**Evidence Based Practice Abstract Requirements & Abstract Template** Version: 11-1-2023

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 PRACTICE ISSUE 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):   + PRACTICE ISSUE   + PICO QUESTION (**P**opulation/**P**roblem, **I**ntervention, **C**omparison, **O**utcome)   + METHOD FOR SYNTHESIS OF EVIDENCE   + RECOMMENDATION FOR PRACTICE 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. **Evidence Based Practice Abstract Exemplar:** |  |
| TITLE: Skin care guidelines: what is the evidence regarding topical agents on skin during radiation delivery?  INVESTIGATORS: Janet Umplett, BSN, RN, Cyndi Bowes, MSN, CNP, Virginia Capasso, PhD, APRN, Franchesca Carducci, BSN, RN, Gregory Conklin, RN, Lisa Philpotts, BSN, MLS  Primary Contact: Janet Umphlett RN, [jumphlett@partners.org](mailto:jumphlett@partners.org), Radiation Oncology  Practice Issue: Restrictions of type and time of application of topical agents to radiation treatment field were instituted in the 1970’s without scientific evidence. This restriction increases patients’ risk of skin breakdown, discomfort, and infection and is a source of anxiety for patients.  PICO Question: In adult patients undergoing radiation treatments (P), do topical agents (TA) on skin during dose delivery (I) compared to no TA (C) affect progression of skin reaction (O)?  Method for Synthesis of Evidence*:* A literature search was conducted in CINAHL, OVID Medline & OVID Nursing databases for peer reviewed English language research studies (1997-2019) regarding radiation dermatitis and effect of TA on surface dosing during radiation delivery. Key words included radiation, dermatitis, cream, emulsion, emollients, ointment. The John Hopkins Nursing Evidence-Based Practice tools guided the review. 14/95 articles were chosen for evaluation. 9/14 articles not directly related to use of TA on skin during treatment delivery were excluded. Five studies were eligible for inclusion: two Level l A, two Level l B, and one Level 5 B study. 3 studies involved pre-clinical evaluation via phantoms; 1 study used both phantom and mice; 1study was clinical. TAs tested: Aqueous cream, zinc oxide, metallic deodorant, silver sulfadiazine 1%, in varying thicknesses. No significant increase of skin dosing was seen in these studies except with a 3mm layer of zinc oxide. All five studies concluded that there is no increase of skin dosing with TA present on the surface.  recommendation for practice Outcome:These high-quality studies show strong evidence that there is no significant increase in skin dosing with moderate application of TAs (< 3 mm) thereby decreasing the likelihood of radiation dermatitis. Restrictions on the types and timing of application of skin care products to the treated area should be omitted.  Implications for Nursing Practice:Review findings with radiation oncology collaboratives. Develop policies/procedures for approval. Conduct QI project to evaluate patient experience/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**

**EVIDENCE BASED PRACTICE ABSTRACT**

**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.**

**Practice Issue:**

**PICO Question: (P**opulation/**P**roblem, **I**ntervention, **C**omparison, **O**utcome)

**Method for Syntesis of Evidence:**

**recomMendation for practice Outcome:**

**Implications for Nursing Practice:**