

New York Chapter American College of Physicians 2025

REGULATIONS FOR SUBMISSION OF ABSTRACTS

Clinical Vignette Competition

Definition: 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. It may include a summary of pertinent patient history, physical findings, laboratory data, or management description.

Research Competition

Definition: Submissions can report clinical and/or laboratory-based research, delineate a new investigation into mechanisms of disease, or consist of detailed review of a clinical problem. Abstracts concerned with efficiency, cost or method of health care delivery, quality of care, and medical decision-making are also encouraged.

Quality, Advocacy and Public Policy

DEFINITION: Abstracts submitted for this broad category should address issues of health systems improvement in the areas of public policy, advocacy, patient safety, quality improvement, wellness and value based care. As such – submissions will be combined in this interrelated category.

Reports of advocacy on behalf of public policy, patient care, quality improvement, prevention of waste or harm, health care management, patients' or physicians' rights or a related topic are welcome. Case reports may be used to illustrate the need for advocacy, wellness or quality improvement.

Advocacy submissions should include a summary and impact of the effort(s).

Submissions on patient safety, quality and/or value should include outcome data and/or a review of the literature.

Student, resident and fellow submissions will be combined during the judging process but evaluated separately.

ABSTRACT INFORMATION AND INSTRUCTIONS

Abstract Eligibility: Original abstracts that either have or have not been presented at other meetings will be considered. Presentation of original work at the chapter meeting may, however, jeopardize presentation before another society. Abstracts are eligible if they have been published; however, abstracts based upon full papers that have been published are not eligible.

Author Eligibility: The first author of an abstract must be an ACP Resident/Fellow or Medical Student in good standing.

Co-authors need not be ACP members. Abstracts must be authorized by your Program Director using the Program Director Authorization Form.

You are encouraged to write your abstract in a format similar to that used in scientific papers so that it may be cited in curriculum vitae or submitted as evidence of scholarly activity when you are preparing to advance to Fellowship in the American College of Physicians.

Format:

1. Abstracts are limited to 450 words, use Arial 11 points font, type single spaced.
2. Abstracts must be submitted on-line at the following website: <http://www.nyacp.org>
3. Title, typed in all caps, should be brief and clearly state content of paper.
4. Presenting author must list name first.
5. List name and one degree only, e.g., MD, DO for each author.
6. List names of authors' institution(s), city, and state.

Note: The format used in the *Annals of Internal Medicine* is also encouraged.

The body of the abstract should be organized as follows:

1. Purpose for study (one sentence if possible).
2. Simple statement of methods.
3. Summary of results (adequate to support conclusions).
4. Statement of conclusions (Do not use phrases such as "The results will be discussed.")
5. This format may be modified, as appropriate, for Clinical Vignette submissions, or for Research submissions diverging from the standard research methods.

Style: Write for clarity and directness. Avoid the use of medical jargon or stock empty phrases. **The abstract form does not accept graphs or tables. These may be included in your final poster if accepted. Keep in mind that grammar will be taken into consideration. Please proofread your abstract carefully.**

Abbreviations, Symbols, and Nomenclature:

Usage should conform as closely as possible to that recommended in 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 proprietary name may be given only with the first use of the generic name.

Units of measurement should be metric (SI), including those for height of length, mass (weight), and body temperature. Preferred concentration units in clinical chemical measurements are those recommended by the International Union of Pure and Applied Chemistry: for substances of known, pure composition, millimoles/milliliter or millimoles/liter; for mixtures of substances where exact composition is not known, grams/liter.