

# INDUSEM: Abstract Guide



## Table of Contents

<b>Understanding Abstracts:</b> .....	<b>2</b>
<b>Process Map:</b> .....	<b>3</b>
<b>Presentation Types:</b> .....	<b>4</b>
<b>Presentation Formats:</b> .....	<b>5</b>
<i>Podium vs. Poster:</i> .....	5
<i>Scoring Rubric:</i> .....	5
<b>Abstract Examples:</b> .....	<b>6</b>
<i>Case Based Learning (CBL)</i> .....	6
<i>Original Research Work (ORW)</i> : .....	7
<i>Point of View (POV):</i> .....	8
<b>Additional information:</b> .....	<b>9</b>
Cancellation policy: .....	9
PowerPoint templates: .....	9
<b>Contacts:</b> .....	<b>9</b>

# INDUSEM: Abstract Guide



## Understanding Abstracts:

**Definition:** An abstract is a concise summary of your body of work.

**Writing the abstract:** To make this process easier for you, the scientific committee has created a form which will guide you throughout the process.

**Automated receipt:** An automated message is displayed upon the submission of the form. (You might miss it if you click and close the browser too quickly).

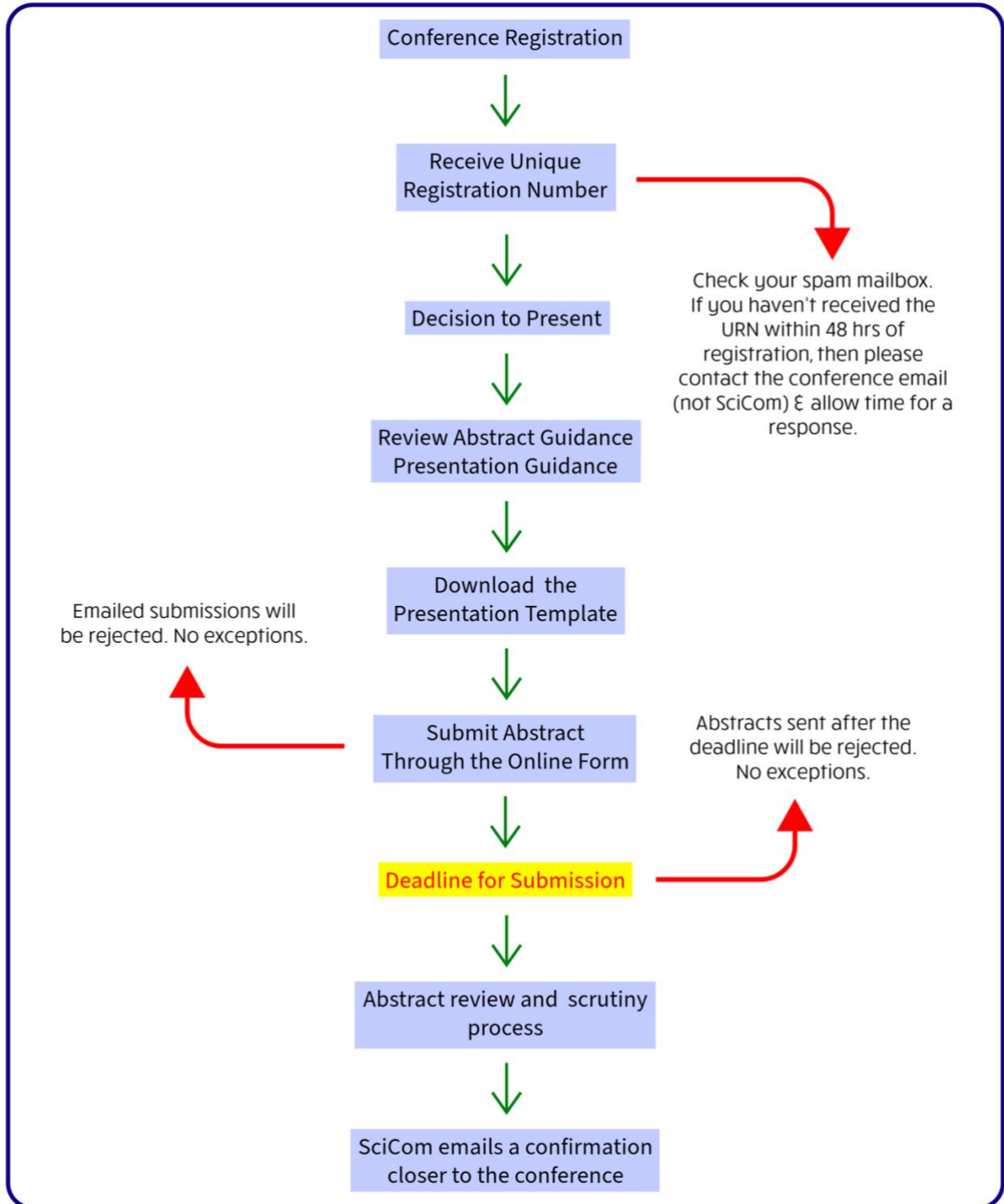
### Tips to writing a good abstract:

- Know your audience (Remember to make it EM focused).
- Organize your thoughts. Organize your work.
- Write your abstract – then read it and remove any unnecessary information or words that do not add value.
- Check your spellings before submission.
- Write a short and eye-catching title.
- Avoid unnecessary adjectives. (But avoid worn-out descriptors like ‘novel’ or ‘unique’ – if everyone thinks their work is unique, then nothing is unique.)
- Avoid unnecessary words. (‘Moreover’, ‘furthermore’, etc.)
- Obey the word limits.

# INDUSEM: Abstract Guide



## Process Map:



# INDUSEM: Abstract Guide



## Presentation Types:

There are 3 presentation types or categories. These are described below. The abstract submission form will be self-explanatory and will repeat this information to lead you through the process.

1

### Case-Based Learning

The presenter can share a unique case.

Case choices can be driven by:

- **Common presentation of Uncommon Cases**
- **Uncommon presentation of Common Cases**
- Unexpected events
- Challenges in management
- Clinical variants

2

### Original Research Work

The presenter can demonstrate a **study idea/protocol/update** on their current EM research project.

Thesis work will be considered in this category.

**Innovation in EM** based patient management may also be presented.

3

### Point of View

The presenter can review current Evidence Based Literature and present their opinion on emergent patient care.

**\*Must be Post-PG Practitioners to submit in this category\***

The presenters may use clinical scenarios to emphasize their point of view.

Submissions in any category must focus on emergency care pertaining to the first few hours of management in the Emergency Medicine Department. Any presentation that focuses on care beyond the initial few hours will be rejected by the screening team.

All submissions will be subjected to a rigorous screening process.



**You will have exactly 12 minutes to present on the podium.**

# INDUSEM: Abstract Guide



## Presentation Formats:

This refers to the method of delivery of your work. There are two formats:

**Podium Presentation:** In this format, you speak at the podium with the aid of your slideshow presentation for 12 minutes, followed by Q&A for 3 minutes.

**Poster Presentation:** In this format, you present an ePoster per template.

## Podium vs. Poster:

The scientific committee will determine and assign the presentation format for the delegate based on a scoring tool. Furthermore, top-scoring abstracts will be selected to present on the podium during a specially allocated segment of the conference to recognize their excellent efforts.

We recognize that residents may *want* to deliver the presentation as a poster in view of training requirements. We will consider your preference, which you can mark in the abstract submission form.

## Scoring Rubric:

Here is an idea of how we scrutinize the abstracts

	<b>CBL/POV</b>	<b>ORW</b>
Uniqueness	Case choice	Research choice
Quality	Narration (case flow from history to diagnosis, data sharing)	Objectives (EM relevance, applicability, validity, cost-effectiveness)
Appropriateness	Initial care in EM, EBM practice, Decision process	Methodology (study design, data gathering, analysis)
Clarity	Learning points (case importance, pearls & pitfalls, dos and don'ts)	Conclusions (address the objectives, unambiguous, practice-changing)

# INDUSEM: Abstract Guide



## Abstract Examples:

### Case Based Learning (CBL)

<b>Abstract Title</b> ≤ 15 words	Commotio cordis resulting in ventricular flutter
<b>Topics Covered by Abstract</b>	Trauma
<b>Topics Covered by Abstract</b>	Cardiovascular emergencies
<b>Abstract Type</b>	CBL
<b>Format Preference</b>	Podium Presentation
<b>Introduction</b>	A young female patient presented to the emergency department following blunt chest trauma and developed an unexpected arrhythmia.
<b>Brief Summary</b> ≤ 250 words	A 36-year-old female developed palpitations immediately following direct impact to the chest having fallen onto a hard box. She presented 5 days after the incident, with sternal pain and tenderness. Her ECG demonstrated ventricular flutter, which was successfully treated in the emergency department.
<b>Learning Points</b>	Ventricular fibrillation is the predominant arrhythmia following commotio cordis, but we found the patient to have ventricular flutter – an uncommon arrhythmia. Ventricular flutter may be better tolerated by young patients with structurally normal hearts and may lead to delayed presentations.

# INDUSEM: Abstract Guide



## Original Research Work (ORW):

<b>Abstract Title</b> ≤ 15 words	Home fall injuries: Inpatient outcomes and severity study
<b>Topics Covered by Abstract</b>	Trauma
<b>Topics Covered by Abstract</b>	
<b>Abstract Type</b>	ORW
<b>Format Preference</b>	Poster Presentation
<b>Introduction</b>	Home fall injuries (HFIs) are a complex phenomenon caused by a non-linear combination of and interaction between man, floor, and environment.
<b>Brief Summary</b> ≤ 250 words	Objective – This study aims to find the outcome and severity of HFI in our region. Study design – Cross-sectional study conducted among inpatients in the EMD in our institution. Methodology – 1-year-long study, interview 295 HFI, selected through scheduled sampling. Information collected using semi-structured questionnaire. 9-item Simplified Injury Severity Scale (SISS) used to assess injury severity. Cronbach’s alpha showed internal consistency of SISS, and Mann-Whitney U-test demonstrated association with correlates. Results – Fatal outcome (death and permanent disability) was 34.24% & higher, marginally significant (P = 0.06) SISS score (45.17 ± 12.59). Participants with absent protective devices had significantly higher scores than their counterparts.
<b>Learning Points</b>	SISS as a proxy measure of severity assessment could raise awareness of HFI & highlight the need for legislative stringency.

# INDUSEM: Abstract Guide



## Point of View (POV):

<b>Abstract Title</b> ≤ 15 words	Treatment of simultaneous alcoholic ketoacidosis & diabetic ketoacidosis
<b>Topics Covered by Abstract</b>	Resuscitation
<b>Topics Covered by Abstract</b>	Endocrine Emergencies
<b>Abstract Type</b>	POV
<b>Format Preference</b>	Podium Presentation
<b>Introduction</b>	Ketoacidosis is a metabolic state which may be caused by simultaneous etiologies.
<b>Brief Summary</b> ≤ 250 words	There are many diabetic alcoholics who often present with DKA and with alcohol withdrawal syndromes. This may be due to inability to drink alcohol secondary to DKA-associated symptoms of nausea, vomiting, sepsis, and many other potential causes. EM management of such patients can be complex. This discussion will focus on management pearls in resuscitation, systematic evaluation and investigation rationale, fluid management, antibiotic use, insulin therapy.
<b>Learning Points</b>	Systematic investigation and aggressive fluid management is the key to managing such patients. Underlying causes must be investigated and ruled in or out in a stepwise approach.



# INDUSEM: Abstract Guide



## Additional information:

### Cancellation policy:

We remind you that all fees are non-refundable. But it is good etiquette to inform us if you are no longer able to attend the conference. In this case we may reassign your timeslot.

### PowerPoint templates:

Templates for all three formats are available for download on the website.

## Contacts:

For questions about academics, abstracts, presentations, scheduling conflicts, please contact:

[scicom.emindia@gmail.com](mailto:scicom.emindia@gmail.com)

For questions about conference fees, registration issues, unique registration number, certificates, please contact the conference events team through the website.