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 19th Annual Scientific Assembly, February 9-13, 2013, in Las Vegas. 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 Las Vegas 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 ACGME, AOA or ACGME-I accredited emergency medicine training program or (2) medical student in an LCME/COCA accredited institution with a strong interest in emergency medicine as a future profession, or a medical student with a strong interest in emergency medicine whose country is found within the Directory of Organizations that Recognize/Accredit Medical Schools (DORA). To verify this, each submission form must be signed by the appropriate designated official (e.g., program director, dean).

2. Submission Deadline
   - Electronic submissions will be accepted beginning September 28, 2012.
   - Abstract receipt deadline for paper/CD submission is November 26, 2012.
   - 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 for the 19th Annual Scientific Assembly, please call AAEM at (800) 884-2236 or email Marcia Blackman at mbblackman@aaem.org.

Abstract Submission Guidelines
Paper/CD Submission Deadline: November 30, 2012

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 Submission Deadline: November 30, 2012

Electronic Instructions
Abstracts can be submitted electronically by emailing your abstract to Marcia Blackman at mbblackman@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 email 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 October 1, 2012, may be submitted for this competition. Abstracts that have been presented at the national meetings of other organizations should 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 19th Annual Scientific Assembly will be published in the April 2012 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 30, 2012, will receive notification of acceptance or rejection by January 8, 2013.

Withdrawals and Revisions
Withdrawals and revisions must be received in writing by December 15, 2012. 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. Lis 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 first-left 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.
Assault-Related Trauma Among Illinois Women: Results Of A Large Statewide Multivariate Analysis

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Objectives: There are known racial disparities in trauma in the United States, especially in women. While African Americans are 13% of the population, they represent 15% of all nonfatal violent crimes and 26.4% of intimate partner violence. Racial disparities intersect with risk factors of alcohol, drug use and lack of insurance to create a susceptible population. The purpose of this study is to determine predictors of assault in women and predictors of high-risk behaviors in assaulted women in order to inform injury prevention efforts.

Methods: Retrospective cohort study was performed, analyzing the Illinois Department of Public Health Trauma Registry, which consists of all trauma cases statewide. For the years 1999-2003, all women aged 15-50 whose mechanism of injury was assault were identified and compared with all other mechanisms of injury. Demographic data were collected and subsequent multivariate regression analysis was performed.

Results: Of the 26,602 women reviewed, 10.4% (n=2,761) were assaulted. Women who were assaulted were significantly more likely than women with other mechanism of injury to be nonwhite (75.6% vs 34.6%, p<0.001), and to use alcohol (54.7% vs 39.6%, p<0.001) and drugs (25.0% vs 16.2%, p<0.001). Independent predictors of assault in women include African American race (OR 3.9, p<.001), and drugs (25.0% vs 16.2%, p<0.001). Alcohol use, drug use and lack of insurance in assaulted women were each predicted by the other variables. When evaluating for interaction effects, drug use was found to be predicted entirely by lack of insurance.

Conclusion: Women of color are under-represented in assault victims. Since drug use and lack of insurance also coexist in this patient population, strategies such as culturally competent violence prevention programs, assistance with drug and alcohol treatment and other focal interventions could be useful in this population.

“The AAEM/JEM Resident Research Competition was an excellent opportunity to present my original research to a panel of veteran emergency medicine physicians. It allowed me to gain confidence in my oral presentation skills and practice answering detailed questions about my abstract. This exceptional experience allowed me to grow as a physician and researcher, and I encourage all students and residents with emergency medicine research projects to submit their abstracts.”