A. <u>POLICIES:</u>

1. The NYSOMS Experimental Research & Case Study Scientific Poster Competition is open to the following:

    - Interns, Residents, Fellows that graduated from a COCA accredited college of osteopathic medicine.
    - Interns, Residents, Fellows (MD/DO/MBBS) that are being sponsored by an Active NYSOMS member or are in an osteopathically recognized training program.
    - Osteopathic Medicine Students that attend a COCA accredited college of osteopathic medicine.

2. **Case study submissions are only open to Interns, Residents, and Fellows**.

3. Multiple entries are not allowed by a submitting author and only one prize may be awarded per Intern, Resident, Fellow and Medical Student.

4. If the Intern, Resident, or Fellow is being sponsored by an Active NYSOMS Member or in an osteopathically recognized training program, they are to list this on the abstract submission form. This information will be verified by the NYSOMS office staff. An Active NYSOMS member is considered a current, dues-paying member of the Society.

5. Submitted abstracts must be received by **Friday, March 1st, 2024- 11:59 p.m. (EST).** The NYSOMS poster competition committee will determine if the submission will be accepted for presentation at the poster competition. The authors will be informed of the committee's decision on their submission by <u>Friday, March 15, 2024</u>.

6. All competition participants will receive notification from the NYSOMS office, which will state further details, location, and time of the competition.

7. The competition will be open to **research** of the type acceptable to the AOA OMED Poster Competition. The work presented must be the work of the Student, Intern or Resident submitting it. Explanatory clinical research, descriptive clinical studies and health policy, educational, and other research subjects will be accepted. Research must have been done when the participant was a medical student or in postgraduate training. The final posters **must** contain the results of the study.

8. Participants are encouraged to submit research that is original to this competition and has not been published. Entries that have been shown at local hospitals, or regional and national conferences, will be accepted.

9. No pure literature reviews will be accepted.

10. Complete, well-documented and researched **case studies** will be acceptable from **ONLY** Interns, Residents, and Fellows.

11. Participants must mount their posters at least one hour prior to the start time of the competition at the designated site after checking in at the registration table. The competition will be held on Friday, April 19, 2024, at the Sonesta Downtown White Plains Hotel, 66 Hale Ave, White Plains, NY 10601.

12. Posters must be prepared following the NYSOMS Poster Competition Application and Presentation Procedures. They must be placed on a rigid backing such that they can be mounted on tables provided in the room. For uniformity, they should be oriented horizontally in a landscape format.

13. The posters may only be displayed in the designated exhibit area by the numbered location that they are assigned to.

14. Points will be deducted if the submitting author is not present at the competition and if the abstract submitted does not follow the competition protocol.

15. NYSOMS will produce a "book" of abstracts that will be provided to the judges prior to the competition and will be posted on the NYSOMS website.

16. All participants will receive a Certificate of Participation.

17. NYSOMS reserves the right to limit the number of accepted posters based on space availability in the order that they are received.

18. NYSOMS will not be held responsible for unclaimed posters or any other materials following the presentation.

19. The prize for the First Place Winner in each competition will be $250. Second Place Winners will receive $100. Third Place Winners will receive $50.

B. APPLICATION AND PRESENATION PROCEDURES:

1. The completed signed application(s) and abstract(s) must be sent to NYSOMS electronically via e-mail at nysoms@nysoms.org and received no later than **Friday, March 1, 2024- 11:59 p.m. (EST).** An e-mail confirming receipt of the submission will be sent to each entrant. If the submitting author does not receive the confirmatory e-mail within 1 week of submission, he/she should contact NYSOMS at the above e-mail address or call (212) 261-1784. The application form is available at www.nysoms.org.
2. The submitted abstract must not exceed more than 350 words ***(including title, authors, and institutions)***, must be no longer than one 8.5" x 11" page (one-inch margins) in minimum 12- point type size, single spaced, typed and in a **Word document**. The abstract must contain at least preliminary results, although final results are expected on the poster itself. Acceptance of the poster will be contingent upon the appropriateness of the abstract and following the abstract protocol. ***(See Appendix A & B for abstract format and example).***
3. Abstracts for **Experimental Research studies** and **Case Studies presentations** must follow the NYSOMS' Research and Case Study Abstract Formats and examples ***(Refer to Appendix A & B).*** Evaluation of Abstract presentation will be completed prior to the competition and the points will be included in the judging process of the posters.
4. All entrants are required to complete the box on the application form that the research project received IRB approval or that they are exempt. If the information is not supplied, the abstract **will not** be accepted. (met IRB Exempt Criteria or IRB declared exempt)
5. The NYSOMS application form must be completed and sent with the abstract and signatures verifying that the work is that of the person submitting it. The signature of the medical student's authorized administrator or the trainee's Program Director will be required on each form. An authorized administration is defined as an author who participated in the research and is a PhD, DO, or MD. Applications **will not** be accepted without the required signature.
6. The poster itself must be two-dimensional. It should use a horizontal format, must **NOT** be larger than 4' X 4' (*48"X48"*). Text must be large enough to read from three feet. The text for the title, institution, and authors must be no less than one inch high.
7. Each entrant will have a maximum of four (4) minutes to present their research information to the judges. Only one author will be permitted to present. **The presenting author and the author submitting the application must be the same.** In the event the entrant author cannot be present, points may be deducted for presentation.
8. A panel of judges appointed by NYSOMS will evaluate the posters by using predetermined objective criteria and scoring forms. The judges' decision will be final.

Research Study Abstract Format

TITLE: The title should reflect and concisely describe your research project.

AUTHORS: Include authors name, degree, and institutional affiliation.

CONTEXT/BACKGROUND: Why is the topic you have selected a problem that needs to be addressed? What is missing from the field of study that your study is going to address? Provide a one- sentence summary of the rationale for the study question.

OBJECTIVE: What does this study intend to resolve? Provide a one-sentence description (e.g., "To determine…," ", To establish…") of the study's primary objective. Authors may choose to include key secondary objectives.

METHODS: A short paragraph discussing the design, setting, patients, and interventions. (Refer to the descriptions below.) This section describes how the study was carried out.

- *Design* - A statement of the study's basic design (e.g., randomized controlled trial, double-blind, cohort, survey, cost-effectiveness analysis). Note: Make sure you include in the design statement a notation that the research study was approved by the IRB (institutional review board).
- *Setting*- A one-sentence description of the clinical circumstances of the setting (e.g., general community, primary care center, hospitalized care).
- *Subjects (or other participants)* - A brief description of the key eligibility criteria of the study's participants. The total number of the participants must be included and how many participants were included in each group of the study (i.e. study group(s), control group).
- *Interventions* - Brief description of any interventions administered. (e.g. OMM, meds, etc.)
- *MainOutcomeMeasure(s)*- A brief description of the study's outcome measurements. *(e.g. blood pressure, symptom scores, patient satisfaction scales)*

RESULTS: A brief summary of the main results along with declarations and explanations of any important measurements. Authors should include the study's relevant statistical information (e.g. confidence intervals, levels of statistical significance).

CONCLUSION: How does this study add to the body of knowledge on the topic? Provide a brief summary of the study's conclusions directly supported by the reported evidence. Authors may include clinical applications and any recommendations for additional study.

- **NOTE:** Abstracts are limited to 350 words- *(Including title, authors, and institutions)*
  MUST FOLLOW FORMAT- NO EXCEPTIONS

Appendix A

EXAMPLE- Research Study Abstract

TITLE: Interexaminer Reliability for Assessing the Lumbar Spine by Diagnostic Palpation

AUTHORS: S. Rivera-Martinez, D.O.; J.D. Capobianco, D.O.- NYITCOM, OMM, Old Westbury.

CONTEXT/BACKGROUND: Osteopathic physicians employ diagnostic palpation as a method to evaluate problems of the lumbar spine and to assess the results of manipulative treatment. However, the reliability of this primary diagnostic tool has not been well established.

OBJECTIVE: The objective of this study is to determine if training the examiners on a specific methodology of palpatory diagnosis has a significant impact on the outcome of interexaminer agreement.

METHODS: The research protocol was approved by the NYIT IRB. It was designed as a pre and post training examiner reliability study on the interobserver agreement. All sessions of the study were conducted in the NYITCOM OMM laboratory. A total of sixty subjects and four examiners were recruited. At each session the examiners diagnosed L1-L5 lumbar spinal segments for rotational asymmetry by static palpation and for severity of the asymmetry by motion- based palpation. The transverse processes of the lumbar spinal segments were clearly identified to ensure consistent palpation of the same anatomic site. Thirty subjects participated in the pre-training session to obtain baseline examiner concordance. Following the pre-training session an expert in diagnostic palpation trained the examiners. In the post-training session, the examiners diagnosed another thirty subjects utilizing the methods demonstrated by the expert during the training sessions. Kappa statistics were computed to compare pre and post training results.

RESULTS: Poor interexaminer concordance was demonstrated in the pre-training session with Kappa coefficients of 0.087 for static asymmetry and 0.082 for motion-based severity rating. In contrast, acceptable concordance was obtained in the post-training session with kappa coefficients of 0.52 and 0.50 for static and motion-based palpation respectively.

CONCLUSION: Kappa scores indicating improved interexaminer concordance after training the examiners on specific palpatory procedures were established. The results of this study suggest that standardization of the methods utilized by each examiner to determine a palpatory diagnosis may have a positive influence on interobserver agreement.

- **NOTE:** Abstracts are limited to 350 words / one page - *(Including title, authors, and institutions)*
  MUST FOLLOW FORMAT- NO EXCEPTIONS

Case Study Abstract Format

TITLE: The title is a summary of the abstract itself and should convince the reader that the topic is important, relevant, and innovative.

AUTHORS: Include authors name, degree and institutional affiliation. The authors included should be those who contribute significantly to the intellectual content of the case report.

INTRODUCTION: Describe the context of the case and explain its relevance and importance.

- Describe whether the case is unique. If not, does the case have an unusual diagnosis, prognosis, therapy or harm? Is the case an unusual presentation of a common condition? Or an unusual complication of a disease or management?
- Describe the instructive or teaching points that add value to this case. Does it demonstrate a cost-effective approach to management or alternative diagnostic/treatment strategy? Does it increase awareness of a rare condition?

CASE DESCRIPTION: Follow the basic rules of medical communication. Report the case in sequence.

- Describe the history, examination, and investigations adequately. Is the cause of the patient's illness clear0cut? What are other plausible explanations?
- Describe the treatments adequately. Have all available therapeutic options been considered? Are outcomes related to treatments? Include the patient's progress and outcome.

DISCUSSION: Discuss rationale for decisions that were made and the lesson from the case.

- Report a literature review of other similar cases. Describe how this case is different from those previously reported.
- Explain the rationale for reporting the case. What is unusual about the case? Does it challenge prevailing wisdom?
- In the future, could things be done differently in a similar case?

 NOTE: Abstracts are limited to 350 words / one page - *(Including title, authors, and institutions)*
MUST FOLLOW FORMAT- NO EXCEPTIONS

Appendix B

EXAMPLE - Case Study Abstract

TITLE: Osteopathic Treatment of Nephrotic Syndrome

AUTHORS: S. Rivera-Martinez, D.O.; J.D. Capobianco, D.O.- NYITCOM, OMM, Old Westbury.

INTRODUCTION:
Nephrotic syndrome is a clinical state characterized by proteinuria, hypoalbuminemia, hypercholesterolemia and peripheral edema/anasarca. In this case, an African American female with IgA nephropathy developed nephrotic syndrome. This case is remarkable as IgA nephropathy is uncommon in females and in those of African American Descent. Furthermore, less than 10 percent of patients with IgA nephropathy acquire nephrotic range proteinuria. In addition, a literature review revealed no previous reports of osteopathic treatment in the clinical management of nephrotic syndrome.

CASE DESCRIPTION: A 19-year-old African American female with a medical history significant for gross hematuria secondary to IgA nephropathy presented to the hospital with complaint of fatigue, reduced appetite, abdominal distension, peripheral and facial edema, decreased urine output and weight gain. She reported no other autoimmune disorders. Physical examination was remarkable for facial and peripheral edema and abdominal distention with a positive fluid wave. Laboratory findings demonstrated proteinuria, hypoalbuminemia, elevated cholesterol and triglyceride levels and ascites on abdominal x-ray. She was admitted with a diagnosis of nephrotic syndrome was made. Medical management consisted of salt and fluid restriction diet, intravenous diuretics and albumin infusion. Despite the aggressive treatment to induce diuresis the patient developed anasarca with a urine output that was less than 200 cc's per day. On hospital day 5, daily osteopathic manipulative treatment was added to her management resulting in significant improvement. Within an hour after the first osteopathic treatment the patient voided 400 cc's and thereafter the urine output increased exponentially with eventual return to the patient's baseline weight. The patient was discharged on day eight.

DISCUSSION: Discuss rationale This case illustrates the potential benefit of utilizing osteopathic manipulative treatment as part of the management of a patient presenting with nephrotic syndrome. Early institution of this form of treatment could reduce hospital stay. Research on this topic is recommended.