Submission guidelines

- Abstracts are to be submitted no later than **Wednesday 19 February 2020**.
- All submissions are to be lodged electronically through the RSA website. A valid email address is required. Hard copy submissions will not be accepted. If you cannot submit electronically, please contact the RSA Office, by email at conference@renalsociety.org or by calling +61 1300 941 480 for alternatives.
- There is no limit to the number of abstracts you can submit; and it is NOT compulsory to be a member of the RSA.
- There is no fee for submitting an abstract.
- No full papers are required.
- All oral and poster presentations must be in English.
- Sub-themes are used as guidance for programming and will not necessarily determine where abstracts are placed in the program. When submitting via the portal, you have the option to indicate as many (or as few) sub-themes that apply to your abstract.
- The submitting author should also be the presenting author, as the submitting author will be the designated contact person and will receive all relevant correspondence.
- Presenting authors must attend the Conference to deliver the presentation (oral/poster); otherwise the oral/poster presentation will be withdrawn. Presenting authors are required to register and pay to attend the Conference, either for the day or for the full Conference, by the early bird deadline of Wednesday 15 April 2020.
- Accepted abstracts will have one nominated presenter and only in exceptional circumstances will there be more than one presenter approved by the Chair of the Scientific Committee for each presentation. The abstract must be presented by the specified presenting author. Proxies will not be permitted except in an emergency.
- All accepted abstracts will be published in the RSA Journal Supplement. By submitting an abstract, the author(s) transfers copyright ownership to the Conference Managers for publication in the program and RSA Journal Supplement.
- Only the presenter’s name will be published in the program; co-authors’ names will be published in the RSA Journal Supplement. Names and affiliations provided via the portal 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 Conference Managers.
- The RSA Scientific Committee reserves the right to accept or refuse any abstract, or to accept an abstract in a different presentation type to what was submitted (for example, paper submitted for an oral presentation can be accepted as a poster).

 Disclaimer

- The acceptance of an abstract into the Conference Program does not constitute an offer to fund travel, accommodation, registration or incidental costs associated with attending the Conference. Similarly, no speaker fee is paid to successful applicants.
- By submitting an 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 Conference 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.
What happens once you have submitted an abstract?

1. You will receive email notification from the Conference Managers informing you of the status of your abstract submission on Wednesday 1 April 2020.
2. If your abstract is accepted within the Conference Program, you must confirm the offer to present your paper by registering for the Conference by the early bird deadline of Wednesday 15 April 2020.
3. Further instructions on presentation requirements will be provided in future correspondence to accepted presenters.

The selection process

All abstracts will be blind-reviewed by a panel consisting of members of the RSA Scientific Committee. Acceptance of an abstract will be based on relative merit and the degree to which the abstract meets the aims of the program. The criteria for evaluating abstracts includes, but is not limited to, the following:

- Relevance to the Conference theme: Unite and ignite renal care: The next decade
- Importance of presentation
- Relevance of content to audience

Abstract format

All abstracts must adhere to the following font and style structure:

- The word limit is 250 for your abstract submission. Submissions over this word limit 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.
- The abstract needs to contain text only, i.e. without references, diagrams, illustrations, tables or graphics.
- All reference to author names and organisations must be excluded from your abstract due to the blind-review process.
- We recommend that the format of your abstract follows one of the two outlines below:

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 collected 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.