Preparing a Conference Abstract

The following guidelines have been developed to assist you with writing an abstract that meets the symposium 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 limited to:

- Formal Presentation: 250-300 words
- Showcase Presentations: 50-100 words
- Poster Presentation: 250 words

Sub-headings

1. Title: The title should explain as much as possible about the context and the aims of the study/practice 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 (eg ‘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 Occupational Therapy Australia 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 two abstract reviewers. Abstract reviewers will be occupational therapists who meet the conference committee selection criteria.

**Presentation Formats**

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

**Showcase Presentations**
Showcase presentations will be 5 minutes and be presented in a “quick hit” formats. Time for Q & A will be at the end of the showcase presentations.

**Workshop Presentations**
Workshops will be between 40 and 120 minutes. If you believe your paper will suit a workshop format, please indicate the amount of time you believe would be suitable.

**Poster Presentations**
Posters will be displayed throughout the symposium. Each poster presenter will be allocated a day and specific time in the conference program when you will be able to be present your poster to answer any questions or provide further information.

**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 & workshop**

**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 & workshop

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 underwent 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

- Have you referred to previous research and evidence gaps?
- 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?

To submit your abstract

You can upload your abstract direct to the conference website – CLICK HERE to be directed to the abstract submission page.