**Quality Improvement Research Abstract Requirements & Abstract Template** Version: 10-19-2022

Please review the instructions below and input your abstract text into the template at the bottom of these instructions Please upload this entire document in REDCap with your abstract submission. Thanks!

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| 1. **Formatting Your Abstract:** | * 300 Word Maximum (not including abstract headings such as BACKGROUND, OBJECTIVES etc, Title, Authors, or Primary Contact) * Times New Roman font size 12 * Single Spacing * Submit as Word Document (not PDF) * Use the following Abstract Headings (do not modify):   + BACKGROUND/SIGNIFICANCE   + OBJECTIVES   + IMPLEMENTATION   + PERFORMANCE IMPROVEMENT OUTCOME   + IMPLICATIONS FOR NURSING PRACTICE |
| 1. **Abstract Title, Authors and Primary Contact** | * Title—all lowercase except for first word * Authors- list all authors on abstract   + First name, last name, credentials   + Highest earned degree [Doctoral (PhD, DNP, EdD); Masters (MSN, MS, MA); Bachelor’s (BSN, BS, BA)]   + State Designations or National Certifications [ RN or ANP-BC ]   + Awards and honors: [FAAN (Fellow of the American Academy of Nursing)]   + Other recognitions: non-nursing certifications [ EMT etc.]   + **Examples:** **Jane Doe, MSN, RN, ACRN, FAAN  or John Doe, PhD, ANP-BC or Jane Doe, BSN, RN** * All authors should approve abstract content prior to submission * Primary Contact should be the same person submitting the abstract on REDCap. |
| 1. **General Abstract Content** | * Please do not use names of specific units and buildings in your title and abstract body   + Avoid “Lunder 7”; Preferred term: “inpatient neuroscience setting”   + Avoid “Medical Intensive Care Unit”; Preferred term: “ICU-setting”   + General terms like “ED setting” or “oncology research unit” are OK * Please do not use specialized names or community clinics   + Avoid “Corrigan Minehan Heart Center”; Preferred term: “cardiac care setting”   + Avoid “MGH Chelsea Healthcare Center”; Preferred term: “community clinic” * Abstracts must contain at least preliminary results, proposals with “data to be analyzed” are not permissible   + Not allowed: “Data collection ongoing, results to be presented in poster” OR “Data analysis is underway * Please do not include references or citations in the abstract * Please do not include graphs, tables or images |

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| 1. **Quality Improvement Abstract Exemplar:** |  |
| TITLE: Nurse-driven implementation of bubble CPAP in a Ugandan nursery  INVESTIGATORS: Jennifer Duran BS, RN  Primary Contact: Jennifer Duran BS, RN, [Jduran@mghihp.edu](mailto:Jduran@mghihp.edu), MGH Newborn ICU  BACKGROUND/SIGNIFICANCE: A leading cause of mortality in the low resource setting is respiratory compromise of the newborn. Bubble Continuous Positive Airway Pressure (bCPAP) has been identified as an effective intervention for respiratory distress. Nurse-driven implementation of bCPAP in the low resource setting has not been well studied.  Objectives: Implementation of bCPAP in a Ugandan nursery through a nurse-driven multi modal educational approach.  Implementation: In a Ugandan nursery thirty-eight healthcare workers (HCW) participated in bCPAP instruction. A pre-assessment was conducted with all learners to establish baseline knowledge. Initial instruction provided through didactic sessions that included pathophysiology, physical assessment utilizing the Respiratory Severity Scale (RSS) and bCPAP. An exam was conducted post lecture to evaluate understanding of concepts. Participants were divided into small groups to assemble bCPAP devices using instructional materials provided. A skills checklist was employed by the nurse instructor to assess accuracy of assembly. Post assessments were administered at the completion of the course and at three months post intervention.  Performance Improvement Outcome: Successful completion of the nurse driven didactic and practical sessions enabled learners to identify prospective patients who could benefit from bCPAP. Learners immediately identified four patients that met bCPAP criteria. Educational impact was demonstrated by ongoing incorporation of the RSS and physical assessment skills. Additionally, learners recognized contraindications to bCPAP and discontinued use appropriately.  Implications for Nursing Practice: Nurse driven education can be used to implement lifesaving therapies in low resource settings. Further research is needed to assess the educational impact on the sustainability of bCPAP and how this influences patient outcomes. | |
| 1. **Abstract Template** | **Following the instructions outlined in the sections above, please use the template on the next page to populate you abstract. Please upload this entire document as a single word document (not pdf) into REDCap with your abstract submission.** |



**The Yvonne L. Munn Center for Nursing Research**

**QUALITY IMPROVEMENT ABSTRACT TEMPLATE**

**Note: Please do not include references in your abstract**

**TITLE:**

**INVESTIGATORS (all authors including credentials, separated by commas):**

**Primary Contact (first and last name, credentials, email, unit or department of employment):**

**Please use the headings below to organize your abstract content. There is a MAXIMUM OF 300 words not including abstract headings.**

**BACKGROUND/SIGNIFICANCE:**

**Objectives:**

**Implementation:**

**Performance Improvement Outcome:**

**Implications for Nursing Practice:**