

Submitting your abstract to the SAEM Annual Meeting



SCIENTIFIC ABSTRACT SCORING SYSTEM

SUBMISSION GUIDELINES

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

Figures and tables are **not being accepted for publication** in the Annual Meeting Supplement

- 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).

- You do not have to say what statistical software you used. Save that for the manuscript.
- Mention your statistical alpha only if it is something other than 0.05.

Grammar and Style

- The following standard abbreviations will be shown for all abstracts, so you can use them without defining them: 95%CI, AAAEM, AAEM, ACEP, AEUS, AGEM, AWAEM, ACGME, ADIEM, AIDS, ASA, AUC, BP, bpm, CBC, CDEM, CORD, CPR, CT, CXR, dBp, ECG, ED, EM, EMS, FDA, GEMA, HIV, INR, IQR, IV, mmHg, MRI, NIH, PGY, ROC, SAEM, sBP, SIM, SD (when used as standard deviation after a mean), tPA, U/S.
- 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.
- Use a leading zero for all decimal figures: for example, 0.2.
- Do not use underlined < and > and + symbols. Instead use the "Insert / Symbol" function to show the real \leq and \geq and \pm symbols. Use the "Insert / Symbol" function for the $^{\circ}$ (degree) symbol, rather than a superscript o.

Anyone seeking more guidance about how research should be reported can refer to <http://www.equator-network.org/>.

SAEM Abstract Scoring Rubric

1. **Clarity of Objectives**—Reviewers prioritize studies with clear objectives (whether descriptive or hypothesis-testing).
 0 = No stated objective
 1 = Poorly chosen or ambiguous objective(s)
 2 = Clear, well thought out objective(s) that logically follow from the background information

2. **Appropriateness of methods**- Reviewers prioritize studies that use the right research methods for the scientific question.
 0 = Inappropriate methods for objective(s)
 1 = Chosen methods were sub-optimal, but did address the objective(s)
 2 = Chosen methods were the best feasible for the objective(s) (i.e. rigorous methods)

3. **Outcome(s)**
 0 = Chosen outcomes are inappropriate for study objective
 1 = Chosen outcomes are reasonable for study objective, but not the best measure
 2 = Chosen outcomes are ideal for study objective

4. **Data analysis**- Reviewers prioritize studies that use statistics correctly

	Quantitative	Qualitative
0	No analysis described or inappropriate data analysis for study objectives/design	No analysis described or inappropriate data analysis for study objectives/design
1	Some data analysis performed but either inappropriate statistical test for study design, or statistical not interpreted accurately	Some description of data analyses, but not entirely clear
2	Data analysis is clear, appropriate statistical test applied for study design and accurately interpreted	In depth description of systematic data analyses appropriate to study objective with clear description of how themes and concepts were derived

5. **Generalizability**-The ability to be applicable and reproducible

	General	Medical Education	Clinical Trial/Observational Studies	Basic Science
0	Results are only applicable to a very specific population/setting	Applicable to only a very specific population or setting	Small number of enrollments for common disease	Methods invalid with highly unlikely reproducibility
1	Results are applicable to most EM population/settings	Applicable to educators in emergency medicine	Large multicentered trial with adequate enrollment or high enrollment at limited number of sites	Methods valid with some questioning of reproducibility
2	Results are applicable to all of EM populations/settings	Applicable to educators beyond emergency medicine	Large multicentered trial with proper enrollment for outcome	Methods valid with results that would be able to be reproduced

6. **Relevance and importance**
 0 = This topic is only of interest to a very small group of people and is unlikely to result in important knowledge
 1 = This topic is essential to emergency medicine and is likely to be important and relevant for all of emergency medicine
 2 = This topic is essential to other specialties beyond emergency medicine

7. **Innovation of study**- Reviewers prioritize topics of major importance to large numbers of emergency medicine researchers or clinicians

	General	Medical Education	Clinical Trial/Observational Studies	Basic Science	Survey
0	Not innovative or Novel	Traditional method of instruction without new area/environment	Re-examination of already proven knowledge (i.e. trial re-examining PERC rule in the same population)	Already established pathway, disease model, or method	Traditional survey tool with low response rate (<60%)
1	Moderately innovative	New method of instructing in a standard environment or standard instructional method in a novel area/environment	Traditional approach with a novel idea or a New approach with an established method	i.e. traditional approach applied in a different manner, expansion on already known pathway, or model of disease	New survey tool or innovative way to survey with adequate response rate
2	Completely novel Idea	New method of instructing in a novel area/environment	New method of enrollment, approach, or study with a novel idea	i.e. New marker for illness, new pathway elucidated, new model for disease	New method of sampling/tool and high response rate

8. Quality of writing-Does this abstract reflect high-quality writing and attention to detail?

0 = Poorly written, unclear, difficult to understand

0.5 = Generally well-written

1= Exceptionally well-written, clear, logical organization and presentation of ideas.

9. Strength of conclusion(s)

0 = No clear conclusions can be drawn or conclusions do not follow directly from results

1 = Conclusions are probable based on results

2 = Conclusions are unequivocal

