You are required to read the following guidelines and instructions before submitting your abstract:

- All submissions are to be emailed to carmel@kidneys.co.nz
- There will be no hard copy submissions.
- There is no limit to the number of abstracts an author can submit; and it is NOT compulsory to be a member of the RSA.
- There is no fee for submitting an abstract.
- All abstracts will be blind-reviewed by the RSA NZ Committee. All reference to author names and organisations is to be excluded from abstracts, including abstract titles.
- Abstracts are to be submitted no later than Friday 30th August 2018.
- Authors will receive a written notification from the Symposium Coordinators informing about the status of their submission on Friday 14th September 2018.
- Presenters whose abstracts are accepted within the Symposium Program must confirm the offer to present their abstract by registering for the Symposium no later than one week from acceptance of their abstract submission.
- Presenting authors must attend the Symposium to deliver the oral presentation; otherwise the presentation will be withdrawn. Presenting authors are also required to register and pay to attend the Symposium. Presenters are to register either for the day or for the full Symposium and will be offered a rate equivalent to the early bird rate.
- Presenters are responsible for their own travel, accommodation and incidentals in respect to attending the Symposium.
- Successful abstracts will have ONE nominated presenter and only in exceptional circumstances will there be more than ONE PRESENTER approved by the Chair of the RSA NZ Committee for each presentation. The abstract must be presented by the specified presenting author. Proxies will not be permitted except in an emergency.
- The submitting author should be the presenting author. The person lodging the abstract will be the main point of contact for any correspondence regarding the presentation he/she has submitted.
- The presenter’s name only will be included in the program; co-authors’ names will be published in the RSA Journal Supplement. Names and affiliations provided will be copied directly into the Supplement.
- Should co-authors require a confirmation letter regarding their paper being presented, they can request a letter from the Symposium Coordinator.
- By submission of an abstract, the author(s) transfers copyright ownership to the Symposium Coordinator for publication in the program and any related professional publication.
- No full papers are required.
- All oral presentations must be in English.
- The RSA NZ Committee reserves the right to accept or refuse any abstract.
- The RSA NZ Committee reserves the right to allocate a session time or a presentation type.

Disclaimer

- The invitation to submit an abstract does not constitute an offer to pay travel, accommodation or registration costs associated with the Symposium. Similarly, no speaker fee is paid to successful applicants.
- By submitting this abstract you confirm it has not been published or presented at an international meeting. You also grant the Committee permission to publish the abstract in the Symposium proceedings in hard copy and/or electronic format.
- If you do not agree with the above points but still wish to submit an abstract, please contact the RSA Office to discuss. The Committee’s decision on acceptance of the abstract will be final.
RSA Abstract Submission Guidelines

Please ensure your abstract adheres to the following font and style structure:

- The word limit is 250 for your abstract submission. Submissions not meeting this requirement will not be accepted.
- The title is to be in sentence case. e.g.: Empowering staff to care for difficult patients: One unit’s experience
- We recommend that the format for an abstract follows one of the two below outlines:
- The abstract needs to contain text only, i.e. without references, diagrams, illustrations, tables or graphics.
- Please do not add abstract title or authors in the abstract body

Outline 1

- Background
- Aims
- Methods
- Results
- Conclusion

Outline 2

- Context
- Objectives
- Key messages
- Conclusion

Abstract Examples

Example 1:

A multicentre evaluation of nurse-led chronic kidney disease clinics in Queensland

**Background:** Chronic Kidney Disease (CKD) is a major health problem in Australia. To address the increasing numbers of patients, Queensland Health introduced a CKD nurse-led multidisciplinary model of care in most renal services. Whilst data is routinely collect on clinical outcomes, limited data is available on patient satisfaction with this model of coordinated care.

**Aim:** To measure patient satisfaction with the nursing care at CKD nurse-led clinics.

**Method:** Using a cross-sectional design, 5 CKD nurse-led clinics incorporating metropolitan, regional and remote locations agreed to participate in the study. Participants were adults (> 18 years of age; no upper age limit) with CKD stages 2-5. All patients who attended the CKD clinics during a six month period were invited to complete the modified Nurse Practitioner Patient Satisfaction questionnaire.

**Results:** Collectively 873 questionnaires were distributed with 561 patients responding (response rate 64.3%). Half were male (55.5%) with a median age of 71-80 (years 43.5%) and most were pensioners or retired (84%). The main reason patients presented to the clinic was for review (74.2%). The majority were highly satisfied with the quality of care provided by the nurse (84%), that the kidney nurse made a positive contribution to their wellbeing (90%), and that the nurse encouraged them to share in decisions made about their health (73%).

**Conclusion:** This multi-site study reports for the first time that patients are highly satisfied with the nurse-led clinics to manage their ongoing CKD care. The overall patient experience was affirmative with confidence in the care they were receiving.
Example 2:

A successful home dialysis program for morbidly obese people with end stage kidney disease (ESKD)

**Context:** Developing countries are experiencing an increasing prevalence of obesity, reflected in the chronic/end stage kidney disease population. The added risk factor of obesity increases cardiovascular risk, inflammation, insulin resistance, hypertension, dyslipidaemia and subsequent all-cause mortality. The obese or morbidly obese ESKD population group may never be eligible for transplantation, and face the prospect of lifelong dialysis.

**Objectives:** To report on a program that has successfully educated 23 obese (Body Mass Index [BMI] >30, n=12) or morbidly obese (BMI>40, n=11) patients for home haemodialysis between 2001 and 2009. Patient’s weight range 94.0-215kg and BMI range 34.9-71 at the start of home dialysis education.

**Key messages:** Strategies to overcome the physical challenges of obesity in self-care were adopted and home dialysis education tailored to meet individual patient need. Dialysis efficiency was maximised including increased time and frequency of treatment. The case of a 215 kg man, dialysing at home for more than eight years, will be used to illustrate the important considerations and clinical support that these people require for successful home dialysis treatment.

**Conclusion:** Home haemodialysis has been suggested as the ideal treatment for the obese or morbidly obese patient as it allows longer, more frequent dialysis, with improved haemodynamic stability, electrolyte balance, nutritional status and quality of life, and reduced morbidity. For obese patients, home haemodialysis has shown to be cost effective and result in greater treatment efficacy. It can provide an improved quality of life in those unsuitable for transplantation.

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**What happens once you have submitted an abstract?**

1. You will receive notification of your abstract results via email by **Friday 14th September 2018**.
   - If you have not received notification of your abstract results by the due date, please contact the RSA Office, by email at events@renalsociety.org or by calling 1300 941 480 for alternatives.
2. Further instructions on presentation requirements will be provided in future correspondence.

**The selection process**

All abstracts will go through the following process:

1. Blind-review by a panel made up of members of the RSA NZ Committee. The Committee retains the right to accept the abstract in a different type of presentation (for example, paper submitted for an oral type presentation can be accepted for a poster).
2. Acceptance of an abstract will be based on relative merit and the degree to which the abstract meets the aims of the program.
3. The criteria for evaluating abstracts includes, but is not limited to, the following:
   - relevance to the Symposium theme
   - importance of presentation
   - relevance of content to audience
4. The person submitting an abstract should also be its presenter as the person lodging the paper via online system will be the designated contact person and will receive all presentation correspondence.
5. Authors will be notified of their acceptance by **Friday 14th September 2018**.
6. The acceptance of an abstract does not imply funding by the Symposium Coordinator or The Committee. Presenting authors must attend the Symposium to deliver the presentation; otherwise the presentation will be withdrawn. Presenting authors are required to register and pay to attend the Symposium. Day and full Symposium registrations will be offered at a rate equivalent to the early bird rate.