Abstract writing for complete beginners.

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Why Should I Submit an Abstract?

- Of 229 abstracts submitted in 2019, only 12 were by nurses or sexual health advisers (SHAs)
- Abstracts are a great way of showing off what we do well, how our service is excelling, or shining a light on areas that need improvement. If we don't shout about it, no one will know!
- Highest marked abstracts are awarded scholarships (usually conference fees plus £300 towards travel expenses)
- You don't have to do an oral presentation! You can opt to present your abstract as a poster if public speaking isn't your thing.
- More abstracts from nurses and health advisers will boost the profile of nurses and SHAs in general.
- It improves clinical practice - looking for areas to audit or survey helps improve how we practice as nurses and SHAs.
- If you don't have a brain for statistics, choose a survey, interesting case study, or retrospective review. You don't have to have a degree in maths to participate!

Abstracts at a glance...

- Word count for BASHH is usually around 300 words.
- Condense your project down into the most important points.

Abstracts include:

- Introduction/Background
- Methods
- Results
- Discussion/conclusion

(The abstract guide on the website will specify which titles to use for each section)

Before you get started...

- What topic interests me?
- Have I/we set up an innovative service?
- Have we changed the way we offer service to our patients?
- Have I/we done an interesting audit/survey
- Do I have an interesting case study?
- Do we offer unusual services?

Previous Nurse/HA Abstracts include:

- What is current picture of Sexual Health Advising? (SSHA OPC)
- Sexual Health Workers are at a higher risk of poor sexual health (Tamara Woodroffe)
- Rates of asymptomatic LGV in MSM (Tristan Griffiths)
- Partnership working to achieve successful health board wide Hep B PN Outcomes Sam King)
- A PN Bureau in action: outcomes for centralised management of positive GC and Chlamydia results from primary care by a sexual health service (Gill Bell)
- An outbreak of high level azithromycin resistant GC in a UK city – actions taken by the clinical team and lessons learned (Barbara Davies)
- Bridging the gap: Patient experiences of sex education in schools (Jodie Crossman)
- Understanding the impact of e-services on Health Advisers providing support to patients with complex sexual health needs (Tristan Griffiths)
- A Spike in HIV Diagnoses: Who Are We Still Diagnosing? (Tristan Griffiths)
- What do Sexual Health Advisers do Behind Closed Doors? (Ceri Evans)
- Do Sexual Health Practitioners Experience Vicarious Trauma? (Jodie Crossman, Justine Orme, Suneeta Soni, Daniel Richardson)
- Clinic in a van: an accessible service for street workers. (Sarah Bellamy)

Introduction:

What prompted your project? What similar research has been done before? What is the current state-of-play?

Examples:

'Public Health England figures show that rates of HIV diagnoses have been steadily dropping since 2006. However, in 2017 there were still over 4000 people diagnosed with HIV with a central London clinic had an approximate 105% increase in HIV diagnoses over November/December 2018. It is important for services to understand their newly diagnosed population in order to better inform local testing strategies and promotion of services.'

'Vicarious Trauma (VT) is a change in the psychological state of a person as a result of regularly witnessing or hearing about traumatic experiences of others. It often affects those in caring professions, particularly those working in emergency medicine or mental health. There is little research examining VT in sexual health practitioners. If not addressed, VT may impact on a person's ability to work effectively and maintain caring relationships within and outside of work. The aim of this survey was to assess whether VT affects clinicians working within sexual health.'

'In 2010, three Sexual Health Adviser (SHA) teams started using a locally devised coding system designed to capture the complex patient interventions carried out by SHAs not captured by existing coding. New coding was developed covering topics such as herpes, sexual assault, drug/alcohol use, safeguarding. In 2018 we promoted our system to UK SHA teams, encouraging use of this tool. 12 SHA teams across England/ Ireland are currently using the coding.'

Methods:

How are you reporting your findings? A Qualitative/Quantitive survey? A retrospective review? A review of case notes? A clinical audit?

Examples:

'Using a quantitative and qualitative surveys, we evaluated the experience of the 12 SHA teams setting up/ using the local codes.'

'A retrospective case review to determine the number of women identified and tested from May 2017-May 2018 was then compared with data from the previous year to determine whether engagement had increased.'

'All sexual health nurses in mainland Scotland (n: 205) were offered an online questionnaire including the Manchester Clinical Supervision Scale (MCSS), based on Proctor's model. Inferential analysis examined demographic and workplace factors related to CS effectiveness. Thematic analysis of semi-structured interviews with n-11 nurses and n-6 trainee specialty doctors provided organisational context and depth.'
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Results:

- What did you find? How many notes were reviewed? How many people completed the survey? What are the key headline findings of your project?
- Keep it relevant, its only an abstract, not a full report. Identify what are the result you want everyone to know, and what other results help make sense of this I.E. does it affect a particular demographic? Were certain groups more affected? Did anything surprise you?
- Use whole numbers with percentages in brackets.
- Just state the facts of what you found, no need for analysis in this section.

Results Examples:

'There were 120 responses to the survey. 60/120 (50%) nurses, 25/120 (20%) health advisers, 24/120 (19%) doctors, 6/120 (5%) health care assistants and 7/120 (5%) 'Other' roles. 69/120 (59.4%) Had experienced symptoms of vicarious trauma. 82/120 (70%) Had attended work feeling unwell in the previous 12 months. 73/120 (62%) Struggle with the emotional impact of their work. 83 /120 (27.4%) Found it difficult to 'switch off' from work, and 34/120 (29%) felt their job had a negative impact on their relationships. Coping strategies included humour and informal support, exercise and self-care. Recreational drugs and alcohol, however, were also widely used.'

'All SHA teams in the 12 participating clinics completed the survey. 10/12 (83.33%) reported no difficulties/some difficulties in setting up the technical side of the coding. 11/12 (91.67%) had no negative comments from other staff groups. 12/12 (100%) said their SHA team had been supportive of the codes being set up and 12/12 of respondents said that the SHA team were very supportive of the continuing coding use. In the qualitative questions, 3/12 (25%) teams wanted further categories and 11/12 teams made positive comments about the coding'

Discussion

- What do these findings tell us? How will this impact future practice? Does more research need to be done?
- Stick to the specifics of what this project has established, being careful not to make wider generalisations that cant be backed up.

Examples:

'The model of SHAs delivering PrEP has been successful. It has minimised impact on the availability of clinic appointments, it provides a more holistic approach to patient care and has improved a patient's experience by cutting down the number of clinicians seen and length of time in clinic'

'The majority of the new HIV diagnoses still remain amongst MSMs but over a third was amongst heterosexuals, most of which were from BME communities. Of the MSMs, 80% had not tested for at least six months or longer with all but one of the heterosexuals having not tested for several years (or ever). Combining this information with a low median CD4 count, it suggests that these people don't routinely access GUM clinics. Therefore greater efforts should be put into supporting other areas of medicine and community services, such as GPs, to offer HIV testing.'

I've written it! What next?

- Have a cup of tea and pat yourself on the back!
- Ask a couple of people to review your abstract before sending it, to ensure it makes sense, and the key points stand out (Could be a senior colleague, or if you are a member, ask SSHA via Ceri.Evans@Chelwest.nhs.uk, or the BASHH SHAN group via admin@bashh.org).
- The BASHH Website will give instructions (and usually a template) to send off your abstract.
- A team of reviewers (including nurse and HA representatives) review and grade each abstract, and decide which abstracts would be best as an oral presentation or a poster (the author's preference is taken into account!)
- The highest marked abstracts will be awarded scholarships.