Submitting a Conference/Meeting Abstract

A How-to Guide for Community Partners to create a conference abstract and conference poster
Outline

- Why create an abstract?
- Writing a complete abstract for a conference
- Reviewing a written abstract
- Development of a scientific poster
A conference abstract includes all the important details and data from your research study or program so that it can serve as a stand-alone summary of the work.

A conference abstract is a great way to share results, gains, best practices and lessons learned with others in a very simple, straightforward manner. Usually an abstract exists as a summary for an oral or poster presentation.
Before We Begin Construction...

- What is the conference for which we would like to apply?
  - Does this conference relate to the work we do?
  - What about our work should we share with this conference/meeting?
  - Is this conference about novel (new) practices or demonstration of best practices? Did we learn any lessons from this process?

- Does the conference have different tracks or areas of focus?
  - Which track aligns best with our work?
Abstract Specifications

- How long should we make the abstract?
- When is the abstract due?
- Where is information found?

Example:

AIDS 2012 abstracts - key facts and dates

- The abstract text cannot exceed 300 words (graphs and tables count).
- All abstracts must be submitted in English.
- Abstracts can only be submitted through an online profile.
- One presenting author can only submit two abstracts.
- Abstract submission opens 1 December 2011 and deadline is 15 February 2012 (except for late breakers).
- For the full guidelines please visit the conference abstract webpage at http://www.aids2012.org/abstracts
Choosing the Correct Headings

- Based on the kind of work we do, what kinds of headings does the conference/meeting require?

Example:

<table>
<thead>
<tr>
<th>Title</th>
<th>Typed in bold, upper and lower case. State clearly the nature of the study.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Details should not be included on the abstract to allow for blind reviewing.</td>
</tr>
<tr>
<td>Background</td>
<td>Brief statement on significance and current state of the problem.</td>
</tr>
<tr>
<td>Aim</td>
<td>One sentence statement of the study’s specific objective.</td>
</tr>
<tr>
<td>Methods</td>
<td>A brief statement of the methods used for this project.</td>
</tr>
<tr>
<td>Results</td>
<td>A summary of the results obtained.</td>
</tr>
<tr>
<td>Conclusion</td>
<td>A statement of the conclusions.</td>
</tr>
</tbody>
</table>

Please include one learning objective for your presentation.

ABSTRACT SUBMISSION PROCESS

- Abstracts must be submitted no later than 5pm on December 15, 2014.
- References are not required but may be included.
- A maximum of 500 words excluding title will be accepted.

Each meeting/conference has varying requirements and it is important for us to follow these directions. Some meetings also vary titles based on the type of abstract.
ABC’s of Writing an Abstract

A. Accuracy - includes only information from the program/study/project

B. Brevity - the abstract should be brief and to the point and doesn’t include unnecessary adjectives

C. Clarity - Keeps things simple and explains any information that could be unclear
Parts of an Abstract

- An informative abstract should contain 5 parts:
  - Title and Author Information
  - Introduction
  - Methodology
  - Results
  - Conclusion

- Programmatic abstracts often have these 5 parts:
  - Title
  - Introduction
  - Models
  - Expectations
  - Lessons Learned
Title and Author

• Title: the title should be creative as well as relevant to the topic, it should also summarize all of the information found in the abstract.

• Author: The authors should be listed directly after the title. The lead author is often provided first with subsequent authors afterward.
The introduction should state the primary purpose for the research as well as any background information. A hypothesis may also be included in this section. The first sentence of the introduction should capture the reader.
The methodology should contain research methods as well as the setting of the research. This section should contain enough information in order to describe the steps and procedures without going into excessive detail.

Models used should explain the way that a program or model has been planned. Upon which models is our project based? How did we plan the project/program? This section should have enough information for someone to reasonably be able to retrace our steps.
• The results section is where the information obtained should be recorded as well as any observations that were made. In an abstract, these are short statements.

• In a more programmatic abstract, this section details the hypothesis of the program. What were we expecting to take place based on our models? Why were we confident in our expectations?
The conclusion should state the overall analysis of the obtained information, as well as any implications. Whether you accept or reject your hypothesis should also be included in this section.

- Lessons learned describes any programmatic implications that took place during the reported period. Did we need to adjust the model based on our population? Do we think that there more changes are needed? Was this program model effective in our chosen population?
Abstract 201415

Prevention

Title: The effect of MDMA (ecstasy/molly) use on sexual risk taking: Implications for HIV prevention

Authors: Khary K. Rigg, Ph.D., Wilson Palacios, Ph.D., Christopher Wheldon (Ph.D. Candidate)

Background: MDMA users may be a population at risk for the acquisition and transmission of HIV. Research examining the effect of MDMA use on sexual risk taking, however, has yielded mixed results. Some data, for example, suggest that MDMA may influence persons to engage in risky sex, while other studies show that MDMA may affect users in ways that would likely decrease sexual risk taking.

Methods: A systematic review of the published literature was performed to examine the association between MDMA and HIV sexual risk behaviors.

Results: Of 14 articles reviewed thus far, 13 reported statistically significant associations between MDMA and sexual risk behaviors. The most consistent findings are among populations of men who have sex with men, where MDMA use is associated with unprotected anal intercourse, as well as a history of sexually transmitted infections. Studies of heterosexual adolescents and adults report more equivocal results.

Discussion: Our findings directly inform HIV prevention efforts and help to tailor public health initiatives to this unique population. Additionally, we outline useful lines of research for future investigators to follow so that new knowledge is generated in this area.

Learning Objective(s):

- Evaluate the relationship between MDMA and sexual risk taking
- Discuss public health strategies for preventing HIV among MDMA users
Abstract 201417

**Title:** Barriers to Youth Linkage to Care: Lessons Learned from the Strategic Multi-site initiative for Identification, Linkage and Engagement (SMILE) program for Youth in Tampa, Florida.

**Authors:** Chandler, C., McKinney, M., Straub, D., Enriquez-Bruce, M. E., Emmanuel, P. and the Adolescent Medicine Trials Network for HIV Interventions

**Description:** Research efforts have identified social networks and ecological factors as contributors to the HIV epidemic beyond physical risk activities. While much of the focus has pertained to primary prevention among those not infected, stricter attention must be paid to the continuum of care among those living with HIV.

**Models/Methods:** A SMILE coordinator partnered with agencies (PAs) that tested newly diagnosed HIV-positive youth 12-24 and linked the youth to care within 42 calendar days. Data were collected on client mobilization and barriers to linking into care. A committee of community partners used root cause analysis in order to address barriers through structural change.

**Expectations:** There were four expectations in SMILE: 1) Youth who accepted linkage to care services via the SMILE coordinator would be more likely to engage in care for HIV; 2) the SMILE coordinator would assist youth to organize appropriate services; 3) the SMILE coordinator would be able to document barriers to care for HIV among youth; and 4) the committee of PAs would develop structural changes to address barriers to care.

**Lessons Learned:** To successfully increase youth linkage to care, multiple partners should be engaged. Identified sectors for structural change development are housing for young adults, documentation requirements for youth and well trained, competent staff during testing and counseling. Consistent analysis of processes, changes and outcomes is needed to continue to increase youth linkage to care.

**Learning Objective(s):**
- Understand the HIV cascade
- Evaluate the link between structural change and linkage to care
Most calls for abstracts explain the review process and then acceptance, conditional acceptance or non-acceptance will be provided.

Most committees are making sure that abstract authors have followed directions and are applying to present at the appropriate conference.
For most USF-specific events, event participants are expected to use a *vertical* poster format. This is different than most conferences/meetings who prefer the traditional *horizontal* poster. Some meetings also specify placement of particular elements on a poster.

It can be helpful to arrange and save your poster in Microsoft PowerPoint or similar software for ease of printing.
C2P Specific Example

- Dimensions: 3 feet in length \times 4 feet in height
- Bulleted information is acceptable
- Title and Authors
- Introduction/Background
- Methods/Models Used
- Results/Expectations
- Figures/Charts of data
- Discussion/Conclusion
References

  http://www.acponline.org/education_recertification/education/program_directors/abstracts/prepare/res_abs.htm

  http://www.indiana.edu/~wts/pamphlets/abstracts.shtml
Contact Information

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