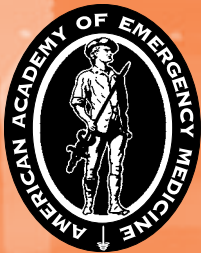


The Journal of Emergency Medicine & The American Academy of Emergency Medicine
present the 11th Annual AAEM/JEM Resident and Student Research Competition



\$5,000 in prize money

11th Annual AAEM/JEM
Resident and Student Research Competition

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A M E R I C A N A C A D E M Y O F E M E R G E N C Y M E D I C I N E

CALL FOR PAPERS

15TH Annual Scientific Assembly

Abstract Submission Form and Instructions — Submission Deadline: **November 21, 2008**

2009
March 2-4

PHOENIX ★ **ARIZONA**
Sheraton Phoenix Downtown Hotel

Abstract Submission Form and
Instructions



Submission Deadline:
November 21, 2008

The AAEM/JEM Resident and Student Research Competition is designed to recognize outstanding research achievements by residents and students in emergency medicine. To apply, an abstract summarizing the objectives, methods, results and conclusions of the research performed must be submitted according to the instructions detailed in this brochure. Submitted abstracts will be judged by the AAEM Abstract Review Committee, who will select eight for oral presentation at the Resident and Student Research Forum during AAEM's 15th Annual Scientific Assembly, March 2-4, 2009, in Phoenix, AZ. Final judging of the eight oral presentations will take place at the Scientific Assembly. Abstracts not selected for oral presentation will be displayed as poster presentations during the Scientific Assembly. Please do not submit an abstract if you are not prepared to travel to the Scientific Assembly in Phoenix and present it in the session selected by AAEM. The presenter of the oral abstract judged to represent the most outstanding research achievement will receive a \$3,000 honorarium. \$1,500 and \$500 honoraria will go to the presenters of the second and third place oral abstracts respectively.

Abstract Submission Instructions

Authors should read the abstract submission instructions carefully. The deadline and space requirements are strictly enforced in order to give all authors an equal opportunity to submit their data in the same amount of space and under the same time constraints.

1. Resident or Medical Student Status - In order to be eligible for consideration, the first author and principal investigator of each abstract submitted must be either a (1) resident in an accredited emergency medicine training program in the United States, or (2) medical student in an accredited institution in the United States with a strong interest in emergency medicine as a future profession. To verify this, each submission form must be signed by the appropriate program director.
2. **Submission Deadline**
 - Electronic submissions will be accepted beginning September 8, 2008.
 - Abstract receipt deadline for paper/CD submission is November 10, 2008.
 - Abstract receipt deadline for electronic submission is November 21, 2008.
 - Paper/CD submissions must use an official abstract submission form.
3. There is no fee for submitting an abstract. All abstracts must be submitted and presented in English.
4. If you have questions regarding the abstract submissions or the 15th Annual Scientific Assembly, please call AAEM at (800) 884-2236 or e-mail kfilipiak@aaem.org.

ABSTRACT SUBMISSION GUIDELINES

Electronic Submission Deadline: November 21, 2008

Paper/CD Instructions

Abstracts must be submitted on CD as an electronic file using any of the available word processing programs. Microsoft Word 5.0 or higher is the preferred program.

Please label the outside of your CD with the following information:

1. Name of presenting author
2. Title of abstract

Electronic Instructions

Abstracts can be submitted electronically by e-mailing your abstract to Kate Filipiak at kfilipiak@aaem.org.

When submitting your abstract electronically, please include the following information:

1. Name of presenting author
2. Title of abstract
3. Contact information
4. When submitting your abstract electronically, please fax the abstract submission form to (414) 276-3349 with required signatures.

Presenting Author Information

Include the presenting author's name, address, telephone and fax numbers, as well as an e-mail address. Only the presenting author listed on the submission form will be notified of abstract acceptance.

Funding

Indicate what monies have funded the research.

Disclosure of Relevant Financial Relationships

In accordance with the essentials and standards set forth by the Accreditation Council for Continuing Medical Education, as well as guidelines proposed by the Food and Drug Administration and endorsed by the American Medical Association, an author with a conflict of interest with the content of their abstract must disclose that conflict prior to presentation. A conflict of interest includes, but is not limited to, any relevant financial relationship in a company, product or procedure mentioned in the abstract or in the presentation to be given at the conference. The authors must complete the disclosure form included on the submission form. A conflict in and of itself will not eliminate an abstract from consideration.

Previous Presentations of Abstracts

No abstract published as an article on or before November 1, 2008, may be submitted for this competition. Abstracts that have been presented at the national meetings of other organizations should also not be submitted for consideration.

Informed Consent

Any studies involving human subjects must conform to the principles of the Declaration of Helsinki of the World Medical Association (Clinical Research 1966; 14:103) and must meet all the requirements governing informed consent of the country in which the research was performed.

Abstract Publication

All oral abstracts presented at AAEM's 15th Annual Scientific Assembly will be published in the May 2009 issue of *The Journal of Emergency Medicine*. Ownership of abstracts not accepted reverts to the authors.

Notification of Abstract Selection

Authors of all abstracts submitted by November 21, 2008, will receive notification of acceptance or rejection by January 5, 2009.

Withdrawals and Revisions

Withdrawals and revisions must be received in writing by December 19, 2008. No changes will be possible after that date.

ABSTRACT FORMATTING

1. Use 12 point Times New Roman (or similar) type. If Times New Roman is unavailable, other options include Helvetica or Courier. Limit text to 2,500 characters including spaces, and single space all text in the body of the abstract.
2. Do not indent the title. Capitalize only the first letter of each word in the title. List author names using initials only for first and middle names. Underline author names continuously. Include institution, city and state where research was performed. Omit degrees, titles, institutional appointments, street addresses and zip codes. Single space entire abstract. The left-hand margin of the abstract's text should be perfectly aligned.
3. Use of abbreviations - The use of standard abbreviations is desirable. A special or unusual abbreviation should be placed in parentheses after the first appearance of the full word it represents. Numerals rather than words should indicate numbers, except to begin sentences.
4. Use of drug names - Each time a proprietary drug name is used in the abstract, the first letter is capitalized. Non-proprietary (generic) drug names are preferred and are not capitalized.
5. Structuring the abstract - Structured abstracts facilitate explicit presentation of critical information and objective assessment of scientific validity. Each abstract should include the following topic headings. It is not necessary to begin a new line or leave extra space between topic headings.

Objectives: A precise statement of the purpose of the study or the pre-study hypothesis. This may be preceded by a brief introduction summarizing past work or relevant controversies that place the study in perspective.

Methods: A brief statement of the methods used, including pertinent information about the study design, setting, participants, subjects, interventions and observations.

Results: A summary of the results presented in sufficient detail to support the conclusions.

Conclusions: Conclusions should be succinctly stated and firmly supported by the data presented. Note important limitations.

● SAMPLE ABSTRACT ●

The Effect of Etomidate on Septic Patient Mortality and Length of Stay
 HF Watts, KL Tekwani, CW Chan, KH Rzechula, S Nanini, EB Kulstad
 Advocate Christ Medical Center, Oak Lawn, IL

Objectives: Etomidate is known to cause adrenal suppression after single-bolus administration, and some studies suggest that this suppression leads to increased mortality, vasopressor requirements, and length of hospital stay when etomidate is used as an induction agent for intubation of septic patients in the emergency department (ED). We sought to determine differences in the in-hospital mortality and length of stay between septic patients given etomidate and patients given alternative or no induction agents for rapid sequence intubation (RSI) in our ED. Our null hypothesis was equivalence in mortality and length of stay between cohorts.

Methods: We performed a non-randomized, prospective observational study of all patients meeting sepsis criteria intubated in our ED over a 7 month period. We recorded times of presentation, intubation, admission, discharge and/or death, as well as intubation agent and corticosteroid use for all patients, and recorded relevant laboratory and demographic variables to determine severity of illness using the Mortality in Emergency Department Sepsis (MEDS) score. We then compared mortality and survivor length of stay (LOS) between the patients given etomidate and those given alternative or no induction agents. A sample size of 34 patients per group enabled detection of an effect size on LOS of 0.7 and a mortality difference of 30% with a two-sided α of .05 and power of 80%.

Results: A total of 107 patients with sepsis were intubated over the study period. Of these, 72 patients received etomidate while 35 patients received ketamine, versed, or no induction agents. Age in years (median 78, IQR 66 to 83), gender (46 % male), MEDS score (median 13, IQR 10 to 15), and receipt of supplemental corticosteroids (50%) were statistically similar between the two groups. In-hospital mortality of patients given etomidate (39%, 95% CI 28% to 50%) was similar to those receiving alternatives (40%, 95% CI 26% to 56%). Surviving patients had increased hospital LOS after receiving etomidate (10 days) compared to those receiving alternatives (7 days), $p=.03$, Mann-Whitney U test.

Conclusions: Patients in our ED given etomidate for RSI and surviving to hospital discharge had a significant increase in length of hospital stay, but no difference in mortality, compared to patients given alternative induction agents.

I had a wonderful experience participating in the AAEM/JEM Research competition. The competition is a welcoming forum for residents to present their research in a national setting. It is an opportunity that gives unparalleled experience for future endeavors. I loved meeting and socializing with other residents with similar interests from across the nation and sharing our research with one another. Thank you AAEM for such a valuable opportunity!

Hannah Watts, MD (PGY II)



Abstract Submission Form

The AAEM/JEM Resident and Student Research Competition
 Submission Deadline: November 21, 2008

First Author Information

First Name: _____
 Last Name: _____ Degree (MD/DO): _____
 Send additional information to my: Home Institution (address below)
 Institution: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

Funding/Disclosure of Relevant Financial Relationships

This research was funded by: _____
 University monies, specify: _____
 Grant monies, specify: _____
 Industry, specify: _____
 Self: _____
 Does the author(s) or presenter have relevant financial relationships?
 No
 Yes, specify: _____

Paper/CD Submission Checklist

Abstract character count is limited to 2,500 characters including spaces.
 One CD labeled with the following information:
 • Name of presenting author
 • Title of abstract

Submission

Submission of signed form indicates acceptance and compliance with all abstract submission instructions, including final withdrawal date of January 2, 2009, and constitutes a commitment by the author(s) to present the abstract if accepted. *Signature also represents your acceptance of the printing of the abstract in the Journal of Emergency Medicine.*

First Author's Signature: _____
 Program Director's Signature: _____

Return Completed Form and CD to:
 AAEM/JEM Resident and Student Research Competition
 American Academy of Emergency Medicine
 555 East Wells Street, Suite 1100
 Milwaukee, WI 53202-3823
 Phone: (800) 884-2236 • Fax: (414) 276-3349
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