UK Kidney Association

Abstract writing

Lisa Ancliffe, Dane Howard, Laura Denby, Alan Salama, Courtney Lightfoot, Rosie Donne, Hillary Corwin

Housekeeping

- Please stay muted during presentations.
- There will be time for questions at the end of all presentations, please use chat function during the session.

Aims of session

- To provide advice and guidance on how to construct a high quality abstract.
- To highlight the different components and requirements for different types of abstracts.
- To support with how best to utilise AI in abstract writing.
- To increase confidence in submitting abstracts and showcasing work.
- To understand gaps in knowledge and support needs for future resources.

What makes a good abstract?

- **Your title and abstract are the only parts of your research that most people will read.** They will:
  - shape first impressions,
  - determine how easily your work can be found, and
  - influence whether someone decides to read further.

- Your abstract should be a **stand-alone story**. Without reading your full paper/poster or attending your talk, readers should be able to understand:
  - what you did,
  - why it matters,
  - what's novel about it, and
  - what you found.

What makes a good abstract?

- **Purpose of an abstract:** concise summary; should clearly state purpose, methods, findings, novelty, and conclusions.
- **Core qualities:**
  - ✓ **Clear and concise**
  - ✓ **Logical structure**: introduction, methods, results, discussion
  - ✓ **Novelty**: state what's new and important
  - ✓ Alignment with submission criteria (e.g., check UKKW requirements)
- **Common pitfalls:**
  - x Too much background, not enough results
  - x Novelty unclear
  - x Vague
  - x Poor structure
- **Additional considerations:**
  - Use keywords that will help people find your work and maximise reach.
  - EQUATOR guidelines help identify key elements – summarise key information from all sections.
  - Upload your most impactful visualisation(s) or table(s) as supplemental materials.

Basic science

Summarises a study investigating biological, chemical, or physiological mechanisms using **laboratory-based models** (e.g., cell culture, animal studies, molecular assays, patient samples).

Focuses on **underlying processes or mechanisms** rather than immediate clinical application, often providing foundational knowledge that informs later translational or clinical work.

- Types: Fundamental, discovery, translational
- Focus on underlying biological, chemical, or physiological **mechanisms**.
- Clearly define **hypothesis** and experimental **system or model**.
- If conducting **hypothesis generating study** – define the **aims and objectives**.
- Include methods (e.g. cell lines, animal models), and key findings.
- Emphasise **novelty** and potential **implications** for understanding disease or therapy.
- Use ARRIVE checklist if animal models involved.
- Avoid overclaiming clinical relevance if not demonstrated.

Translational research

Describes work that bridges **basic scientific findings** and their **application to clinical care**, such as biomarker validation, early-phase trials, or intervention development.

Highlights **how scientific discoveries are applied** to improve patient outcomes and explains the **clinical relevance** of preclinical or mechanistic insights.

- Science in clinical context
- Needs to appeal to both scientists and clinicians , without making it too clinical or basic respectively (e.g. complement pathway- very complex but can be simplified to key players)
- Needs clear view of how this may reach clinical implementation
- Many funders now want to know about clinical impact and WHEN it's likely to happen

Translational research

- Considerations for abstract writing:
  - **Clinical problem**: What is the issue that is being addressed and why should we all care about it?
  - Size, personal, societal, demographic, economic issues may be particularly important.
  - Rare diseases may have no current effective therapies.
  - **Science discovery**: In relatively simple terms describe what is new, how you found it, what is needed next

RCTs and clinical trials

Reports on a **prospective, controlled study** that tests the **effect of an intervention** in humans, often involving randomisation and blinding to reduce bias.

Focuses on **cause-and-effect relationships**, using predefined outcomes and rigorous methodology to assess **effectiveness, safety, or feasibility** of an intervention.

- Clearly identify the study as an RCT; include trial registration and funding/conflict of interest statement, if applicable.
- Include design, randomisation, blinding, sample size, primary outcomes.
- Report main results with effect sizes and confidence intervals.
- Mention any adverse effects or key safety data.
- Use CONSORT checklist

Qualitative and mixed methods

Qualitative

- Summarises a research study that uses **qualitative methods** (eg, interviews, focus groups, observations, or thematic analysis) to explore people's experiences, perceptions, feelings, or social processes in depth

- Focuses on **understanding meanings and context** rather than measuring quantities or testing hypotheses

Mixed methods

- **Describes the integration** of qualitative and quantitative approaches in the study

- Explains **why** combining these methods adds value (e.g., quantitative data shows trends, qualitative data explains why or how)

- Presents **both types of findings** briefly, highlighting how they complement each other

Qualitative - Title

- Reflect the focus of the study (indicate the qualitative nature)
- Include key elements – population, topic or experience studied (eg, coping with dialysis), method or approach (eg, ethnographic study, phenomenological study)
- Use engaging and descriptive language – highlight experience, meaning, or perspectives

Examples:

- ☑ "Exploring the Lived Experiences of Adults Undergoing Haemodialysis"
- ☑ "Understanding How Patients with Chronic Kidney Disease Cope with Treatment Burden"
- ☑ "'Living by the Machine'": Patients' Perspectives on Dialysis and Daily Life"

Qualitative - Introduction/background and aim

- Use terms like *explore*, *understand*, or *investigate* to reflect qualitative intent

- Clarify why a qualitative approach is needed and aligns with the research aim (eg, to explore how people experience, perceive, or make sense of a phenomenon)

- Consider specifying the guiding theoretical framework or research paradigm (e.g., constructivist, interpretivist, post-positivist)

Example:

☑ "Chronic kidney disease (CKD) affects patients beyond physical symptoms, disrupting daily life and emotional well-being. While clinical outcomes of dialysis are well-studied, its psychosocial impact is less understood. This qualitative study explored the lived experiences of individuals undergoing haemodialysis, focusing on their coping strategies and informational needs. Guided by a constructivist paradigm, it aimed to understand how patients make sense of dialysis within their social context"

Qualitative - Methods

- Specify the methodological approach (mention if it is inductive or interpretive in nature) - phenomenology, grounded theory, ethnography, case study
- Specify techniques like (semi-structured) interviews, focus groups, observations, or document analysis
- Explain analysis strategy (thematic analysis, content analysis, framework analysis) – describe how themes or categories were identified through inductive (data-driven) or deductive (theory-driven) methods and processes for coding responses
- Consider addressing trustworthiness and rigour by outlining strategies used (eg, member checking, reflexivity, triangulation)

Qualitative - Methods

Example:

- ☑ "This study used a phenomenological approach to explore the experiences of adults on dialysis. Twenty participants, recruited purposively from two nephrology clinics, had been on dialysis for at least six months. Eligible participants were over 18, English-speaking, and able to consent. Semi-structured interviews (30–60 minutes) were conducted in private rooms, audio-recorded, and transcribed verbatim. Data were analysed using Braun and Clarke's thematic analysis with an inductive, data-driven approach. Coding was done manually, and themes were refined through team discussions. Reflexivity and peer debriefing supported analytical rigour and transparency."

Qualitative - Findings

- Highlight key findings – present central themes or patterns that were identified
- Use thematic language – phrase as conceptual insights, not just descriptive observations
- Use illustrative phrasing - echo the participants' voice
- Briefly interpret each theme – go beyond surface description by briefly indicating what the themes mean or imply
- Ensure your findings flow logically and link back to your research question and methodology – refer back to the core concept
- Weave themes into a brief narrative – try to avoid listing them as isolated bullet points

Qualitative - Findings

Example:

☑ "Three themes were identified:
(1) *Living by the machine*: dialysis dominated daily life, restricting routines and creating a sense of medical captivity. Patients described their lives as "revolving around the dialysis chair," highlighting how treatment shaped their existence and eroded personal freedom.
(2) *Losing and regaining self*: many experienced identity loss as roles and independence were disrupted. Feelings of being "less than whole" were common, especially early on. Over time, some rebuilt a sense of self by adapting to a "new normal," drawing strength from family, spirituality, or peer support.
(3) *Unseen struggles*: emotional and social burdens were often invisible to clinicians and family. Participants described loneliness, frustration, and stigma, leading to emotional withdrawal. Moments of empathy, especially from peers, offered comfort and validation.

These findings reveal how dialysis disrupts autonomy and identity, while also highlighting patient resilience. Improved psychosocial support could better address these challenges"

Qualitative – Discussion and conclusion

- Explain the significance of the findings to demonstrate their relevance and impact
- Discuss implications for clinical practice, service delivery, education, or health policy - consider relevance to future research
- Acknowledge and reflect on the study's strengths and limitations – be transparent
- Discuss the transferability of findings - avoiding claims of generalisability
- Consider reflexivity – critically reflect and acknowledge the researcher's role and perspective and how this may have influenced data collection, analysis, and interpretation
- Conclude with a clear statement about what your findings **mean and why they matter**

Qualitative – Discussion and conclusion

Example:

☑ "Our findings show that dialysis profoundly disrupted patients' autonomy, affecting daily routines and fostering emotional distress and dependency. To address this, healthcare providers should integrate psychosocial support and offer more flexible care options. Interventions like shared decision-making and peer support may help restore a sense of control and improve patient well-being.

A strength of this study is the diversity of dialysis experiences represented. However, recruiting from a single nephrology centre may limit transferability. Still, the themes of autonomy loss, emotional burden, and adaptation may apply to other CKD populations and long-term condition contexts with similar treatment demands. As a clinician-researcher in nephrology, I engaged in reflexive journaling to critically examine how my professional background might influence data interpretation and to enhance the study's rigour.

This study deepens our understanding of the CKD experience and highlights the need to move beyond biomedical metrics to address emotional, social, and identity-related aspects of care to improve quality of life and overall treatment for people with CKD"

Qualitative – Other considerations

- Use interpretive and reflective language - avoid overly statistical or quantitative phrasing - Use phrases like *"participants expressed," "this suggests," "reflecting a sense of..."*

- Centre participants' perspectives - highlight participants' views and experiences, acknowledge subjectivity, use indirect quotes or paraphrases to convey voice

- Ensure the tone reflects interpretive depth, not measurement precision - prioritise depth and insight over quantity (focus on meaning, not numbers)

- Recognise complexity and nuance – avoid overgeneralising, describe contextual factors, acknowledge ambiguity and uncertainty, balance description and interpretation

- Use SRQR and COREQ checklists

Mixed-methods

- State the purpose and why mixed methods were needed – highlight how each method contributes to answering the research question
- Briefly describe both quantitative and qualitative methods – mention sample size, data collection, and analysis techniques
- Integrate findings, showing how they complement or explain each other – avoid treating them as separate
- Highlight the significance and implications of combined insights

Quality Improvement

Summarises a **real-world intervention** aimed at improving healthcare processes, outcomes, or safety in a specific setting.

Focuses on **iterative testing and learning (e.g. PDSA cycles)**, local context, and **measurable change**.

May include **"human factors"** which were key to success

Focuses on 3 questions:

1. What is the aim?
2. How will we know if a change is an improvement?
3. What change can we make that will lead to improvement?

Model for Improvement

What are we trying to accomplish?

How will we know if a change is an improvement?

What change can we make that will result in improvement?

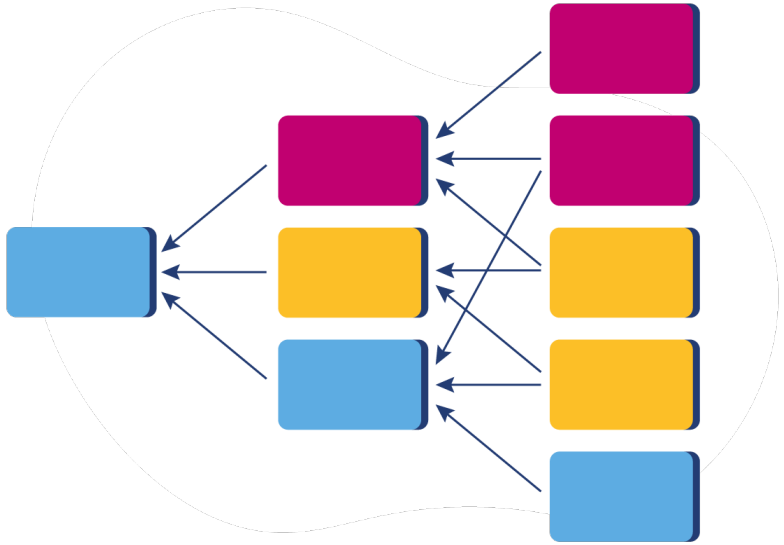
SQuIRE

Standards for **Qu**ality **I**mprovement
Reporting **E**xcellence

UKKA

Use SQuIRE checklist (squire-statement.org)

- **Introduction - Why did you start doing the QI work?**
  - Describe the problem compared to national standards / guidance etc.
  - Why is it important?
  - What was the **SMART aim**?



- **Methods - What did you do?**
  - **QI methods** to understand the problem
    - e.g. process mapping, root cause analysis, surveys
    - How did you involve patients?
    - How did you understand human factors?
  - Summarise what **cycles of change** / improvement were undertaken
  - Details of how you **measured the impact of change**

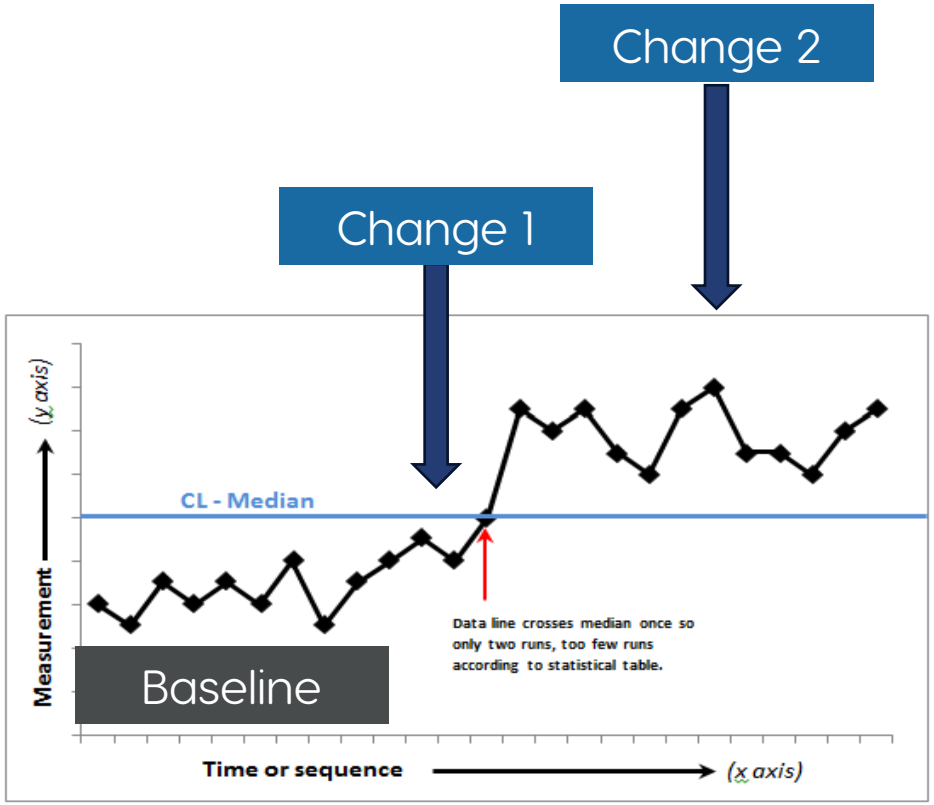
SQuIRE

Standards for **Qu**ality **I**mprovement
Reporting **E**xcellence

Use SQuIRE checklist (squire-statement.org)

- **Results - What did you find?**
  - Include data before and after making changes
  - Display **data over time to show impact of the changes**
  - Show on the charts when changes were made
  - Describe unintended consequences

- **Discussion - What does it mean?**
  - What is the impact for patients / staff / the organisation?
  - How can the improvement be sustained?
  - Equity assessment of improvements
  - How could this be generalised to other settings?
  - What is the next step?



Observational research

Summarises a study that **analyses data without introducing an intervention**—examples include cohort, case-control, or cross-sectional studies, as well as some economic evaluations.

Focuses on **describing associations, trends, or patterns** in real-world settings and populations, **without claiming causality.**

- Reporting similar to other types of quantitative research, *but*:
  - **Non-experimental → Avoid causal language**
  - **Cautious interpretation** of results

Observational research

- **Study type** (e.g. cohort, case-control, cross-sectional, economic evaluation) in title or early in abstract
- Study design, setting, population, key variables and **data sources**, analysis methods
- Present outcome estimates with confidence intervals
- Discuss key findings, **limitations, generalisability**, implications
- Mention **ethical or equity considerations**, if relevant
- Impact on patients, policy, or practice

- Use STROBE checklist for epidemiology; CHEERS for economic evaluations

Takeaway

All abstracts should:

- ❑ State a clear aim or hypothesis
- ❑ Summarise methods & key findings
- ❑ Highlight what's novel
- ❑ Explain why it matters (conclusion & relevance)
- ❑ Follow a logical structure
- ❑ Be clear and concise
- ❑ Be tailored to the study type (use checklists, these resources, similar published examples)
- ❑ Stand alone (make sense without the full paper or talk)

Using generative AI appropriately

- **Allowed uses:**
  - Checking/improving grammar and clarity
  - Checking alignment with abstract criteria and best practices
  - Readability tools, especially for lay summaries and patient information
- **Warnings:**
  - Write and review your abstract independently of AI.
  - Significant human oversight of any AI use is essential.
  - AI often sounds authoritative but may be “hallucinating”: presenting inaccurate or fabricated information as factual. AI may include falsified citations to bolster its hallucinated claims.
- **Prohibited uses:**
  - Generating original content or conducting analyses
  - Submitting AI-written abstracts

Using generative AI appropriately

- **Example prompts: Checking/improving grammar and clarity**
  - *"Please review this abstract for grammar, spelling, and punctuation errors. Suggest improvements to sentence structure for clarity, but do not change the meaning or introduce new content."*
  - *"Please identify any terms or phrases in this abstract that may be unclear to a general healthcare or academic audience and suggest simpler alternatives."*
  - *"Does this abstract follow a logical structure (introduction, methods, results, conclusion)? Please suggest improvements to the organisation or flow if needed."*
  - *"Are there terms or phrases in my title or abstract that could be simplified or made more widely recognisable—without losing precision—to improve clarity and searchability?"*
- **The AI suggestions returned may or may not be improvements. Use your judgment.**

Using generative AI appropriately

- **Example prompts: Checking against guidelines**
  - *"Please check this abstract against **UK Kidney Week requirements**:*
    – Is the title ≤25 words, in sentence case, free from author/institution names, and clearly describing the study focus?
    – Is the abstract body ≤500 words, free from typos, spelling errors, and identifying details?
    – Does it follow a clear structure (aim, methods, results, conclusion) and read as a professional, standalone summary?"
  - *"Is the primary aim or hypothesis of this study clearly stated in the abstract? Are the primary and secondary outcomes well defined? Suggest improvements if anything is ambiguous."*
  - *"Using the CONSORT for abstracts checklist, check if any key items are missing from this RCT abstract (e.g., trial design, blinding, participant numbers, harms, effect size). Point out what's missing or unclear."*
  - *"Please review this QI abstract using SQUIRE 2.0 principles. Does it clearly state the problem and SMART aim, describe the intervention and QI methods, report key outcomes (with data), and reflect on impact, sustainability, and limitations? Highlight any missing elements or unclear areas."*
- **The AI suggestions returned may or may not be improvements. Use your judgment.**

Using generative AI appropriately

- **Example prompts: Translating abstracts into lay summaries**
  - *"Translate this abstract into plain English suitable for a general audience with no medical background (UK reading age 11–14). Use short sentences, avoid jargon, and explain any complex terms."*
  - *"What is the estimated UK reading age of this lay summary? How can I revise it to make it suitable for a general audience (UK reading age 11–14)?"*
  - *"Review this lay summary for clarity and accessibility. Suggest edits to improve readability, simplify language, and ensure that it is understandable for readers with limited health literacy (UK reading age 11–14)."*
  - *"Identify any medical or technical terms in this text and suggest plain-language alternatives or explanations suitable for use in public-facing materials like patient leaflets (UK reading age 11–14)."*
- **The AI suggestions returned may or may not be improvements. Use your judgment.**

Advice on the writing process

- **Agree authorship** early and give co-authors plenty of time to review. Who counts as an author?
- **Plan early:** deadline, structure, word limits
- **Learn from and compare to published abstracts in your field**
- **Draft iteratively:** start with a very rough version, revise for clarity and impact
- **Keep it structured, informative, and concise:**
  - Use checklists (EQUATOR, UKKW submission requirements)
  - Include only essential information
  - Use *most impactful* tables/figures
  - Avoid generic conclusions like "more research is needed"
  - Tailor to the UKKW audience: assume kidney knowledge, no need to define basic terms
- **Ask for help:**
  - Ask **co-authors** to review for **accuracy**.
  - Ask a colleague ***uninvolved*** *in the project* to check for **clarity**.

Scoring criteria

1. **Clarity and structure**
   - Are the purpose/objectives clear, achievable, and realistic?
   - Are the methods used appropriate, valid and well thought out to meet the purpose/objectives?
   - Does the author state the dates of the work and are they recent?
   - Are the results clearly presented, and do they meet the purpose/objectives?

2. **Advance in knowledge or practice and originality of work**
   - Are the subject matter, aims and objectives, or findings novel?
   - Are the implications of the results for practice or kidney science made clear?
   - Is the work relevant? Does it strengthen the existing evidence base, bring new evidence to the topic or, for laboratory science, increase mechanistic understanding?
   - Does the work have impact on patient safety, care, and efficiencies?

3. **Overall quality of work**
   - Does it meet the requirements of the guidelines set out for abstract submission?
   - Has the work been undertaken according to recognised parameters required for good quality research or quality improvement work?
   - Is the work reproducible and sustainable?

Additional support

- Professional bodies e.g. Royal College of Nursing, Chartered Society of Physiotherapists etc.
- Professional groups e.g. ANN UK, Renal Pharmacy Group, Renal Nutrition Group, PAWR.
- Special interest groups e.g. CKD SIG, AKI SIG, Supportive care SIG.
- Trust/University supports e.g. audit surgeries, informal peer support, formal mentorship.
- Friends and family.

- UKKA and UKKW resources.

- UKKW 2026 practical session.

- Please let us know feedback (hillary.corwin@ukkidney.org).

- Webinar and slides *available soon* on the UKKA Education Hub: education.ukkidney.org

UKKA's webinar archive

- Now accepting abstract submissions for UKKW 2026.
- Submit by 19 September
- ukkw.org
- Feedback (webinar/session): hillary.corwin@ukkidney.org

UKKW abstract submission