RESEARCH Abstract Submission Guide

Research abstracts are grounded in scientific theory and apply to or build upon previous research. The investigation produces generalizable knowledge to something that could be applied outside of a single institution with an aim to publish or publicize the data.

If accepted to Educating Leaders, the AACOM Annual Conference, all presenters must register for the conference.

All abstracts must be submitted through the Educating Leaders 2025 Abstract Submission Portal.

1. **Abstract title (character limit: 90)** Use title format (no bold, italics or symbols). Use lowercase linking words in the title, unless used at the beginning of the title or after a colon.
   - This is a Properly Formatted Abstract Title
   - The Abstract: An Example of Proper Title Format

2. **Speaker(s):** Only those who are presenting and plan to register should be listed. Do not list contributors who are not presenting. Speakers are expected to register during the early-bird registration period. For posters, only one person can present.
   - Is this person the primary contact for this presentation?
     - [ ] Yes  [ ] No

3. **Presentation Preference (planning committee may change your selection time)**
   - Interactive pre-conference workshop (3.5 hours or 7.5 hours)
   - Interactive in-conference workshop (75 minutes)
   - Interactive research pitch challenge: Shark Tank-inspired (~5 minutes + 5 minutes Q&A)
   - Expert lecture or panel (45 minutes + 15 minutes Q&A)
   - Mini lecture or panel (25 minutes + 5 minutes Q&A)
   - Rapid presentation (10 minutes + 5 minutes Q&A)
   - Poster

4. **Key Themes (select one)** Sessions will be organized using key themes to complement the conference program. See AACOM’s conference website for descriptions and examples of what might fall within the themes areas.
   - The Power of Osteopathic Medicine: Principles in Practice
   - Healthcare Horizons: Adapting OME to Global Changes
   - Advancing Learning: Innovative Curriculum and Assessment Strategies
   - Amplifying OME: Shaping Healthcare Policy and Education
   - Building Healthier Communities: Collaborations in Healthcare Delivery
   - Inclusion in Action: Building Cultural Competence in OME
   - Empowering Educators: Professional Development, Leadership and Scholarship
   - Expanding Osteopathic GME: Access and Excellence
   - Next-Generation Recruitment: Medical Student Selection Strategies
   - Ready for Residency: Preparing Graduates for Successful Transitions
   - Thriving Together: Well-Being Initiatives for Learners and Leaders
5. **Abstract (word limits for combined segments, not per segment: min. 20, max. 500)** This section will be assessed by the reviewers. Refrain from using footnotes, references, or tables in the abstract. State status of Institutional Review Board (IRB) within the abstract, if applicable.

- **Context**: Describe the challenge or issue that is the subject of the research and address its pertinence to osteopathic medical education. Relevant abstracts will demonstrate objectives that impact the profession or medical education in general, and excellent abstracts will illustrate the importance of education. A one-sentence summary of the rationale for the study question is to be included. The abstract's context should describe the study question's importance and emphasize important new areas addressed by the study.

- **Objective**: Provide a description of the study's primary purpose and essential secondary goals to be included. If there was an a priori hypothesis (a hypothesis established before data collection), the author should state it in this section. Here's a list of Action Verbs for Use in Developing Objectives. The research abstract will contain measurable research objectives that represent the issue described. Excellent abstracts will be clear, well-organized and have meaningful, salient objectives and a straightforward research question.

- **Methods**: Include the setting for the study, the subjects, the diagnosis or intervention and type of statistical analysis used. Excellent abstracts have data related to the objectives, utilize appropriate statistical tests to address the research question, and may introduce novel methods to test hypotheses and achieve meaningful outcomes. Suitable abstracts will describe the setting, participants and sources of the data used in the analysis. To keep the abstract concise, the author should list the information described below, any essential features of the intervention and primary outcome measures. This section should include the following:
  - Design—A statement of the study's basic design (e.g., randomized controlled trial, double-blind, cohort, survey, cost-effectiveness analysis).
  - Setting—A one-sentence description of the clinical circumstances of the setting (e.g., college of osteopathic medicine, residency program, multi-institutional study, etc.).
  - Participants—A brief description of the key eligibility criteria of the study's participants, the number of participants, and IRB approval if applicable.
  - Interventions—A brief description of any interventions administered, if applicable.
  - Main Outcome Measure(s)—A brief description of the study's outcome measurements. If no outcomes were measured, the author should state, and briefly explain why. The author should also state here if the hypothesis was formed during or after the data collection.

- **Results**: State as clearly as possible the outcomes of the study and statistical significance if appropriate. The results of the analysis will answer the research question in acceptable abstracts. The most desired abstracts will use data to support conclusions and offer novel insights. A summary of the primary study outcomes and necessary measurements will be included. The author should include the study's relevant statistical information (e.g., raw data, not just percentages), confidence intervals and levels of statistical significance. The author should ensure that findings are included for all outcome measures described in the methods. Likewise, the results section should not contain findings for outcomes that were not already described in the methods section. Abstracts for survey-based studies should include response rates.

- **Conclusion**: Relate the answer to the research question to the larger context identified above. Conclusions should be supported by your findings. Excellent conclusions leading to further insights, research recommendations, and proposed changes are particularly welcome. A concise review of the study's findings directly supported by the reported evidence, noting significant limitations, is requested. Important educational or clinical implications should be noted. The author should take care not to overinterpret findings and refrain from recommending profound changes if additional research is needed. Clinical trial registration numbers and registry names should appear at the end of the abstract (e.g., ClinicalTrials.gov number 1234).

6. **Brief Description (word limits: max. 200, min. 30)** This text will appear in marketing materials to promote your talk and attract attendees. It should briefly summarize what will be discovered by participating in this presentation. Do not include the title, authors or name of the institution in this text.
7. Additional Information

- **Intended Audience Track**
  - Admissions
  - Undergraduate Medical Education - Pre-Clinical
  - Undergraduate Medical Education - Clinical
  - UME – GME Continuum
  - Graduate Medical Education
  - OME General Interest

- **Learning Outcomes (6-50 words per outcome)** Every abstract must have three learning outcomes. Each should be brief and state what attendees can expect to take away from the session. (i.e. learn, understand, contrast, identify, discuss, develop, describe, determine, demonstrate, etc.).
  - Outcome 1
  - Outcome 2
  - Outcome 3

- **Previously Publicized** Let us know if this has been previously published or presented.

- **Will your presentation discuss any products or services with commercial support?**

8. **Print:** Remember to select “print a copy” for your files and to email yourself confirmation.