Submitting your abstract to the SAEM Annual Meeting

In choosing abstracts for our annual meeting, SAEM's goals are logic, fairness, and transparency. Abstracts are scored according to their scientific quality, medical importance, and publication readiness. We do not believe one form of research is inherently better than another (e.g., clinical trials vs. health services research vs. qualitative studies).

We are pleased to share our abstract scoring criteria. We think this will help new researchers produce better abstracts, and we think junior and senior researchers alike will appreciate the transparency. The publication readiness score is an important new addition. Every accepted abstract is published in Academic Emergency Medicine (and indexed in PubMed), and well-written abstracts make better publications in the journal.

We use a two-stage process for scoring abstracts. First, a primary reviewer evaluates each abstract, and may send it back to the author if something is missing, or may triage the abstract for no further review, if major problems are identified. If the abstract passes this initial review, it moves on to full review. Each fully-reviewed abstract is scored by at least three qualified reviewers. SAEM requires that all reviewers (a) have first-authored two or more peer-reviewed original research articles, or (b) have an MPH, PhD, or equivalent non-clinical health care degree.

Remember, scoring is a judgment call. You are welcome to use the criteria to score your own abstract, but this won't change how the reviewers call the play at game-time.

The SAEM Annual Meeting is your meeting! We hope you find it helpful to understand the selection process as you prepare your abstract, and we hope this helps new researchers grow.

Here are some tips to help you save on word count, and to get your abstract ready for publication in Academic Emergency Medicine:

General
Make sure your name, degrees, and affiliations are quoted consistently on every abstract that lists you as an author. Double check.
If one research project is split into two or more abstracts, they may be rejected for "data splitting."
Have a colleague critique and proofread the abstract each time you revise it, especially if you do not usually write in English.
You do not have to mention IRB or animal committee approval in your abstract, because you will attest to that during submission.
Do not include bibliographic references in your submitted abstract. (You may do so in your poster or presentation.)
Do not use fonts smaller than 10 point.

Figures and Tables
• Please do not reference these in the abstracts you submit online for acceptance to the Annual Meeting, and if selected, for publication.
• Figures and tables are allowed as part of your electronic poster or oral presentation, but should be excluded from your submission.

Statistics and Analytical Software
Use this format for confidence intervals: (95%CI 2.0-2.7). Use “to” if there is a negative number, as in (95%CI –2.0 to 2.7).
• Do not use other new or uncommon abbreviations unless it is unavoidable. Do not define abbreviations/acronyms in the title.
• Never use an abbreviation in place of a single English word: for example, never use “pts” in place of “patients.”
• Only capitalize the first word of each sentence, acronyms, and proper names. It is not necessary to capitalize “emergency medicine.”
• In sentences, do not use symbols instead of words (like “&” instead of “and”). Using symbols in the usual way (25% or $25) is fine.
• There should be a space between a number and its units. For example, 80 mmHg is correct, but 80mmHg is not.
• Do not use underlined < and > and ± symbols. Instead use the “Insert / Symbol” function to show the real ≤ and ≥ and ± symbols. Use the “Insert / Symbol” function for the ° (degree) symbol, rather than a superscript o.
• Use a leading zero for all decimal figures: for example, 0.2.
**CLARITY OF OBJECTIVES**—Reviewers prioritize studies with clear objectives (whether descriptive or hypothesis-testing).

- 2 Well-thought-out study objectives, or clearly stated and testable hypothesis.
- 1 Stated objectives were poorly chosen, or stated hypothesis was difficult to test.
- 0 No clear objectives or hypothesis, or not relevant to emergency medicine.

**CHOICE OF APPROACH**—Reviewers prioritize studies that use the right research methods for the scientific question.

- 2 Chosen study design was the best feasible method for testing the stated hypothesis/objectives (i.e., a robust design).
- 1 Chosen study design was sub-optimal but did test the stated hypothesis/objectives (i.e., an acceptable design).
- 0 Design did not test stated hypothesis/objectives, or not relevant to emergency medicine.

**VALIDITY**—Were the right outcomes measured in the right way? Were potential confounders managed well? Is the story logical?

<table>
<thead>
<tr>
<th>Scoring Criteria</th>
<th>Clinical Trial</th>
<th>Observational Study</th>
<th>Survey</th>
<th>Laboratory</th>
<th>Qualitative Research</th>
<th>Meta-analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Appropriately randomized, blinded, and controlled</td>
<td>Excellent control of bias and confounding. Clean data acquisition</td>
<td>Few non-respondents, sampling bias unlikely, clear constructs, robust analysis</td>
<td>Excellent methods, and experimental control, can replicate</td>
<td>Analytic framework, coding, and interview guides clear. Session notes and recordings.</td>
<td>Exhaustive search and selection criteria, good heterogeneity control</td>
</tr>
<tr>
<td>1</td>
<td>Randomized for main outcome, vulnerable to bias or poor binding</td>
<td>Bias/confounding controlled with some shortcomings; data acquisition reasonable</td>
<td>Response rate adequate but not impressive, valid constructs, clear analyses</td>
<td>Adequate methods and experimental controls</td>
<td>Analytic framework, coding, or guides not perfect, session notes or recordings.</td>
<td>Adequate search and selection criteria, or fair heterogeneity control</td>
</tr>
<tr>
<td>0</td>
<td>Not randomized for main outcome, or faulty randomization</td>
<td>Unclear methods, vulnerable to bias/confounding, or invalid data acquisition</td>
<td>Flawed logic, low response rate, or respondents may differ from non-respondents</td>
<td>Methods invalid, poor experimental control, or cannot replicate</td>
<td>Analytic framework, coding, or guides not specified, or poor session documentation</td>
<td>Unclear search or selection criteria, or inappropriate pooling</td>
</tr>
</tbody>
</table>

**STATISTICS**—Reviewers prioritize studies that use statistics correctly.

- () Skip this question because statistics are not applicable – this is a study type that should not be scored based on inferential statistics (e.g., qualitative study). Enter nothing in box.
- 2 Statistical methods and conclusions are correct. The reader has a clear understanding of the possibility of Type I and Type II error.
- 1 Statistical methods and conclusions are technically flawed, but the reader is able to understand the possibility of Type I and Type II error. Conclusions are accurate.
- 0 The reader is not given a clear understanding of the relative importance of variation targeted for measurement versus random variation (i.e., signal vs. noise).

**SCOPE**—Reviewers prioritize large multicenter studies over small single-center studies.

- () Skip this question because this is a basic science study or another study type for which scope is clearly not relevant. Enter nothing in box.
- 2 Large, multicenter study likely to be published in major journal. For example, randomized trial with >5 sites and >200 subjects, or large multicenter educational study.
- 1 Moderate-sized study. For example, a randomized trial of 100 subjects at 3 EDs, or a process improvement study that includes 5 EDs in different states.
- 0 Small N in a study of a common disease. For example, a clinical trial of 50 subjects at one center, or a qualitative study with 8 participants.

**IMPORTANCE OF TOPIC**—Reviewers prioritize topics of major importance to large numbers of emergency medicine researchers or clinicians. Reward innovation.

- 2 This topic, or its foreseeable progeny, is relevant to every emergency physician, or is highly innovative.
- 1 This is an important topic that will lead to information of interest to many or most emergency physicians, including those who do not study this topic.
- 0 This topic is only of interest to the small group of people who study it, and is unlikely to result in important knowledge.

**PUBLICATION READINESS**—Does this abstract reflect high-quality writing and attention to detail?

- 2 Perfect grammar, no errors, very clear expression of ideas. Conforms perfectly to our SAEM submission guidelines.
- 1 Generally well-written, but leaves room for confusion on some concepts or has one or two errors.
- 0 Poorly written. Hard to understand, idiosyncratic phrasing, or awkward abbreviations.