

## Appendix XIV: Research, Innovations and Clinical Vignettes Competitions

### Overview

SHM encourages all Chapters to hold local Research, Innovations and Clinical Vignettes (RIV) Abstract and Poster Competitions each year. Each Chapter may select one local winner to be automatically accepted into SHM's National RIV Competition at Annual Meeting.

Chapters are encouraged to align local RIV Competition guidelines for submissions and posters with the national competition however it is not required.

Currently SHM does not have an online abstract submission portal for chapters to utilize however it is something we are looking to implement in the future. It is suggested that you ask for submissions to be sent to your chapter's email address with provided instructions.

### Automatic Acceptance to SHM's National RIV Competition

For automatic submission into SHM's National RIV Competition, the winner must submit their abstract into the online web portal prior to the submission deadline. This typically takes place the first week of December for the following year's annual meeting.

All submission guidelines (and poster guidelines at annual meeting) must be followed. These can be found on the [National RIV Competition website](#).

Chapter Leaders must email the following information about your local winner to Lisa Kroll at [lkroll@hospitalmedicine.org](mailto:lkroll@hospitalmedicine.org) prior to the national RIV submission deadline:

- Full Name and Credentials
- Email Address
- Title of abstract

*The following pages are example submission guidelines, poster guidelines, and scoring criteria which reflect the SHM National RIV Competition.*

## **Review Scoring Criteria**

*(for Chapter Leader use)*

- **10 = Excellent:** Original concept, important data or new techniques (as applicable). Must accept for presentation. Consider for plenary if applicable (applies to Innovations and Research categories only).
- **9, 8 = Very Good:** Outstanding quality. Should be accepted. Consider for oral presentation if applicable (applies to Innovations and Research categories only).
- **7,6 = Good:** Reasonable quality, some limitations. Accept if space is available.
- **5, 4 = Average:** Might benefit literature and coworkers; fair data. Accept if space is available.
- **3, 2 = Questionable:** Repetitive, does not add to existing knowledge; poor data. Should not be presented.
- **1 = Reject:** Will not be accepted

## Chapter Scientific Abstract Competition Research, Innovations, and Clinical Vignettes (RIV) Submission Guidelines

### Official Rules

**Eligibility:** The XXX Chapter of 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 <insert date.> 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 does not prohibit authors from submitting their abstracts to other meetings following acceptance.

**Author/Submitter Responsibility:** The first author should be an SHM member in good standing and will be expected to present the poster at the local chapter's 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 the chapter 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 XXX Chapter of SHM promotes improved inpatient care, teaching, and research in the field of hospital medicine. XXX Chapter of 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 chapter leadership 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 <insert date> 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.

### **Type of Submissions**

Examples of abstract submissions from 2016, 2015, 2014, 2013, and 2012 can be found in the online abstract supplements to the *Journal of Hospital Medicine* at [www.shmabstracts.com](http://www.shmabstracts.com).

### **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:

- Background
- Methods
- Results
- Conclusions (Do not use phrases such as “The results will be discussed.”)

### **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.

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

## **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.

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

- Case presentation
- Discussion
- Conclusions

**XXX Chapter Scientific Abstract Competition**  
**Research, Innovations, and Clinical Vignettes (RIV) Submission Form**

**Abstract Submission Deadline – <insert date>**

Please send abstract to <insert chapter email>

Submitting/Presenting Author		First Author	
Degree		Additional Author	
Institution		Additional Author	
Department		Additional Author	
Section		Additional Author	
Training Level		Additional Author	
Email		Additional Author	
Phone Number		Additional Author	
SHM Member? Y/N		Additional Author	

**Type of Submission:**    Research       Innovation       Clinical Vignette

**Abstract Title:**

**Structured Abstract:** Please use the following headings:

- 1) Research: Background, Methods, Results, Conclusions
- 2) Innovations: Background, Purpose, Description, Conclusions
- 3) Clinical Vignette: Case Presentation, Discussion, Conclusions

**Instructions:** Abstracts are limited to 3,000 characters including spaces.

**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.** 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 to present at the local chapter meeting.

Invitation and instructions for oral and poster presentations will be provided upon notification of selection.

**Notification of Results:** All first authors will be notified if abstracts are accepted via e-mail by **<insert date.>**

### **Award**

The highest scoring abstract overall will receive automatic acceptance into the National RIV Competition at SHM’s Annual Meeting. This person must be able to submit their abstract into SHM’s online web portal by the submission deadline, information found here:

[http://www.hospitalmedicine.org/Web/Education/Academic\\_Research/Academic\\_Research\\_Community/Important\\_Dates\\_Announcements.aspx](http://www.hospitalmedicine.org/Web/Education/Academic_Research/Academic_Research_Community/Important_Dates_Announcements.aspx)

This person must also be able to attend SHM’s Annual Meeting and present.

The XXX Chapter of SHM will award the first place winner free registration to SHM's Annual Meeting and a \$XX travel stipend (optional).

While only the first place winner is provided automatic acceptance into the National competition, everyone is encouraged to submit their abstracts into the National Competition. In the instance that the first place winner cannot attend, the award will be provided to the second place, and then third and so forth.

#### **Presenting Author's Availability**

The presenting author (preferably the first author) must be available to present his or her work at the local chapter meeting.

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/Withdraw of Your Abstract**

Acceptance notifications will be emailed on <enter date>. You will have until <enter date> to accept the invitation to present your poster. 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 the SHM Chapter Leadership 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.

#### **Questions?**

Please contact the Chapter Leadership at <insert chapter email> for questions regarding the local competition.

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>