, any documented impact of these symptoms on occupational performance, and assessment and management techniques that were utilized. Possible changes to practice such as utilizing a screening tool will be discussed.

Conclusion: Unmet occupational needs are common for people living with cancer and can significantly impact on quality of life. Occupational Therapists play an important role in addressing these needs, which should be a priority for practice across the care continuum.

Abstract Example 3: Accepted for Oral Presentation

Title: Peer Support: A group process of transition and transformation

Background: A grade one peer support program was established in 2004 to ease the transition from student to new clinician in acute and psychiatric service. The desired goals of this program were;

- To address professional issues specific to the challenges of making the transition from undergraduate to graduate;
- To enhance linkages between psychiatry and the main hospital with a view to integrated service delivery.

Since its inception the group has faced a number of challenges and under went a review process in 2007. This paper aims to discuss the process of how the group has transformed.
since 2004. It will describe the parallel process between group members and the group function that contributed to the challenges. Furthermore it will outline the review process, group norms, roles and boundaries that were established to address these challenges and the subsequent outcome of transformation for the group, facilitators and participants.

**Discussion:** The paper will discuss:

- The core functions of peer support as supported by relevant literature.
- An outline of the review process.
- Theoretical foundations of group processes that guided the transformation of the group, summarising the leadership functions and the process of recreation.
- Ongoing process of evaluation and the supports created to address challenges.

**Conclusion:** Using a review process and group theory the grade one peer support group has transformed since its inception to create a reflective space for staff as they transition from student to new clinician.

**Points to consider when submitting your abstract**

- Does the abstract provide justification for the study?
- Are project objectives specific?
- Is the abstract an interesting topic that occupational therapists working in this area would be eager to hear more about the results and implications?
- Is the abstract clearly worded?
- Is the problem/issue leading to the need to do this project clear?
- Does the background information outline previous work and the gaps in that work to justify the need for this project?
- Are the methods used to address the issue clearly linked to the objectives of the project? (For example, how were interviews used and analyzed?)
- How is the method information used to assist understanding for how data was collected?
- Are results of the data collected, clearly linked to the methods section? Clearly linking methods and results help the reader make this connection.
- Is the final statement of conclusion consistent with the objectives of the study/project?
- Are terms to describe certain aspects of the study/project consistent? (For example: the participants, using various terms like seniors, older adults and elderly can be confusing.)
- Is the abstract blinded e.g. excluding any identifying information such as author names or names of organisations?