

# Top Tips for Submitting an Abstract for the BLS Annual Conference

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The BLS Scientific Committee (BLS SC) hope that the following information will be helpful when submitting an abstract for the annual conference. Please read this in conjunction with “*Guidelines for submitting an abstract for the BLS Annual Conference*” <https://thebls.com/call-for-abstracts>

For further advice please feel free to contact the Chair of the BLSSC at [science@thebls.com](mailto:science@thebls.com)

## What is an abstract?

An abstract is a very brief overview of a piece of research or other work. It may be:

- A submission to a conference or scientific meeting
- A submission for consideration of publication
- The overview printed at the head of a published piece of work
- Part of a bid for research funding

It should tell the reader (or the selection/editorial panel):

- WHAT you did
- WHY you did it
- HOW you did it
- WHAT you found &.....
- WHAT it means

Because the abstract for the BLS Annual Conference is of limited length (250 words), careful thought needs to go into its writing to ensure it makes the greatest **impact**. It is your chance to get the message across and make others **take notice**.

## Tips for constructing a title

Write this last when you are sure of the content of the abstract.

Writing a good title is an important part of writing an abstract. The title gives the first impression of your work. It should attract attention and interest. Like the first few seconds at an interview, it can make or break the chances of success.

The National Institute of Health Research (NIHR)<sup>3</sup> says a title should be “accurate, informative and complete”. It should:

- Encapsulate the relevant and important aspects of the research
- Include a clear statement of the type of study (whether a randomised controlled trial, a literature review, a case study, etc).

Constructing a good title is similar to constructing a good research question, and the PICO acronym is a useful guide. The title should describe the:

- Patient, population and/or problem
- Intervention
- Comparison or control (if applicable)
- Outcome.

Examples of effective titles are:

- Intervention x after breast cancer surgery: results of a randomised controlled study to minimise lymphoedema
- An evaluation of a newly developed wound care clinic supported by a lymphoedema specialist
- The challenge of managing patients with lymphoedema and arterial insufficiency – a case study.

## Tips for writing an abstract

When preparing an abstract, consider the Four Cs:

1. **Complete** - covers the major parts of the research or piece of work
2. **Concise** - contains no excess wordiness or unnecessary information
3. **Clear** - readable, well organised, avoids jargon
4. **Cohesive** - flows smoothly between parts

A helpful article in the Student BMJ<sup>1</sup> highlights the main steps involved. Adapted slightly for BLS guidelines, these are summarised here:

2 Revised 25 March 2019; reviewed March 2022, February 2023, March 2024: BLS/Master Documents/Current Documents/Scientific Committee/20240318 Top Tips for Submitting an Abstract for the BLS Annual Conference V1.0

- Use the headings as appropriate to the type of study (e.g. Introduction, Aims, Methods, Results and Discussion) as a guide to creating a structure.
- Consider your project and identify and write down the main points you want to convey under each heading.
- Once satisfied with your main points, try and make a sentence or two out of these for each section.
- Now try and make the sentences flow. Delete information that is not relevant. Be straight to the point with each sentence.
- Read what you have written. Is each section clearly defined and does it flow? Avoid complex language. Make verbs active rather than passive e.g. “The study compared x with y”, rather than “x and y were compared”.
- In the methods section, briefly refer to the method.
- Edit the abstract – check for spelling and grammar and make sure it is easily readable.
- Ask someone else to read the abstract. See if they understand it.

### Tips for submitting an abstract for the BLS Conference

**Please make sure to:**

- Follow the “Guidelines for Submitting an Abstract for the BLS Conference”  
<https://thebls.com/call-for-abstracts>
- Observe the deadline date and allow sufficient time for:
  - writing the abstract AND
  - submitting it electronically through the abstract system.

Here are some other useful tips and common areas where abstracts often fall short, these are summarised here:

- The maximum word limit for an abstract is **250 words** excluding the title, ensure you stay within the word limit. Please note that the Oxford Abstract system will not accept abstracts that exceed the word limit.
- Ask yourself the question: What message do I want the reader to take away from this?
- To ensure patient confidentiality the abstract should not contain any patient identifiable information.
- To ensure anonymity for peer review of the abstracts, please remove any details that might make the author(s) identifiable. These include items such as place of the study, service name, university, town, etc. (These details, which are requested when submitting the abstract, should be included only on the submission form, which is withheld from the review team.) These details can be included in the presentation as this is not anonymised.
- For **Research Studies**, describe a clear aim or research question and method, including a statement of ethical approval. Briefly describe the study participants and include the most important results, even if only interim data is available. Conclude with implications for practice or with what the study findings add to existing knowledge. For randomised controlled trials (RCTs), the CONSORT statement<sup>2</sup> provides excellent information relating to abstracts. It is available at <https://www.equator-network.org/reporting-guidelines/consort/>
- For **Audits**, please describe the source of the ‘standard’ used in the audit, against which practice was compared and the means by which practice was measured. What actions arose from the audit to improve practice?
- For **Service Development Initiatives** and **Education Initiatives**, clearly state what initiative is being evaluated. Describe the reasons for its introduction and the method for evaluation. For example, what was being measured? Was patient or user feedback involved? What were the outcomes and what has been the impact? A service or education evaluation is a critical review and reflection of what the development / initiative has achieved, not simply a description of a service or educational activity.
- For **Case Report(s)** ask yourself: Why is this case of interest to others? What has it highlighted for me / my service? How might reflecting on this case change your own or the reader’s practice. See template on page 34 of News & Views Issue 127 December 2022 or useful article at [www.jmedicalcasereports.com/content/7/1/223](http://www.jmedicalcasereports.com/content/7/1/223)

- For **Literature Reviews and Systematic Reviews**, what were the reasons for and the aim of carrying out a review of this subject? What search methods were used for identifying the relevant literature? What was included or excluded and why? How was the literature critically analysed and what were the results? What do these results mean in terms of supporting or challenging current practice?

## How are abstracts reviewed and selected?

To assess abstracts, the BLS SC reviewers use a scoring system from 1 to 4, where 4 indicates the highest quality and 1 the lowest across three categories.

SCORE	1	2	3	4
<b>AIM / DESIGN</b>	<p><b>Limited or no</b> background, aims and importance.</p> <p><b>Limited or no</b> description of study design and methods of the work undertaken.</p> <p><b>Limited or no</b> evidence that the format of the project addresses the aim(s) stated.</p> <p><b>Limited or no benchmarking standards used.</b> (applies to audits only)</p> <p><b>Limited or no</b> aims, objectives, or rationale for the case report.</p>	<p><b>Incompletely</b> states background aims, and importance.</p> <p><b>Incompletely</b> description of study design and methods of the work undertaken.</p> <p><b>Incompletely</b> provides evidence that the format of the project addresses the aim(s) stated.</p> <p><b>Incompletely</b> provides evidence that the format of the audit addresses the aim(s) stated.</p> <p><b>Incompletely</b> provides aims, objectives, or rationale for the case report.</p>	<p><b>Satisfactory</b> explanation of background aims and importance.</p> <p><b>Satisfactory</b> description of study design and methods of the work undertaken.</p> <p><b>Satisfactory</b> description of the format of the project and addresses the aim(s) stated.</p> <p><b>Satisfactory</b> evidence that the format of the audit addresses the aim(s) stated.</p> <p><b>Satisfactory</b> evidence of the aims, objectives, or rationale for the case report.</p>	<p><b>Comprehensibly</b> describes the background, aims and importance.</p> <p><b>Comprehensibly</b> describes study design and methods of the work undertaken.</p> <p><b>Comprehensibly</b> describes format of the project and addresses the aim(s) stated.</p> <p><b>Comprehensibly</b> states the <b>benchmarking standards used.</b> (applies to audits only)</p> <p><b>Comprehensibly</b> states the aims, objectives, or rationale for the case report.</p>
<b>RESULTS</b>	<p><b>Limited or no</b> description of results or expected results or key findings.</p>	<p><b>Incompletely</b> describes expected results or key findings.</p>	<p><b>Satisfactory description</b> of expected results or key findings.</p>	<p><b>Comprehensibly describes</b> expected results or key findings.</p>
<b>DISCUSSION CONCLUSIONS</b>	<p><b>Limited or no</b> discussion areas or concluding remarks and limitations, or implications and/or justification of the work undertaken.</p>	<p><b>Incompletely presents</b> discussion areas or concluding remarks and limitations, or implications and/or justification of the work undertaken.</p>	<p><b>Satisfactory presentation of</b> discussion areas or concluding remarks and limitations, or implications and/or</p>	<p><b>Comprehensibly presents</b> discussion areas or concluding remarks and limitations, or implications and/or justification of the work undertaken.</p>

			justification of the work undertaken.	
<b>RELEVANCE</b>	<p><b>Limited or no relevance</b> to the majority of BLS members. Relates to an area of practice which members encounter <b>rarely</b>.</p> <p><b>Limited or no</b> relevance and/or impact on clinical practice.</p> <p>Extending knowledge or understanding will be <b>unlikely</b> in clinical care, service improvement, educational provision, or development.</p>	<p><b>Minimal relevance to a minority of BLS members.</b> Relates to an area of practice that members will encounter <b>infrequently</b>.</p> <p><b>Minimal</b> relevance and/or impact on clinical practice.</p> <p>Extending knowledge or understanding will be <b>minimal</b> in clinical care, service improvement, educational provision, or development.</p>	<p><b>Moderate relevance to BLS members</b> Relates to an area of practice that members will encounter <b>frequently</b>.</p> <p><b>Moderate</b> relevance and/or impact on clinical practice.</p> <p>Extending knowledge or understanding will be <b>moderate</b> in clinical care, service improvement or educational provision, or development.</p>	<p><b>Highly relevant to the majority of BLS members.</b> Relates to an area of practice that members will encounter <b>repeatedly</b>.</p> <p><b>Substantial</b> relevance and/or impact on clinical practice.</p> <p>Extending knowledge or understanding <b>substantially</b> in clinical care, service improvement or educational provision, or development.</p>

## And finally...

Abstract scores are now added to the presentation scores when they are judged at the conference. So, it is worth paying careful attention to these top tips for submitting an abstract!

## References

1. Selvanathan S, Udani R, Udani S, Haylett K. The art of the abstract. *studentbmj* 2006;14:45-88.
2. Hopewell S, Clarke M, Moher D, Wager E, Middleton P, Altman D, Schulz K, CONSORT Group. Consort for reporting randomised trials in journal and conference abstracts. *Lancet Oncology* 2008;371(9609):281-283.
3. National Institute of Health Research. Information for authors [online]. 2016 Available at: <https://www.journalslibrary.nihr.ac.uk/information-for-authors/getting-started/> [Accessed 21 April 2016].