Abstract Submission

A research abstract should be provided at the completion of the research project for all research grants. This should conform to the ADRF Abstract Guidelines as set below (modeled on IADR style).

In addition to a scientific abstract, the Foundation requests a brief description of 500 ‘characters’ in lay language also be provided to assist someone with a non-scientific background to be able to understand the research. The lay language summary is intended for publication in broad general purpose outlets such as the ADA News Bulletin and will assist the Foundation in disseminating your research findings, while promoting the importance of dental research and the need for ongoing funding.

Strict adherence to these guidelines should be followed to facilitate publication of the Abstracts in the Supplementary issue of the Australian Dental Journal in December each year.

Abstract title

Author/s and one author email contact

Address/Affiliation

Abstract text: maximum 400 words (excluding title and author list/affiliations); MUST include headings

Objectives, Methods, Results, Conclusions, Acknowledgements (The ADRF, Awards and any other support must be acknowledged)

No figures/images allowed. No tables allowed. Only text. Please submit a word version.

Example:

“Effectiveness of Computer-Assisted Guidance for Tobacco Dependence in Dental Offices”

D. RINDAL1, W.A. RUSH1, T. SCHLEYER2, M. KIRSHNER3, R. BOYLE4, M.J. THOELE5, S.E. ASCHE1, T. THYVALIKAKATH6, H. SPALLEK2, E.C. DURAND1, C.J. ENSTAD1, and C.L. HUNTLEY7 1Research Foundation, HealthPartners, Minneapolis, MN, 2School of Dental Medicine, University of Pittsburgh, Pittsburgh, PA, 3Health Informatics, Oregon Institute of Technology, Portland, OR, 4ClearWay Minnesota, Minneapolis, MN, 5Center for Health Promotion, Minnesota Department of Health, St Paul, MN, 6University of Pittsburgh, Pittsburgh, PA, 7HealthPartners Dental Group, Minneapolis, MN

Objectives: Tobacco use is an etiologic factor for multiple diseases, including periodontal disease and oral cancers. Current evidence suggests dental providers ask about tobacco use but don’t assist the patient in tobacco cessation. Approaches that involve Screening for drug use, Brief Intervention, and Referral to Treatment (SBIRT) provide a promising, practical solution. This project examines whether dentists and hygienists will assess interest in quitting, deliver a brief tobacco intervention and refer to a tobacco quitline more frequently when provided with computer assisted guidance compared to a control group.
**Methods:** This study is a blocked, group-randomized trial in which the HPDG dental clinics are the unit of randomization and patients nested within each randomized clinic represent the lowest level unit of observation. All clinics assess tobacco use including type and amount, dependency questions and interest in quitting. The intervention clinics included the intervention that provided suggested scripts for the provider to use based on dependency, prior attempts and interest in quitting. Primary outcomes were patient reports of the provider assessing interest in quitting, delivering a brief intervention and referring to a quitline. The outcome measure came from a random sample of smokers surveyed by phone 1-3 days after the dental appointment. Electronic data recorded by providers in the electronic dental record was also examined.

**Results:** Dental providers assessed interest in quitting (control 71% vs. intervention 89%; p=.0001), discussed specific strategies for quitting (control 25% vs. intervention 48%; p=.003) and referred the patient to a tobacco quitline (control 17% vs. intervention 39%; p=.007).

**Conclusions:** Computer tools embedded within electronic health records can effectively assist providers in the delivery of tobacco interventions. This tool was developed with user-centered design principles increasing the likelihood of adoption by providers. This approach holds promise for translating current evidence into daily clinical practice.

**Acknowledgements:** This abstract is based on research that was funded entirely or partially by an outside source: NIH/NIDCR - American Reinvestment and Recovery Act 1RC1DE02095-01. (The ADRF and any other Award or support must be acknowledged).

**Final Report Submission**

It is a further requirement that a final full length report must be submitted to the Foundation for recipients of the Dental Student Research Grant and the Trebitsch Research Grant. This should take the form of an article for publication. Submission of an article for publication in the Australian Dental Journal is encouraged, although the Foundation recognizes that publication in other specialist journals may be more suitable. If that is to be the case, an acknowledgement of financial support by the Foundation should be made in said publication.

The final report should take the form of a manuscript for publication as per the guidelines set out for authors of the Australian Dental Journal (or journal of intended submission if not ADJ) headed with the title of the research, the author’s names and the relevant institutions. The text of the report should provide a clear and accurate report on the research and include the following headings:

- **Background:**
  Background information and material relevant to the research and the rationale for the research.

- **Objective(s):**
  State the objective(s) concisely and include the hypothesis of the project.

- **Methods:**
  Give detail on materials and methods and on techniques that were used; include details of statistical methods.

- **Results:**
  Results must be stated and supported with relevant graphics (tables, figures, images, graph) where required. If the method produced numerical data, then numbers must be presented with appropriate statistical analysis.
Discussion:
This should include a discussion and analysis of results and any further information gained from the research.

Conclusions:
Conclusions must be given. They must relate to the objectives and hypothesis.

Acknowledgements:
The ADRF, Awards, Sponsors and any other support must be acknowledged.

References