



Science & Management Symposium



## **SAM 2019 POSTER COMPETITION**

January 10<sup>th</sup>-12<sup>th</sup>, 2019

### POSTER SUBMISSION

Submissions are for the FPMA poster competition at the SAM Conference held at Disney's Coronado Springs on January 9<sup>th</sup>-13<sup>th</sup>, 2019. Sponsored by American Society of Podiatric Surgeons (ASPS).

**Poster Abstract Deadline: Monday, December 21, 2018**

**Posters must be setup in the exhibit hall between the following dates/times:**

**Thursday, January 10, 2019 8:45am to Friday, January 11, 2019 1:00pm**

### Poster Policies

- An abstract of the poster must be submitted in PDF form by December 21, 2018. The abstract is a brief summary of your poster. The abstract should list the corresponding author.
- Multiple submissions are accepted.
- Submissions will be accepted via email by [SAM2019submissions@fpma.com](mailto:SAM2019submissions@fpma.com)
- All communications from FPMA on the acceptance of the poster will be made with the corresponding author who is designated on the abstract submission.
  - Information for set up, judging, and award announcements will be emailed to the corresponding author as well.
- The presenters are responsible for bringing their poster to the conference as well as for the set up and break down of the poster.
- Topics for posters should be based on lower extremity conditions/procedures/care and must include one podiatric physician as a lead author.
  - The podiatric attendings, residents, and medical students listed as authors must be APMA and FPMA members in good standing. Additionally, the residents/students as well as one attending must be registered for the conference. If they are not members, they must join APMA or be removed from the competition.



- The research must be completed prior to the abstract submission with a minimum follow-up of 10 months for case studies. No edits or additional authors may be added after abstract submission. The title from the abstract must be the same as displayed on the poster.
- Posters should not be commercial in any way by promoting a particular product. Industry sponsored abstracts should not be submitted. Do not use any commercial terminology i.e. names/logos of any company. Logos should only include those from the respective residency program or office/hospital affiliation.
- Posters will not be judged within categories. Our judging criteria will use a point system for overall visual impact and significance to practice of podiatric medicine. The top three selected posters will be selected by a panel of judges and awarded \$250/\$150/\$100 respectively.

### Abstract Submission

#### THE DO'S

- Submit original research or case study that has not been previously published and has a minimum of 10 months follow-up.
- Include the level of evidence (see chart below)
- Complete Financial Disclosure
- List references in order of appearance not alphabetically
- Make the poster visibly pleasing and no larger than 4'x8'

#### THE DON'TS

- Use any commercial terms such as the company or product name.
- Use a student as primary author
- Do not submit a literature review
- Make any changes to the research, authors, or content after abstract submission

### **Key Submission Elements to be Included in Abstract**



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- Title of Poster
- Corresponding Author
- Authors and Affiliations
- Format
- Length of Follow-up
- Level of Evidence
- Summative Statement
- Abstract Text Format Definitions

### Format Definitions

- **CASE STUDY** refers to the collection and presentation of detailed information about a particular participant or small group. A form of qualitative descriptive research, the case study looks intensely at an individual or small participant pool, drawing conclusions only about that participant or small group confined to the presented context. Researchers emphasize a description or exploration of a general question, not a specific research questions.
  - The judging criteria for the poster competitions should have each section placed sequentially (i.e. purpose, literature review, case study, analysis, discussion and references).
- **SCIENTIFIC** refers to the study/evaluation of a question with the formation of a hypothesis and methodology directed to address the hypothesis. Research can be prospective or retrospective. It involves gathering information, testing the hypothesis, interpretation of the data and drawing conclusions that validate or negate the hypothesis. Meta-analysis and systematic reviews will be accepted; however literature reviews will not be accepted. A case series is a group of case reports greater than five subjects that typically reaches a conclusion, so the scientific research format is preferred.
  - The judging criteria for the poster competition should have each section placed sequentially (i.e. purpose, methods, procedures, literature review, results, discussion and references).



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Levels of Evidence for Primary Research Question

<b>Types of Studies</b>				
<b>Level</b>	<b>Therapeutic Studies</b> Investigating the Results of Treatment	<b>Prognostic Studies</b> Investigating the Effect of a Patient Characteristic on the Outcome of Disease	<b>Diagnostic Studies</b> Investigating a Diagnostic Test	<b>Economic &amp; Decision Analyses</b> Developing an Economic or Decision Model
<b>1</b>	<ul style="list-style-type: none"> <li>High-quality RCT with statistically significant difference or no statistically significant difference but narrow confidence intervals</li> <li>Systematic review<sup>2</sup> of Level-1 RCT (studies were homogeneous)</li> </ul>	<ul style="list-style-type: none"> <li>High-quality prospective study<sup>4</sup> (all patients were enrolled at the same point in their disease with ≥ 80% F/U of enrolled patients)</li> <li>Systematic review<sup>2</sup> of Level-1 studies</li> </ul>	<ul style="list-style-type: none"> <li>Testing of previously developed diagnostic criteria in series of consecutive patients (w/ universally applied reference “gold” standard)</li> <li>Systematic review<sup>2</sup> of Level-1 studies</li> </ul>	<ul style="list-style-type: none"> <li>Sensible costs and alternatives; values obtained from many studies; multi-way sensitivity analyses</li> <li>Systematic review<sup>2</sup> of Level-1 studies</li> </ul>
<b>2</b>	<ul style="list-style-type: none"> <li>Lesser-quality RCT (e.g., &lt; 80% follow-up, no blinding, or improper randomization)</li> <li>Prospective<sup>4</sup> comparative study<sup>5</sup></li> <li>Systematic review<sup>2</sup> of Level-2 studies or Level-1 studies w/ inconsistent results</li> </ul>	<ul style="list-style-type: none"> <li>Retrospective<sup>6</sup> study</li> <li>Untreated controls from RCT</li> <li>Lesser-quality prospective study (e.g., patients enrolled at different points in their disease or &lt; 80% F/U)</li> <li>Systematic review<sup>2</sup> of Level-2 studies</li> </ul>	<ul style="list-style-type: none"> <li>Development of diagnostic criteria on basis of consecutive patients (w/ universally applied reference “gold” standard)</li> <li>Systematic review<sup>2</sup> of Level-2 studies</li> </ul>	<ul style="list-style-type: none"> <li>Sensible costs and alternatives; values obtained from limited studies; multi-way sensitivity analyses</li> <li>Systematic review<sup>2</sup> of Level-2 studies</li> </ul>
<b>3</b>	<ul style="list-style-type: none"> <li>Case-control study<sup>7</sup></li> <li>Retrospective<sup>6</sup> comparative study<sup>5</sup></li> <li>Systematic review<sup>2</sup> of Level-3 studies</li> </ul>	<ul style="list-style-type: none"> <li>Case-control study<sup>7</sup></li> </ul>	<ul style="list-style-type: none"> <li>Study of non-consecutive patients (w/out consistently applied reference “gold” standard)</li> <li>Systematic review<sup>2</sup> of Level-3 studies</li> </ul>	<ul style="list-style-type: none"> <li>Analyses based on limited alternatives and costs; poor estimates</li> <li>Systematic review<sup>2</sup> of Level-3 studies</li> </ul>
<b>4</b>	<ul style="list-style-type: none"> <li>Case series<sup>8</sup></li> </ul>	<ul style="list-style-type: none"> <li>Case series</li> </ul>	<ul style="list-style-type: none"> <li>Case-control study</li> <li>Poor reference standard</li> </ul>	<ul style="list-style-type: none"> <li>No sensitivity analyses</li> </ul>
<b>5</b>	<ul style="list-style-type: none"> <li>Expert opinion</li> </ul>	<ul style="list-style-type: none"> <li>Expert opinion</li> </ul>	<ul style="list-style-type: none"> <li>Expert opinion</li> </ul>	<ul style="list-style-type: none"> <li>Expert opinion</li> </ul>



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1. A complete assessment of the quality of individual studies requires critical appraisal of all aspects of the study design.
2. A combination of results from two or more prior studies.
3. Studies provided consistent results.
4. Study was started before the first patient enrolled.
5. Patients treated one way (e.g., w/ arthrodesis) compared with patients treated another way (e.g., w/ arthroplasty) at the same institution.
6. Study was started after the first patient enrolled.
7. Patients identified for the study on the basis of their outcome (e.g., failed arthrodesis), called "cases", are compared w/ those who did not have the outcome (e.g., had a successful arthrodesis), called "controls".
8. Patients treated one way with no comparison group of patients treated another way.

*Adapted from material published by the Centre for Evidence-Based Medicine, Oxford, UK. For more information, please see [www.cebm.net](http://www.cebm.net).*