UK Kidney Association

A Guide to Abstract Writing for UK Kidney Week (UKKW)

An abstract is a concise, structured summary of a study, project, or other piece of scholarly work. It should clearly and concisely convey the purpose/aim, methods, key findings, and conclusions, while highlighting what is novel and helping readers to assess the work's relevance and significance.

A well-written abstract allows you to:

- Share knowledge and solutions with a broader audience
- Improve care, policy, or scientific understanding through research dissemination
- Provide a structured summary that helps others assess your work

What makes a strong abstract?

- *Clarity and conciseness:* UKKW abstracts are typically 400 words or fewer, to ensure clarity and brevity. It is essential to communicate the key points from your study within the word limit, avoiding excessive use of jargon/abbreviations.
- *Logical structure:* The abstract should follow a standard structure of introduction, methods, main findings/results, and discussion.
- *Data-driven insights:* Present the most impactful evidence and key findings from your study. You may include *one simple supplemental table or figure* to support your findings, but avoid excessive data use. Crowded tables/visuals can reduce the clarity and effectiveness of your abstract.
- *Novelty:* State clearly what's new, different, and important about your study.
- *Alignment with guidelines:* Follow all formatting, word count, and submission instructions provided on the UK Kidney Week website.

The guidance that follows provides high-level suggestions for writing abstracts across several common research types submitted to UKKW, including quality improvement (QI), qualitative, quantitative, case reports, and systematic reviews/meta-analyses. These broad categories encompass a range of methodologies, each with its own reporting conventions. This guide is intended as a starting point, and authors are encouraged to consult additional resources relevant to their specific study design. For mixed-methods projects, drawing from both qualitative and quantitative guidance may be necessary to reflect the work accurately.

This guide begins with brief explanations of our AI and plagiarism policies. It then offers comparisons across research types and abstract structures, followed by more detailed sections outlining best practices, checklists, and additional materials to support abstract writing for each approach. The final section links to examples of previously accepted UK

Kidney Week abstracts which may be used as models to support authors in preparing strong submissions.

While this guide does not cover every research type, it addresses many of the most common types that are submitted to UKKW. If your project follows a hybrid methodology or a type of research not covered in this guide, you may still find the comparisons, structure guidance, and checklists instructive. For study types not covered here, consult the EQUATOR Network or other field-specific guidelines. Regardless of the approach, a strong abstract should clearly communicate the purpose, methodology, novelty, and key insights of your work.

Use of AI

Authors may use generative AI tools to improve readability or check alignment with abstract criteria, but *only with significant human oversight*. AI must *not* be used to generate original content, perform analyses, or replace critical thinking. Authors are responsible for reviewing and verifying any output, as AI can produce inaccurate but authoritative-sounding content. Abstracts must reflect the authors' own understanding and judgement.

Plagiarism policy

Submissions will be screened for plagiarism. Abstracts that contain unacknowledged copying or unattributed content will be rejected.

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Comparison of research types: quality improvement, qualitative and quantitative research

Quality improvement (QI), qualitative, and quantitative research each serve distinct purposes and use different methodologies to generate and apply knowledge in healthcare and scientific practice. This table provides a high-level comparison of these three approaches, highlighting their key differences in focus, methods, data types, and typical applications.

	Quality Improvement	***Qualitative***	***Quantitative***
Purpose	Describes systematic changes aimed to improve quality, safety, or efficiency in healthcare.	Explores experiences, meanings, social processes, or cultural perspectives.	Examines relationships, interventions, or processes by testing hypotheses.
Research Question	Often a practical problem in healthcare with a SMART aim for improvement.	Focuses on how or why a phenomenon occurs, often open-ended.	Seeks to establish quantifiable associations, causal mechanisms, pathways, or interactions.
Study Design	Interventions using QI methods (e.g., PDSA cycles, process mapping, Lean); may follow iterative continuous improvement cycles or occur in discontinuous phases, depending on context and constraints.	Can be exploratory, ethnographic (cultures and groups), phenomenological (lived experience), or case study. May be descriptive, employ an atheoretical framework, or use grounded theory (inductive approach—developing theory from data).	Structured observational (e.g., cohort, case-control, cross-sectional, time series) and experimental designs (e.g., RCTs, lab-based studies); may also include causal inference methods and computational modelling.
Population & Sampling	Context-dependent, may involve patients, staff, workflows. Often convenience or purposive sampling.	Purposive or theoretical sampling, often small sample sizes selected for depth.	Random, stratified, or systematic sampling, often large-N for power; controlled selection to isolate effects in laboratory science.

Data Collection	Uses observations, process audits, patient/staff feedback, performance metrics.	Open-ended data collection via interviews, focus groups, observations, document analysis.	Uses structured tools such as surveys, clinical measures, databases, experimental protocols.
Data Type	Mixed (qualitative & quantitative), often before-and-after measures.	Textual, narrative, observational (words, stories, transcripts, themes).	Numerical, coded, or statistical data (e.g., health codes, test scores, concentrations, gene expression)
Data Analysis	Run charts, control charts, descriptive statistics, process mapping, thematic analysis.	Thematic, content, discourse, or narrative analysis; coding and categorisation of concepts.	Statistical analysis (e.g., t-tests, ANOVA, regression, survival analysis, modelling, image quantification, simulations).
Findings Presentation	Change over time (e.g., before vs after intervention). Often uses graphs, tables, flowcharts.	Identifies themes, patterns, meanings, social context, often with participant quotes.	Numerical results, confidence intervals, effect sizes, visual data such as imaging or biomarkers.
Generalisability	Often context-specific, but findings may inform broader QI practices.	Transferability is prioritised over strict generalisability – findings apply to similar settings.	Typically aims for reproducibility and generalisability.
Discussion Focus	Sustainability, lessons learned, barriers to change, practical applications.	Interpretation of meanings, linking findings to theory, reflexivity (influence of researcher's beliefs, background or role on the research).	Statistical significance, biological pathways, scope of external validity, implications for clinical, policy, or translational research.
Best for Answering	"What changes can improve outcomes?"	"How do people experience or make sense of X?"	"Does X cause or correlate with Y?"

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Comparison of abstracts: QI, qualitative and quantitative

Abstracts for QI, qualitative, and quantitative research follow different conventions based on the nature of the study and the type of data collected. This table outlines how each type of abstract is structured, including differences in research aims, methods, results presentation, and conclusions, to help authors select the most appropriate approach when preparing their submissions.

	Quality Improvement (QI)	***Qualitative***	***Quantitative***
Focus	Practical implementation and measurable impact of interventions.	Interpretation of meanings, themes, and lived experiences.	Numerical data, statistical significance, and generalisability.
Title	Includes key terms to indicate an initiative to improve healthcare (e.g., quality improvement, safety, effectiveness, efficiency, equity).	Uses terms such as "ethnography," "thematic analysis," or "narrative inquiry" to indicate a qualitative study.	Specifies the study type (e.g., primary or translational, RCT, cohort study, meta-analysis).
Background	Defines the problem, summarises existing knowledge, identifies a gap to demonstrate the need for improvement, and states the SMART aim.	Defines the research question and significance, summarises existing knowledge, identifies a gap to clarify the study's contribution or novelty, and states the theoretical framework if applicable.	Defines the research question, summarises relevant literature, identifies a knowledge gap to establish novelty, and states the hypothesis or key objective.
Methods	Describes the QI approach (e.g., PDSA cycles, process mapping), intervention details, population and sampling, and measurement strategy (e.g., process, outcome, and balancing measures).	Specifies the qualitative methodology and research paradigm, sampling strategy, and data collection methods. Explains the analytic approach and	Specifies the study design (e.g., RCT, observational study, lab experiment), model or population, sampling or selection approach, data collection methods, and analysis techniques (e.g., statistical

		trustworthiness strategies (e.g., reflexivity, triangulation).	tests, modelling, or adjustments for confounders where applicable).
Results	Reports key outcomes with numerical data, visualised using run charts, graphs, or tables. Identifies unexpected findings and unintended consequences.	Presents key themes or patterns with interpretation. Includes illustrative quotes where appropriate. Highlights tensions or unexpected findings that inform the analysis.	Presents numerical data (e.g., means, percentages, effect sizes), reports statistical significance (e.g., p-values, confidence intervals), and/or visualises findings using tables, graphs, or experimental outputs (e.g., images or traces).
Discussion & Conclusions	Interprets key findings, discusses sustainability and spread, and acknowledges limitations. Suggests next steps for improvement.	Interprets findings in relation to the research question, theoretical framework and/or existing knowledge. Reflects on reflexivity, context, and transferability.	Summarises key findings, interprets results (e.g., causality, correlation, or mechanisms), considers generalisability or reproducibility, reflects on implications for practice, policy, or theory, and outlines directions for future research.
Key Considerations	Focus on implementation, measurable improvement, rigour, and feasibility.	Focus on depth of insight, trustworthiness, rigour, and capturing rich perspectives.	Focus on reproducibility, generalisability, rigour, and statistical validity.

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Quality improvement (QI) abstracts: structure & best practices

A quality improvement (QI) abstract should be structured, clear, and data-driven, effectively communicating the problem, intervention, results, novelty, and impact. A strong abstract follows the SQUIRE 2.0 guidelines to ensure clarity, reproducibility, and practical application, helping readers assess its relevance and feasibility.

Structure of a QI abstract

1. Title

- Keep it simple, clear, and relevant to the project or programme.
- Include key terms such as "quality improvement" to indicate the focus.
- Avoid hospital or unit names to maintain anonymity.

2. Introduction (Why did you start?)

- Clearly define the problem and its significance in healthcare.
- State the SMART aim (a specific, measurable, achievable, relevant, and time-bound goal).
- *Consider* summarising existing knowledge on the issue and explain why improvement is needed.
- *Consider* briefly explaining why a QI approach was most appropriate for addressing the problem, and, if relevant, reference any frameworks or guidelines that informed the project design.

3. Methods (What did you do?)

- Describe the study design and setting, specifying the QI methodology used (e.g., PDSA cycles, Lean, Six Sigma, process mapping) and the context in which the work was conducted.
- Outline the intervention, detailing the specific changes made, such as workflow modifications, new protocols, or staff training, and explaining how they were implemented.
- Identify the population and sampling strategy, specifying who was involved (e.g., patients, staff, unit) and the criteria used for selection.
- Define the measures used to assess impact, including process, outcome, and balancing measures, and explain why these were chosen.
- Describe the data collection and analysis process.

4. Results (What did you find?)

- Present numerical data where possible, such as percentages, differences in mean, and trends, to demonstrate measurable improvements.

- Report key outcomes, ensuring clarity on whether the intervention met its intended goals.
- Note any time gaps, restarts, or major changes to context or approach.
- *Consider* including supplemental run charts, graphs, or tables to visualise changes over time and illustrate the impact of the intervention.
- *Consider* presenting unexpected results or unintended consequences, whether positive (e.g., spillover benefits) or negative (e.g., unforeseen barriers or trade-offs).

5. Discussion & conclusions (What does it mean?)

- Summarise the key findings and how they relate to the original problem statement.
- If applicable, discuss significant implementation challenges and deviations from the initial plan, as well as insights gained from overcoming them.
- *Consider* discussing sustainability: Will the intervention last, and how will it be maintained?
- *Consider* suggesting the potential for spread: Can the intervention be adapted to other settings? Which settings?
- *Consider* acknowledging limitations (e.g., sample size, single-site study, data gaps).
- *Consider* suggesting next steps for further improvement or research.

Finalising your abstract

- Proofread for clarity and precision by checking for spelling, grammar, data, and formatting errors, and ensure your language is concise and professional.
- Seek feedback from colleagues, mentors, or co-authors to improve coherence, completeness, and readability.
- Check the submission guidelines to verify word limits, formatting requirements, and any specific instructions from the conference.

Takeaway: What makes a good QI abstract?

A strong QI abstract clearly defines the problem and SMART aim, outlines a structured intervention, and presents measurable results using relevant data. It should highlight the methodology used, report on process and outcome measures, and acknowledge implementation challenges, limitations, and unintended consequences. A good abstract demonstrates the real-world impact of the improvement and considers sustainability and potential for spread to other settings.

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References and additional resources for QI abstract writing

- Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0) Guidelines: The primary reporting guideline for QI studies. SQUIRE 2.0 outlines essential elements for describing healthcare improvement work, including context, intervention details, implementation, and learning. The link includes practical examples from published studies.
- EQUATOR guidelines: Reporting checklists for medical researchers
- ICMJE Recommendations: Guidelines for preparing abstracts and manuscripts for submission to a medical journal.

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Qualitative abstracts: structure & best practices

A qualitative research abstract should be structured, methodologically transparent, and insight driven. It should clearly articulate the research question, theoretical or methodological orientation, study design, data collection and analysis processes, key findings, novelty, and the study's contribution to understanding lived experiences, behaviours, or social processes in the context of health, illness, care, or health systems.

It should convey interpretive depth and demonstrate rigour of the approach. Common topics include patient and caregiver experiences, access to care, behaviours, practitioner perspectives, and service delivery.

A strong abstract demonstrates analytical depth and contextual relevance, typically contributing to practice, policy, or health equity.

Structure of a qualitative research abstract

1. Title

- Keep it simple, clear, and reflective of the study's focus.
- Indicate the qualitative nature of the research using terms like "ethnographic study," "thematic analysis," "grounded theory," "phenomenological study," or "narrative inquiry."
- Avoid hospital or unit names to maintain anonymity. However, consider briefly describing the study population or setting if anonymity is not compromised.

2. Introduction (Why did you start?)

- Clearly define the research question and its significance in healthcare, clinical, and/or public health contexts.
- Summarise existing knowledge and gaps, such as lack of patient or staff perspectives, poor understanding of lived experience, or limited insight into how care is delivered or received.
- Clarify why a qualitative approach is needed and aligns with the research aim (e.g., to explore how people experience, perceive, or make sense of a phenomenon that cannot be meaningfully quantified.)
- *Consider* specifying the guiding theoretical framework or research paradigm (e.g., constructivist, interpretivist, post-positivist).

3. Methods (What did you do?)

- Describe the qualitative methodology and study design (e.g., ethnography, thematic analysis, case study, mixed methods). *Consider* specifying the guiding research paradigm (e.g., constructivist, post-positivist).

- Define the population and sampling strategy, including eligibility, recruitment, and rationale for sample size.
- Outline the data collection methods, specifying techniques (e.g. semi-structured interviews, focus groups, participant observations, or document analysis) and the setting (e.g. clinic setting, community space, home visit). Include the researcher's relationship to the participants or setting, where relevant.
- Explain the approach to data 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 (e.g., member checking, reflexivity, triangulation).

4. Results (What did you find?)

- Present key findings as themes, concepts, or categories.
- Briefly interpret each theme and link to the research question or objective.
- *Consider* including supplemental tables of categories with illustrative examples from the data (e.g., by presenting categories with illustrative participant quotes to demonstrate coding).
- *Consider* highlighting any unexpected findings that may inform future research.

5. Discussion & Conclusions (What does it mean and why does it matter?)

- Explain the significance of the findings to demonstrate their relevance and impact.
- Discuss implications for clinical practice, service delivery, education, or health policy.
- *Consider* discussing the transferability of findings and providing context to help readers ascertain whether the findings may be relevant to other patient groups, settings or healthcare systems, while avoiding claims of generalisability.
- *Consider* acknowledging the study's limitations and critically reflecting on the role of reflexivity—that is, how the researcher's background, assumptions, positionality, and relationship to the research context (e.g., interview setting, participant selection, or theoretical framework) may have influenced data collection, analysis, and interpretation.

Finalising your abstract

- Proofread for clarity and precision by checking for spelling, grammar, data, and formatting errors, and ensure your language is concise and professional.
- Seek feedback from colleagues, mentors, or co-authors to improve coherence, completeness, and readability.

- Check the submission guidelines to verify word limits, formatting requirements, and any specific instructions from the conference.

Takeaway: What makes a good qualitative abstract?

A strong qualitative abstract is structured, insight-driven, and methodologically transparent. It should introduce the research question and rationale, briefly outline the study design and analytic approach, and present key findings with interpretive depth. Consider including strategies to support trustworthiness and illustrative quotes (either within the abstract or in a supplemental table) to bolster credibility. Findings should be clearly linked to practice, policy, or theory to emphasise their importance.

References and additional resources for qualitative abstract writing

- Standards for Reporting Qualitative Research (SRQR): A widely used framework that outlines essential elements for reporting qualitative studies, promoting clarity, transparency, and methodological coherence across different approaches.
- JARS-Qual: Developed by the American Psychological Association, JARS–Qual provides structured guidance for reporting qualitative, mixed methods, and qualitative meta-analytic research. It includes prompts to enhance rigour, reflexivity, and transparency in abstracts and full manuscripts.
- Consolidated criteria for reporting qualitative research (COREQ) : A 32-item checklist designed for studies using interviews and focus groups. COREQ is commonly required by journals and covers research team roles, data collection, and analysis. An editable checklist is available via the EQUATOR Network.
- EQUATOR guidelines: Reporting checklists for medical researchers
- ICMJE Recommendations: Guidelines for preparing abstracts and manuscripts for submission to a medical journal.
- Renjith V, Yesodharan R, Noronha JA, Ladd E, George A. Qualitative Methods in Health Care Research. Int J Prev Med. 2021 Feb 24;12:20. doi: 10.4103/ijpvm.IJPVM_321_19. PMID: 34084317; PMCID: PMC8106287.

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Quantitative abstracts: structure & best practices

A quantitative research abstract should be structured, precise, and data-driven, clearly conveying the research question, methodology, key findings, statistical significance, and novelty. A strong abstract demonstrates rigour and reproducibility, allowing readers to assess the validity and applicability of the research.

Quantitative research spans a particularly wide spectrum—from primary and translational research to clinical trials, population-level studies, biostatistics, and health economics—each with its own methodological and reporting norms. The guidance below provides a general framework, while the additional resources section includes links to tools that can help you tailor your abstract to your specific study type.

Trials in Progress (TIP): For ongoing trials at any stage that have not yet reached prespecified endpoints, submit as a TIP abstract. These should include typical title, introduction, and methods sections. However, TIP abstracts should ***not*** report any preliminary data or results. Inclusion of data/results will result in rejection. Any discussion or conclusion should be limited to showcasing the novelty, rationale, study design, anticipated contribution, and/or relevance of the trial. Avoid speculation or interpretation of unreported findings.

Structure of a quantitative research abstract

1. Title

- Keep it simple, clear, and relevant to the study.
- Indicate the quantitative nature of the study using terms such as "randomised controlled trial," "cohort study," "meta-analysis," or "associative analysis."
- Avoid hospital or unit names to maintain anonymity.

2. Introduction (Why did you start?)

- Define the research question and explain its clinical, scientific, or societal relevance.
- Summarise existing knowledge and identify a gap that this study addresses, to demonstrate novelty or contribution.
- State the key objective or hypothesis.

3. Methods (What did you do?)

- Specify the study design (e.g., RCT, cohort, lab experiment, modelling study).
- Describe the population or model system, brief inclusion/exclusion criteria, sampling approach, and sample size (including power calculation, if applicable).
- Specify data types collected (e.g., registry data, biomarkers, surveys, gene expression) and tools or instruments used.
- Define outcomes.

- Outline statistical methods (e.g., regression, ANOVA, survival analysis).

4. Results (What did you find?)

- Present numerical results (e.g., means, proportions, effect sizes) and statistical significance, if appropriate (e.g., p-values, confidence intervals). Avoid vague terms like "significant".
- *Consider* including figures, tables, and/or graphs to visually summarise findings.
- *Consider* highlighting unexpected findings that may warrant future study.

For trials in progress: omit the results section.

5. Discussion & Conclusions (What does it mean and why does it matter?)

- Summarise key findings and their relevance to the research question.
- Clarify whether results indicate correlation or causation, as appropriate to the study design.
- Avoid over-interpretation, and align directly with the results.
- *Consider* addressing limitations (e.g., sample size, bias, generalisability).
- *Consider* acknowledging generalisability and scope, noting where findings may or may not apply (e.g., by noting limitations in population diversity, healthcare system factors, regional differences).
- *Consider* discussing implications for practice, policy, scientific understanding, or future research.

For trials in progress: Do *not* include preliminary results, interpretations, or speculation. The discussion and conclusions should be limited to the study rationale, objectives, and design. You may note how the trial addresses an evidence gap or builds on previous research.

Finalising your abstract

- Proofread for clarity and precision by checking for spelling, grammar, data, and formatting errors, and ensure your language is concise and professional.
- Seek feedback from colleagues, mentors, or co-authors to improve coherence, completeness, and readability.
- Check the submission guidelines to verify word limits, formatting requirements, and any specific instructions from the conference.

Takeaway: What makes a good quantitative abstract?

A strong quantitative abstract is clear, structured, and data driven. It communicates the research question and hypothesis, outlines the study design and statistical methods, and presents key findings with appropriate significance measures. The abstract should

interpret results in context, acknowledge limitations, and briefly explain implications for practice, policy, or future research.

References and additional resources for quantitative abstract writing

- EQUATOR Network: A comprehensive repository of reporting guidelines for health research, including but not limited to:
    - CONSORT for reporting randomised controlled trials.
    - STROBE for observational studies.
    - SPIRIT for clinical trial protocols.
    - CHEERS for economic evaluations.
- JARS–Quant: Guidance for reporting quantitative studies in psychology, social sciences, and health research, including both experimental and observational designs.
- ICMJE Recommendations: Guidelines for preparing abstracts and manuscripts for submission to a medical journal.

The CONSORT abstracts checklist, reproduced in the table below, outlines the essential elements that should be included when reporting RCTs in journal or conference abstracts. While designed for RCTs, this may also serve as a useful checklist for other types of quantitative studies, if inapplicable items are omitted.

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Items to include when reporting a randomised trial in an abstract

ITEM	DESCRIPTION
TITLE	Identification of the study as randomised
AUTHORS*	Contact details for the corresponding author
TRIAL DESIGN	Description of the trial design (e.g. parallel, cluster, non-inferiority)
METHODS	
PARTICIPANTS	Eligibility criteria for participants and the settings where the data were collected
INTERVENTIONS	Interventions intended for each group
OBJECTIVE	Specific objective or hypothesis
OUTCOME	Clearly defined primary outcome for this report
RANDOMISATION	How participants were allocated to interventions
BLINDING (MASKING)	Whether or not participants, care givers, and those assessing the outcomes were blinded to group assignment
RESULTS	
NUMBERS RANDOMISED	Number of participants randomised to each group
RECRUITMENT	Trial status
NUMBERS ANALYSED	Number of participants analysed in each group
OUTCOME	For the primary outcome, a result for each group and the estimated effect size and its precision
HARMS	Important adverse events or side effects
CONCLUSIONS	General interpretation of the results
TRIAL REGISTRATION	Registration number and name of trial register
FUNDING	Source of funding

* This item is specific to conference abstracts

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Examples of accepted abstracts from UK Kidney Week

Reviewing previously accepted abstracts is one of the most effective ways to understand what makes a strong submission, as it shows how the guidance in this document translates into practice. The highest rated abstracts from past UK Kidney Week (UKKW) conferences are highlighted in dedicated sessions and exemplify clarity, structure, and impact. The full list of abstracts likely includes work similar to your own, so be sure to search the PDF using relevant keywords to find relevant examples you can learn from.

- UKKW 2024: Oral Presentation Abstracts
    - Best clinical abstracts – Pages 9-29
    - Best science abstracts – Pages 165-177
- UKKW 2023: Oral Presentation Abstracts
    - Best clinical abstracts – Pages 121-134
    - Best science abstracts – Pages 43-50
- UKKW 2024: Poster Abstracts
- UKKW 2023: Poster Abstracts