

16TH ANNUAL AMA RESEARCH SYMPOSIUM

Guidelines

November 9, 2018 | Gaylord National Harbor Hotel | National Harbor, MD OVERVIEW

The American Medical Association Research Symposium is hosted annually by the AMA Medical Student Section, Resident and Fellow Section, and International Medical Graduates Section. The 16th annual AMA Research Symposium will take place November 9, 2018 at the 2018 AMA Interim Meeting in National Harbor, MD. Please note that each section holds a separate competition within the event.

PARTICIPANT QUALIFICATIONS

- All medical student (including medical students enrolled in joint degree programs,
 e.g., MD/PhD, MD/MPH, etc.), resident, fellow and international medical graduate
 (ECFMG-certified candidates who are awaiting residency) members of the AMA are invited to submit abstracts of their scientific research or case study.
- Co-authors (who are not presenting research) are not required to be AMA
 members, but please note that only the Entrant who submits will be allowed to
 present and therefore be eligible to win a prize.
- You must be present to discuss your research during the scheduled judging period on Friday, November 9, 2018. Another individual may not present in your place.
- By submitting an abstract 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.

 Abstracts for the 2018 AMA Research Symposium will be accepted beginning on Wednesday, June 13, 2018 and are due no later than Wednesday, August 8,2018. All deadlines are 11:59 p.m. Central Time.

ABSTRACT CRITERIA

Each eligible member may submit only one abstract. Any additional 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 it. Only the author that submits the abstract will be able to present if accepted; co-presentations will not be allowed.

With the exception of the clinical vignette category, submitted abstracts must conform exactly to the formatting guidelines listed below (also see abstract format example, on page 4 of this document). Abstracts that do not meet these requirements will be disqualified. Clinical vignette requirements can be found on page 5 of this document.

Category

Indicate category of research in bold in the upper right-hand corner. Choose the single most appropriate category from the segment to which you belong:

Medical students

Basic Science

- Clinical research
- Public health/epidemiology

Residents/fellows and International Medical Graduate candidates who are awaiting residency

- Clinical vignette
- · Clinical medicine
- Improving health outcomes (cardiovascular disease, diabetes)

Font And Spacing

The entire abstract must be composed in 12-point, Times New Roman font and must be double-spaced with one (1) inch margins. If your research does not fall under one of the above categories, it cannot be considered for this competition. The Abstract title must be centered and in bold font.

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 (e.g., PGY3) immediately below the author information.

Document Title

When uploading your abstract upon submission, your file **must** be saved in the following format: Last Name_First Name_Abstract Title (i.e. Smith_Jane_Healthcare in the United States).

Abstracts

Abstracts for reports of original data:

Reports of original data should include an abstract of no more than 350 words using the headings listed below.

Each section should include the following content:

Importance

The abstract should begin with a sentence or two explaining the importance of the study question based upon the appropriate Subject.

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 a prior hypothesis was tested, it should be stated.

Design

Describe the basic design of the study. Entrant must state the year(s) 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 (i.e., 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 sociodemographic features of patients.

The numbers 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.

Note: the preceding three sections are usually combined for accepted papers during the editing process as "Design, Setting, and Participants," but for manuscript submission these sections should be kept separate.

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

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, the name of the trial registry, registration number and URL of the registry must be included.

ABSTRACT SUBMISSION

Abstracts must be submitted through the "Event Registration" system beginning

in June.

Instructions for abstract submission are available at ama-assn.org/events/ama-research-symposium. The Submission deadline is Wednesday, August. 8, 2018 at 11:59 p.m. Central Time. Late abstract submissions will not be accepted.

Abstract authors will be notified of their status, including whether they have been chosen to participate in the Oral Presentation Competition, during the week of September 10, 2018.

CRITERIA AND JUDGING

During the scheduled poster competition, two judges will visit and examine each research poster. Authors must be available for questions during this time and must prepare a 2–4 minute overview of their posters for the judges. Presenters should also be prepared to answers questions about their research.

Evaluation of abstracts and posters will be based on the following criteria:

- Clarity of hypothesis;
- Clear organization of the project. Effective use of the scientific method is evident;
- All significant variables have been identified. Efforts to eliminate bias between control and experimental groups are clear;
- Results include a discussion of relevant data;
- The conclusion is consistent with the data and/or observations;
- Potential pitfalls of the methodology or interpretation must be addressed;
- The potential significance of the experiments is placed in the proper perspective;
- The project demonstrates a novel approach and/or idea;
- Abstract is in required form and organized, including meeting word count limit;
- Abstract is well written, concise and readable.

NOTE: Students may not submit clinical vignettes/case studies/etc.; all student abstracts must be research based.

EVENT SCHEDULE

The AMA Research Symposium check-in and set up begins at 1 p.m. on Friday, November. 9, 2018 and breakdown concludes at 6 p.m. A detailed event schedule will be posted on the website closer to the event.

POSTER PRESENTATION

Preparation

Abstracts chosen for poster presentation at the symposium must be prepared in advance on a poster board, 45 inches wide by 45 inches high. Poster sizes outside of these dimensions will be penalized with an automatic ten (10) point deduction at judging. Posters may be in a single sheet or in multiple panels, as long as they adhere to the dimension requirements. All costs associated with creation of the poster will be the responsibility of entrants. Push pins will be provided by the AMA. 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

Poster presentation participants must be present to discuss their research during the scheduled poster judging and viewing on Friday, Nov. 9, 2018. Review the event schedule online for the full schedule, including set-up times and awards presentation.

Removal

All posters must be removed immediately after the poster viewing and reception.

The AMA will not be responsible for posters left behind.

PODIUM (ORAL) PRESENTATION

A select number of abstracts will be accepted for the Oral Presentation

Competition. Abstracts selected for oral presentation will not be included in the
poster presentation portion of the symposium. To be eligible for selection for
the oral presentations, abstract submitters must indicate in their registration
that they would like their research to be considered for oral presentation.

Abstract authors will be notified if they have been chosen to participate in the oral
competition the week of September 10, 2018. Chosen authors must submit final
versions of their presentations to the email noted at the bottom of this document no
later than 11:59 p.m. Eastern Time Daylight Savings Time on Monday, October 1,
2018.

Preparation

Presenters must check in and be in their assigned room no later than the time posted in the event schedule in order to test their presentation. Presenters should also save their presentations on USB flash drives and have copies of their presentations available as a backup for the logistics coordinator as necessary.

PRESENTATIONS AND JUDGING

Multimedia equipment will be provided, although if you require sound/video or special programs beyond PowerPoint, you must notify the appropriate staff no later than October 1, 2018 (special audio visual accommodation requests made after the deadline are not guaranteed). Each presenter will be allotted five (5) minutes, as determined by the evaluation research committee. Questions from the audience will not be taken between presentations but, time permitting, will be addressed at the end of the entire presentation session.

Please visit the AMA Research Symposium Web page at ama-assn.org/events/ama-research-symposium for the most up-to-date information available, including "Frequently Asked Questions" and the event schedule.

Contact the appropriate AMA department noted below with any questions:

AMA Medical Student Services

- Email: mss@ama-assn.org
- Phone: (800) 262-3211, ext. 4742, or (312) 464-4742

AMA Resident and Fellow Services

- Email: rfs@ama-assn.org
- Phone: (800) 262-3211, ext. 4978, or (312) 464-4978

AMA International Medical Graduate Services (for ECFMGcertified candidates who are awaiting residency)

- Email: img@ama-assn.org
- Phone: (800) 262-3211, ext. 5397, or (312) 464-5397

Sample Abstract Format

Title

Category

First author¹, second author², third author¹, etc.

¹First and third author affiliation² 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 purpose of research and brief overview of methods, results and conclusions.

Do not include diagrams, tables or references. The body of the abstract may not exceed 350 words. Information about previous presentation or publication of abstract does not count toward the 350-word limit.

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