The Journal of Emergency Medicine & The American Academy of Emergency Medicine present the 13th Annual AAEM/JEM Resident and Student Research Competition

CALL for PAPERS

$5,000 in prize money
13th Annual AAEM/JEM Resident and Student Research Competition

Abstract Submission Form and Instructions — Submission Deadline:
November 19, 2010

17th Annual Scientific Assembly
FEBRUARY 28–MARCH 2, 2011

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 17th Annual Scientific Assembly, February 28–March 2, 2011, in Orlando, Florida. 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 Orlando 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 5, 2010.
   - Abstract receipt deadline for paper/CD submission is November 12, 2010.
   - Abstract receipt deadline for electronic submission is November 19, 2010.
   - 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 17th Annual Scientific Assembly, please call AAEM at (800) 884-2236 or e-mail kfilipiak@aaem.org.

Abstract Submission Guidelines

Electronic Submission Deadline: November 19, 2010

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 October 1, 2010, 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 17th Annual Scientific Assembly will be published in the May 2011 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 19, 2010, will receive notification of acceptance or rejection by January 5, 2011.

Withdrawals and Revisions

Withdrawals and revisions must be received in writing by December 17, 2010. 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.
How Accurately Do Emergency Physicians Diagnose Source of Infection in Patients with Severe Sepsis/Septic Shock?

Roberta Capp and David F.M. Brown, Massachusetts General Hospital, Harvard Medical School, Boston, MA.

Objectives: International guidelines for sepsis recommend the administration of broad spectrum antibiotics based on the source of infection determined by a physician. Guidelines suggesting different combinations of antibiotics for each source of infection have been previously published by ED-Sepsis working group. Here, we evaluate the diagnostic accuracy of emergency physicians in determining the source of infection in patients with sepsis.

Methods: Retrospective consecutive case series of all admissions to the ICU from the ED for sepsis from Nov 1, 2006 to Nov 01, 2007. The setting was an urban academic 900-bed hospital with a >80,000 annual patient visit ED. All patients admitted to the ICU from the ED during the study period were screened and based on ICD-9 codes, a subset of charts were reviewed in order to determine whether they met specific criteria for septic shock as described by the 1991 Society of CCM Consensus Statement on Sepsis Definitions. Source of infection was extrapolated from ICU admission note, initial laboratory results, as well as radiographic studies. Discharge summary dictated final source of infection. Appropriate antibiotic coverage was defined as that which covered the offending organism based on final culture result.

Results: 1400 consecutive ICU admissions were screened and based on ICD-9 codes, 406 charts were reviewed. 170 patients met criteria for severe sepsis/septic shock. Mean age was 66 years (+/- 17); 61% were male. Initial source of infection and final source of infection respectively were as follows: pulmonary 40% and 43%, GU 12% and 25%, GI 26% and 19%, skin 2% and 8%, catheter related infections 1% and 3%, other 5% and 2% and unknown 25% and 0%. Diagnosis of source of infection by EPs was correct 57% (95% CI .49-.65) of the time. EPs covered 81% (95%CI .74-.88) of patients with appropriate antibiotics.

Conclusions: In this single-site study, less than 60% of patients admitted to the ICU with severe sepsis/septic shock had the source of infection correctly identified in the ED and only ~80% had appropriate initial antibiotic coverage. Antibiotic guidelines that are broader spectrum would be one solution to allow for more patients to be adequately covered with initial antibiotics. This study has the limitations of being a single site, retrospective series with one chart abstracter.

The AAEM/JEM Research Competition is an excellent opportunity for residents to showcase their research projects and get meaningful feedback from faculty participants. The submission process and judging were very friendly and inviting. I will definitely apply again the following year.

Roberta Capp, MD