

ATTENTION HOSPITALISTS, MEDICAL STUDENTS, RESIDENTS AND FELLOWS IN NORTHERN NEW JERSEY: ANNOUNCING A CALL FOR ABSTRACTS:

Annual Society of Hospital Medicine North Jersey Chapter Scientific Abstract Competition

Event Date: November 16, 2023

Location: Morton's the Steakhouse, 1 Riverside Square Mall, Hackensack, NJ

Time: 6:00 PM

Content: Poster Session plus clinically relevant educational talks

Cost: Free

Awards: The top scoring abstract will receive automatic acceptance to the National Scientific Abstract Competition taking place at SHM's annual conference, Converge, April 12-15, 2024 in San Diego, CA and will receive a \$500 travel stipend to attend the conference. This person will also be required to submit their abstract to the national submission site by the November 29, 2023 deadline in order to be accepted. The second and third place winners will each receive \$200. The final 2 runner ups will each receive a \$50 Amazon e-gift card.

For all presenters: Attendee discussion and feedback on work, encouragement to submit to SHM national competition, local opportunity for academic pursuit.

RIV Competition Coordinators: Northern NJ SHM Chapter Leadership, please email at njshmchapter@gmail.com

Abstract submission due date: October 31, 2023

Statements of Disclosure:

Conflict of Interest Policy

The Society of Hospital Medicine (SHM) promotes improved inpatient care, teaching, and research in the field of hospital medicine. SHM strives to ensure that these goals are met throughout its educational activities and academic competitions. All authors submitting abstracts to the Research, Innovations, and Clinical Vignette Competition are required to disclose any relationships with pharmaceutical companies, biomedical device manufacturers, or other organizations that could represent potential conflicts in their presentation. The submitting author is responsible for providing disclosure information for all co-authors. This

requirement applies to currently existing relationships or relationships within the past year that relate to the abstract entry. The principal intent of this disclosure is not to prevent authors with a potential conflict from submitting an abstract or presenting their work. Rather, disclosure information will assist the abstract committee members in the review process.

Permissions

The author submitting this abstract acknowledges that he/she and all coauthors have seen and agree with the following: the contents of the abstract; responsibility for clinical trial data (if applicable); that the abstract has not been published in a peer-reviewed journal prior to December 31 of the current year (prior presentation of the abstract at other meetings is allowed); disclosures of financial interest in or support from, or equity positions in, manufacturers of drugs, services, or products mentioned in the abstract; trial registry information. Finally, all authors and coauthors acknowledge understanding that plagiarism will not be tolerated and result in withdraw of the abstract and a thorough investigation that could result in prohibition from participation. Abstract authors are solely responsible for obtaining any applicable permission for using graphics or information included in their abstract. For guidelines, please see the Wiley Blackwell Permission Guidelines for Authors.

Type of Submissions:

Examples of abstract submissions from 2016, 2015, 2014, and 2013 can be found in the online abstract supplements to the Journal of Hospital Medicine.

1. Research

Submissions can report clinical research, basic science research, or a systematic review of a clinical problem. Research abstracts concerned with the highlighted topic areas above, as well as efficiency, cost, or method of health care delivery methods and medical decision-making are also encouraged.

Abstracts submitted for the research category should adhere to the following headings:

- **Background**
- **Methods**
- **Results**
- **Conclusions** (Do not use phrases such as “The results will be discussed.”)

Research categories include:

- Communication
- Transitions of Care
- Outcomes Research
- Patient Safety
- Quality Improvement
- Translating Research into Practice
- Technology in Hospital Medicine
- Value in Hospital Medicine
- Education

- Geriatrics
- Pediatrics
- Perioperative
- Consultative Medicine
- Pediatrics
- Other

2. Innovations

Authors who wish to describe an innovative program in hospital medicine are encouraged to submit to this category. Innovations will primarily be descriptive, but they may also include preliminary data. A more rigorous evaluation of an innovative program should be submitted as a research abstract rather than as an innovation. For example, an innovation may describe a novel strategy for disseminating practice guidelines, whereas a research abstract may analyze its impact on length of stay. Please note that all innovations submissions must report on an activity that has already been piloted or fully implemented in the healthcare setting. Ideas for innovations that are being planned but have not yet been implemented will not be reviewed.

Any type of innovation may be submitted, including (but not limited to) critical pathway development and dissemination, medical education, faculty development, handheld computers, computerized medical records, billing and collections, patient safety interventions, communications, and teamwork with other care team members. For example, a description of a unique patient safety issue, the associated interventions, and root cause analysis resulting in systems-based modifications would be an innovation of interest to others in the field of hospital medicine.

Abstracts submitted for the innovations category should adhere to these headings:

- **Background**
- **Purpose**
- **Description**
- **Conclusions**

Suggested categories include:

- Communication
- Transitions of Care
- Outcomes Research
- Patient Safety
- Quality Improvement
- Value in Hospital
Medicine
- Translating Research
into Practice
- Education
- Geriatrics
- Pediatrics
- Perioperative

- Consultative Medicine
- Pediatrics
- Other

3. Clinical Vignettes

A clinical vignette is a report of one or more cases that illustrates a new disease entity or a prominent or unusual clinical feature of an established disease, highlights an area of clinical controversy in hospital medicine, or illustrates a unique patient safety issue. It may include a summary of pertinent patient history, physical findings, laboratory data, or management description. It should be clear from the discussion portion of the abstract why the vignette is most appropriate for a hospital medicine (versus general internal medicine) competition. Clinical vignettes will be judged on originality, organization, writing ability, and relevance to hospital medicine. Clinical vignettes can be submitted as adult vignettes or pediatric vignettes.

Abstracts submitted for the clinical vignette category should adhere to these headings:

- Case presentation
- Discussion
- Conclusions

INSTRUCTIONS ON ABSTRACT SUBMISSION:

The abstract limit is 3,000 characters including spaces.

Tables and graphics: Please keep in mind that each table and graph will count as 200 characters and will contribute to the total character count. **No more than 2 tables or graphics will be accepted.**

Style: Write for clarity and directness. It is NOT acceptable to state that “the results will be discussed.” Avoid the use of medical jargon or stock empty phrases.

Abbreviations, Symbols, and Nomenclature: Usage should conform as closely as possible to that recommended in the CBE Style Manual (6th edition, 1994), published by the Council of Biology Editors and available from CBE Secretariat, 9650 Rockville Pike, Bethesda, MD, 20814. Nonstandard abbreviations must be kept to a minimum and must be explained when used. Generic names of drugs are preferred: a propriety name may be given only with the first use of the generic name.

Units of Measurement: Metric (SI), including those for height, length, mass (weight), and body temperature should be used. Measurements for substances of known, pure composition should be in millimoles/milliliter or millimoles/liter.

For mixtures of substances where exact composition is not known, use grams/liter.

IRB or other research approval: If human or animal species were exposed to risks not required by their medical needs during the study included in the abstract, the author affirms that the study was approved by an appropriate committee. If no such committee was available and informed consent was needed, the author affirms that approval was obtained in accordance with the principles set forth in “The

Institutional Guide to DHEW Policy on Protection of Human Subjects” and the “Guide for the Care and Use of Laboratory Animals,” published by the NIH.

Proof read abstracts carefully to avoid errors before they are submitted.

Abstract Selection

Authors of selected abstracts will be invited to create a poster to display and compete at the November 16 SHM North Jersey Chapter meeting.

Judging will occur on-site during the poster session and winner will be announced that day.

TO SUBMIT: Send abstracts meeting the above criteria to njshmchapter@gmail.com

Please send your contact information including e-mail and disclosure statements for all authors.

Trainees may have mentors or co-authors who should be credited for their contributions, but the majority of the effort and first authorship should be on the part of the trainee.