**First Annual North Carolina Chapter, American College of Physicians**

**Research, Innovations, and Clinical Vignette Poster Competition for Early Career Physicians \***

**Date: Saturday, February 27, 2016**

**Location: Grandover Resort**

**Viewing Time begins: 9:30AM**

**Judging Time: 9:30-10:30 AM**

Abstract submission deadline: December 11, 2015

Abstracts can only be submitted electronically online: <https://www.acponline.org/about_acp/chapters/nc/abstract15ecp.htm>

*\*Presenters must be members of ACP and be within 16 years of graduating from medical school, and have completed residency/fellowship. This is not yet a national program and the NC,ACP is proud to be piloting this venue for Early Career Physicians with the hopes of national adoption by 2017.*

**Type of Submissions: Research, Innovations, Clinical Vignettes**

**I. 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:

1. Background
2. Methods
3. Results
4. Conclusions

**II. Innovations**

Authors wishing to describe an innovative program are encouraged to submit to this category. This may include Quality Improvement project, Patient Safety Measures, High Value Care innovations etc. The projects may be primarily be descriptive, but 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.** 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 selected.

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.

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

1. Background
2. Purpose
3. Description
4. Conclusions

**III. 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. Clinical vignettes will be judged on originality, organization, writing ability, and relevance to hospital medicine.

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

1. Case presentation
2. Discussion
3. Conclusions

**INSTRUCTIONS FOR ABSTRACT SUBMISSION:**

**Length:** Abstracts must not exceed 450 words.

**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.

**Conflict of Interest Policy:** 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 s/he 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

**Co-Authorship:** The majority of the effort and first authorship must be on the part of the early career physician who is first author. Co-authors must be credited for their contributions. All first authors will be required to attest that they are within 16 years of completing medical school and have completed their residency/fellowship.

**Awards**

The top poster in each category will be recognized with a commemorative plaque, and winners’ names will be forwarded to the national ACP for recognition at the Young Innovators Program at the IM 16 meeting in Washington, DC in May 2016. Winners will also be featured in the NC,ACP Governor’s Newsletter. This is not yet a national program, and the NC,ACP is proud to be piloting this venue for Early Career Physicians.

**Questions?**

Please direct questions to Richard Wardrop ([Richard\_wardrop@med.unc.edu](mailto:Richard_wardrop@med.unc.edu)), Program Chair for the NC ECP Poster Competition.