

AMERICAN COLLEGE OF PHYSICIANS 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.

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: For the Resident/Fellow category, the first author of an abstract must be an ACP Resident/Fellow in good standing enrolled in a Massachusetts Residency Program. For the Student category, the presenter of an abstract must be an ACP Student member in good standing enrolled in a Massachusetts Medical School, and must either be first author or have a substantive contribution to the work presented.

Co-authors need not be ACP members. Abstracts must be signed by your Program Director (Resident/Fellow) or research supervisor (Students).

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 must be limited to **450 words** and submitted on-line. Do not include title and authors within the abstract text.

2. Title, typed in upper and lower case, should be brief and clearly state content of paper.

3. **For the Resident/Fellow category**, presenting author must list name first. For the student category, indicate the presenting author with an asterisk.

4. List name and one degree only, e.g., MD, DO for each author. Indicate their status within ACP.

(Student, Associate, Member, or Fellow), if applicable. Professional title of positions should not be included.

5. 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 (see samples).

***Please note that the online submission form does not accept tables, so the body of your message must be text only.**

Style: Write for clarity and directness. Avoid the use of medical jargon or stock empty phrases. 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.