

ANNOUNCING A CALL FOR TRAINEE ABSTRACTS

2025 MOMA TRAINEE POSTER COMPETITION



Virtual Poster Competition: January 10-12, 2025

Top performers in each category will present posters live
at the 2025 Winter CME Meeting
January 24-26, 2025
Beau Rivage Casino / Hotel Convention Center, Biloxi, MS

Dear Medical Trainee:

Do you have a completed Case Study or Research Study Poster you want to submit for competition? Or do you have one almost finished? If so, we have an opportunity for you to do just that and add to your scholarly activity profile by participating in the MOMA Trainee Poster Competition. This year, we are opening our poster competition to all student doctors and resident physicians who are available to participate in a virtual capacity on January 10 – 12, 2025. Posters will be judged during a pre-designated time frame utilizing a sponsored poster platform through our partners at WCUCOM. Top performers in each category will be asked to join us in-person at the 2025 MOMA Winter CME Meeting to present their posters live at the conference. An invitation to present at the Winter CME Meeting does not impact the winners chosen during the virtual competition. All poster competition attendees are invited to register for the "Trainee Track" at the Winter CME meeting. Registration for the conference is open now!

For the virtual poster session, the lead author is expected to be present during a pre-arranged timeframe and have a 3–5-minute presentation prepared for the judges. Other authors can join the lead author for the presentation. The annual MOMA Poster Competition provides the opportunity for trainees to display completed or soon to be completed research, practice presentation skills, and expand scholarship experiences on their curriculum vitae. Last year, we had over 80 posters competing across four categories: Student Research Study, Student Case Study, Resident Research Study, Resident Case Study.

An explanatory "**Poster Policies, Application, and Presentation Guidelines**" document is attached, along with an "**Abstract Format and Examples**". These documents provide further details about the competition. Applications must be submitted through the MOMA website at www.moma-net.org/Scholarly_Activity.

Hurry! **Final deadline for submission is midnight CST, Monday, December 2, 2024.** Successful applicants will be notified on or before Monday, December 16, 2024.

Sincerely,

MOMA Trainee Poster Competition Team

POLICIES, APPLICATION, AND PRESENTATION GUIDELINES

For Research Presentations and Case Study
Presentations 2025 MOMA Trainee Poster Competition
Virtual Poster Competition: January 10-12, 2025

POLICIES

1. The MOMA Trainee Poster Competition is open only to medical students, interns, residents, and fellows. Competition categories will be determined after an accepted submissions list is curated.
2. Posters must be prepared following the MOMA Application and Presentation Guidelines provided.
3. Submitted applications and abstracts will be reviewed for compliance by the MOMA poster competition committee. The lead presenter will be notified of the committee's decision by Monday, December 16, 2024.
4. The competition is open to research or case studies of the types acceptable at poster sessions at scientific conferences.
5. Explanatory clinical research, descriptive clinical studies, health policy research, educational research, and other subjects are acceptable. Pure literature reviews are not acceptable.
6. A submitted poster must be the work of the lead author submitting it. One entry is allowed per applicant. Additional authors are permitted to present with an accepted poster, but the only communication from MOMA will be with the lead/submitting author for the project.
7. The poster session will take place prior to but in conjunction with the MOMA Winter CME Meeting on January 24-26, 2025 at the Beau Rivage Casino/Hotel Convention Center in Biloxi, MS.
8. Acceptance to the Trainee Poster Competition does not include registration for the Winter CME Meeting. Trainees will need to register for the conference through the conference registration link regardless of poster submission status.
9. For the authors selected to make oral presentations, MOMA will reimburse travel expenses in the form of mileage from trainees' primary location, not to exceed \$100. Hotel accommodation will be the responsibility of the trainee.
10. Students can apply to be a MOMA Ambassador for the Winter CME Meeting and participate in the Trainee Poster Competition.
11. Citations of all accepted posters will be listed in the participants book for the conference
12. All participants will receive a Certificate of Participation.
13. Prizes for winners will be awarded prior to oral presentations by the winners at the conference.

APPLICATION AND PRESENTATION GUIDELINES

1. The completed application submission and abstract must be submitted through the MOMA website at www.moma-net.org/Scholarly_Activity as soon as possible, but not after midnight CST, **Monday, December 2, 2024**. An e-mail confirmation of receipt will be sent to the applicant.
2. Acceptance of a poster will be contingent upon appropriateness of the submitted abstract. The submitted abstract must include and meet the following guidelines:
 - Submissions will only be accepted through MOMA link for abstracts.
 - Abstract text (limited to 350 words or less) should be placed within the text boxes provided in the link.
 - Abstracts must contain at least preliminary results, but final results are expected on the poster.
3. Abstracts for research and case study posters must follow the relevant MOMA Abstract Formats and Examples (Refer to the Appendix at the end of this form). Preliminary evaluation of the abstract presentation will be completed prior to the competition and will also be included in the judging process.
4. All research study applicants are required to complete the application section regarding receipt of IRB approval or state why IRB approval was not necessary.
5. Authors of accepted abstracts will receive instructions on proper formatting, submission, and presentation of their virtual posters. Judging rubrics will focus around the following three major areas: appearance, content, presentation.
6. Presentation to judges should be prepared between all present authors and no longer than 3-5 minutes in length.

APPENDIX A

Case Study Abstract Format and Example

- **Title** – A summary of the abstract itself which convinces the reader that the topic is important, relevant, and innovative.
- **Author(s)** – Include name, degree and institutional affiliation. Authors listed should be only those who contributed significantly to the intellectual content of the case report.
- **Introduction** - The context of the case with explanation of its relevance and importance.
 - Describe whether the case is unique. If not, does the case have an unusual diagnosis, prognosis, therapy or harm? Is the case an unusual presentation of a common condition? Or, an unusual complication of a disease or management?
 - Describe instructive or teaching points that add value to this case. Does it demonstrate a cost-effective approach to management or an alternative diagnostic/treatment strategy? Does it increase awareness of a rare condition?
- **Case Description** – Follow basic rules of medical communication. Report the case in sequence.
 - Describe the history, examination, and investigation adequately. Is the cause of the patient's illness clear-cut? What other plausible explanations exist?
 - Describe treatments adequately. Have all available therapeutic options been considered? Are outcomes related to treatments? Include the patient's progress and outcome.
- **Discussion** – Discuss rationale for decisions made and the lesson learned from the case.
 - Are similar cases reported in the literature? Describe how this case is different from those previously reported.
 - Explain the rationale for reporting the case. What is unusual about the case? Does it challenge prevailing wisdom?
 - Could a future similar case be handled differently?

Note: Abstracts are limited to 350 words (Including title, authors, and institutions).

Example - Case Study Abstract

Title: Osteopathic Treatment of Nephrotic Syndrome

Authors: Sonia Rivera-Martinez, OMS-IV, John D. Capobianco, DO
New York College of Osteopathic Medicine, New York Institute of Technology, Dept. of Osteopathic Manipulative Medicine, Old Westbury, NY 11568

Introduction: Nephrotic syndrome is a clinical state characterized by proteinuria, hypoalbuminemia, hypercholesterolemia and peripheral edema/anasarca. In this case, an African American female with IgA nephropathy developed nephrotic syndrome. This case is remarkable as IgA nephropathy is uncommon in females and in those of African American descent. Furthermore, less than 10 percent of patients with IgA nephropathy acquire nephrotic range proteinuria. In addition, a literature review revealed no previous reports of osteopathic treatment in the clinical management of nephrotic syndrome.

Case description: A 19-year-old African American female with a medical history significant for gross hematuria secondary to IgA nephropathy presented to the hospital with complaint of fatigue, reduced appetite, abdominal distension, peripheral and facial edema, decreased urine output and weight gain. She reported no other autoimmune disorders. Physical examination was remarkable for facial and peripheral edema and abdominal distention with a positive fluid wave. Laboratory findings demonstrated proteinuria, hypoalbuminemia, elevated cholesterol and triglyceride levels and ascites on abdominal x-ray. She was admitted with a diagnosis of nephrotic syndrome was made. Medical management consisted of salt and fluid restriction diet, intravenous diuretics and albumin infusion. Despite the aggressive treatment to induce diuresis the patient developed anasarca with a urine output that was less than 200 cc's per day. On hospital day 5, daily osteopathic manipulative treatment was added to her management resulting in significant improvement. Within an hour after the first osteopathic treatment the patient voided 400 cc and thereafter the urine output increased exponentially with eventual return to the patient's baseline weight. The patient was discharged on day eight.

Discussion: This case illustrates the potential benefit of utilizing osteopathic manipulative treatment as part of the management of a patient presenting with nephrotic syndrome. Early institution of this form of treatment could reduce hospital stay. Research on this topic is recommended.

APPENDIX B

Research Study Abstract Format and Example

- **Title** - Reflects and concisely describes the research project.
- **Author(s)** - Include name, degree and institutional affiliation.
- **Background** - Why the topic is a problem that needs to be addressed? What is missing from the field of study that this study addresses? Provide a one-sentence summary of the rationale for the study question.
- **Objective(s)** - What does this study intend to resolve? Provide a one-sentence description (e.g., "To determine...", "To establish...") of the study's primary objective. Include key secondary objectives only if appropriate.
- **Methods** - A short paragraph stating the design, setting, patient(s), and interventions. This section describes the study process and includes the following elements:
 - **Design** - A statement of the study's basic design (e.g., randomized controlled trial, double-blind, cohort, survey, cost-effectiveness analysis). Note: Make sure you include in the design statement a notation that the research study was approved by the IRB (institutional review board).
 - **Setting** - A one-sentence description of the clinical circumstances of the setting (e.g., general community, primary care center, hospitalized care).
 - **Subjects** (or other participants) - A brief description of the key eligibility criteria of the study's participants. The total number of the participants must be included and how many participants were included in each group of the study (i.e. study group(s), control group).
 - **Interventions** - A brief description of any interventions administered (e.g. OMM, medications, etc.).
 - **Main Outcome Measure(s)** - A brief description of the study's outcome measurements (e.g. blood pressure, symptom scores, patient satisfaction scales).
- **Results** – Summary of main results with declarations and explanations of any important measurements including relevant statistical information (e.g. confidence intervals, levels of statistical significance).
- **Conclusion** – Description of the contribution of this research to the body of knowledge on the topic? Brief summary of the study's findings as supported by the reported evidence. Recommendations for clinical applications and for additional study.

Note: Abstracts are limited to 350 words (Including title, authors, institutions, heading)

Example – Research Study Abstract

Title: Interexaminer Reliability for Assessing the Lumbar Spine by Diagnostic Palpation

Authors: S. Rivera-Martinez, DO (1) J.D. Capobianco, DO (2)

(1) Long Beach Medical Center, Dept. of Family Practice, Long Beach, NY 11561

(2) New York College of Osteopathic Medicine, New York Institute of Technology Dept. of Osteopathic Manipulative Medicine, Old Westbury, NY 11568

Background: Osteopathic physicians employ diagnostic palpation as a method to evaluate problems of the lumbar spine and to assess the results of manipulative treatment. However, the reliability of this primary diagnostic tool has not been well established.

Objective: The objective of this study is to determine if training the examiners on a specific methodology of palpatory diagnosis has a significant impact on the outcome of interexaminer agreement.

Methods: The research protocol was approved by the NYCOM/NYIT IRB. It was designed as a pre and post training examiner reliability study on the interobserver agreement. A total of sixty subjects and four examiners were recruited. At each session the examiners diagnosed L1-L5 lumbar spinal segments for rotational asymmetry by static palpation and for severity of the asymmetry by motion-based palpation. The transverse processes of the lumbar spinal segments were clearly identified to ensure consistent palpation of the same anatomic site. Thirty subjects participated in the pre-training session to obtain baseline examiner concordance. Following the pre-training session an expert in diagnostic palpation trained the examiners. In the post-training session the examiners diagnosed another thirty subjects utilizing the methods demonstrated by the expert during the training sessions. Kappa statistics were computed to compare pre and post training results.

Results: Poor interexaminer concordance was demonstrated in the pre-training session with Kappa coefficients of 0.087 for static asymmetry and 0.082 for motion-based severity rating. In contrast, acceptable concordance was obtained in the post-training session with kappa coefficients of 0.52 and 0.50 for static and motion-based palpation respectively.

Conclusions: Kappa scores indicating improved interexaminer concordance after training the examiners on specific palpatory procedures was established. The results of this study suggest that standardization of the methods utilized by each examiner to determine a palpatory diagnosis may have a positive influence on interobserver agreement.