CAMC Institute for Academic Medicine-Annual Research Day

Tuesday April 16th, 2024

Sponsors: This activity is co-sponsored by the CAMC Institute for Academic Medicine and the CAMC Foundation

This research conference will feature oral and poster presentations by Fellows, Residents, Medical Students, Pharmacy Students, and other healthcare students. Accepted abstracts will be included in the conference proceedings.

All abstracts will be held to rigorous review standards. Instructions and score criteria are based on national standards.

Important Eligibility Requirements

- Research must have been conducted within the CAMC Institute for Academic Medicine
- Applicants are limited to <u>One abstract submission in either an original research or case report category as PRESENTER.</u> However, there is no limit on the number of times an author can be listed on submissions of other presenters. The Research Review Committee reserves the right to place accepted abstracts into oral or poster presentation sessions.
- Research presented at a regional or national meeting prior to Research Day <u>is eligible</u> for submission. Research that has been published is not eligible for submission.
- Abstracts exceeding the 300-word limit will not be reviewed.
- Abstracts must be submitted using the online application and format.
- Abstracts submitted after the online submission deadline of February 2, 11:59pm will not be reviewed.
- IRB approval numbers will be required as part of the application process for original research or cases involving 2 or more patients.
 - o If you do not know this number, please contact April White, Research Review Specialist at 304-388-9972.

As part of the Abstract submission process, you will be asked to provide Name, email address, mentor, mentor's email address, IRB Approval Number (if applicable), Research type (case or original), list of authors (PI/mentor, co-investigators, research staff).

<u>ALL communication related to your Reseach Day participation will be via the email you provide in the abstract submission, including deadlines.</u>

Your PI/Mentor should review all CASE REPORTS prior to submission and your PI/Mentor and Research Coordinator should review all ORIGINAL RESEARCH abstracts prior to submission.

Prizes will be awarded to those presenting resident/student research at the <u>closing ceremony</u> following the program. You must be present at the closing ceremony to accept the award.

Original Research Oral Podium Presentations

1st \$500

2nd \$350

3rd \$250

Case Presentations Oral Podium

1st \$500

2ND \$350

3rd \$250

Poster Presentations (E-poster with presenter present)

Original 1st \$500

2nd \$350

3rd \$250

Case 1st \$500 2nd \$350

3rd \$250

Research Day awards may be adjusted at the discretion of the Research Review Committee.

Certificates will be awarded to participating presenters. Recordings of presentations, copies of program, awards selection and photos will be available on the CAMC website and CAMC social media.

For Questions or Information Contact: Elaine Davis Mattox, RN, Ed.D. at 304-388-9915 or Mary Emmett, PhD

elaine.davis@camc.org/elaine.mattox@camc.org or mary.emmett@camc.org

Important Links

Online Abstract Submission: https://redcap.link/w3vdbqvf.

QR CODE for Abstract Submission



Research Day Information Packet: (sample abstracts, screening criteria, judges scoring information).

Mark Your Calendar Save the Date

CAMC/WVU Annual Research Day

Tuesday, April 16, 2024

Submissions will be accepted by midnight February 2, 2024

Watch for additional details on the submission site which will open early January, 2024.

Guidelines for Writing an Abstract

Title:

- Short and concise
- Tells the reader what the study is about

Authors:

• Give credit to everyone who made a substantial contribution to the work.

Purpose:

- Presents the reason for doing the research
- States hypothesis or objective
- Limit purpose statement to about 3 sentences

Methods:

- 2-3 sentences about the approach
- May want to state population, data variables or analytics used

Results:

- Results should relate to the hypothesis/objective of the study.
- Significant results should include the p-value.

Conclusion:

- Show the impact of the research
- Tell the audience why this research is of value to society, the organization

Resident\Student Research Day Original Research Scoring Sheet

Presenter:	TOTAL:
PURPOSE: (maximum = 5) A. Purpose explicitly stated. B. Purpose not explicitly stated but obvious from the introduction C. Purpose unclear. Comments on Purpose:	Score:on.
HYPOTHESIS (maximum = 5) A. Hypothesis clearly stated. B. Hypothesis not clearly stated. C. If a hypothesis is not appropriate, is the research question clearly stated! Comments on Hypothesis:	Score:
ORIGINALITY (maximum = 15) A. Original work which does not duplicate previous work. B. Replication of a previous study with a clear statement as to v. C. Replication of a previous study without a clear statement of comments on Originality:	
DESIGN (maximum = 10) A. Prospective randomized controlled study. B. Prospective laboratory research. C. Prospective nonrandomized study. D. Retrospective clinical research. E. Case series without controls. Comments on Design:	Score:
VARIABLES (maximum = 10) A. Variables measured are appropriate to validate the hypothese B. Variables measured are not appropriate to validate hypothese Comments on Variables:	
STATISTICAL ANALYSIS (maximum = 10) A. Analytical methods are appropriate B. Statistical analysis is flawed but flaws in the analysis do not in or research question. C. Statistical analysis is severely flawed and threatens to invalid Comments on Analysis:	

Resident\Student Research Day Case Report Scoring Sheet

Presenter:	TOTAL:
PURPOSE: (maximum = 20) A. Clearly describes diagnostic problem and/or unusual findin B. Problem not explicitly stated but obvious from the introduce C. Purpose of case report unclear. Comments on Purpose:	
 DESIGN (maximum = 25) A. Case- well described (history and physical information presliterature search provided). B. Case described (all pertinent history and physical information presented). C. Case adequately described (all pertinent history and physical physical physical physical physical pertinent history and physical phys	ion presented, case follow-up
DISCUSSION/IMPORTANCE (maximum = 30) A. Unusual diagnostic problem or case study – rarity in the lite B. Unusual but not rare findings. Important previous work is c clearly explained. C. Places the current work in perspective. Some results not ex results are not explained. References are current, comprehe D. Relevance of work is not clear. References appear current Comments on Discussion	ited. Results and unexpected findings are plained well or alternative explanations for ensive and appropriate.
PRESENTATION (maximum = 25) A. Presentation delivered with minimal notes, eye contact main audiovisual aids, questions fielded appropriately B. Presentation delivered with notes, minimal difficulty with a questions. C. No eye contact maintained with audience, poor audiovisua Comments:	udiovisuals, minimal difficulty with
Total: (100 points possible)	
Overall Strengths:	
Overall Weaknesses:	

RESEARCH DAY - 2023 Judging Criteria for Poster Presentations

Topics to include either original research and case reports

1.	Appearance of the poster display (20 points possible):	
	• Does the display attract and hold viewer's attention?	
	 Text, figures, tables, and photos labeled and large enough to 	
	view from 4 to 5 feet away?	
	Is the display free of unnecessary detail?	
	 Are the graphs, charts and tables useful? (represent the data) 	
	Is the poster information organized and clear?	
	Does the poster accurately reflect what was summarized in the abstraction.	ract?
	No spelling errors, literature and scientific or trade names properly of the second scientific or trade names properly or trade names pro	
	to opening enteres, meranare and coreminate or make manifest property	Score
2.	Poster organization and preparation (35 points possible):	
	Abstract: easy to follow	
	 Highlights of research or case report project concise and easy to fin 	d
	• Introduction: covers previous literature, objectives and/or hypothesis	
	 Methods and Materials: covers enough detail but not too much verbia 	
	Includes experimental design or execution of experiment/project	3-
	Results and Discussion: overall results	
	Tables and Figures: appropriate quality, size, and number	
	• Colored photos: important to show results with pictures	
	Conclusions/summary statements are included and valid	
	Literature Cited: not too many but list key citations	
	Poster is concise, logical, and self-explanatory	
	Toster is concise, togreat, and seri explanatory	Score
3 (Originality and Merit (30 points possible)	
0, 0	Originality of research study or uniqueness of case report	
	 Subject is of importance, significance, and interest to the healthcare 	e profession
	 Previous literature appropriately cited in introduction and discussion 	5 pr 6 7 055.011
	 Objectives or hypothesis were clearly stated 	
	Work was well-conceived and properly executed	
	 Appropriate methods and experimental design to test hypothesis 	
	 Conclusions substantiated by data 	
	 Statistics used to evaluate data (if appropriate) 	
	Statistics used to evaluate data (if appropriate)	Score
1 V	(nowledge and Presentation (15 points possible)	50016
T. N	Student/Resident's enthusiasm of subject area	
	• Student/Resident's knowledge and competence in subject area	mavl
	• Presentation of poster highlights to judging committee (3-5 minutes	maxj
	 Ability to answer questions from judges 	Carra
_	1.00	Score
Tot	al possible points 100	
		Total Score

ORIGINAL RESEARCH

Example of an Abstract: (Word limit = 300)

Title: Treatment of acute myocardial infarction at United States academic hospitals.

Authors: Bradley G. Phillips, Pharm.D., Josephine M. Yim, Pharm.D., Edward J. Brown, Jr., M.D., Neville Bittar, M.D., Timothy J. Hoon, Pharm.D., Catherine Celestin, Pharm.D., Peter H. Vlasses, Pharm.D., FCCP, Jerry L. Bauman, Pharm.D., FCCP; University of Illinois at Chicago; University Hospital Consortium, Oak Brook, IL; Bronx-Lebanon Medical Center, Bronx, NY; University of Wisconsin; Bristol-Myers Squibb Company, Princeton, NJ.

Purpose: This study documented drug therapy received by patients surviving acute myocardial infarction (AMI) at U.S. academic hospitals in order to 1) compare prescribed drug therapy to established guidelines defined in the medical literature, and 2) evaluate evolving prescribing trends in pharmacologic management.

Methods: Medical records of 500 survivors of AMI admitted between April 1 and October 31, 1993 to 12 academic centers in the United States were reviewed. Patients' medical history, inhospital course, and specific drug management prior to admission, during the first 72 hours post AMI, and at hospital discharge, were documented.

Results: Thrombolytic therapy was prescribed in 29% of 500 patients studied and included: intravenous streptokinase (49%), tissue-type plasminogen activator (43%), acylated plasminogen-streptokinase activator complex (5%), and intracoronary urokinase (3%). A greater proportion of eligible patients received ß-blocker therapy than calcium channel antagonist therapy within the initial 72 hours (61% vs 40%, p<0.005) and at discharge (51% vs 35%, p<0.005). Women were less likely to receive thrombolytic therapy (OR=0.61; CI 0.54, 0.69) or β -blocker therapy within the first 72 hours (OR=0.61; CI 0.55, 0.67) and at hospital discharge (OR=0.53; CI 0.48, 0.58).

Conclusions: Streptokinase was the predominant thrombolytic agent used at academic hospitals studied during the period of data collection. Use of acute and chronic ß-blocker therapy has now surpassed that of calcium channel antagonist therapy in this setting. These changes may be due to the impact of large clinical trials. With few exceptions, the majority of surviving patients received appropriate pharmacologic therapies during the initial 72 hours and at hospital discharge.

Abstract: Taken from the American College of Clinical Pharmacy on How to Write an Abstract.

Short, descriptive, interesting title

Author's name and affiliation

Case description is sequenced in the order of history, physical, investigations, and course

Ergotism Masquerading as Arteritis Amy Tarnower, Associate, Department of Medicine, Michigan State University, East Lansing MI.

Ergotism is a condition characterized by intense generalized vasoconstriction. The infrequency with which it is encountered makes ergot poisoning a formidable diagnostic challenge. A 34-year-old woman consulted her doctor because of headaches,

dyspnea, and burning leg pain. A clinical diagnosis of mitral stenosis was made. Within a month, she had a cardiac catheterization because of progressive dyspnea. At catheterization, severe mitral stenosis was confirmed and an elective mitral value commisurotomy was scheduled. She presented to the hospital one day early because of increased burning in her feet and new onset right leg pain. In addition to mitral stenosis, the physical examination revealed a cool, pulseless right leg. An arteriogram showed subtotal stenosis and a pseudoaneurysm of the popliteal artery. At the time of the commisurotomy, a right femoral artery balloon dilation followed by patch graft repair of the stenosis was performed. On the fifth postoperative day, she experienced a return of the burning leg pain and the leg was again found to be cool and pulseless. An emergency arteriogram showed smooth segmental narrowing and bilateral vasospasm suggestive of severe, generalized large-vessel arteritis. Treatment was initiated with high-dose corticosteroids, anticoagulants, antiplatelet drugs, and vasodilators. Despite this, her condition worsened, with both legs becoming cool and pulseless. Additional history revealed that she had been abusing ergotamine preparations for a number of years to relieve chronic headache symptoms, and she continued to receive these medications during hospitalization. At this point, the ergotamine preparations were discontinued and an intravenous infusion of nitroprusside was begun, resulting in significant improvement within 2 hours and her symptoms completely resolved within 24 hours. The patient remained symptom-free after the nitroprusside was discontinued and was discharged from the hospital.

The discussion emphasizes the lessons of the case

This case illustrates the potential for severe vascular ischemia with use of ergotamine and the value of a complete history. Although the ischemia seen in this patient is rare, it was a predictable side effect of ergotamine use. Recognition of this syndrome is critical to institution of appropriate therapy and prevention of ischemic necrosis of an extremity.

Abstract fits inside the box

Short introduction that explains the relevance of the case

Example of Abstract Format. From The American College of Physicians 2/26/2016