CAMC Research Day

Abstract Sample Packet

- Guidelines for writing an abstract
- Original Research sample abstract
- Case Report sample abstract
- CARE Checklist of information to include when writing a case report (this is for a full case report but much applies to abstracts as well)
- CAMC Research Committee abstract screening rubric

Guidelines for Writing an Abstract

Title:

- Short and concise
- Tells the reader what the study is about

Authors:

- Give credit to everyone who made a substantial contribution to the work.

Purpose:

- Presents the reason for doing the research
- States hypothesis or objective
- Limit purpose statement to about 3 sentences

Methods:

- 2-3 sentences about the approach
- May want to state population, data variables or analytics used

Results:

- Results should relate to the hypothesis/objective of the study.
- Significant results should include the p-value.

Conclusion:

- Show the impact of the research
- Tell the audience why this research is of value to society, the organization

ORIGINAL RESEARCH Example

Example of an Abstract: (Word limit = 300)

Title: Treatment of acute myocardial infarction at United States academic hospitals.

Authors: Bradley G. Phillips, Pharm.D., Josephine M. Yim, Pharm.D., Edward J. Brown, Jr., M.D., Neville Bittar, M.D., Timothy J. Hoon, Pharm.D., Catherine Celestin, Pharm.D., Peter H. Vlasses, Pharm.D., FCCP, Jerry L. Bauman, Pharm.D., FCCP; University of Illinois at Chicago; University Hospital Consortium, Oak Brook, IL; Bronx-Lebanon Medical Center, Bronx, NY; University of Wisconsin; Bristol-Myers Squibb Company, Princeton, NJ.

Purpose: This study documented drug therapy received by patients surviving acute myocardial infarction (AMI) at U.S. academic hospitals in order to 1) compare prescribed drug therapy to established guidelines defined in the medical literature, and 2) evaluate evolving prescribing trends in pharmacologic management.

Methods: Medical records of 500 survivors of AMI admitted between April 1 and October 31, 1993 to 12 academic centers in the United States were reviewed. Patients' medical history, in-hospital course, and specific drug management prior to admission, during the first 72 hours post AMI, and at hospital discharge, were documented.

Results: Thrombolytic therapy was prescribed in 29% of 500 patients studied and included: intravenous streptokinase (49%), tissue-type plasminogen activator (43%), acylated plasminogen-streptokinase activator complex (5%), and intracoronary urokinase (3%). A greater proportion of eligible patients received ß-blocker therapy than calcium channel antagonist therapy within the initial 72 hours (61% vs 40%, $p<0.005$) and at discharge (51% vs 35%, $p<0.005$). Women were less likely to receive thrombolytic therapy (OR=0.61; CI 0.54, 0.69) or β-blocker therapy within the first 72 hours (OR=0.61; CI 0.55, 0.67) and at hospital discharge (OR=0.53; CI 0.48, 0.58).

Conclusions: Streptokinase was the predominant thrombolytic agent used at academic hospitals studied during the period of data collection. Use of acute and chronic ß-blocker therapy has now surpassed that of calcium channel antagonist therapy in this setting. These changes may be due to the impact of large clinical trials. With few exceptions, the majority of surviving patients received appropriate pharmacologic therapies during the initial 72 hours and at hospital discharge.

Abstract: Taken from the American College of Clinical Pharmacy on How to Write an Abstract.

Case Example

Short, descriptive, interesting title

Author's name and affiliation

Case description is sequenced in the order of history, physical, investigations, and course

Short introduction that explains the relevance of the case

The discussion emphasizes the lessons of the case

Abstract fits inside the box

Ergotism Masquerading as Arteritis

Amy Tarnower, Associate, Department of Medicine, Michigan State University, East Lansing MI.

Ergotism is a condition characterized by intense generalized vasoconstriction. The infrequency with which it is encountered makes ergot poisoning a formidable diagnostic challenge.

A 34-year-old woman consulted her doctor because of headaches, dyspnea, and burning leg pain. A clinical diagnosis of mitral stenosis was made. Within a month, she had a cardiac catheterization because of progressive dyspnea. At catheterization, severe mitral stenosis was confirmed and an elective mitral value commisurotomy was scheduled. She presented to the hospital one day early because of increased burning in her feet and new onset right leg pain. In addition to mitral stenosis, the physical examination revealed a cool, pulseless right leg. An arteriogram showed subtotal stenosis and a pseudoaneurysm of the popliteal artery. At the time of the commisurotomy, a right femoral artery balloon dilation followed by patch graft repair of the stenosis was performed. On the fifth postoperative day, she experienced a return of the burning leg pain and the leg was again found to be cool and pulseless. An emergency arteriogram showed smooth segmental narrowing and bilateral vasospasm suggestive of severe, generalized large-vessel arteritis. Treatment was initiated with high-dose corticosteroids, anticoagulants, antiplatelet drugs, and vasodilators. Despite this, her condition worsened, with both legs becoming cool and pulseless. Additional history revealed that she had been abusing ergotamine preparations for a number of years to relieve chronic headache symptoms, and she continued to receive these medications during hospitalization. At this point, the ergotamine preparations were discontinued and an intravenous infusion of nitroprusside was begun, resulting in significant improvement within 2 hours and her symptoms completely resolved within 24 hours. The patient remained symptom-free after the nitroprusside was discontinued and was discharged from the hospital.

This case illustrates the potential for severe vascular ischemia with use of ergotamine and the value of a complete history. Although the ischemia seen in this patient is rare, it was a predictable side effect of ergotamine use. Recognition of this syndrome is critical to institution of appropriate therapy and prevention of ischemic necrosis of an extremity.

Example of Abstract Format.
From The American College of Physicians 2/26/2016

CARE
case report guidelines

CARE Checklist of information to include when writing a case report

Topic	Item	Checklist item description	Reported on Line
Title	1	The diagnosis or intervention of primary focus followed by the words "case report"	
Key Words	2	2 to 5 key words that identify diagnoses or interventions in this case report, including "case report"	
Abstract (no references)	3a	Introduction: What is unique about this case and what does it add to the scientific literature?	
	3b	Main symptoms and/or important clinical findings	
	3c	The main diagnoses, therapeutic interventions, and outcomes	
	3d	Conclusion—What is the main "take-away" lesson(s) from this case?	
Introduction	4	One or two paragraphs summarizing why this case is unique (**may include references**)	
Patient Information	5a	De-identified patient specific information.	
	5b	Primary concerns and symptoms of the patient.	
	5c	Medical, family, and psycho-social history including relevant genetic information	
	5d	Relevant past interventions with outcomes	
Clinical Findings	6	Describe significant physical examination (PE) and important clinical findings.	
Timeline	7	Historical and current information from this episode of care organized as a timeline	
Diagnostic Assessment	8a	Diagnostic testing (such as PE, laboratory testing, imaging, surveys).	
	8b	Diagnostic challenges (such as access to testing, financial, or cultural)	
	8c	Diagnosis (including other diagnoses considered)	
	8d	Prognosis (such as staging in oncology) where applicable	
Therapeutic Intervention	9a	Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care)	
	9b	Administration of therapeutic intervention (such as dosage, strength, duration)	
	9c	Changes in therapeutic intervention (with rationale)	
Follow-up and Outcomes	10a	Clinician and patient-assessed outcomes (if available)	
	10b	Important follow-up diagnostic and other test results	
	10c	Intervention adherence and tolerability (How was this assessed?)	
	10d	Adverse and unanticipated events	
Discussion	11a	A scientific discussion of the strengths AND limitations associated with this case report	
	11b	Discussion of the relevant medical literature **with references**.	
	11c	The scientific rationale for any conclusions (including assessment of possible causes)	
	11d	The primary "take-away" lessons of this case report (without references) in a one paragraph conclusion	
Patient Perspective	12	The patient should share their perspective in one to two paragraphs on the treatment(s) they received	
Informed Consent	13	Did the patient give informed consent? Please provide if requested	**Yes** ☐ **No** ☐

Research Day Abstract
Submission Screening Guide

Original

Pre-screening for word limit and IRB approval done by research staff. Covered quickly during meeting.

	A	B	C
Follows format Intro/Background	Concise, purpose, hypothesis, question(s) clearly stated with briefly stated supporting background	Components not quite as concise but stated well enough that the reader can quickly understand and move on.	Less concise, reader might have to read more than once to understand components, background missing or too lengthy.
Methods	Method stated and appropriate for study, sample size, time frame, how data obtained, description of statistical analysis present.	Components present but may be less clear.	Missing key component or detail that makes it difficult for the reader to determine if it's appropriate.
Results	Final (pilot might be a "-" for example), clearly stated statistical significance.	Preliminary but complete enough to report meaningful results. Contains statistical significance. (might be a "-" if specific statistical significance details omitted.	Early results, missing statistical details.
Conclusions	Conclusions relates back to purpose and not overstated. Describes how work contributes to field, how it might apply to clinical care, and/or how it might support additional study.	Conclusion relates back to purpose but less concise. Not as clear as how it contributes to field, applies to clinical care and/or supports additional study.	If any of the above are "C" need go no further.
Grammar/typo's, spelling	None	None/minimal	

Overall Grade A, B, C. A+ would be considered outstanding, A "-" would be something that scored no more than 1 "B" in any category. B would be more than one "B" scores in any category. The difference between an A- and B+ would typically be the relevance of the study. For example a submission that scored mostly "B" but has high clinical relevance that would be important to disseminate would earn a "+"

Research Day Abstract
Submission Screening Guide

Given the number of Oral slots being small, typically scores below "B+" or "occasionally "B" do not make it to the oral category.

Overall C scores (even plus or minus) are not selected for oral or poster. A C+ could conceivably be upgraded to B- if the due to subject relevance.

We always consider this a learning experience as well and opportunity to disseminate locally. It's recommended for those scoring less than an A but selected for oral or poster to work with their mentor in making improvements.

Case reports

A	B	C
Rare, not overstated as rare when it's not, but rare enough and with clinical relevance that makes it a standout.	Not quite as rare but still rare enough that clinical relevance is notable.	Not that rare. Somewhat rare but patient received standard of care with no new or unique observations.
Well organized, readable, provides statement of relevance of adding to literature or clinical care. Contains follow-up (what happened to the patient) if possible.	Slightly less organized but very readable, has relevance but not so clearly stated but could be improved upon if selected.	Hard to follow. Too short to cover important elements of case. Low level of relevance.

A's typically selected for Oral. Clinical relevance/need for dissemination should be considered in borderline situations (using + or -).

Oftentimes, the committee brief discussion results in + or – designation. Grading by committee members often very close and selection moves quickly. If a committee member scores somewhat differently, he/she can explain why and that can influence others. Expertise of committee members are very helpful, especially when determining importance of dissemination to a clinical audience.