

CALL FOR PAPERS

Submission Deadline: November 14, 2014



The AAEM/JEM Resident and Student Research Competition is designed to recognize outstanding research achievements by residents and students in emergency medicine. To apply, you should submit an abstract summarizing the objectives, methods, results, and conclusions of the research performed 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 21st Annual Scientific Assembly, February 28 – March 4, 2015, in Austin. 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 Austin 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

Please 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 ACGME, AOA, or ACGME-I accredited emergency medicine training program or (2) medical student in an LCME/COCA accredited institution with a strong interest in emergency medicine as a future profession, or a medical student with a strong interest in emergency medicine whose country is found within the Directory of Organizations that Recognize/Accredit Medical Schools (DORA). To verify this, you must submit the name of the appropriate designated official (e.g., program director, dean).
2. Submission Deadline
 - Electronic submissions will be accepted beginning September 12, 2014.
 - Abstract receipt deadline for electronic submission is November 14, 2014.
3. There is no fee for submitting an abstract. All abstracts must be submitted and presented in English.
4. You must submit both a blind and formal version of your abstract.
5. If you have questions regarding the abstract submissions for the 21st Annual Scientific Assembly, please call AAEM at (800) 884-2236 or email Emily DeVillers at edevillers@aaem.org.

Abstract Submission Guidelines

Electronic Submission Deadline: November 14, 2014

Electronic Instructions

Abstracts can be submitted electronically at www.aaem.org/AAEM15/competitions.

Presenting Author Information

You will need to submit the presenting author's name, address, telephone, and fax numbers, as well as an email 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 in the electronic submission. 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, 2014, may be submitted for this competition. Abstracts that have been presented at the national meetings of other organizations should 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 21st Annual Scientific Assembly will be published in the May 2015 issue of the *Journal of Emergency Medicine*. Ownership of abstracts not accepted reverts to the authors.

Notification of Abstract Selection

The presenting author of all abstracts submitted by November 14, 2014, will receive notification of acceptance or rejection by January 14, 2015.

Withdrawals and Revisions

Withdrawals and revisions must be received in writing to Emily DeVillers at edevillers@aaem.org by December 1, 2014. No changes can be submitted after that date.

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Abstract Formatting

1. Use 12-point Times New Roman (or similar) type. If Times New Roman is unavailable, other options include Helvetica or Arial. 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. When submitting the blind copy, omit author names, institution, city, state or any other identifier 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.

★ SAMPLE ABSTRACT ★

Haloperidol/Diphenhydramine Versus Metoclopramide/Diphenhydramine For Treatment Of Acute Headache In The Emergency Department: A Randomized Controlled Trial

Gaffigan M, Bruner D, Wason C, Pritchard A, Frumkin K *Naval Medical Center Portsmouth, VA*

Objectives: Patients with migraine headaches frequently utilize emergency departments to manage severe pain when home medications are ineffective. With recent shortages of anti-emetic medications commonly used to treat migraines, we are forced to consider alternative medications to control the pain of migraine headaches without resorting to opioid medications. Haloperidol is known to be a safe alternative medication to control difficult pain, and has been shown effective when compared to placebo for controlling headaches. We hypothesized that the combination of haloperidol and diphenhydramine would be a useful medication choice for migraine headache patients in the emergency department in comparison to a common migraine treatment regimen of metoclopramide and diphenhydramine.

Methods: We conducted a prospective, double-blind, randomized controlled trial in migraine patients who presented to our academic emergency department between June 2013 and November 2013. Research data was derived from an IRB approved protocol. All subjects met IHS migraine criteria and received a 1 liter bolus of normal saline plus 25 milligrams (mg) of diphenhydramine. Subjects were subsequently randomized to receive 10 mg metoclopramide or 5 mg haloperidol IV. Pain was self-reported at onset and at 20 minute intervals using a 100mm visual analog scale (VAS). Adequate pain control was considered to be patient satisfaction with symptomatic relief. If adequate pain relief was not obtained after 80 minutes, rescue medication was given at the treating physician's discretion. Adverse reactions were recorded and electrocardiograms (ECGs) were obtained before and after study medication administration. Follow up phone surveys were performed 72 hours after discharge to assess headache recurrence, adverse effects, and patient satisfaction.

Results: A General Linear Model (GLM) repeated measures analysis found pain scores were significantly reduced over time ($p <= 0.001$), however the 2 treatments were not found to be significantly different ($p = 0.30$).

Conclusions: Haloperidol is a safe and effective migraine headache treatment choice. It was found in this study to have equivalent pain relief when compared to metoclopramide without an increase in adverse events.



"It was an honor to present at the AAEM conference in NYC. I learned a great deal, and met some amazing people in the EM community. I highly recommend it to other residents."

—LCDR Matthew E. Gaffigan, MD

The abstract presented here represents the top abstract from the *Journal of Emergency Medicine* Resident and Student Research Competition presented at the 20th Annual Scientific Assembly, February 11-15, 2014, at the Midtown Hilton in New York City. The abstract is printed with the permission of the *Journal of Emergency Medicine* and the American Academy of Emergency Medicine. The winning abstracts were published in the May 2014 issue of the *Journal of Emergency Medicine* 46(5):725-731, 2014.