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How to prepare your WCHRI abstract

A step-by-step blueprint for creating a compelling abstract submission

July 16, 2025

UNIVERSITY OF ALBERTA

Alberta Health Services

STOLLERY CHILDREN'S HOSPITAL FOUNDATION

AWHF alberta women's health foundation

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Facilitators

Dr. Andrew D'Souza

- Postdoctoral Fellow, Pulmonary medicine
- Pillar: Clinical
- Research focus: Breathlessness and exercise tolerance in women with scleroderma.

Dr. Gabriele Matteoli

- Postdoctoral Fellow, Physiology
- Pillar: Biomedical
- Research focus: How cannabis exposure affects sleep and breathing patterns in newborn rats and nursing behavior in their mothers.

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Save the date!

WCHRI Research Day 2025

WCHRI's annual Research Day will be held **October 22**

Our format will be ***in-person*** at the **WESTIN EDMONTON**.

Abstract submission opened on **July 2** and closes **September 10 at 4 p.m.**

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Objectives

- Review the purpose of an abstract
- Discuss how to prepare a research abstract
- Practice first steps of writing your abstract
- Address specific abstract requirements for WCHRI 2025 Research Day

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What is the purpose of your abstract?

- ✓ To present a large amount of information in a concise and clear manner
- ✓ To engage the reader

When are abstracts required?

1. Submitting a manuscript for publication
2. As part of funding applications (grants, scholarships, fellowships)
3. **Submission for a conference presentation**

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Why is an abstract important?

- **Manuscript:** Some readers will not read beyond the abstract (too little time, short attention span, or they may have to pay to read the full paper…)

- **Conference abstract:** Concise document that helps reviewers decide whether your work is funded, accepted, presented, and in what format

- A well written abstract can catapult your work into the view of others; a poorly written abstract can be ignored, discarded, and potentially remembered by others

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A note on structure

Structured: specific headings/sections required (e.g., Background, methods, results, conclusion)

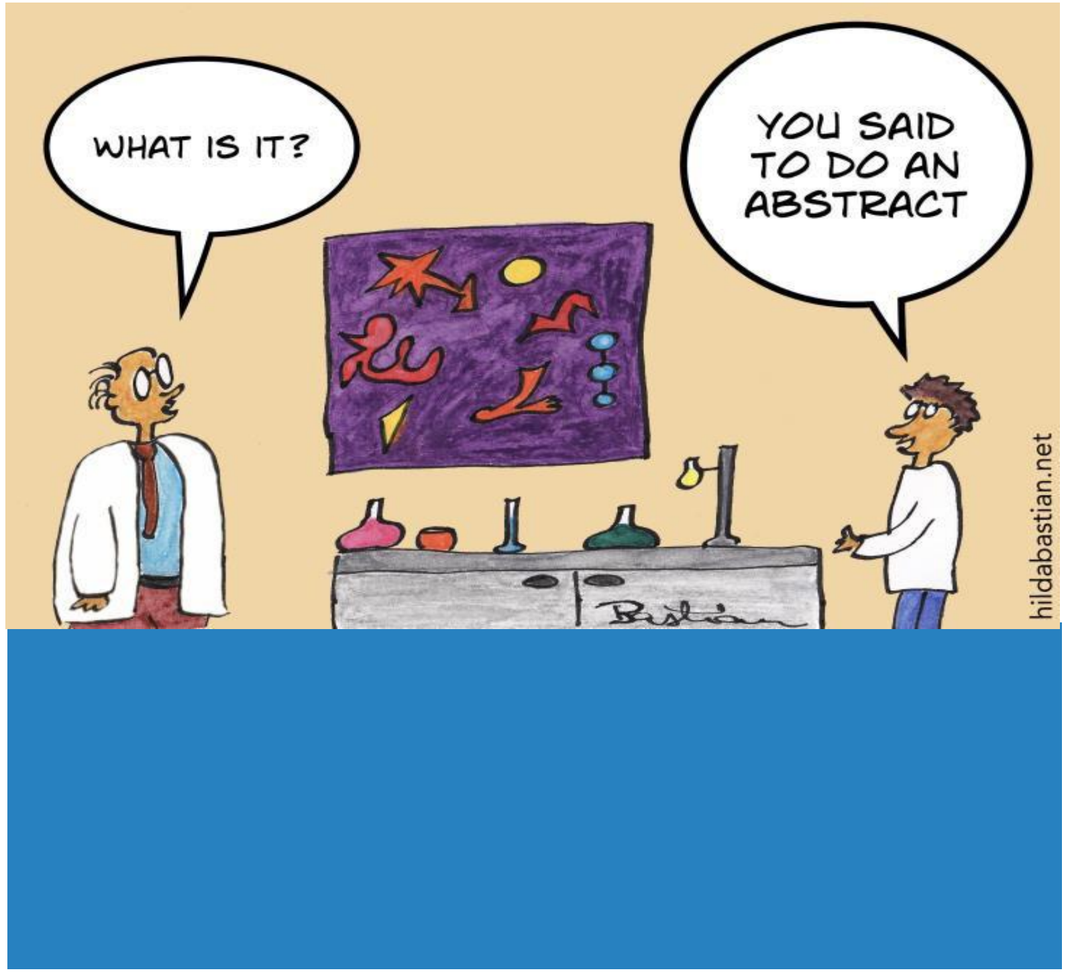
OR

Unstructured: simple paragraph

Both types contain the same things:
i.e., the ***why*** **(background)**, **who**, **what**, **where**, **how (methods/results)** and **so what (conclusion)**?

Key Features

1. **Stands alone**: tells a story
2. **Focused**: short — just the key information
3. **Succinct:** brevity is a virtue!



Standard abstract components

1. Title
2. Introduction/Background
3. Methods
4. Results
5. Conclusions

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The title

- Your title might be the only thing that people read — use this as an opportunity to "hook" the reader's interest. It's OK to be 'catchy'
- Avoid making your title too broad, vague, or dense...try to limit to 10-15 words max (WCHRI limits to 265 characters)
- Convey focus on the *concepts* involved, the *sample* or population, and *methods* (if possible)
- More on the results than the methods
- Avoid 'question' titles (unless the point is that we do not know)
- Include directionality of the results – it tends to help the readers.

What happens in vagus, no longer stays in vagus

Jordan B. Lee ✉, Lucas J. Omazic, Muhammad Kathia

First published: 14 July 2020 | https://doi.org/10.1113/JP280388

Go here for SFX

Exercise DL_{CO}, D_M and V_C in Pulmonary Arterial Hypertension: do they recruit?

Impaired Sympathetic Neural Recruitment During Skeletal Muscle Metaboreflex Activation in Women with Posttraumatic Stress Disorder

Brachial artery flow-mediated dilation during incremental handgrip exercise is not impacted by sex or female sex hormones

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Did this attention grabber grab your attention?

Take a minute and write a title for your abstract.

Is it catchy? Does it highlight the key point of your work?

Do you think reviewers would want to:

Read the abstract/look at the poster/attend your presentation?

Introduction

Provides a background explaining why you did your work:

1. **Context**: Why did you do this work? Build a clear rationale that helps articulate the purpose.
2. **Hypothesis and objective**: Try to include a declarative statement and a clear hypothesis

- **Be succinct** - space is at a premium!
- Think about it like a funnel – start broad and (quickly) narrow down to your focus.
- Remember - **scientific studies are not done to prove that something is true, but to find out truth!**

Tip 3 - Introduction: work on that funnel shape!

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Methods – General

- Overall goal: explain what you did - keep it simple!
- Variables: depends on type of research - Qualitative vs Clinical vs Population Health vs Fundamental
- Must include:
- Study design, setting, eligibility criteria, primary outcome, measurement tools
- May include:
  - Secondary outcomes

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Methods – Study design

- Needs to be concisely stated
- Observational vs. interventional
- Pilot, case control, case series, cohort study, randomized controlled trial
- Qualitative, quantitative, mixed methods

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Methods – Setting

- For research involving a sample population you may note the setting
- Try to include **where** (overall); i.e., Alberta, Canada
- Then the **specific setting**; i.e., hospital vs outpatient vs community
- Try to be as specific as possible, without breaching confidentiality

Methods – Sample

- Detail the specific sample or population
- Consider including details about **number of participants, age, gender, ethnic background, species, genotype, drug, and controls**
- Power calculation details are not necessary
- You can list the inclusion/exclusion criteria; however, this is likely more important for abstracts proposing work to be done

MSNA and AP discharge patterns (via microneurography and a continuous wavelet transform) were assessed in ten women with PTSD (43±11 [SD] years) and thirteen women without PTSD (Controls; 40±8 years) during isometric handgrip exercise (IHG) to fatigue at 40% of maximal voluntary contraction (MVC) force, followed by 2 minutes of post-exercise circulatory occlusion (PECO), and three minutes of recovery. The IHG time was divided equally into five stages.

Methods – Measurement tools / instruments

- List the names of the most significant tools, instruments, or surveys used (especially for the primary outcome)
- No need for detailed information on reliability or validity

MSNA and AP discharge patterns (via microneurography and a continuous wavelet transform) were assessed in ten women with PTSD (43±11 [SD] years) and thirteen women without PTSD (Controls; 40±8 years) during isometric handgrip exercise (IHG) to fatigue at 40% of maximal voluntary contraction (MVC) force, followed by 2 minutes of post-exercise circulatory occlusion (PECO), and three minutes of recovery. The IHG time was divided equally into five stages.

Methods – Analysis

- A general statement about how the statistical analysis conducted (as it relates to the primary outcome)
- More important for abstracts proposing work to be done (e.g., funding applications)

MSNA and AP discharge patterns (via microneurography and a continuous wavelet transform) were assessed in ten women with PTSD (43±11 [SD] years) and thirteen women without PTSD (Controls; 40±8 years) during isometric handgrip exercise (IHG) to fatigue at 40% of maximal voluntary contraction (MVC) force, followed by 2 minutes of post-exercise circulatory occlusion (PECO), and three minutes of recovery. The IHG time was divided equally into five stages. Data were analyzed using two-way mixed (group-by-time) analyses of variance (ANOVA).

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Results

- **Clinical research**: Start with a succinct summary of subject characteristics
  - E.g., We enrolled 120 participants (mean age 17.1 ± 0.6 years, 55% female), 81% having CHD and 19% a cardiomyopathy.

- **Quantitative**: Provide results for primary aim first (even if not significant) - this involves group means/median, indices of variance (e.g., standard deviation, 95% confidence interval) and p values.

- Provide results for important secondary aims – **this can help support some of the primary findings!**

- **Qualitative**: 1-2 descriptive statements (e.g., summary of key themes)

Results

- Do not comment on trends (data are either significant or not!)
- Consider a Table or Figure if allowed – this helps reviewers visualize your work.
- Don’t try to detail ALL results!

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Conclusions

- What is the main point you want your audience to take home?
  - Usually, a single sentence referring back to the purpose (and therefore primary outcome)

- If the study is well-designed and executed, it (hopefully!) supports or refutes the original hypothesis

- **Conclusions must be supported by the Results**

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Conclusions

Implications

- Not necessary, but good to have
- Potential impact
- Practice change or support current practice

Limitations

- Not typically in an abstract
- No study is perfect – demonstrates your awareness of this to reviewers

Future Directions

- Shows readers you are thinking of next steps
- Reasonable at WCHRI; would not do at national or international meetings
- Don't do for incomplete projects

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Clinical Example

Title: Transition Preparation for Young Adolescents with Congenital Heart Disease: A Clinical Trial

Introduction:

Adolescents with congenital heart disease (CHD) require lifelong specialized cardiology follow-up and the knowledge and self-management skills needed for chronic disease management. Prior studies have demonstrated the benefit of educational transition interventions for older adolescents. However, the American Heart Association has recommended that transition interventions begin by age 13. We hypothesized that a nurse-led transition intervention will result in improved self-management skills and CHD knowledge among 13–14-year-olds with moderate or complex CHD.

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Clinical Example

Methods:

- Single center randomized controlled trial. Participants were randomized to a transition intervention or usual care. The intervention group received a 1-hour individualized session with a cardiology nurse, focusing on CHD education and self-management. The primary endpoint was change in transition readiness score between baseline and 6 months, using the validated TRANSITION-Q, a 14-item instrument. The secondary endpoint was change in MyHeart score (CHD knowledge) between baseline and 6 months.

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Clinical Example

Results:

- We enrolled 60 participants to intervention (n=30) or usual care (n=30). Mean baseline TRANSITION Q scores (range 0-100) were 47±14 (usual care) vs. 49 ± 10 (intervention). At 6 months, TRANSITION Q scores were 44 ± 14 (usual care) vs. 54 ± 9 (intervention). Adjusted for baseline score, TRANSITION Q scores at 1 and 6 months were higher in the intervention group (OR 5.9, 95% CI 1.3-10.5, p=0.01). Mean MyHeart score (range 0-100) increased from 54 ± 24 to 57 ± 22 (usual care) vs. 48 ± 24 to 71 ± 16 (intervention). Adjusted for baseline score, MyHeart scores at 1 and 6 months were higher in the intervention group (OR 18.5, 95% CI 11.5-25.5, p<0.0001). Participants age 14 had a greater increase in TRANSITION Q score at 6 months compared to 13 year olds (p=0.046).

Conclusion:

- A nurse-led transition intervention resulted in improved transition readiness and CHD knowledge among young adolescents.

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Clinical Example

Title: Transition Preparation for Young Adolescents with Congenital Heart Disease: A Clinical Trial

Introduction:

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Transition Preparation for Young Adolescents with Congenital Heart Disease: A Clinical Trial

Andrew S. **Mackie**[1,2], Kathryn N. Rankin[2], Maryna Yaskina[2,3], Jody Gingrich[1], Michelle Schuh[1], Elina Williams[1], Adrienne H. Kovacs[4], Brian W. McCrindle[5], David Nicholas[6], Gwendolyn Rempel[7]

[1]*Stollery Children's Hospital,* [2]*University of Alberta,* [3]*Women and Children's Health Research Institute,* [4]*Oregon Health & Science University,* [5]*Hospital for Sick Children, University of Toronto,* [6]*University of Calgary, and* [7]*Athabasca University*

Background

- Adolescents with CHD require lifelong specialized cardiology follow-up and transition to adult care
- Prior studies have demonstrated the benefit of educational transition interventions for older adolescents (age 16+)
- The American Heart Association has recommended that transition interventions begin by age 13
- 13-14 year olds are developmentally different from older adolescents

Objectives

To determine the impact of a nurse-led *transition intervention* in combination with *usual care,* compared to *usual care alone,* on young adolescents':

1. Self-management skills
2. Participant's knowledge of their CHD

Methods

- Single site cluster randomized control trial
- 2 study arms:
  - Transition intervention + usual care
  - Usual care

Acknowledgement

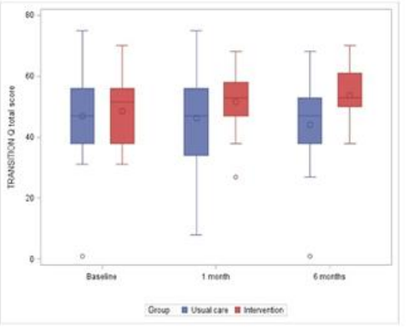
This research was funded by the generous support of the Stollery Children's Hospital Foundation through the Women and Children's Health Research Institute.

A nurse-led **transition intervention** resulted in **improved transition readiness and congenital heart disease knowledge** among young adolescents

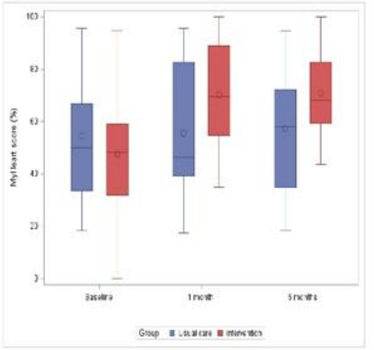
Sample	• 60 participants enrolled • Moderate or complex CHD • 13-14 years old
Intervention	Transition Intervention + Usual Care (n=30) vs Usual Care (n=30)
Outcome Measures *(Baseline, 1 and 6 months post-intervention)*	Change in self-management skills (TRANSITION-Q) Change in CHD knowledge (MyHeart Score)

Results

TRANSITION-Q scores at 1 and 6 months were higher in the intervention group (OR 5.9, 95% CI 1.3-10.5, p=0.01)



MyHeart scores at 1 and 6 months were higher in the intervention group (OR 18.5, 95% CI 11.5-25.5, p<0.0001)



Conclusion

A nurse-led transition intervention resulted in improved transition readiness and CHD knowledge among young adolescents.

CHD knowledge among participants in the intervention group did not decline between 1 and 6 months, likely reflecting the value of the health passport, which may have served as a resource reminding them of what they learned about their CHD.

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Example – basic science

This abstract was presented at the 2022 WCHRI Research Day

Example – basic science

Title: Perinatal exposure to the pesticide Chlorpyrifos impacts on breathing phenotype in adult mice

- 10-15 words
- Clarity and conciseness
- **Model**: mouse, rat, fruit flies, cells, humans?
- **Main result**
- **Avoid acronyms or highly specialized terms**, unless clearly understandable to a general audience

Example – basic science

Title: Perinatal exposure to the pesticide Chlorpyrifos impacts on breathing phenotype in adult mice

Authors:

Gabriele Matteoli[1,2], Chiara Berteotti[1], Sara Alvente[1], Maria Lavinia Bartolucci[1], Stefano Bastianini[1], Viviana Lo Martire[1], Elena Miglioranza[1], Roberto Rimondini-Giorgini[3], Alessandro Silvani[1], Silvia Pagliardini[2], Giovanna Zoccoli[1]

[1] PRISM Lab, Department of Biomedical and Neuromotor Sciences, Alma Mater Studiorum University of Bologna, Bologna, Italy.

[2] Department of Physiology, Faculty of Medicine and Dentistry University of Alberta, Edmonton, Alberta, Canada.

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Example – basic science

FIRST AUTHOR: YOU!

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Authors:

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Example – basic science

LAST AUTHOR(S):
YOUR SUPERVISOR(S)

Title: Perinatal exposure to the pesticide Chlorpyrifos impacts on breathing phenotype in adult mice

Authors:

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Example – basic science

CO-AUTHORS:

people who contributed to the study (conception, design, data collection and analysis, writing and reviewing)

Generally, in order of contribution!

Title: Perinatal exposure to the pesticide Chlorpyrifos impacts on breathing phenotype in adult mice

Authors:

Gabriele Matteoli[1,2], Chiara Berteotti[1], Sara Alvente[1], Maria Lavinia Bartolucci[1], Stefano Bastianini[1], Viviana Lo Martire[1], Elena Miglioranza[1], Roberto Rimondini-Giorgini[3], Alessandro Silvani[1], Silvia Pagliardini[2], Giovanna Zoccoli[1]

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Example – basic science

AFFILIATION(S):

Laboratory, Department, University, City, Province, Country.

Title: Perinatal exposure to the pesticide Chlorpyrifos impacts on breathing p

NOT REQUIRED in the abstract submission

Authors:

Gabriele Matteoli[1,2], Chiara Berteotti[1], Sara Alvente[1], Maria Lavinia Bartolucci[1], Stefano Bastianini[1], Viviana Lo Martire[1], Elena Miglioranza[1], Roberto Rimondini-Giorgini[3], Alessandro Silvani[1], Silvia Pagliardini[2], Giovanna Zoccoli[1]

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INTRODUCTION

Identify the problem:
Why is your research important?

Example – basic science

Introduction. Chlorpyrifos (CPF) is an organophosphate pesticide, which was widely used in agriculture, gardening, and animal care for pest control. Hence, CPF represents an important food and environment contaminant, that can be transmitted to the fetus via the placenta or to newborns via breastfeeding.

General context

CPF acts as a potent acetylcholinesterase inhibitor, and thus its presence may cause excessive levels of cholinergic neurotransmitter at synapses. Since acetylcholine is a neurotransmitter tightly involved in the respiratory regulation (PMID: 19651660), respiratory activity could be influenced by cholinergic hyperstimulation.

The perinatal exposure to CPF may impact through different mechanisms on adult health, as recently reported for perinatal exposure to nicotine in mice (PMID: 34903845).

Specific context

Therefore, although its use has been recently banned due to its potential risk for health, the aim of the present study was to explore the long-term effects of perinatal CPF exposure on the respiratory pattern in adult mice.

Aim(s)

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Example – basic science

Introduction. Chlorpyrifos (CPF) is an organophosphate pesticide, which
agriculture, gardening, and animal care for pest control. Hence, CPF repr
food and environment contaminant, that can be transmitted to the fetus v
newborns via breastfeeding.

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Therefore, although its use has been recently banned due to its potential risk for health, the aim of the present study was to explore the long-term effects of perinatal CPF exposure on the respiratory pattern in adult mice.

ABBREVIATIONS and ACRONYMS

Avoid OR minimize!

If you want to include them, **always** write the full term the first time, followed by the acronym in parentheses.

Sometimes they can be helpful to save space!

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Example – basic science

Introduction. Chlorpyrifos (CPF) is an organophosphate pesticide, which v
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CITATIONS
are generally not included

If you want to include them, insert the **PMID**

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Example – basic science

CITATIONS
are generally not included

If you want to include them, insert the **PMID**

PubMed website:

https://pubmed.ncbi.nlm.nih.gov/

https://pubmed.ncbi.nlm.nih.gov/

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Example – basic science

Methods. CPF (5mg/kg per day) or its vehicle (peanut oil) were administered to dams from mating until weaning by intraoral gavage. Pups were never directly treated with CPF.

Adult female and male mice (17-18 weeks of age) born to CPF- (female, n=13 and male, n=15) or vehicle-treated (female, n=13 and male, n=13) dams underwent surgery for the implantation of electrodes capable of recording the electroencephalographic and electromyographic signals for the continuous behavioural state monitoring (wakefulness, non-rapid eye movement sleep, rapid eye movement sleep).

Following recovery from surgery (7 days), mice were recorded for 8 hours in a whole-body plethysmography chamber for the simultaneous measurement of ventilatory and behavioural signals.

What did you do?

Data were analyzed with ANOVA on log-transformed values with sex and treatment as factors and with a threshold for statistical significance set to $P < 0.05$.

Statistics

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Example – basic science

Methods. CPF (5mg/kg per day) or its vehicle (peanut oil) were administered to dams from mating until weaning by intraoral gavage. Pups were never directly treated with CPF.

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Following recovery from surgery (7 days), mice were recorded for 8 hours in a whole-body plethysmography chamber for the simultaneous measurement of ventilatory and behavioural signals.

What did you do?

- **Concise** and **clear** statements
- **Details** about the used sample (age, sex, ethnic background, species, genotype, drug, and controls)
- Specific **techniques** – try to make them as simple as possible
- Reduce the number of **acronyms**

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Example – basic science

Results. The apnea occurrence rate during sleep was increased in mice born from CPF-treated dams with respect to control mice (P = 0.0004) and was higher in females than in males (P = 0.0380), with no significant interaction between treatment and sex (P = 0.8046).

- **Focus on the most relevant results** – there is no need to include every detail!
- Be **concise** and **clear**!

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Example – basic science

Conclusions. These results indicate that perinatal exposure to CPF produced an altered breathing phenotype in adult mice. Thus, humans might likewise exhibit a long-lasting altered reprogramming of breathing patterns during sleep in adulthood.

- This is your **take-home message**!
- Be **concise** and **clear**!
- Highlight the **implications** or **future directions** suggested by your results.
- If the study is not yet complete, indicate the **expected outcomes**.

Funding. This work was supported by the Fondazione del Monte di Bologna e Ravenna (Italy).

- Indicate if applicable

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Example – basic science

CDKL5 deficiency disorder is a rare genetic disease caused by mutations in the CDKL5 gene. Central apneas during wakefulness have been reported in patients with CDKL5 deficiency disorder. Studies on CDKL5-knockout mice, a CDKL5 deficiency disorder model, reported sleep apneas, but it is still unclear whether these events are central (central sleep apnea) or obstructive (obstructive sleep apnea) and may be related to alterations of brain circuits that modulate breathing rhythm.	**Introduction**
This study aimed to discriminate central sleep apnea and obstructive sleep apnea in CDKL5-knockout mice, and explore changes in the somatostatin neurons expressing high levels of neurokinin-1 receptors within the preBötzinger complex.	**Aim**
Ten adult male wild-type and 12 CDKL5-knockout mice underwent electrode implantation for sleep stage discrimination and diaphragmatic activity recording, and were studied using whole-body plethysmography for 7 hr during the light (resting) period. Sleep apneas were categorised as central sleep apnea or obstructive sleep apnea based on the recorded signals. The number of somatostatin neurons in the preBötzinger complex and their neurokinin-1 receptors expression were assessed through immunohistochemistry in a sub-group of animals.	**Methods**
CDKL5-knockout mice exhibited a higher apnea occurrence rate and a greater prevalence of obstructive sleep apnea during rapid eye movement sleep, compared with wild-type, whereas no significant difference was observed for central sleep apnea. Moreover, CDKL5-knockout mice showed a reduced number of somatostatin neurons in the preBötzinger complex, and these neurons expressed a lower level of neurokinin-1 receptors compared with wild-type controls.	**Results**
These findings underscore the pivotal role of CDKL5 in regulating normal breathing, suggesting its potential involvement in shaping preBötzinger complex neural circuitry and controlling respiratory muscles during sleep.	**Conclusions**

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Keywords

- 3-5 words
- They define the **content of your abstract**
- They **help reviewers understand the focus of your study**
- Useful for search engines and scientific databases

J Sleep Res. 2025 Apr;34(2):e14295. doi: 10.1111/jsr.14295. Epub 2024 Jul 24.

Characterisation of sleep apneas and respiratory circuitry in mice lacking CDKL5

Gabriele Matteoli [1], Sara Alvente [1], Stefano Bastianini [1], Chiara Berteotti [1], Elisabetta Ciani [1], Elenia Cinelli [2], Viviana Lo Martire [1], Giorgio Medici [1], Tommaso Mello [3], Elena Miglioranza [1], Alessandro Silvani [1], Donatella Mutolo [2], Giovanna Zoccoli [1]

Affiliations + expand

PMID: 39049436 PMCID: PMC11911053 DOI: 10.1111/jsr.14295

Abstract

CDKL5 deficiency disorder is a rare genetic disease caused by mutations in the CDKL5 gene. Central apneas during wakefulness have been reported in patients with CDKL5 deficiency disorder. Studies on CDKL5-knockout mice, a CDKL5 deficiency disorder model, reported sleep apneas, but it is still unclear whether these events are central (central sleep apnea) or obstructive (obstructive sleep apnea) and may be related to alterations of brain circuits that modulate breathing rhythm. This study aimed to discriminate central sleep apnea and obstructive sleep apnea in CDKL5-knockout mice, and explore changes in the somatostatin neurons expressing high levels of neurokinin-1 receptors within the preBötzinger complex. Ten adult male wild-type and 12 CDKL5-knockout mice underwent electrode implantation for sleep stage discrimination and diaphragmatic activity recording, and were studied using whole-body plethysmography for 7 hr during the light (resting) period. Sleep apneas were categorised as central sleep apnea or obstructive sleep apnea based on the recorded signals. The number of somatostatin neurons in the preBötzinger complex and their neurokinin-1 receptors expression were assessed through immunohistochemistry in a sub-group of animals. CDKL5-knockout mice exhibited a higher apnea occurrence rate and a greater prevalence of obstructive sleep apnea during rapid eye movement sleep, compared with wild-type, whereas no significant difference was observed for central sleep apnea. Moreover, CDKL5-knockout mice showed a reduced number of somatostatin neurons in the preBötzinger complex, and these neurons expressed a lower level of neurokinin-1 receptors compared with wild-type controls. These findings underscore the pivotal role of CDKL5 in regulating normal breathing, suggesting its potential involvement in shaping preBötzinger complex neural circuitry and controlling respiratory muscles during sleep.

Keywords: CDKL5 deficiency disorder; mouse model; obstructive sleep apnea; preBötzinger complex; whole-body plethysmography.

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Consider Your Audience!

- General or specialist population?
- Expert or lay public?
- WCHRI will be broad, including trainees and researchers from a variety of research fields, as well as WCHRI funders and donors.
- Safe target: **intelligent non-experts** in your field!

Timing: When to start?

- The sooner the better!
- It will be an iterative process
- Need to have co-authors' input
- Consider asking a non-author to review for clarity

What if I don’t have data yet?

- WCHRI encourages students in early stages to submit an abstract (if funded, it’s a requirement!).
- It is all about you getting experience and feedback.
- Present your research question, planned methodology, and potential knowledge gained.
- Posters are always judged with consideration of the level and stage of training.

WCHRI Research Day
October 22, 2025

Submission deadline: **September 10, 4 p.m.**

Access the registration & abstract submission form

Refer to our **Research Day website** for complete details

wchrird.ca

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Abstract submission closes
September 10 at 4 p.m.

Follow the Directions!

- READ the DIRECTIONS and FOLLOW the DIRECTIONS!!!

- There is significant research in this area and the **most common reason for an abstract not being accepted for presentation** at a meeting is not following the directions!

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Abstract submission closes September 10 at 4 p.m.

Relevance criteria for WCHRI

- The research question must specifically target **improving outcomes for women and/or children** through **health research***.
- The primary research question must address the **unique and distinct health needs** of women and/or children.
- Methodology must clearly demonstrate **direct applicability** to women and/or children's health outcomes.

Complete information at: *wchrird.ca/abstract-relevance-criteria/*

**We use a broad and inclusive definition of women's health research, incorporating both sex as a biological variable and gender as a social variable, across the life course. We include people assigned female at birth, all people who identify as women (cis and trans inclusive), as well as gender diverse individuals who do not identify as women but who share health challenges in common with women. (from CIHR IGH, 2024)*

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Abstract submission closes
September 10 at 4 p.m.

Abstract requirements

One abstract per in-training member

Where the presenter submits more than one abstract, **the abstract submitted closest to the deadline date will be accepted**.

Abstract submission is open to **undergraduate, graduate, fellows and residents** under the direct supervision of a current WCHRI academic member.

Trainees must download their abstract submission from the submission confirmation page (PDF download).

This download must be retained by the trainee as **confirmation of abstract submission!**

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Abstract allocation

How to prepare your presentation for WCHRI Research Day

Event date: **September 24,**
11:30 a.m. – 1 p.m.

One abstract per in-training member

- Relevant abstracts are allocated to one of the following presentation types:

5-minute poster presentation

or

10-minute oral presentation

- Relevant abstracts will be published on the WCHRI Research Day website by ***September 24***. All trainees will be directly notified of their outcome**.**

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WCHRI Abstract Requirements

Abstract submission closes
September 10 at 4 p.m.

You must complete the registration/abstract requirements in **REDCap**.

TIP: Copy and paste from a source Word document into REDCap.

TIP: **Proofread** your abstract before submission! (all submissions are final!)

You must submit your completed abstract in **REDCap**.

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WCHRI Abstract Requirements

Abstract submission closes
September 10 at 4 p.m.

Title: provided in **sentence case,** do not include a period.
- *Max. 265 characters including spaces*

Author listing: author names and surnames only (do not include department, faculty or research affiliations.
- *Max. 300 characters including spaces*

Abstract: include required sections (Title, Introduction, Methods, Results and Conclusions).
- *Max. 3,300 characters including spaces*

Funding acknowledgement: List funding sources that have contributed to your research.
- *Max. 300 characters including spaces*

❖ **Do you already have results, or the work is still in progress?**

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ORCiD: What and Why?

What is ORCiD (Open Researcher and Contributor ID)?

- An author identifier for your academic work.
- Unique, persistent identifier for researcher, similar to a digital fingerprint for your academic identity.
- It helps distinguish you from other researchers with similar names.
- It links all your academic activities - publications, grants, affiliations, datasets, etc. - in one place.
- It stays with you throughout your career, regardless of institution or country.

Why is it needed?

- Having an ORCiD identified with this submission will allow WCHRI to track its outcomes.

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ORCiD: How to find and/or get one?

If you already have an ORCiD:

- Login to your account at: https://orcid.org/signin
- Your ORCiD is the # on the left-hand side of the page underneath your name.

If you think you have an ORCiD, but you can't remember your login/password:

- You can access a password reset on this page: https://orcid.org/signin

To register for an ORCiD:

- Use this link: https://orcid.org/register
- It's best to keep your account public (don't panic, we'll talk about privacy in the next slide!)

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ORCID
Connecting research and researchers

ORCiD: What and Why?

Gabriele Matteoli

https://orcid.org/0000-0001-5299-9117

Personal information

Emails & domains

Verified email domains

ualberta.ca

Other IDs

Scopus Author ID: 57217652988

Biography

During my graduate and doctoral studies at the University of Bologna (Italy), I specialized in studying sleep and respiratory patterns in mouse models of human diseases, including Narcolepsy type 1, Anti-IgLON5 disease, Down syndrome, and Cyclin-Dependent Kinase-Like 5 (CDKL5) Deficiency Disorded (CDKL5-knock out mice). Moreover, I investigated the effects of prenatal and lactational exposure to stress stimuli (nicotine, cotinine, and pesticides) on the sleep and respiratory phenotypes of adult mice.

I am skilled in performing survival surgeries for electrodes implantation to record a range of biological signals (cortical EEG, neck and diaphragm EMG, respiratory patterns, and blood pressure) in freely moving mice. My expertise also includes sleep scoring based on EEG/EMG and respiratory pattern, as well as whole-body plethysmography.

Activities

Expand all

Employment (3) Sort

Education and qualifications (3) Sort

Works (11) Sort

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ORCiD: Use in publications

LAB PROTOCOL

Detection of central and obstructive sleep apneas in mice: A new surgical and recording protocol

Gabriele Matteoli, Sara Alvente, Chiara Berteotti, Dario Coraci, Viviana Lo Martire, Martina Lops, Elena Miglioranza, Alessandro Silvani, Emilia Volino, Giovanna Zoccoli, Stefano Bastianini*

Department of Biomedical and Neuromotor Sciences, Alma Mater Studiorum, University of Bologna, Bologna, Italy

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Thank you

Questions?

UNIVERSITY OF ALBERTA

Alberta Health Services

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