



## **2025 Midwinter Symposium: Ski CME**

*February 7th-9th, 2025 | Jordan Hotel at Sunday River Resort, Newry, ME*

*[General Event Details & Registration info can be found here.](#)*

## *Call for Abstracts: MOA 2025 Research Symposium – Virtual Poster Presentations*

*Pre-recorded poster presentations will be released to symposium attendees on  
Saturday, February 8th, 2025*

### **Eligible Participants:**

- UNE COM medical students, OMS I – OMS IV
- Medical Residents/Fellows

### **Categories:**

- Basic science research
- Clinical research
- Case studies
- Other scholarship (e.g. literature review).

\* Subject to change based on submissions

### **Forum Expectations:**

This is a virtual research forum. If your abstract is accepted, you will be expected to prepare a 3-5 minute virtual presentation video. Awards/judging will be conducted on pre-recorded video presentations. Awardees will be announced live at the MOA Symposium. There is no requirement to attend the MOA Symposium to present their posters or to be chosen for an award.

## To submit your abstract (Residents/Fellows):

1. Review attached guidelines below on obtaining regulatory paperwork and writing an abstract
2. Submit abstract and regulatory paperwork electronically here <https://forms.gle/QAZkUfsEhxDzyGjh7> *All abstracts must be uploaded with the appropriate regulatory documents (IRB, IACUC, or Case Study Approval).*  
**Abstracts cannot be approved without appropriate regulatory documents.**

### Important Dates & Deadlines: •

- Abstracts due: Monday December 2nd, 2024
- Notification of abstract acceptance expected by: The week of January 6th, 2025
- Virtual Presentation Videos due: Wednesday January 20th, 2025
- Virtual Presentations will be shared with MOA Midwinter Symposium attendees
- Awards announced during the Midwinter Symposium, held Feb 7-9<sup>th</sup>.

## Guidelines for Abstracts (Residents/Fellows)

Please read all instructions before typing your abstract. The abstract review committee will select the best abstracts and award oral podium presentations at the MOA symposium. Reviewers will rate abstracts with a rubric which includes ratings on significance of findings, communication of results, and quality of writing including grammar, punctuation, and formatting.

### **Abstract Formatting requirements:**

Font: Arial, 11 point

The text should be single spaced, but skip a line between sections of the abstract. (see examples)

Length: The abstract must be within a character count of 2500 including spaces. This does not count the title or author names and affiliations or funding acknowledgement.

- Do NOT use the option for a header or footer for adding text or titles.
- Do NOT include images or tables in the abstract.
- Do NOT include references or citations in the abstract.

### Heading:

Line 1: Title (Use bold but do not use all caps). Capitalize the first letter in each word except for articles (a, an, the, etc.), conjunctions (and, or, but, etc.) and prepositions (by, for, with, from, etc.). An exception to this rule is capitalization of the word immediately following a colon in the title (e.g., “Nine Months of Facial Pain Relieved by OMT: A Case Report”).

Skip a line before the Authors line.

Line 2: Authors' [Last Name, Initial(s), and Degree(s)]. All authors must be named. Note the periods in the degrees.

Examples:

Smith, T, D.O., Jones, AV, M.D.

Smith, J, M.P.H., OMS III, Jones, AV, M.D.

Line 3: Name of Institution, Program or Department, City, and State (in that order) of each author.

If authors are from multiple institutions, use superscripts following each author's last name in the Authors line to indicate affiliation. Use corresponding superscripts in the Name of Institution line.

For abstracts with multiple authors and multiple affiliate institutions, each institution named must appear on a separate line. For abstracts with a single author, the author's name and affiliate institution must appear on the same line and may continue to the next line if necessary.

Examples:

Smith, J<sup>1</sup>, D.O., Jones<sup>2</sup>, AV, M.D.

<sup>1</sup>Hillsboro Hospital, Department of Family Medicine, Munsey, Indiana

<sup>2</sup>University Hospital, Department of Surgery, Oak Ridge, Tennessee

Smith, J<sup>1</sup>, OMS III, Jones<sup>2</sup>, AV, M.D.

<sup>1</sup>University of New England College of Osteopathic Medicine, Biddeford, Maine

<sup>2</sup>University Hospital, Department of Surgery, Oak Ridge, Tennessee

Smith, J, D.O., Hillsboro Hospital, Department of Family Medicine, Munsey, Indiana

Smith, J, OMS III, University of New England College of Osteopathic Medicine,  
Biddeford, Maine

Skip one line before beginning the body of the abstract.

Punctuation:

The format of the Author Heading of your abstract should follow the Author Heading in the examples above exactly. As you will note, the Author Heading begins with the First Author presented by last name followed by a comma, the author's initial(s) with no punctuation followed by a comma, and the author's degree(s) with punctuation (e.g., D.O., M.P.H., etc.) or year of medical school with no punctuation (e.g., OMS III) followed by a comma (except after the last author) to separate multiple authors and then each subsequent author presented in the same fashion.

Abbreviations:

Do NOT use any abbreviations in your abstract heading (e.g., Department, not Dept.; Maine, not ME).

Professional Quality:

We expect your abstract to be camera ready when it is submitted. No re-writes. The Abstract Review Committee will select the best abstracts and award oral podium presentations at the MOA symposium. Reviewers will rate abstracts with a rubric which includes ratings on significance of findings, communication of results, and quality of writing including grammar, punctuation, and formatting. The abstract should be of professional quality and should not look, feel or sound like a dictated clinical note.

Acknowledgements should be added to the end of the abstract. This should include: 1) the site in which the research was conducted (e.g. University of New England College of Osteopathic Medicine and/or your clinical site); 2) funding such as the Peter Morgane or Carmen Pettapiece Student Research Fellowship, or any mentor funding that has supported the work (e.g. NIH grant awards).

#### ABSTRACT CATEGORIES:

Abstracts may be submitted in the categories of: 1) basic science research, 2) clinical research, 3) case studies, or 4) other scholarship (e.g. literature review).

Basic science and clinical research categories must have results to report. If results have not yet been obtained, a literature review may be submitted on the topic and study design. All abstracts will be reviewed for acceptance and are eligible for video/poster presentation. Only abstracts in the categories of basic science research, clinical research and case studies will be eligible for oral podium presentations and awards. *Applicant must indicate whether they are available for an oral podium presentation, held on Saturday, February 10th, upon abstract submission.*

#### **A. ORIGINAL RESEARCH – Basic Science & Clinical Research**

Submission must follow the traditional four-section format. It is strongly suggested to include the following in each section:

Introduction (Required): Purpose (rational for study), objectives/aims; hypothesis (if appropriate).

Please include brief background for the study (a key sentence or two from the literature review).

Methods: Brief statement of methods.

Results: Summary of key outcomes and interpretations.

Conclusion: A brief statement of the conclusion, integrating results with aims or information in introduction.

#### **B. CASE REPORT**

Follow traditional case-report format:

Introduction: A brief synopsis of the background (including what is known in the medical literature, controversy or disagreement among experts, etc.) that frames the case that will be presented. It should be clear from this background why the case to be presented in the next section is relevant, interesting and/or important enough to merit the case report. The linkage between the Introduction and the Case should be clear and logical, often obtained by using a transition sentence.

Case: Should include relevant patient characteristics; age, gender and, if relevant, cultural or racial characteristics (e.g., predisposition to sickle cell anemia); current presenting symptoms; relevant patient history; process of addressing issues of differential diagnosis and case complexity; course of treatment; and treatment outcome. Psychosocial factors (e.g., availability of family caregiving, appropriate housing and psychiatric issues) and treatment-cost factors affecting the type of treatment needed and/or provided should

also be included if relevant. On the first use of a medical term, condition or abbreviation that is not common in general medical literature, give a brief definition followed by the abbreviation or acronym. The abbreviation or acronym can be used alone on subsequent references to the condition or term.

Discussion: Highlight the key features of the case as related to the relevant factors in the Introduction that made this case worthy of a case report. Depending on the primary focus of the case report, draw conclusions about the nature of the condition and/or the appropriate course of treatment. The “take-home message” should follow logically from the conclusions.

Case Report abstracts should emphasize one or more of the following criteria for published case reports outlined below:

- Unusual and/or unreported side effects
  - Adverse medication interactions
  - Unexpected or unusual presentation of a disease
  - New associations or variations in disease process
  - Presentations, diagnosis, and/or management of new and emerging diseases
  - Unexpected association between disease or symptoms
  - An unexpected event in the course of observing or treating a patient
  - Findings that shed new light on the possible pathogenesis of a disease or an adverse effect
  - Case reports with valuable clinical lessons
- C. OTHER SCHOLARSHIP (e.g. Literature Review). Other scholarship encompasses literature reviews, research projects in planning stages, and other types of scholarly work that do not fit within the categories listed above. Novel meta-analysis should be included in original research. Authors should choose the format that best fits their scholarship. The examples above are suggestions, but not requirements.