Guidelines for a Structured Abstract

Please follow these guidelines to prepare a structured abstract. Collaborate with your preceptor or reviewer as necessary to adapt the information in your abstract to the format shown in the gray box below.

- Print or type the information requested at the top of the form.
- Your abstract may not exceed 325 words.
- Type your abstract, single-spaced using 12-point type (for comparison, these instructions are an example of 12-point type). Leave about two space between type and the border of the abstract box on all sides.
- Use standard abbreviations. Place abbreviations in parenthesis after the full word the first time it appears. Use numerals to indicate numbers, except at the beginning of sentences
- Organize the body of your abstract using the heading and information described in the sample below.

CAPITALIZE ENTIRE ABSTRACT TITLE. Underline only presenting author's name.

Include institution, city state and country. Do not put degrees, titles and full addresses.

Objective: State the main question or objective of the study and the major hypothesis tests, if any.

Design: Describe the design of the study indicating, as appropriate, use of randomization, blinding, gold standards for diagnosis test and temporal direction (retrospective or prospective)

Setting: Indicate the study setting (hospital, clinic, community). Also include the level of clinical are (for example, primary or tertiary; private practice or instructional).

Patients/Participants: State selection procedures, entry criteria, and numbers of participants entering and finishing the study.

Interventions (if any: (Describe the essential features of any interventions, including their method and duration of administration.

Main Outcome Measure(s): The primary study outcome measures should be indicated planned before data collection began. If hypothesis being reported was formulated during or after collection, this fact should be clearly stated.

Results: Describe measurements that are not evident from the nature of the main results and indicate any blinding. If possible, the results should be accompanied by significance. For comparative studies, confidence intervals should related to the difference between groups. Absolute values should be indicated when risk changes or effect sizes are given.

Conclusions: State only those conclusions of the study that are directly supported by data, along with their clinical application (avoiding overgeneralization) or whether additional study is required before the information should be used in usual clinical settings. Equal emphasis must be given to positive and negative findings of equal scientific merit.