

SHM Scientific Abstract Competition: Research, Innovations, and Clinical Vignettes (RIV) Submission Guidelines

Submission Site Info and Deadline

You will be able to submit your abstract at the [submission site](#) until the **deadline of Tuesday, December 1, 2015, at 11:30 p.m. EST**. For consideration in the competition, you must submit your abstract prior to the deadline; no exceptions will be made.

Reminders:

- SHM started working with a new abstract submission site, Conference Exchange, in 2014. If you are not familiar with it, please factor in ample time for setting up your account and acquainting yourself with the system. We **strongly** recommend that you submit your abstract well in advance of the deadline in the event of technical difficulties or questions. **Technical support can be reached:**
 - By phone, **Monday through Friday, 8:30 AM to 6:00 PM Eastern US time**, at (401) 334-0220.
 - Outside of the above hours by emailing shm@confex.com. This mailbox is monitored periodically by technical support between 7 AM and 11 PM on weekdays, and between 8 AM and 11 PM on weekends.
- **Acknowledgement of Authorship and Responsibilities:** On the submission site, the submitter will be asked to check a series of [Acknowledgement of Authorship and Responsibilities](#) statements. The abstract will remain in draft form until these acknowledgements are checked. *Prior to beginning the submission process, please read these statements to ensure that you are fully prepared to submit your abstract.*
- **Images:** if you are including an image in your abstract, **you can only upload one image file. If you would like to include up to two (maximum) images with your abstract, they must be combined in a single file, saved in one of the following formats:** JPEG (*.jpg), PNG image (*.png), or GIF image (*.gif). Please click these links for tips on how to create one file of multiple images:
 - [Click here for tips for PC users.](#)
 - [Click here tips for Mac users.](#)
- **Resources:** These resources are available to assist you in developing your abstract:
 - **Online Abstracts:** successful abstract submissions from 2015, 2014, 2013, and 2012 can be found in the [online abstract supplements to the Journal of Hospital Medicine](#).
 - **HM13 Poster Finalists:** the finalist poster PDFs from HM13, and presentations from the winning poster presenters, can be viewed on the [RIV Poster Finalists Site](#).

Official Rules

Eligibility: SHM is accepting abstract submissions in three categories: research, innovations, and clinical vignettes. Abstracts are eligible for submission if they have not been published in a peer-reviewed journal prior to December 31, 2015. Submissions presented at SHM regional meetings or other organizations' meetings (e.g., SGIM, ACP) within the past year are eligible for submission unless they have been published in a peer-reviewed journal or journal supplement. Abstracts published in meeting proceedings or other materials that are not copyrighted are eligible for submission. It is the responsibility of the submitter to check on whether material is copyrighted. **SHM and Wiley Blackwell do not prohibit authors from submitting their abstracts to other meetings following acceptance to the SHM annual meeting, or require permission for the abstracts to be printed in other publications.**

Author/Submitter Responsibility: The first author should be an SHM member in good standing and will be expected to present the poster at the annual meeting, if selected. Other authors need not be SHM members to be included on the abstract. However, if the first author appoints another person to present the poster or presentation at SHM's annual meeting, the presenter must be, or become, an SHM member prior to the

meeting.

The first author is also responsible for adhering to the Conflict of Interest Policy, obtaining disclosure information from all coauthors, and ensuring that all coauthors meet the definition of authorship as stated by the International Committee of Medical Journal Editors. ***Only the first author will receive email communications regarding the abstract, and it is his/her responsibility to communicate any notifications with co-authors, to accept or decline the invitation to present the abstract, if applicable, and to withdraw the abstract, if applicable.***

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. Accepted abstracts will appear in an online abstract supplement of the *Journal of Hospital Medicine*. 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 2015, 2014, 2013, and 2012 can be found in the [online abstract supplements to the Journal of Hospital Medicine](#). The finalist poster PDFs from HM13, and presentations from the winning poster presenters, can be viewed on the [RIV Poster Finalists Site](#).

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. Click for an [example](#).

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.”)

To help us to effectively group your abstract onsite at HM14, we will also ask you to identify a sub category for your abstract. This will not affect the judging or selection process. Please select a category that most closely describes your abstract:

- 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

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. Click for an [example](#).

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

To help us to effectively group your abstract onsite at HM14, we will also ask you to identify a sub category for your abstract. This will not affect the judging or selection process. Please select a category that most closely describes your abstract:

- 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

To help us to effectively group your abstract onsite at HM14, we will also ask you to identify a sub category for your abstract. This will not affect the judging process, and could include:

- Patient safety and QI
- Outcomes Research
- Communications and transitions of care
- Translating research into practice
- Other

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 and will be judged separately. Click the links for a [pediatric example](#) and an [adult example](#).

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

- Case presentation
- Discussion
- Conclusions

To help us to effectively group your abstract onsite at HM14, we will also ask you to identify a sub category for your abstract. This will not affect the judging process. Please select one:

- Pediatric
- Adult

Submission Instructions

Abstracts for each category must be submitted using the online abstract submission process. Prior to beginning the submission process, **please read the [Acknowledgement of Authorship and Responsibilities](#) statements** to ensure that you are prepared to move forward with submitting your abstract.

Instructions for submitting an abstract are provided at the submission site. The process is simple and takes approximately 20-30 minutes to complete. The abstract limit is 3,000 characters including spaces. You will receive an instant notification if you exceed the acceptable limit; if you do not receive a notification that you have exceeded the space limit, you can assume that your abstract has met the character requirements.

Omit all author names, institutions/organizations, and geographical references in the abstract text. This will

help ensure proper blinding for the competition judging.

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.**

- A graphic is to be submitted using either .jpg, .jpeg, or .gif format.
- A graphic may appear large on screen, but will be adapted for publication. Graphics that are poor resolution or unclear may be removed from abstracts that are accepted for publication.

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.

Finalizing your abstract: Submitters may return to the online system to edit abstracts, revise information, correct typographical errors, tables, and graphics, or to delete a submission at any time before the submission deadline. After this time, the system will be closed, and abstracts will be forwarded for the reviewing process. An author may not revise or resubmit an abstract in order to make changes or corrections after this deadline.

Proofread abstracts carefully to avoid errors before they are submitted. *The Society of Hospital Medicine is unable to make changes to your abstract. This includes typographical errors. If selected, abstracts may be published in print and electronic versions exactly as submitted.* Submit high resolution tables and graphics since poor quality images will be difficult to read in print and electronic versions. Images and graphics that are not of a suitable quality for publication will be removed from the online supplement.

Abstract Selection

Abstracts will be blinded and scored by a panel of reviewers assigned to each category (research, innovations, and clinical vignettes). The reviewers may decide to reassign your abstract to another category, and ultimately, they will decide whether your abstract is selected for the plenary session, the oral session, or the poster session. Typically, the highest scoring abstracts are selected for the oral and plenary sessions.

The abstracts selected for the poster competition will be displayed onsite at HM14. *Please note that because of the number of submissions, not all posters will be judged on-site — only a select number of posters in the three categories*

will be judged in person. Finalists for judging will be notified 2 weeks prior to the meeting.

The abstracts selected for plenary and oral presentation are not eligible for presentation in the poster session. Invitation and instructions for oral and poster presentations will be provided upon notification of selection. Please note that dates and times are subject to change; we will notify abstract authors via e-mail of any changes.

Notification of Results: All first authors will be notified if abstracts are accepted via e-mail. Awards will be given at the Annual Meeting to the best poster(s) and oral sessions in each category. Judges will consider not only the quality of the initial abstract submission but also the quality of the poster and presenting author's discussion of his/her work during the poster session.

Presenting Author's Availability

The presenting author (preferably the first author) must be available to present his or her work at the **HM16 Annual Meeting, March 7-9, 2016.**

Poster presenters, including residents and fellows, are responsible for any associated costs of attending the meeting, including registration, travel, and poster preparation and mailing costs. Acceptance of your abstract for a poster or oral presentation does not waive the meeting registration fee. Please visit the SHM meeting site for registration and travel information. Presenting authors, including residents and fellows, must be members of SHM, or become members of SHM, prior to the meeting. Membership will result in a reduced registration fee.

Publication of Abstracts

Accepted abstracts will appear in an online abstract supplement of the *Journal of Hospital Medicine*. Abstract authors are solely responsible for obtaining any applicable permission for using graphics or information included in their abstract. For guidelines, please go to the [Wiley Blackwell Permission Guidelines for Authors](#).

Acceptance/Withdraw of Your Abstract

Acceptance notifications will be emailed on Jan 6, 2016. You will have until January 20, 2016, to accept the invitation to present your poster at the annual meeting. Your acceptance will be considered a commitment to attend the meeting and present the poster. After accepting, if you find that you are no longer able to attend the meeting, you may send someone to present in your place, but this must be communicated to SHM in writing. In accordance with the guidelines, the presenter that you send must be, or must become, a member of SHM prior to the meeting. The presenter will be expected to register for the meeting for at least the day of the poster session.

SHM recognizes that emergencies arise, so if you choose to withdraw your poster after the deadline, please send a request to SHM in writing no later than February 7, 2016.

Abstract authors who repeatedly accept the invitation to present but fail to attend the meeting will be barred from participating in future abstract competitions. SHM staff will take note of any empty boards at the meeting and issue a warning to those authors after the meeting.

Questions?

At SHM's RIV Resource Center, you will find many helpful resources related to SHM's RIV competition.

<http://www.hospitalmedicine.org/Content/NavigationMenu/Education/AcademicandResearch/home.htm>

- Technical questions related to submitting your abstract, such as forgotten username and password, issues with uploading text and photos, etc., should be addressed to Conference Exchange Technical support:
 - By phone, **Monday through Friday, 8:30 AM to 6:00 PM Eastern US time**, at (401) 334-0220.
 - Outside of the above hours by emailing shm@confex.com. This mailbox is monitored periodically

by technical support between 7AM and 11 PM on weekdays, and between 8AM and 11 PM on weekends.

Questions about the abstract process should be directed to jbowman@hospitalmedicine.org.