BAPEN CONNECT

ABSTRACT WRITING MASTERCLASS WEBINAR

This webinar is being recorded

BAPEN Conference Abstract writing masterclass

Dr Emma Parsons RD PhD
BAPEN Education Officer

Sarah Illingworth RD
BAPEN Programmes Lead

Conflict of Interest

In relation to this presentation, we declare that we have no conflicts of interest

Purpose of the webinar

Overview of the review process

Task: What makes a good abstract

Q&A

Abstract categories

Case study

Clinical nutrition

Clinical practice and guidelines

Education

Enteral nutrition

Intestinal failure

Oral nutrition support

Parenteral nutrition

Service improvement

Screening

Student

Abstracts submitted for the multidisciplinary oral and poster sessions should reflect the role and purpose of BAPEN.

Topics include:

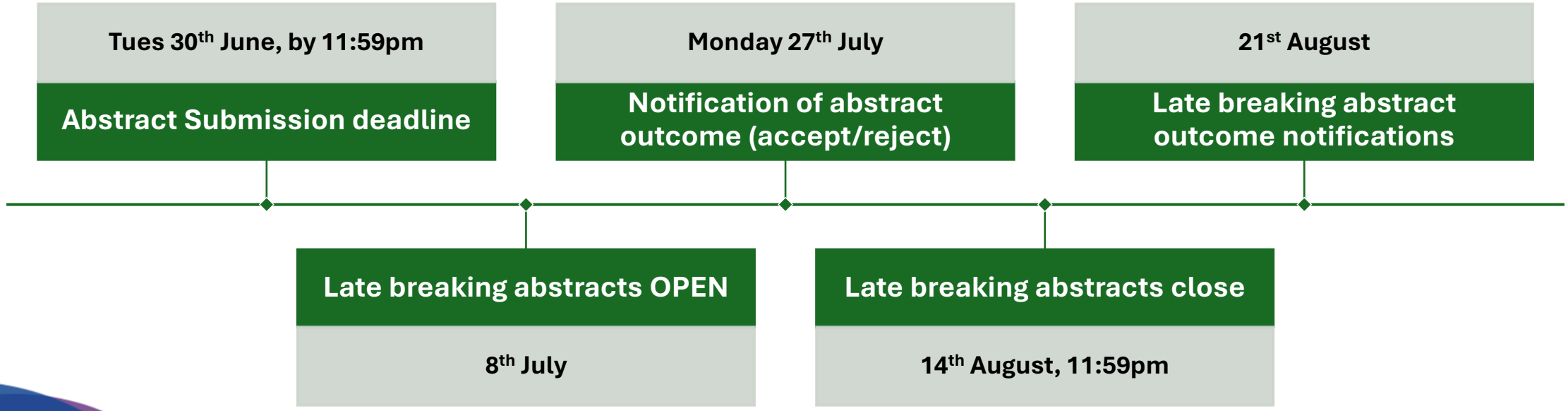
Artificial Nutrition Support, malnutrition, developments in nutritional management and standards of nutritional care both in community and hospital settings.

The effect of nutrition on disease and disease on nutrition, and the interrelationship between nutrition and drug therapy might be addressed.

Clinical effectiveness methodologies

e.g. service evaluation, audit and quality improvement are acceptable methodologies.

Key dates


Tues 30th June, by 11:59pm
Abstract Submission deadline
Monday 27th July
Notification of abstract outcome (accept/reject)
21st August
Late breaking abstract outcome notifications
Late breaking abstracts OPEN
8th July
Late breaking abstracts close
14th August, 11:59pm

Submission and Review process

Submit by the deadline

Reviewed by BAPEN reviewers

Decision

Accept: poster and/or oral

Reject: with guidance on how to resubmit

If reject: can resubmit for free during the late breaking period in August

Contact conferences@bapen.org.uk if you have any problems with submissions

Examples of published abstracts

- Clinical Nutrition ESPEN | Vol 61, Pages 1-514 (June 2024) | ScienceDirect.com by Elsevier

Getting started with an abstract

- **1. Think widely**
  - What data do you routinely collect in your role/team?
  - OR: outputs from a specific research project
  - Talk to your team or mentors about your ideas.
- **2. Be clear on the purpose**
  - What's the key message or theme to share?
- **3.Keep it simple**
  - 1 or 2 objectives per abstract.
  - Mixed methods:
    - separate into 2 abstracts
- **4. Consistency between sections:**
  - Aims/objectives link to methods.
  - Methods (inc. analysis) link to results
  - Conclusions should link back to the aim.

Please do not use AI to write your abstract – only spelling and grammar e.g. Grammarly.

Authorship

- Usually multiple authors
  - Rare for single authorship
  - Ensure team efforts are credited.

- Contact your team early
  - Check
    - Permissions to write the abstract
    - Who would like to be an author:
      - email
    - Involvement in developing the abstract
      - Data
      - Writing
      - Reviewing
      - Oversight

- Order of authors
  - **1st author:**
    - person writing the bulk of the abstract
    - Usually also completed most of the data collection/analysis
  - **Last author:**
    - Person with oversight of the work e.g. team lead, manager, principle investigator, academic supervisor
  - **Middle authors:**
    - Other team members who have contributed to ideas, data collection/analysis, writing or reviewing the abstract

Submitter responsibilities

Conflicts of interest:	• If you have a conflict of interests, please declare these on the online system
Author consent	• Please ensure all authors are aware of, and agree with the content of the abstract / authorship **prior** to submission.
Anonymity:	• Please do not name NHS Trusts / organisations within the abstract.

Abstract Guidance

Word count:

- 400 words
- Tables are included in the word count
- 1 Figure
- Ensure table or figure has an appropriate heading

Referencing

- Vancouver

Proofread

- It’s not possible to update after submission

Avoid excessive splitting of data into multiple abstracts

Approvals are in place and stated where necessary

- Ethics
- Audit registration

Abstract structure

Background

- Include a short description of the rationale for conducting this study.

Aim

- The aim(s) of each paper must be clearly defined in the abstract.
- Clear purpose of the study and the reason for undertaking the work.
- Papers that simply report a series of observations = low marks.

Methods

- Methodology must address the aim/question.
- The size of the study must be sufficient in relation to the study design, must describe analysis techniques, including statistical analysis where appropriate to the study design to allow meaningful conclusions to be drawn.

Results

- The results must link to the aim of the study.
- Quantitative design: Descriptive and/or comparisons may be drawn. Size of changes in clinical measures along with p-values must be presented.
- Qualitative: Quotes should be included to support key themes.

Conclusions

- Conclusions must be based on a suitable analysis of the results.
- They must be confined to those that can be drawn from the data.
- Abstracts that include unsupported or invalid claims will be marked down.
- Conjecture is acceptable within discussion however space for discussion in the abstract is likely to be limited.

References

Encore abstracts:

Abstracts may be submitted if previously presented at a national/international meeting.

- contain new information and clinical rather than non-clinical data.

Abstracts that have been previously published may be submitted, only if additional data has been added.

Abstract scoring

Scores: 1-25	
21-25:	Top priority of (inter)national significance
16-20:	Highlights an important issue, has good methodology and clear message
11-15:	Highlights an interesting issue with methodological variation, or good methodology but message of limited interest
6-10:	Works towards meaningful conclusions and may be of interest
1-5:	Abstract does not align with BAPEN's priorities / the abstract lacks sufficient methodological detail/results.

Abstract Scoring criteria

- Originality and relevance to nutrition
- Quality of study design/methods
- Adequate presentation of results
- Appropriate analysis of data
- Conclusion supported by results

Originality and relevance to nutrition

Score	
1	Unacceptable abstract. The approach is inconsistent / does not address a nutritional topic
2	Abstract lacks consistency. Some attempt made to address the nutritional topic
3	Satisfactory abstract. Clear approach to addressing the nutritional topic
4	Very good abstract. Thorough approach to addressing the nutritional topic
5	Exceptional abstract. Novel approach to addressing the nutritional topic

Quality of study design / Method

Score	
1	Unacceptable quality of study design. The aim does not relate to a nutrition topic, or methods are not clear/appropriate to address the aim
2	Inconsistent quality of study design or method. Aim unclear and/or inconsistencies in the methods.
3	Satisfactory quality of study design/method. Aim mostly clear and methods mostly address the aims. There may be some inconsistencies in the approach e.g. to data collection or analysis.
4	Very good quality of study design/meth od. Clear aim and thorough description of methods provided.
5	Exceptional quality of study design/method. Clear aim and exceptionally thorough description of methods provided.

Adequate Presentation of results

Score	
1	Highly inconsistent or lacking any results.
2	Inconsistent presentation of results
3	Satisfactory presentation of results
4	Very good presentation of results
5	Exceptional presentation of results

Appropriate analysis of data

Score	
1	Incorrect and/or highly inconsistent approach to analysis of data that does not use the appropriate statistical tests for the study design
2	Inconsistent analysis of data that does not consistently apply appropriate statistical tests for the study design
3	Satisfactory analysis of data, mostly using appropriate statistical tests for the study design
4	Very good analysis of data, using appropriate statistical tests for the study design
5	Exceptional analysis of data, using appropriate statistical tests for the study design

Conclusion supported by results

Score	
1	Incorrect / absent conclusion.
2	Inconsistent conclusion, lacks linkage to the aim and is lacking support from the results.
3	Satisfactory conclusion mostly links to the aim and is mostly supported by the results.
4	Very good conclusion, links to the aim and is supported by the results.
5	Exceptional conclusion, links to the aim and is supported by the results.

Abstract review task

Audit of Nutrition Screening in Hospital Patients

Background:

Nutrition is important in hospitals. Malnutrition is prevalent and needs to be found early. Screening helps with this. We wanted to see how screening often screening was completed.

Methods:

We looked at patient records from ten wards in the hospital. We checked if nutrition screening was completed. The audit was done by a student over a few weeks.

Results:

Most patients were screened. Older patients were at higher risk. Screening was not performed consistently between wards.

Conclusion:

Nutrition screening is important but not always completed. Staff need to do it more. Further training is needed on the wards. Dietitians will do this, then re-audit.

Audit of Nutrition Screening Compliance in Acute Care: Identifying Gaps and Opportunities for Improvement

Background:

Malnutrition is a prevalent yet often under-recognised issue in hospitalised patients, associated with increased morbidity, prolonged hospital stays, and higher healthcare costs. Early identification through standardised nutrition screening is essential for timely intervention. This audit aimed to evaluate compliance with nutrition screening using the 'Malnutrition Universal Screening Tool' and identify barriers to effective implementation.

Methods:

A retrospective audit was conducted over a 6-week period in a 500-bed hospital. A random sample of 200 adult inpatient records from medical, surgical, and geriatric wards was reviewed. Compliance with initial 'MUST' screening within 24 hours of admission was assessed using the hospital's electronic health record system. Additionally, a brief survey was distributed to 30 nursing staff to explore perceived barriers to screening. Results were collated and analysed using SPSS v 24 and descriptive statistics were performed (N, %). Ethical approval was not required; the audit was registered with the clinical effectiveness department.

Results:

Of the 200 patient records reviewed, 134 (67%) had documented 'MUST' screening within 24 hours of admission. Compliance varied by ward, with the highest in geriatrics (82%) and lowest in surgical wards (54%). Common documentation gaps included incomplete screening forms and missing follow-up actions. Higher prevalence of malnutrition risk was identified in geriatrics (45%), lowest in the surgical wards (32%). Staff survey responses indicated time constraints (70%), lack of training (43%), and unclear responsibility (37%) as key barriers to consistent screening.

Conclusion:

The audit revealed suboptimal compliance with nutrition screening protocols, particularly in surgical wards. Findings highlight the need for targeted staff education, streamlined documentation processes, and clearer roles to improve screening rates. A re-audit is planned following the implementation of these interventions to assess impact.

Feedback

BAPEN Abstracts masterclass – Fill in form

Support with the online submissions process

conferences@bapen.org.uk

Q&A