LOUISIANA STATE MEDICAL SOCIETY

EDUCATION & RESEARCH FOUNDATION

Research Symposium

February 2-3, 2017

Baton Rouge, LA | Baton Rouge Hilton Capitol Center

Overview

The Louisiana State Medical Society Educational and Research Foundation (LSMS ERF) is hosting a research symposium at the Society's 136th Annual Meeting of the House of Delegates. The LSMS ERF Research Symposium takes place February 2-3, 2017.

Participant Qualifications/Key Dates:

- All medical students, residents, fellows, and other members of the LSMS are invited to submit abstracts of their scientific research.
- Co-authors are not required to be LSMS members, but please note that only one first author who submits will be allowed to present and therefore be eligible to win a prize.
- Abstracts for the 2017 LSMS Research Symposium will be accepted beginning August 22, 2016 and due by October 1, 2016.
- LSMS will select the first 40 abstracts for the poster presentation and poster presentation participants will be notified by October 5, 2016.
- Posters will be due to LSMS no later than December 2, 2016. Please drop off posters or ship to 6767 Perkins Road, Suite 100, Baton Rouge, LA 70801. *All deadlines are 11:59 p.m. CST.*
- Posters will be judged at the December 14th LSMS Board Meeting, and participants will not be asked to be present.
- Winners will be notified by December 31, 2016 and will be presented awards at the Annual Meeting Awards Lunch on Friday, February 3, 2017 at noon. Winners are encouraged to attend the Awards Lunch to accept their award and will be provided two complimentary tickets. More tickets will be available for purchase.
- Posters will be displayed for viewing at the Research Symposium during the Annual Meeting on February 2-3, 2017. Participants may not be present to discuss their research at the Annual Meeting.
- By submitting an abstract and/or poster, you certify that (1) the research, abstract and poster are your original work or original work conducted by you and other authors; and (2) all co-authors are appropriately credited for their contributions and have been informed of the submission. Violation of these requirements will result in disqualification from the symposium.

Abstract Submission Format

Each eligible member may submit only one abstract. Multiple abstracts received from the same submitter will be rejected.

Once an abstract is submitted, it cannot be modified (i.e., an updated version will not be accepted later, even if it is before the submission deadline). Please thoroughly proofread your abstract before submitting. Only the first author will be able to present if accepted; co-presentations will not be allowed.

Submitted abstracts must conform exactly to the formatting guidelines listed below (see abstract format example). Abstracts that do not meet these requirements will be rejected.

- Font and spacing: The entire abstract must be composed in 12-point, Times New Roman font and must be double- spaced with 1" margins.

- Title: Center and bold the abstract title.

- Author Information: List authors and their affiliations under the title. The member presenting the abstract must be listed as the first author; the principal investigator must be listed as the last author. Include your phone number, most frequently checked email address, and year in school (e.g., M3) or program year immediately below the author information.

Abstract Criteria

Reports of original data should include an abstract of no more than 500 words using the headings listed below. For brevity, parts of the abstract may be written as phrases rather than complete sentences. Each section should include the content listed below. If there are sections that are not applicable, please mark as N/A.

- Importance/Background: The abstract should begin with a sentence or two explaining the clinical (or other) importance of the study question.

- Objective: State the precise objective or study question addressed in the report (e.g., "To determine whether..."). If more than one objective is addressed, the main objective should be indicated and only key secondary objectives stated. If an a priori hypothesis was tested, it should be stated.

- Design/Method: Describe the basic design/methodology of the study. State the years of the study and the duration of follow-up. If applicable, include the name of the study (e.g., the Framingham Heart Study). As relevant, indicate whether observers were blinded to patient groupings, particularly for subjective measurements.

- Setting: Describe the study setting to assist readers to determine the applicability of the report to other circumstances, for example, general community, a primary care or referral center, private or institutional practice, or ambulatory or hospitalized care.

- Participants: State the clinical disorders, important eligibility criteria, and key socio-demographic features of patients. The number of participants and how they were selected should be provided (see below), including the number of otherwise eligible

individuals who were approached but refused. If matching is used for comparison groups, characteristics that are matched should be specified. In follow-up studies, the proportion of participants who completed the study must be indicated. In intervention studies, the number of patients withdrawn because of adverse effects should be given. For selection procedures, these terms should be used, if appropriate: random sample (where random refers to a formal, randomized selection in which all eligible individuals have a fixed and usually equal chance of selection); population-based sample; referred sample; consecutive sample; volunteer sample; and convenience sample.

- Intervention(s) for Clinical Trials or Exposure(s) for Observational Studies: The essential features of any interventions or exposures should be described, including their method and duration. The intervention or exposure should be named by its most common clinical name, and nonproprietary drug names should be used.

- Main Outcome(s) and Measure(s): Indicate the primary study outcome measurement(s) as planned before data collection began. If the manuscript does not report the main planned outcomes of a study, this fact should be stated and the reason indicated. State clearly if the hypothesis being tested was formulated during or after data collection. Explain outcomes or measurements unfamiliar to a general medical readership.

- Results: The main outcomes of the study should be reported and quantified, including baseline characteristics and final included/analyzed sample. Include absolute numbers and measures of absolute risks (such as increase/decrease or absolute differences between groups), along with confidence intervals (for example, 95 percent) or P values. Approaches such as number needed to treat to achieve a unit of benefit may be included when appropriate.

  Measures of relative risk also may be reported (e.g., relative risk, hazard ratios) and should include confidence intervals. Studies of screening and diagnostic tests should report sensitivity, specificity and likelihood ratio. If predictive value or accuracy is reported, prevalence or pretest likelihood should be given as well. All randomized controlled trials should include the results of intention-to- treat analysis, and all surveys should include response rates.

- Conclusions and relevance/Discussion and Conclusion: Provide only conclusions of the study that are directly supported by the results. Give equal emphasis to positive and negative findings of equal scientific merit. Also, provide a statement of relevance indicating implications for clinical practice or health policy, avoiding speculation and overgeneralization. The relevance statement may also indicate whether additional study is required before the information should be used in clinical settings.

- Trial Registration: For clinical trials, please include the name of the trial registry, registration number and URL of the registry, if available.

Case Reports/Clinical Vignettes

- Importance/Background: Provide a brief introduction to your case

- Presentation of the case: Briefly describe your case

- Discussion and Conclusion: Discuss why your case is relevant and in one or two sentences, describe your conclusion

Poster Presentation

- Preparation: Abstracts chosen for poster presentation at the symposium must be prepared in advance on a poster board, 45" wide x 45" high. *Posters of different sizes will not be accepted*. Posters may be in a single sheet or in multiple panels, as long as they adhere to the space requirement. All costs associated with creation of the poster will be the responsibility of entrants. Pushpins will be provided by the LSMS ERF. If you would prefer to use Velcro, you must bring your own supplies. Presenters must set up their posters at the scheduled time prior to the poster session. No exceptions will be made.

- Display: Posters will be displayed during the LSMS Annual Meeting on February 2-3, 2017. Participants may not be present to discuss their research during the scheduled poster viewing.

Abstract Submission

Abstracts must be submitted electronically at LSMS.org, beginning August 22, 2016.

Abstract authors will be notified of their status, including whether they have been chosen to participate by December 31, 2016.

For more information or questions regarding abstracts or oral presentations, contact LSMS Director of Educational and Research Foundation Kayne Daigle at kayne@lsms.org or 225-673-2322.

Sample Abstract Format

Category

Title

First author[1], second author[2], third author[1], etc.

[1]First and third author affiliation [2]

Second author affiliation

First author phone number (xxx) xxx-xxxx, email address, year in school (e.g., M1, M2) or program year

Body: Must include the content listed on page 2. Do not include diagrams, tables or references. The body of the abstract may not exceed 350 words.