GUIDANCE ON WRITING A HIGH-QUALITY ABSTRACT

This Guidance should be taken into account alongside the Call for Abstracts in respect of submissions for the APAGBI 2026 ASM.

Thank you for your interest in contributing to the 2026 APAGBI Annual Scientific Meeting. This premier event provides an excellent platform to share your work, and we warmly invite submissions in one of four key areas:

- **Original Research**: Studies advancing knowledge and understanding in paediatric anaesthesia.
- **Quality Improvement (QI)**: Projects enhancing clinical care, safety, and outcomes.
- **Education and Training**: Innovations and evaluations that improve learning and professional development.
- **Case Reports/Series**: Clinical case presentations highlighting unique or challenging scenarios.

We are committed to highlighting high-quality abstracts that reflect the depth of expertise, innovation, and dedication within paediatric anaesthesia. Please ensure all references adhere to the Paediatric Anaesthesia journal's guidelines for consistency and professionalism. This event serves as a premier platform to present the latest advancements and insights in our field, and we look forward to celebrating your valuable contributions

GENERAL CONSIDERATIONS

Abstracts should be well written in clear plain English and formatted according to the guidance below. The reader should be able to clearly identify why the work was carried out, how the work was carried out, what the results were and what conclusions the authors feel should be made from this. The language should be succinct and word limit (450 words) kept to, extensive bibliographies are not necessary and meaning should be clear. A single graphical image may be included. This will not affect the word limit. Images included in the abstract should be simple, illustrative of the text and clear in meaning. Photographs, overly complex diagrams or images containing more than a minimal amount of text will be rejected. Jpeg files, or .doc files are preferred.

Authors must confirm that appropriate ethical review and approvals were considered and obtained where required. For case reports and case series, authors must confirm that informed consent was obtained from the patient or, where applicable, a parent or legal guardian or carer, particularly where information may be identifiable or where images are included. Where Health Research Authority review is required, authors should confirm that HRA approval has been obtained prior to submission

Declaration of AI use (permitted with transparency)

Authors must declare any use of artificial intelligence (AI) tools in the development of the abstract or any accompanying figure. AI tools must not be used to generate substantial portions of the abstract text. Limited use may be acceptable for grammar and spelling checks, and for the creation of illustrative graphics or infographics, provided this is transparently declared. AI tools must not be used to generate, transform, or embellish graphical representations of study data or results. Appropriate statistical or data science methods and software should be used for data analysis and data visualisation

ABSTRACT TYPES

Original Research

Research can take multiple forms; what unites them is an explicit intention to generate knowledge that is generalisable beyond the immediate study setting, supported by a prespecified and methodologically coherent design. Submissions should be anchored in a clearly articulated research question or hypothesis, with clear alignment between the question, the design, the outcomes, and the analytic strategy. Suitable study types include randomised controlled trials, observational studies, translational science, diagnostic test evaluation, prediction modelling, and systematic reviews with or without meta analysis.

High quality research abstracts should make the underlying knowledge claim explicit and internally consistent. Authors should ensure coherence between the epistemological aim of the work, for example causal inference, prediction, or description, and the chosen methodology and analytic approach. Authors should also be clear about the ontological status of key constructs, including whether outcomes reflect physiological measures, proxy indicators, clinician assigned classifications, or patient reported constructs, and should justify measurement choices accordingly. Authors should state whether the work is prospective or retrospective and whether it represents a primary study or secondary analysis, with transparency where analyses are exploratory or post hoc. Methods should include sufficient detail to judge internal validity, including eligibility criteria, outcome definitions, and the statistical approach, with appropriate consideration of confounding, bias, and missing data. Conclusions should remain proportionate to the design and explicitly bounded by its limitations.

The following elements are essential for a high-quality research abstract:

- The question being addressed should be clearly stated.
- The methodology should be appropriate to the question being answered. Aspects such as sample size should be justified.
- The results should be clearly stated. This should include statements of residual uncertainty such as confidence intervals.
- When results are based on a secondary analysis, such as subgroups, or outcomes other than the primary objective of the study, this should be stated.
- Any conclusions should be justified by the data given.

Research abstracts should be submitted in the format:

- **Introduction**
- **Methods**
- **Results**
- **Discussion or Conclusion**

Quality Improvement

Quality Improvement is a structured, pragmatic approach to improving patient care by identifying a specific problem in current practice, implementing an intervention designed to address it, and evaluating whether the change delivers measurable improvement over time. It is particularly important in paediatric perioperative care, where safety, consistency, and reliability often depend on the performance of the wider system, including pathways, teams, and processes, rather than individual clinical actions alone. Unlike research, QI projects aim to improve the quality of care within a given system (department, hospital, health service) rather than reach conclusions which can be generalised to all patients.

For example: asking 'is use of a penile block associated with lower pain score after circumcision' is research: asking 'how can I improve pain relief in patients undergoing circumcision in our day care unit' is a QI project. If the outcome of the project is more penile blocks and better analgesia this may encourage doctors in other units to perform penile blocks, but this was not the objective of the project and may not be the only outcome.

For QI submissions, authors should describe the improvement methodology underpinning the work, including how change was conceived, implemented, and evaluated within the local system. Abstracts should specify the aim, baseline performance, the intervention and theory of change, the approach to iterative testing and refinement, and the selection and analysis of process and outcome measures over time

Guidance on high quality QI projects can be found at:

https://www.apagbi.org.uk/science/quality-improvement

When judging abstracts more points will be given for:

- Projects encompassing a complete, and ideally several, PDSA cycles.
- Projects which contain some thought about the process of producing change through education, resources or other means.
- QI which is integrated into clinical practice rather than short term directed audit projects.
- A larger number of subjects does not of itself produce a better project, but numbers should be adequate for the stated objective
- Appropriate use of statistical methodologies and data collection.

QI abstracts should be submitted in the format:

- **Background**
- **Problem**
- **Strategy for change**
- **Measure of improvement**
- **Lessons learnt**
- **Message for others**

Education and Training

The educational section is primarily intended for educational initiatives aimed at anaesthetists and other health professionals and students. Abstracts may cover any topic related to healthcare professions education within the scope of practice of paediatric anaesthesia and paediatric perioperative medicine. Educational initiatives aimed at patients, families, or the general public may also be considered, however these may be better submitted as Quality Improvement projects.

For Education and Training submissions, authors should report outcomes that demonstrate educational impact. Abstracts should be completed using the structured fields provided in the online submission portal. Where feasible, outcomes should include objective assessment measures, for example knowledge, skills, behaviours, or performance outcomes, rather than descriptive feedback alone. Authors are encouraged to describe the educational rationale underpinning the intervention, the target learner group, the setting, and how the educational need was identified. Methods should specify the educational design and evaluation approach, including assessment instruments, timing of measurement, and how outcomes were analysed. Where relevant, authors should indicate how the initiative addresses feasibility, acceptability, and sustainability, and whether it has potential for wider application across centres.

Scoring criteria and considerations when judging abstracts:

- Clarity - the educational objective is clearly identified
- Choice of approach – appropriate methodology used for the project
- Relevance and importance of the topic o Improved educational outcomes can be demonstrated
- Originality, including appropriate and innovative use of technology
- The initiative has potential to be more widely applied
- The initiative builds upon current knowledge of best practice in education

Case Reports and Case Series

Case reports and case series can be a powerful vehicle for clinical learning and, for rare conditions or uncommon perioperative scenarios, may represent the only feasible approach to describing presentation, decision making, management, and outcome. Submissions should foreground what is genuinely novel or instructive, whether this relates to an unusual diagnosis, atypical physiology, unexpected complications, complex multidisciplinary planning, or an innovative management strategy that is transferable to similar cases.

Authors should provide sufficient clinical context to allow readers to understand the rationale for key decisions, including relevant baseline features, the salient perioperative problem, the management plan, and the clinical course, while avoiding unnecessary detail that does not inform the learning points. Emphasis should be placed on the lessons learnt and their practical implications for paediatric anaesthesia, including reflective discussion of what could have been done differently, what risks were anticipated, and how unanticipated events were recognised and managed. Where appropriate, authors should briefly relate the case to existing literature or guidance to clarify how the case challenges, extends, or reinforces current practice.

Where information presented is potentially identifiable, or where any patient images including radiographs are included, authors must state explicitly that informed consent was obtained from the patient or, where applicable, a parent or legal guardian or carer. In most circumstances, this will apply to all single case presentations and small case series.

KEY CONSIDERATIONS FOR HIGH-QUALITY ABSTRACTS

To ensure the submission of high-quality abstracts, authors are encouraged to consider the following core elements:

- **Originality and Significance**: Abstracts should introduce innovative concepts, methodologies, or approaches that advance knowledge in paediatric anaesthesia or related disciplines. Submissions should address significant clinical or research challenges, contest existing paradigms, or propose solutions with the potential for transformative impact. Authors are encouraged to consider the epistemological underpinnings of their work, ensuring that the methods and findings contribute meaningfully to the broader framework of knowledge and understanding within the field.
- **Category-Specific Focus**: For submissions in **Quality Improvement (QI)**, ensure a clear description of the identified problem, intervention strategies, and measurable outcomes. **Education and Training** abstracts should highlight novel approaches or tools that advance professional learning and practice. **Case Reports/Series** must articulate the value of unique, challenging, or rare clinical cases, providing actionable insights or advancing understanding within paediatric anaesthesia.
- **Scientific Rigour and Data Integrity**: Clearly articulate your methodology, including study design, sample size, and data analysis. Emphasise statistical robustness by using appropriate techniques and measures, such as confidence intervals, to validate your findings and enhance reliability.
- **Clarity of Conclusions**: Conclusions must be explicitly stated, directly supported by the data, and avoid overstated claims. Ensure they are succinct and aligned with the objectives of the work, reflecting the data's scope and impact.
- **Abstract Quality**: Abstracts should be meticulously structured, with logical flow and professional language. Attention to grammar, spelling, and typographical precision is essential to maintain the credibility of the submission. A clear and concise presentation ensures reviewers focus on content rather than technical flaws.

We look forward to receiving your submissions and showcasing your valuable contributions to the field of paediatric anaesthesia at this year’s conference.

Dr. Johnny Kenth
Chair, APAGBI Scientific Society
scicom@apagbi.org.uk