



As you know Emergency Medicine Residencies are becoming more and more competitive. Presenting a poster among other students, residents and physicians will look **GREAT** on your residency application! The details are below, and the application is on the following page. We hope to see your poster at the Spring Scientific Seminar! Please email our Research Committee Chair, Suleman Ahmed ([do14.suleman.ahmed@nv.touro.edu](mailto:do14.suleman.ahmed@nv.touro.edu)) with any questions

## **2012 FOEM CASE STUDY POSTER COMPETITION**

These awards are given annually to any osteopathic emergency physician resident or student completing a case study poster presentation at the Spring Seminar.

**Deadline for submission of application: January 31, 2012. Guidelines for the abstract can be found at [www.foem.org](http://www.foem.org)** All entrants must submit a completed and signed formal application (next page), as well as an abstract of their case. The form must be mailed to the mailing address stated and the abstract must be emailed to [swhitmer@foem.org](mailto:swhitmer@foem.org) in a writeable word document. Entries submitted without the formal application will be rejected.

Once accepted, participants must submit one PowerPoint slide of their poster to [swhitmer@foem.org](mailto:swhitmer@foem.org) by March 31. All abstracts and PowerPoints must be in PC format, as Macs are not supported at this time. The font of the PowerPoint Slide must be Arial 26 or larger. No changes to the poster are permitted after this date. Participants must also provide a hyperlink to one of their references to [swhitmer@foem.org](mailto:swhitmer@foem.org) by March 31. All references must be included on the poster and abstract, but only one hyperlink is required. Participants must print their poster in a horizontal 3 foot by 4 foot format and bring it with them to the ACOEP Spring Seminar. Participants are responsible for ensuring transport of their posters to the competition. Participants must be available to present their case study at the seminar. Those unable to attend are in charge of finding a substitute resident or student to present their case. In the event of a substitution please contact Stephanie Whitmer at [swhitmer@foem.org](mailto:swhitmer@foem.org).

Participants will be allotted 7 minutes to present their case and 2 minutes for questions and answers. A panel of qualified judges will evaluate the posters and presentations. The top three presenters will be officially announced at the Membership Meeting during the ACOEP Spring Seminar and will receive awards.

**The Case Poster Competition will occur on Wednesday, April 11th 12:30pm-4:00pm at the Spring Seminar at the Westin Kierland Resort & Spa, Scottsdale, AZ.**

### **Evaluation Criteria**

1. Relevance to emergency medicine
2. An in-depth introduction and history of the case, clinical discussion, clear tables and figures, and a list of references.
3. Follows case presentation and discussion format, including how the patient presents (i.e., age, sex, wt, family history, etc.), the pathology being treated and complicating factors, clinical findings, treatment plan and justification, conclusions, etc.
4. Clinical discussion is clear and concise, integrating presentation and conclusions
5. Conclusions are supported by an appropriate differential and/or clinical rationale
6. Comprehensive list of references
7. Tables and figures are clear and legible
8. Logically written with correct grammar and no spelling errors
9. Overall impression of the presentation
10. Overall impression of the poster.



# FOEM Case Study Poster Competition

Title: \_\_\_\_\_

Author(s): (List first name, last name of all authors and all applicable titles such as DO, MD, Ph.D., RN etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Presenter: (Author who will present the study, if accepted, and who will receive award, if chosen)  
\_\_\_\_\_

Institutional Affiliation: \_\_\_\_\_

Presenter's Current Address: (list address of presenter; correspondence will be sent to presenter unless listed otherwise)  
\_\_\_\_\_  
\_\_\_\_\_

Presenter's Contact Information:

Telephone Number with area code:	_____
Fax number with area code:	_____
E-Mail Address:	_____

I certify that this research has been approved by and complies with my institution's review committees for human and animal experimentation where appropriate.

\_\_\_\_\_  
Signature of Principal Author

\_\_\_\_\_  
Date

**Mail this signed application to:**

**The Foundation for Osteopathic Emergency Medicine**  
**142 E. Ontario Street, Suite 1500**  
**Chicago, IL 60611**  
[www.foem.org](http://www.foem.org)