

## **Association of Anaesthetists online abstract submission process guidance**

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## Consent/approvals

You should ensure that you obtain the relevant consent and approvals **before** submitting your abstract. ALL work must have received the appropriate approval. In the UK, this may be by the Research Ethics Committee (REC) for studies deemed to be 'research', and/or the Trust Research & Development (R&D) Dept, Audit Dept or Caldicott Guardian (the latter to vouch for confidentiality of patients' information) for other types of studies.

(Outside the UK, the REC equivalent e.g. Institutional Review Board (IRB) is required). Please contact the Association Secretariat via email ([secretariat@aagbi.org](mailto:secretariat@aagbi.org)) if there are any difficulties.

Submission of a case report requires the written consent of the subject to publication, using this specific form [link >>](#). Please do not submit this document together with your abstract, but note that you will be asked to declare that consent has been obtained when you submit, and you may be asked to provide the signed form as evidence at a later date. If it is not possible to seek such consent (or the assent of the next-of-kin if the patient has died), you should contact ([secretariat@aagbi.org](mailto:secretariat@aagbi.org)) to seek further advice

It is not necessary to include a statement about ethical/other approval or consent, since this information will be automatically added to your abstract through your responses given on the first submission screen.

**You may be asked for more information during the assessment of your abstract. If you do not have the required consent or approvals, your abstract will not be accepted to the conference.**

## Abstract title

The title of your abstract should be written in sentence case and no longer than 300 characters. If you are submitting a case report abstract, the title should not include the phrase "A Case Report".

## Abstract text

Your abstract should be formatted using the formatting and editing toolbar. All abstracts must be written using the following format:

**Audit & quality improvement, NELA, original research, safety and survey** abstracts should: Start with an untitled introductory paragraph and be followed by the following sub-headings (in bold)

**Methods**

**Results**

**Discussion**

**Acknowledgements**

**References** (maximum of three)

References should be cited within the body of the abstract, using the following format [1], [2]. Superscript references should not be used.

**A case report** abstract should:

Start with an untitled introductory paragraph and be followed by the following sub-headings in **bold**.

**Description**

**Discussion**

**Acknowledgements**

**References** (maximum of three)

References should be cited within the body of the abstract, using the following format [1], [2]. Superscript references should not be used.

Please ensure that all sub-headings are in sentence case and not followed by a full-stop, colon etc

Methods  METHODS: 

## Abstract requirements

The maximum length of an abstract is 2500 characters (including spaces); this count excludes the abstract title and references.

- Include an untitled introductory paragraph
- Sub-headings should be in bold font
- One paragraph ONLY for each section
- Single line space between paragraphs
- Only ONE table or figure, in the correct format (see [journal guidance for authors](#))
- All numbers that start a sentence are spelled out
- A maximum of TWO references only

## Common errors

Please ensure that you follow to guidance below regarding correct spelling and formatting.

Common errors	Correct version	Comments/exceptions
Abstract title	Should be in sentence case <b>NOT</b> with Every Word Capitalised	
Names in abstract titles	Author and co-author names should <b>NOT</b> be included in the abstract title	

Common text errors	Correct version	Comments/exceptions
Emergency Department (non-specific)	emergency department	
Emergency Department (named hospital)	Emergency Department	
Intensive Care Unit (non specific)	intensive care unit	'ICU' is acceptable
Intensive Care Unit (named hospital)	Intensive Care Unit	'ICU' is acceptable
Coronary Care Unit (non specific)	coronary care unit	'CCU' is acceptable
Coronary Care Unit (named hospital)	Coronary Care Unit	'CCU' is acceptable
District General Hospital (non specific)	district general hospital	'DGH' is acceptable
District General Hospital (named hospital)	District General Hospital	'DGH' is acceptable
never events	Never Events	
Caesarean	caesarean	
Numbers 1-10	one, two etc	except (e.g.) 5 ml
Common text errors	Correct version	Comments/exceptions
Numbers over 10	always numbers	
1st, 2nd, 3rd etc	first, second, third	
Mr X, Mrs Y	The patient	The abstract should be completely anonymised
When using colons	There should be a space after use of a colon: followed by the first word in lower case	

Common spelling errors	Correct version	Comments
preoperative	pre-operative	
perioperative	peri-operative	
intraoperative	intra-operative	
post-operative	postoperative	
postdural	post-dural	
anaesthetize	anaesthetise	
specialize	specialise	
anesthesia	anaesthesia	(unless, e.g., the journal <i>Anesthesia &amp; Analgesia</i> )
hemorrhage	haemorrhage	

References	Correct version	Comments
	journal titles should be in full	If there are 6 or more authors then the first 3 should be listed followed by 'et al.'. If there are 6 or fewer, then all can be listed

Images and tables	Correct version	Comments
Small text included in tables	Text within tables should be a legible size when shrunk	
Poor quality images or dark images	Images should be of a good quality	Poor quality images do not improve the quality of your abstract. Be wary of dark images

## Images and tables

Only one table **or** one image is allowed within your abstract. The table or image will be reduced in size when published. We recommend that a maximum of 15 rows are used when creating tables due to the legibility when published. Images should only contain a single image and should not be a collation of several images. (see [journal guidance for authors](#))

## Tables

Please ensure that your table has a caption **ABOVE** the table. All parametric data should be mean (SD); non-parametric data should be median (IQR [range])

*To insert a table:*

- A table can be inserted anywhere within the text of an abstract.
- Place the cursor at the position where you wish to insert the table and click on the button "Insert table". The text <table##> will appear between brackets at that position e.g. You have just defined where you want the table to be placed; next you can create the table.
- Scroll to the bottom of the screen, click the 'Tables' button and then click on the hyperlink to build your table.

## Images

Please ensure that image has a caption **BELOW** the image

*To insert and image*

- Place the cursor at the position where you wish to insert the image and click on the button "Insert Image". The text <image##> will appear between brackets at that position e.g. You have just defined where you want your 'image' to be placed; next you can insert the image.
- Scroll to the bottom of the screen, click the images button and click on the hyperlink to upload the image.

*Image submission notes/requirements*

- The required format for any images is jpeg, tif or gif files (not to exceed 500KB). Please note that any files uploaded in a .doc (Word), .ppt (PowerPoint), .xls (Excel) or any other format not mentioned above, will not be accepted.
- Note: Any images uploaded in colour may be published in black and white.
- When uploading an image it may appear larger in the abstract preview; all images will be rescaled by the publisher when producing the online supplement.

*Reviewing/revising the table or image*

- If you would like to see how the table or image will appear in your abstract, click on the "Preview..." button
- Make a note of any changes you would like to make
- Press the "Tables..." or "Images..." button to edit the table or image and amend as required.

## References

References included in the reference section must be cited within the body of the abstract text e.g. [1], [1, 2]. Only two references are permitted.

### Reference format

- ALL references have ALL the authors unless more than seven (give first three only then 'et al.')
- ALL journals spelled out in full in references
- ALL references have volume no and year (see [journal guidance for authors](#))
- ALL reference page numbers given e.g. 123-4, not just 123

#### Example reference

1. Name A, Name B. Title here. *Journal name in full please* 2003; **22**: 123-4.

### Adding co-author details

As the submitting author your details will be automatically saved as a presenting author. Please ensure that you can add the details of all the co-authors associated with your abstract, as any co-author not listed on your abstract will not be cited in any publication. A maximum of 9 co-authors is permitted per abstract.

You should click save after the addition of every co-author.

## Previewing and revising your abstract

Your abstract will be saved in your profile area every time you click 'next' and can be viewed by clicking the 'preview' button. Please note this does **not** submit your abstract for review. You will be able to edit your abstract up until 23:59 on the deadline date. Any late submissions will not be accepted.

## Submitting your completed abstract

Before final submission of your abstract, you should:

- Verify that your abstract is correct by clicking 'Preview'.
- Ensure that spelling is checked and all authors are listed before final submission
- Ensure that all text is included in your abstract (especially if you have copied your abstract in to the system). If you are over the 2500 maximum character count (including spaces) any extra text will not automatically be added to your abstract
- Review the submission terms and conditions and check the acceptance box
- **You must click on 'Finish' in the final summary page to submit your abstract.**

If you check the box to submit another abstract you will be taken back to start the submission form again.

You will receive email confirmation that the abstract has been submitted and a link to the abstract submission profile area. You will be able to log in and edit your abstract up until 23:59 on the deadline date.

## Abstract FAQ's

For a list of frequently asked questions please click [here](#)

## Abstract scoring guide

The scoring criteria for assessing abstracts can be found [here](#). You are strongly encouraged to look at the scoring guides when preparing your submission.

All submitted abstracts will go through a peer review process carried out by the shortlisting panel. All abstract review decisions are final. Because of the timeline, there is no appeals process or opportunity to resubmit once an abstract is rejected. The top scoring abstracts will be invited for oral presentation (Annual Congress and Trainee Conference only); the remaining successful authors may be invited to present a poster.

Authors of submitted abstracts are blinded to the assessors and the assessors are required to highlight any competing interests during assessment. Association of Anaesthetists Board/Education Committee members and Faculty are excluded from assessing/judging any abstracts, and from chairing/judging sessions that include any abstracts, of which they are a co-author.

## Publication clarification

It is the submitters' responsibility to ensure that your abstract is not published by more than one source. Abstracts cannot be published in the online supplement of *Anaesthesia* if they have been previously published in a journal, letter or other online source. You **MUST** declare if your abstract has been submitted to another conference or meeting and confirm if it has or will be published by another source. Please ensure that you declare previous or potential publication upon submission of your abstract and contact [secretariat@aagbi.org](mailto:secretariat@aagbi.org). It is your responsibility that your abstract is not double published.

Below is some publication clarification.

Can my abstract be submitted or published by the Association of Anaesthetists?	Answer
Your abstract has never previously been submitted to another meeting.	Yes, you can submit your abstract and if accepted, it <b>CAN</b> be published in the online supplement of <i>Anaesthesia</i> .
Your abstract has been accepted to another meeting, but has <b>NOT</b> been published	Yes, you can submit your abstract and if accepted, it <b>CAN</b> be published in the online supplement of <i>Anaesthesia</i> . Presenters should ensure that a declaration of previous presentation is added to their oral presentation or poster.
Your abstract has been accepted to another meeting and <b>HAS been (or is going to be)</b> published in a journal, conference programme or other online source	Yes, you can submit your abstract but if accepted, it <b>CANNOT</b> be published in the online supplement of <i>Anaesthesia</i> . The Association of Anaesthetists are unable to publish your abstract if it has been published elsewhere or is going to be, e.g. as an abstract, letter or full paper in a journal or website.  If the work has been accepted by a journal in any form (including a letter), it must not be published (in print or online) before this abstract is presented. Publication <b>AFTER</b> the meeting <b>MUST</b> acknowledge and refer to the presentation.  Presenters should ensure that a declaration of previous presentation is added to their oral presentation or poster.
Your case report has been accepted for publication in <i>Anaesthesia Cases</i>	No, your abstract <b>CANNOT</b> be submitted to an Association of Anaesthetists meeting.
Can I submit a full article for publication after the abstract has been published in online supplement of <i>Anaesthesia</i>	Yes, you <b>CAN</b> submit your full article for publication in a journal after the publication of your abstract. Authors should declare the original publication of the abstract in the author declaration section.

## Abstract submission issues

If you have any issues submitting your abstract, please contact [secretariat@aagbi.org](mailto:secretariat@aagbi.org) or telephone 020 7631 1650 (option 3).