Writing an abstract for a WCPT congress

These guidelines are designed to help you prepare a well written abstract that meets the criteria for WCPT congresses. They are intended to be read alongside the call for abstracts. These guidelines are appropriate for research and special interest categories, for platform and poster presentation (see the call for abstracts www.wcpt.org/congress/abstracts).

What is an abstract?
An abstract is a brief account of a project that you have completed and that you would like to present to delegates at the WCPT Congress 2015. The project might be a research study, a new or unique service, programme, theory or resource.

The abstract is expected to contain enough information for the International Scientific Committee of the congress to assess whether a report of your project is suitable for inclusion in the scientific programme of the congress. It needs to tell delegates what you are going to present – and hopefully interest them in coming to learn more about your work.

A well written abstract is a way of making your project known, informing practice and/or education and establishing connections with other researchers in your field of interest.

Who is your audience?
There are different audiences for your abstract:

- the reviewers who will assess the quality of the abstract and recommend its acceptance in the scientific programme
- the congress delegate, who will use the abstract to select which sessions to attend: clinicians, educators, managers, policy makers and researchers will all be in the audience and interested from different perspectives
- journal editors looking for papers to encourage for publication
- wider audiences who can’t attend the congress but who access abstracts online, after congress.
How will your abstract be assessed?

The following criteria will be used when assessing the abstract.

1. Does the project address a "significant" or "important" issue?
2. Do the methods/approach enable the question asked at the start of the project to be answered rigorously?
3. Have the data/findings been interpreted appropriately?
4. Are the contents of the abstract clear and intelligible?

Structure and content

WCPT requires a structured abstract of 500 words, organised under the following headings.

Title: The title should be brief, interesting and describe the scope, content and focus of what you want to present.

Background: State the context for the project (remember, a project may be a research study, a new or unique service, programme or theory or resource), why it is important, and whether it fills any gaps in knowledge or research.

Purpose: Why was your project undertaken? You may include a short statement of your hypothesis.

Methods: Describe concisely what was done, by whom, involving whom and where? What measurements were taken and how were the data managed?

Results: What did you find or discover - not just in subjective terms but also in the form of data? How significant were the findings?

Conclusion(s): What can be concluded from the project? Keep your conclusions reasonable and ensure they can be confirmed by the findings of your study. What are the suggestions for future work?

Implications: What are the implications of the project and how will the results be translated into practice/management/education/policy. Why is what you have done important for the profession and for society?

Keywords: Include keywords that attract the right audience and are in line with the congress tracks and topics.

No images, tables or graphs are permitted in the abstract.

Remember:

- Promote the originality of your project.
- The abstract is a first impression, so make it appealing to your audience.

Style

Your abstract is more likely to be accepted if you follow these guidelines.

- Be concise; use short sentences.
- Keep language correct, simple and clear.
• Use scientific, professional language making sure your information is easy to understand by a diverse audience.
• Avoid abbreviations and jargon - remember abbreviations are not universal.
• Do not use quotations and citations in the abstract – keep them for the presentation itself.
• Ensure that there is a logical and coherent flow to the abstract.

**Process**

• Before you start, be clear what aspect of your work you want to present. What will the audience find most interesting?


• If you need help with your writing, ask mentors, supervisors and colleagues. The WCPT abstract mentoring programme is for authors with little experience of writing abstracts or for whom English is not their first language. For further information refer to the call for abstracts.

• Make sure the organisers have enough information to place your abstract in the appropriate session.

• Ensure you follow all the practical guidance on the full call for abstracts.

• Give yourself time to review and redraft what you have written.

• Check for mistakes in grammar, punctuation, and spelling (English UK).

• Before submitting try and get an objective review of your abstract: perhaps a colleague who is unfamiliar with the work you are writing about, or someone familiar with WCPT congresses.

• Submit before the deadline.

**Final check**

Before you submit ensure your abstract satisfies these points.

1. Will the title capture the interest of a potential congress delegate?
2. Does the title describe the subject being written about?
3. Is the abstract well written in terms of language, grammar and spelling?
4. Does the abstract convey what the presentation is about and why people should attend?
5. Does the abstract clearly state the presentation of your project, and the question it aimed to answer?
6. Does the abstract say how the project was carried out?
7. Does the abstract indicate the value of the findings and to whom will they be of use?
8. Does the abstract give a concise summary of the findings?
9. Does the abstract conform to the word limit of 500 words?
10. Does the abstract have up to three keywords that closely reflect the content of the paper?
Examples of well-written abstracts, which won awards at the last WCPT Congress in 2011, provide an indication of what the International Scientific Committee will be looking for in your abstract. However, please bear in mind that the structure of these abstracts is different from the structure being requested for the WCPT Congress 2015. The headings in the call for abstracts should be used.

Number: RR-PL-2120 Tuesday 21 June 2011 09:00
Physiotherapy Volume 97 Supplement S1 RAI: Elicium D201-202

DETERMINING THE NEED FOR REHABILITATION SERVICES IN RURAL AFRICA: THE PREVALENCE OF DISABILITY IN NORTHERN NAMIBIA AND NORTHERN RWANDA
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Purpose: To determine the need for rehabilitation services in rural Namibia and rural Rwanda. This was done by calculating the prevalence of disability and profiling the geophysical environments of the selected areas.

Relevance: In order to be responsive to the needs of people with disabilities, rehabilitation should be accessible to communities in need of the service. The prevalence of disability is one way of determining need. However, very often stakeholders rely on the World Health Organization’s global estimate of 10%, alternatively, census and hospital data are used to estimate the burden of disability and subsequently to plan for services. The definition of disability has historically been crude; hence prevalence rates for disability on the continent are widely regarded as underestimates. The geographical profiling of communities is important for delivering rehabilitation services. In developing countries and in post-conflict zones, rehabilitation capacity may be very low, and competing demands for fiscal support against the need to meet the needs of people with disabilities may be very high such that their situation is particularly dire.

Participants: Four rural villages were selected in collaboration with local community leaders and representatives of people with disabilities as follows: Namibia - Okamatapati and Iiyale; Rwanda - Gasenyi and Gataba. All households from these villages participated.

Methods: Adult and paediatric disability screening tools were developed using the impairments of function domains contained in the International Classification of Function. The tools were translated into the local languages (Otjiherero-Okamatapati; Oshiwambo-Iiyale and Kinyarwanda-Gasenyi and Gataba). Transect mapping of each village was done, and multi-disciplinary rehabilitation teams allocated a transect each to conduct a ‘door-to-door’ survey. All households were surveyed to identify all persons with a disability; identified persons were then screened and assessed for type of disability and needs, followed by instituting a rehabilitation plan.

Analysis: Descriptive statistics were used to calculate the prevalence of disability; proportions according to age group and gender and to aggregate activity limitations. Geophysical phenomena were analysed qualitatively.

Results: Disability prevalence rates were: Okamatapati 7.6% (66/872), Iiyale 9.3% (24/257), Gasenyi 14.02% (114/813) and Gataba 15.7% (95/606). Impairments related to mobility were most prevalent in Namibia, whilst those related to sight were most prevalent in Rwanda. Namibia was hot, arid and dry with vast tracts of land requiring many hours of travelling time. Rwanda was wet and muddy with mountainous terrain that was virtually impassable except on foot. The northern areas of both countries where all villages surveyed were situated are post-conflict zones.

Conclusions: The prevalence of disability was higher than previously reported for either country, and defined great need for rehabilitation services. However, the geophysical environment was hostile and poses serious challenges to cost-effective rehabilitation service delivery.

Implications: Specific surveys to determine the prevalence of disability are important to accurately gauge the burden of disability and need for rehabilitation services. A ‘mixed models’ approach to rehabilitation service delivery including Community Based Rehabilitation, outreach and rehabilitation villages among others, may be better suited to realistically meeting the needs of people with disabilities in certain parts of rural Africa.

Key-words: 1. Disability Prevalence 2. Rehabilitation Services 3. Rural Africa

Funding acknowledgements: The work in Namibia was funded by the Division of Social Welfare Services in the Ministry of Health and Social Services Namibia. Kigali Health Institute, Rwanda funded the work in Rwanda.

Ethics approval: Kigali Health Institutional Research Board Rwanda, March 2010.

Session name: Service delivery 1

Programme track/theme: Professional Issues - SERVICE DELIVERY

All authors, affiliations and abstracts have been published as submitted.
Published in partnership with Elsevier publishers and the Physiotherapy journal.
PARKINSON’S DISEASE (PD) THROUGH PICTURES AND POETRY: NEUROLOGICAL NARRATIVES IN PRE-REGISTRATION PHYSIOTHERAPY EDUCATION

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Purpose: Sharing understanding of healthcare stories lies at the heart of patient-centred care, shared decision-making and service improvement. The People with Experience - User Involvement work group of CETL4HealthNE, a collaboration of Universities and NHS partners, established a web-based multi-media narrative archive to share stories of healthcare collected by partners and demonstrate the use of narratives in healthcare education.

Relevance: Pictures and poetry about living with PD were donated by artist/author Ruth Nicholson (RN), who has the condition, and with her permission scanned and placed on the internet with her audio commentary. RN is keen to educate people about PD, and physiotherapy educators want to link the psychosocial aspects of living with PD with its biological basis.

Description: A narrative approach using web-based materials supplemented with real time involvement of RN pre- and post-session via the lecturer is employed, to inform her of the session, gain an update on her condition and provide feedback. First year physiotherapy students, who have not undertaken a practice placement, are set preparatory independent learning via completion of a worksheet on PD. Students interact with pictures and poetry about living with PD in seminar groups with clear learning outcomes (in italics below). The WHO International Classification of Functioning (ICF) provides a theoretical focus for feedback from discussion in small groups.

Evaluation: The seminar was evaluated by student feedback (n=131 (2006-09) evaluated 5 learning outcomes), observation and interviews with an educator (n=1) and students (n=2). All students felt the seminar enabled them to gain a user perspective on PD; student interview data emphasised the power of connecting with a 'real' rather than 'paper-based' person. The seminar helped all students identify impairments, activity limitations and participation restrictions associated with PD. Observation showed that the use of a familiar framework (ICF) combined with a novel teaching resource helped students to identify the relationship between theory, practice and the individual with the condition. The majority felt the seminar was useful in terms of identifying helpful characteristics in healthcare professionals, with interview data specifying evocation of empathy in particular. Observation highlighted group discussion about teamwork, communication and shared decision-making. The seminar provided an opportunity to consider how a user perspective could help in the education of healthcare professionals, and students reported that they would like more sessions in this format. The seminar aided identification of physical management approaches for most students; interview data suggested the educator could illustrate further physical management approaches through group discussion. Interview data highlighted the importance of completing preparatory independent learning in order for students to fully realise the seminar learning outcomes.

Conclusions: Evaluation data has demonstrated that a narrative approach is successful in supporting students to link psychosocial with biomedical aspects of PD, which extended to other neurological conditions later in practice. Likewise the significance of shared decision-making was validated during practice placements. Long term follow up of impact of narrative sessions is recommended.

Implications: Targeted use of a narrative approach across different levels of physiotherapy specific and interdisciplinary education could help promote a biopsychosocial and partnership approach to practice.

Key-words: 1. Parkinson’s disease 2. Physiotherapy education 3. Narrative approach

Funding acknowledgements: CETL4HealthNE.

Ethics approval: Ethical approval obtained from Northumbria University's School of Health, Community and Education Studies Research Ethics Committee.

Session name: METHODS OF TEACHING & LEARNING 4

Programme track/theme: Education - METHODS OF TEACHING & LEARNING

All authors, affiliations and abstracts have been published as submitted.

Published in partnership with Elsevier publishers and the Physiotherapy journal.

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