NEW YORK STATE OSTEOPATHIC MEDICAL SOCIETY
2018 NYSOMS INTERN/RESIDENT/FELLOWS
Experimental Research and Case Study Scientific Poster Competitions
Friday April 13, 2018
Hyatt Regency Long Island, 1717 Motor Parkway, Hauppauge, NY 11788

A. POLICIES

1. The NYSOMS Annual Intern/Resident/Fellows Experimental and Case Study Poster Competitions are open only to **Osteopathic Interns, Residents and Fellows** who are members of NYSOMS.
2. The NYSOMS Annual Student Experimental Study Poster Competition is open only to **Osteopathic Students** who are members of NYSOMS.
3. Multiple entries are allowed if space permits as per the discretion of NYSOMS. If you are submitting multiple entries, please indicate the order of preference for submission of the abstracts. Only **one prize** is awarded per Intern/Resident/Fellow/Student.
4. Submitted abstracts must be received by **February 16, 2018**. ROC-NY poster competition committee will determine if the submission will be accepted for presentation at the poster competition.
5. The authors will be informed of the committee's decision on their submission(s) by Friday **February 28, 2017.**
6. The competitions will take place on **Friday April 13, 2018** at Hyatt Regency Long Island, 1717 Motor Parkway, Hauppauge, NY
7. The competitions will take place in conjunction with NYSOMS' Regional Osteopathic Convention – New York (ROC - NY). All presenting authors will automatically be registered for Convention participation the day of the poster competition. Other authors and other interns, residents and fellows members of NYSOMS should register to attend without charge on day of competition.
8. NYSOMS reserves the right to limit the number of accepted posters based on space availability.
9. All accepted competition participants will receive notification from the NYSOMS office, which will state the exact location and time of the competition for their setup and presentation. Participants must mount their posters one hour prior to the time of the competition at the designated site after registering at the NYSOMS Poster Competition desk.
10. Posters must be prepared following the NYSOMS' Poster Competition Application and Presentation guidelines. 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** and **not to be larger than 4' x 6'.**
11. The posters will be mounted in a designated exhibit area in a numbered location that is predetermined.
12. The competition will be open to research of the type acceptable to the AOA Scientific Conference. The work presented must be the work of the Intern, Resident or Fellow submitting it. Explanatory clinical research, descriptive clinical studies and health policy, educational, and other research subjects will be accepted.
13. **No pure literature reviews will be accepted.**
14. Research must have been done when the participant was a medical student or in postgraduate training.
15. Complete, well-documented and researched case studies will be acceptable. The final posters **must** contain the results of the study.
16. Points will be deducted if the submitting author is not present at the competition and if the abstract submitted does not follow competition protocol.
17. Entrants 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.
18. 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.
19. All participants will receive a Certificate of Participation.
20. 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.
21. **NYSOMS cannot be responsible for unclaimed posters following the presentation.**

B. APPLICATION AND PRESENTATION PROCEDURES

The completed digitally* signed application(s) and abstract(s) must be sent to NYSOMS electronically via e-mail at rocnyposters@nysoms.org **Friday, February 16, 2018**. 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 in 1 week, he/she should contact NYSOMS at the above e-mail address. The application form is available from the NYSOMS office or at www.nysoms.org.

For Interns/Residents/Fellows the Applicant's Director of Medical Education or Program Director listed on the application will be contacted by email to confirm the information regarding the scientific study.

For Students the Applicant's Faculty Advisor or Program Director listed on the application will be contacted by email to confirm the information regarding the scientific study.

The submitted **abstract** must **not exceed more than 350 words**, must be no longer than one 8.5" x 11" page. 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. **Points will be deducted if abstract protocol is not followed.** (See Appendix A & B for abstract format and samples).

Abstracts for Experimental Research Studies and **Abstracts for Case Presentations** must follow the NYSOMS' Research and Case Study Abstract Formats and examples (Refer to Appendix **A** and **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.

All entrants are required to complete the box on the application form that the research project received **IRB approval** or state why IRB approval was not necessary. If the information is not supplied, the abstract will not be accepted. Note: IRB approval is not required for a case report.

The NYSOMS **application form** must be completed and sent with the **abstract and signature (digital*)** verifying that the work is that of the person submitting it.

The Applicant's Director of Medical Education or Program Director listed on the application will be contacted by email to confirm the information regarding the scientific study.

Applications will not be accepted without the required signature.

The **poster** itself must be two-dimensional. It should use a horizontal format, not to be larger than 4 ft. by 6 ft. Text must be large enough to be read from a distance of three feet. The text for the title, institution, and authors must be no less than one inch high.

Each entrant will have a maximum of **four 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 lost for presentation.

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.**

*digit signature can be created within the signature line following the instructions to create Digital ID.

NEW YORK STATE OSTEOPATHIC MEDICAL SOCIETY
Case Report 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 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 clear-cut? 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).

Appendix A

Example - Case Report Abstract

Case Study Abstract

[350 word / one page limit]

Title:

Osteopathic Treatment of Nephrotic Syndrome

PRESENTING AUTHOR:

Name: Sonia Rivera-Martinez, OMS-IV Institution NYCOM/NYIT Dept. Osteopathic Manipulative Medicine

OTHER AUTHORS:

Name John D. Capobianco, DO Institution NYCOM/NYIT Dept. Osteopathic Manipulative Medicine

Name Institution Dept.

Name Institution Dept.

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:

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

Appendix B

NEW YORK STATE OSTEOPATHIC MEDICAL SOCIETY
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(s)** - 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 -** A brief description of any interventions administered (e.g. OMM, medications, etc.).
    - **Main Outcome Measure(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 / one page (Including title, authors, and institutions)

Appendix B

Example - Research Study Abstract

Experimental Research Study Abstract

[350 word / one page limit]

Title:

Interexaminer Reliability for Assessing the Lumbar Spine by Diagnostic Palpation

PRESENTING AUTHOR:

Name: Sonia Rivera-Martinez, DO Institution Long Beach Medical Center Dept. Family Medicine

OTHER AUTHORS:

Name John D. Capobianco, DO Institution NYCOM/NYIT Dept. Osteopathic Manipulative Medicine

Name Institution Dept.

Name Institution Dept.

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(s):

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 – Design; Setting; Subjects (or other participants); Interventions; Main Outcome Measure(s)

The research protocol was approved by the NYCOM/NYIT IRB. It was designed as a pre and post training examiner reliability study on the interobserver agreement. 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.

Conclusions:

Kappa scores indicating improved interexaminer concordance after training the examiners on specific palpatory procedures was 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.