

## **Instructions for the submissions of Abstracts to the British Geriatrics Society**

### **Instructions for submitting abstracts**

**The British Geriatrics Society accepts submissions only through the online submissions facility.**

You will need Microsoft Internet Explorer version 6 or above to be able to use the on-line submission system.

**Date of submission.** Abstracts must reach the BGS administrative office by: 1 June for Autumn Meetings;  
and 1 December for Spring Meetings.

**Limitation on submissions.** Only **TWO abstracts** per investigator as first author are allowed.

**Corrections** - Make sure that the abstract you submit is correct. DO NOT phone, write or re-submit the same abstract with modifications. If you experience anything like this please contact the Abstract Manager on 0207 608 8574.

**Submit each abstract ONCE only and do so by the deadlines of 1 June or 1 December.**

### **Preparing your abstract for online submission**

**The maximum word count is 370 words.** The total word count for the fields 'Title, Authors and Provenance' is up to **70** words. The maximum word count for the field 'Abstracts Editor' is **300** words. The online system will not accept anything over this limit. Please note that that wordage will be calculated slightly differently by the on-line system compared to text editors such as Microsoft Word. This is because your abstract needs to fit into a defined space when published in the abstract book.

### **Submitting your abstract-instructions for electronic submission**

**a Title** (using Title Case)

**b Authors** (initials then surname, using capitals without any full stops: e.g. J Smith1, P Jones1, T Renwick 2)

**c Provenance** (i.e. place of work e.g. 1. Southampton University, 2. Dept of Elderly Care, Cardiff University Hospital)

The *maximum* word count for these three fields is 70 words.

**2 ABSTRACT** – to be submitted in the field 'Abstracts Editor'

The *maximum* word count for this field is 300 words.

**Layout** - Type the subheading (e.g. Introduction), go down one line, then type the text on the next line. Put a blank line space in between each of the four sections.

**Tables**- must be created in the same file as the abstract itself (e.g. in Word, use 'convert text to table', etc). They must NOT be embedded spreadsheets from an 'outside source'.

If tables are included, every word/number in the table will be included in the word count of 270 in the 'Abstracts Editor'. The Society CANNOT accept abstracts which are too long. The space given to each abstract is narrow. Do NOT use colour.

**Macros**.-Do NOT use macros within abstracts, as they may contain viruses. No embedded objects from outside sources are allowed (e.g. graphs, pictures).

**Content**-The abstract must include sufficient information (e.g numerical and statistical data) to allow it's evaluation by the Research and Academic Development Committee and Clinical Quality Steering Group and to enable it to stand as a published abstract. Expressions such as "data will be presented" or findings will be discussed" are not acceptable and will result in automatic rejection of the abstract. The onus is on the author to check spelling, grammar and format of the abstract

**References** - include any references within the body of the text, in the format, Author names (up to 3), Journal name, year, volume and page. Do not include the title.

**Abbreviations**- must be defined by being placed in parentheses immediately after the full word or phrase has been typed for the first time.

**Non-proprietary**- (generic) names must be used for drugs.

## **PERSONAL DETAILS, CATEGORY AND PREFERRED MODE OF PRESENTATION**

**Personal details**- should include: Name, Address for correspondence, e-mail and fax  
***The email address is mandatory.***

**Category** - Select Clinical Quality or Scientific Presentation. A sub-category list will appear and will depend on what you have selected as your main category

**Status** - whether of consultant or "non-consultant" grade. Prizes are awarded to the best platform and poster presentation from a person who is not of consultant status (medical or professions allied to medicine) at the time of submission of the abstract.

## **PUBLICATION DISCLAIMER AND ETHICS APPROVAL**

Only click the box 'Publications Disclaimer' if you wish your abstract to be published in Age & Ageing.

All authors must indicate whether or not the work carried out has approval from the Local or National Research Ethics Committee (REC). Please note that authors are able to submit abstracts which were not submitted to the LREC, for example, if research deals with completed audits of national relevance or work using public domain databases. **If the project was not submitted for LREC approval and the methodology is adjudged by the Academic and Research Committee/CPEC as requiring LREC submission, the abstract will be rejected.**

**Please select one the following options when clicking on the field 'Ethics Disclaimer':**

"Project not submitted to the LREC;" or "LREC did not wish to undertake review"; or "LREC approved".

Either type your abstract into the main abstract text field, or copy and paste your abstract from your Word Processed document, into the abstract text field.

**Once you have completed all the fields, click the accept button to submit the abstract.**

## Distinction between Research and Clinical Quality

### Is your project audit or research?

Be clear about your objectives, and concentrate on these 3 key questions:

- 1. Is the purpose of your project to try and improve the quality of patient care?**
- 2. Will the project involve measuring current practice against standards?**
- 3. Does the project include anything being done to patients beyond their routine clinical management?**

If your answers are 'yes' to the first 2 questions and 'no' to the third, your project is very likely to fall within the remit of clinical quality.

The following table gives further details regarding differences between research, audit and surveys

|                  | Research  |
|------------------|---|
| Purpose          | To provide new knowledge e.g. to set or change clinical standards       |
| Methods          | Pre-specified research designs with hypotheses                          |
| Data analysis    | Requires data analysis (quantitative or qualitative) to make inferences |
| Ethical approval | Required  |
| Sample size      | Statistically powered calculation                                       |
| Outcome          | Improved knowledge  |

Research studies i.e. those that generate new knowledge, rather than evaluate practical implementation, even in the above domains, **must be submitted to the scientific section of the meeting.**

### *Presentation*

The BGS is developing an online space for accepted abstracts to be shared, where your work can be viewed and navigated easily by as many relevant people as possible. As part of this development, you may also be asked to provide a copy of your poster, or participate in a recorded interview to discuss your project in more detail.

In addition to abstracts being presented in poster format, future meetings will have a platform presentation session for the best Clinical Quality abstracts. This session will have a strong emphasis on sharing initiatives that have the potential to be adopted elsewhere, and discussion centred around implementation.

## **BGS Clinical Quality abstract submission guide**

### **Please note:**

Any abstract submitted under the category of Clinical Quality will be subject to an adjudication process –anything scoring less than 2 out of 5 will be rejected.

You will have the opportunity to receive feedback at the Conference.

### **Acceptance criteria:**

Abstracts may be submitted under the following 5 sub-categories: Clinical Effectiveness, Efficiency and Value for Money, Patient Centredness, Patient Safety, Improved Access to Service

To be accepted abstracts must:

- Describe a change in care, with a clear aim designed to make improvement to the quality of care.
- Demonstrate use of quality improvement methodologies with at least one completed PDSA cycle.
- Describe a fully completed audit cycle where a change has been made and evaluated.
  - Describe the results of your change, whether successful or not.
  - Single loop audits and surveys may very occasionally be accepted if they are on an issue which may generate some interesting learning and discussion.

To be accepted all abstracts must be written up using the Revised Standards for Quality Improvement Reporting Excellence Guidelines (SQUIRE 2.0) which are described below.

Any abstract which does not meet the above criteria will not meet minimum scoring and will be rejected.

### **Revised Standards for Quality Improvement Reporting Excellence Guidelines (SQUIRE 2.0)**

#### **• Title**

Indicate that the abstract concerns a change initiative designed to improve healthcare (broadly defined to include clinical effectiveness, efficiency and value for money, patient centredness, patient safety, improved access to service).

#### **• Abstract**

- a. Provide adequate information to aid in searching and indexing
- b. Summarise all key information from various sections of the text using the abstract format of the intended publication or a structured summary such as: background, local problem, methods, interventions, results, conclusions

#### **• Category 1**

Define the relevant area of your work

- Clinical Effectiveness
- Efficiency and value for money
- Patient centredness
- Patient safety
- Improved access to service

## • **Category 2**

Define the relevant stage of your work

- Innovation – test of a completely new idea
- Adaptation – modifying existing good practice from one sector to another
- Adoption - spread of known/ existing good practice

## **Background**

- Describe the care sector, the community or department where your improvement work was done.
- Describe the team involved in your work and the patient group or client group that is the focus of your improvement work.

## **Introduction (Why did you start)**

- Clearly describe the local problem or system issue which you aim to improve.
- Clearly describe how that problem was affecting the care received by patients and families and how it impacted on those delivering the care.
- Describe the scale of the problem.
- Describe your specific improvement goal(s)

## **Methods (What did you do)**

- Who did you engage in your improvement work
- How are you going to determine the impact of your improvement work, what are your measures and how are they being recorded
- What approach are you taking, what are your implementation plans Interventions
- Describe the changes to practice needed to address the identified problem
- Clearly describe what you did to make those changes and how you went about it, in sufficient detail so that others could do the same.

## **Results (What did you find)**

- Describe the impact of your intervention(s).
- Describe how far this went to solve your problem.
- Describe the benefits to patient or client group.
- If this improvement work is still in progress describe what you plan to do next.

## **Conclusions (What does it mean)**

- Describe your implementation lessons, what worked and what you would do differently next time.
- Describe the possible impact of these changes if your learning was transferred to others.
- How are you going to make sure that your local improvement "sticks".
- Could you offer support to others wanting to do the same thing.

**Other information**

- If your project required Ethics approval, please state if this has been obtained.

## **Scientific Presentation Instructions**

For Scientific Presentation abstracts use the following headings:

Introduction

Methods

Results

Conclusions

Put a blank line space in between each of the four sections.

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