

GUSOM Independent Study Project (ISP) Structured Abstract Author Instructions

Abstract Length:

Word limit should be between 300 -500 words, not including the title or author information. Your content may be more or less detailed than the samples listed below, depending on your results.

Section Headings of the Abstract:

Background
Objective(s)
Materials and Methods
Results
Conclusions
Author Supplied Keywords

Formatting:

Document Types: Microsoft Word (not saved as a pdf)

Title: See sample abstracts

Author Names: Include the names and affiliations of all authors involved in the study. Author names should be in the following format: First name, (middle initial, if used), last name

Font: Times New Roman, 12 pt.

Section Headings: All Caps

Line Spacing: No spaces within each section, double space between sections

Paper Margins: 1 inch on all sides

Description of Section Headings:

BACKGROUND:

- Explain prior research or the situation and its context.
- Address your investigation and the importance of the research. The first sentence of your introduction should convey the overall impact of the study to the particular field of research.

OBJECTIVE(S):

- Describe the focus, purpose and/or hypothesis of the research.

MATERIAL AND METHODS:

- Discuss the study setting, populations/participants/subjects.
- Describe the intervention, program, or practice, including details of administration and duration, research design, and the methods for collecting and analyzing data.

RESULTS:

- Provide a critical synopsis of the findings of the study, using key data to demonstrate the outcomes.

CONCLUSIONS:

- Report conclusions, recommendations, and limitations based on findings
- Provide a short explanation of how the findings relate to the aims, and present evidence of the findings from your methods to support the implications of your study and the field of research to which the study is aligned.

AUTHOR SUPPLIED KEYWORDS:

- Supply 4-6 keywords or terms for indexing purposes. These should represent the main concepts within your research.

Questions?

Please contact Dahlgren Librarians at dmlreference@georgetown.edu for further help with the ISP Structured Abstract.

Sample Abstracts

Case Series Sample

Spontaneous pneumomediastinum: is a chest X-ray enough? A single-center case series.

AUTHORS:

Yaacov Esayag¹, Victoria Furer¹, and Gabriel Izbicki¹²

¹Department of Internal Medicine and ²Pulmonary Institute, Shaare Zedek Medical Center and Hebrew University Medical School, Jerusalem, Israel

BACKGROUND:

Spontaneous pneumomediastinum is a rare entity that usually occurs in young males without any apparent precipitating factor. Several case series have been published focusing on clinical features, workup and prognosis. Due to the rarity of this entity, there is no consensus on the most appropriate treatment.

OBJECTIVES:

To describe the clinical characteristics and course of patients with spontaneous pneumomediastinum in our institution.

METHODS:

This retrospective descriptive study was based on a review of the charts of all patients discharged from our hospital with a diagnosis of SPM during the period 2000 to 2007. Thirteen patients were identified and information on their clinical presentation, course, hospital stay, investigations and outcome was gathered.

RESULTS:

In 70% of patients the presenting complaint of SPM was pleuritic chest pain, while 30% of patients developed SPM in the course of another respiratory illness. Subcutaneous emphysema was the most common clinical finding (46%). Chest X-ray was diagnostic in 12 of 13 patients, and additional tests such as esophagogram and echocardiogram were unrevealing. Leukocytosis and electrocardiographic changes in inferior leads were seen in 30% of patients. Mean hospital stay was 48 hours, treatment was supportive, and symptomatic improvement was usually noted within 24 hours. No recurrences occurred.

CONCLUSIONS:

SPM is a rare entity that should be considered in patients with pleuritic chest pain. Treatment is supportive, and if no clues for esophageal rupture are present, investigations other than chest X-ray are probably not warranted. It is safe to discharge the patient within 24 hours provided that symptomatic improvement is achieved.

AUTHOR SUPPLIED KEYWORDS:

spontaneous pneumomediastinum, X-ray, pleuritic chest pain, dyspnea, subcutaneous emphysema

Find in PubMed: <http://www.ncbi.nlm.nih.gov/pubmed/18847153>

Clinical Trial Sample

Portable video media for presenting informed consent and wound care instructions for skin biopsies: a randomized controlled trial.

AUTHORS:

April W Armstrong¹, Ali Alikhan², Lily S Cheng¹, Clayton Schupp¹, Charley Kurlinkus¹, and David B Eisen¹

¹Department of Dermatology, University of California Davis and ²Department of Dermatology, Mayo Clinic

BACKGROUND:

In fast-paced dermatology clinics, the process of obtaining informed consents for biopsies and providing postprocedure instructions may be incomplete and inconsistent.

OBJECTIVES:

To compare effectiveness of video-based education with that of verbal education for giving informed consent and providing postprocedure wound care instructions in patients undergoing skin biopsies.

METHODS:

In this randomized controlled trial, participants were randomized to receive either video education on portable video devices or conventional verbal instructions regarding skin biopsies. Participants completed a skin-biopsy knowledge assessment, patient satisfaction assessment and evaluation of educational medium. Main outcome measures were differences in the changes in the prestudy and poststudy knowledge assessment scores, patient satisfaction and evaluation of the educational medium.

RESULTS:

Eight-four patients undergoing skin biopsies at the University of California Davis dermatology clinic participated in the study. Participants in the control group had a nonstatistically significant increase in knowledge score (mean \pm SD 1.12 \pm 1.74), whereas those in the video group had a statistically significant increase in knowledge score (mean \pm SD 1.55 \pm 1.71). The difference in knowledge scores between the video and verbal groups was not statistically significant. Participants in both groups were highly satisfied with the biopsy education. On a 10-point scale, the mean \pm SD usefulness and appeal of the videos were 9.01 \pm 1.5 and 9.01 \pm 1.66, respectively.

CONCLUSIONS:

Our study demonstrated a significant increase in knowledge score following video education, but not following oral education. Although between-group comparisons did not achieve statistical significance, portable video media for presenting informed consent and wound care instructions for skin biopsies appear to be more effective and result in higher satisfaction than traditional oral education.

AUTHOR SUPPLIED KEYWORDS:

Informed consent, patient education, portable video media, randomized control trial, video education

Find in PubMed: <http://www.ncbi.nlm.nih.gov/pubmed/20977443>

Case Report Sample

The rare case of an intramedullary cervical spinal cord teratoma in an elderly adult: case report and literature review.

AUTHORS:

Samer Ghostine^{1,2}, Edward Perry¹, Shoshanna Vaynman³, Ravi Raghavan⁴, Karen A Tong⁵, Srinath Samudrala³, J Patrick Johnson³, and Austin Colohan¹

¹Department of Neurosurgery, Loma Linda University Medical Center, ²Department of Neurosurgery, Cedars-Sinai Medical Center Los Angeles CA, ³Institute for Spinal Disorders, Cedars-Sinai Medical Center Los Angeles CA, and Departments of ⁴Pathology and ⁵Radiology, Loma Linda University Medical Center

BACKGROUND:

Cervical intramedullary teratomas are extremely rare in adults, especially in patients older than 50 years.

OBJECTIVES:

To report the very rare case of a mature intramedullary teratoma with exophytic extension localized to the uppermost cervical spinal level in a 65-year-old woman and review the pertinent medical literature.

METHODS:

The patient presented with progressive ataxia, mild bilateral kinetic hand tremors, and dizziness. Magnetic resonance imaging revealed an intramedullary 1.7 x 1.3 x 2.3 cm mass at C1 with exophytic extension. A C1-C2 laminectomy and a partial suboccipital craniotomy were performed, followed by a subtotal microscopic resection of the tumor. Pathology was consistent with a mature teratoma.

RESULTS:

After surgery, the patient's ataxia, tremor, and dizziness resolved almost immediately.

CONCLUSIONS:

This report presents the very rare case of a mature intramedullary teratoma located in the upper cervical spine of an elderly patient, possibly the oldest patient documented with this type of lesion. The authors recommend a conservative subtotal surgical resection of cervical intramedullary tumors because it may improve symptoms that relate to direct mechanical cord compression and avoid further harm from a gross resection.

AUTHOR SUPPLIED KEYWORDS:

Cervical vertebrae, laminectomy, magnetic resonance imaging, spinal cord neoplasms, teratoma, case report

Find in PubMed: <http://www.ncbi.nlm.nih.gov/pubmed/20010388>