

**Standard Operating
Procedure
Manual
for the
SAEM Annual Meeting**

Compiled by the 2005 Program Committee with documents included that were developed between 1997 and 2005, during which time PC Chairs included Don Yealy, Chuck Cairns, Sue Stern, Ellen Weber and Judd Hollander. Additional contributions by Bob Neumar, Sue Fish, Jack Kelly and Gary Vilke. Edited by Judd Hollander.

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Overview

The Annual Meeting is the showcase for both the Society of Academic Emergency Medicine and emergency medicine, in general. Therefore, members of the Program Committee are privileged to have such an influence on both the direction of EM and development of the face of SAEM. Although the PC works reasonably independently (with some degree of “editorial independence”), the final program must be approved by the SAEM Board of Directors. The PC does report directly to the BOD, in that fashion. However, historically, the PC has had more or less the “final word” on the development of the meeting agenda – the only exception being the budget, which is historically approved by the BOD.

This manual was put together as an initial template for members of the SAEM Program Committee. The Annual Meeting has evolved over many years and unfortunately some of the history gets lost causing PC members to try to reinvent the wheel without knowledge of past successes and failures. This manual was put together by collating documents that have been developed between 1997 and 2005 and adding a couple historical comments to place items in perspective. Hopefully, it will be continually modified by future PC’s so that some of the successes and failures can be recorded allowing the PC to have a better handle on the evolution of the meeting and methods to go forward.

The running of the PC involves the development of many tracks all simultaneously, however, this manual is broken down into discrete sections with discrete timelines. Therefore, it is important for the user to realize that items on page 10 do not follow items on page 2 in a temporal fashion.

Historically, the annual meeting runs over 4 days with 4 simultaneous tracks – typically 2 didactic and 2 scientific sessions at a time. Luncheon sessions (12-1:30) run between 2-4 sessions at a time. When a specific track might be designed for a specific minority of the attendees, it is typically offered as a 5th track or a pre-day session. Specific examples include the medical student and chief resident forum.

The basic composition of most sessions is:

Didactic sessions (1-3 hour sessions on a specific topic)

Scientific sessions (they come in several different formats)

Oral sessions – clusters of abstracts ranging from 4-8 with each presenter having 10 minutes for presentation and 5 minutes for questions (1-2 hour sessions).

Open Discussion Oral Sessions – these sessions are abstracts presented in the usual format (15 minutes total) but with 30 minutes left for open discussion of the general area. For example, there might be 6 abstracts on a single topic in a 2 hour session, allowing 30 minutes after presentation for a group discussion including the audience.

Poster Sessions – authors at the posters allowing for individual interaction in a 1 on 1 format. These sessions are usually 2 hours long.

Topic Discussion Sessions – These sessions are composed of 3-4 poster presenters, where the posters are clumped together based upon a general theme. The presenters give a 2-3 minute summary of the poster and then have open discussion. After all presentations are complete, the moderator leads on open discussion on the topic. These sessions are

typically for 1 of the 2 hours during the poster session and are off to the side in the poster room.

Formats that have been tried unsuccessfully in past

Moderated poster sessions – during these sessions a “themed” group of poster presenters walk around and each presenter presents their poster and the whole group discusses. This was typically done in groups of 8-10 posters. Due to logistics, noise, and complaints from presenters and attendees these sessions were stopped. They were also attempted in smaller rooms off to the side of the poster hall, but these were poorly attended. Feedback from meeting participants and presenters stated that these prevented the 1 on 1 discussion that many people value. It also led to presenters not being with their posters during these “walk around sessions” and afterward, as the presenters considered the walk around sessions the only important times to be present.

Introductory Memo to PC Members

Unlike some other committees, the PC requires significant work. New members need to be made aware of the expectations for work on this committee. Below is an introductory email that has been templated for use to explain the expectations of the PC.

Welcome to the 2005 Program Committee -

I wanted to take care of a little business before our meeting on Saturday, May 15 at 5PM. Since most of you are returning PC members or specifically requested appointment to the PC, I am sure you are aware that the Annual Meeting is the single most visible event that SAEM holds. It also is the reason that the majority of SAEM members have joined the society. For that reason, this committee is obviously not one of those you join simply for CV building. There is quite a bit of highly visible work involved.

You should be aware that appointment to this committee means that you will need to attend the 2004 annual meeting (we will meet Sat 5/15 at 5pm to begin preparation for the 2005 meeting).

You will need to attend the 2005 meeting for the entirety of the meeting. You will need to attend ACEP 2004, at least for the day of the PC committee meeting. You will need to set aside time to review approximately 100 - 120 didactic session proposals in September of 2004. You will need to set aside time to review approx 100-150 scientific abstracts in early to mid January 2005.

Because this committee has a significant amount of work associated with it, I am most interested in hearing your thoughts about how to reduce the work load but maintain or improve the quality of the meeting.

We have already decided upon several changes to the committee structure. XXXX will be the Didactic Committee Chair and be responsible for the overall selection and review of the didactic submission proposals. This year, like last year, didactic submission will undergo review by a subcommittee prior to outside review by the full PC. This process will mimic that used by journals (editorial board for all; reviewers for some but not all).

XXXX, will be the Scientific Subcommittee Chair and be responsible for coordination of the abstracts submission, selection and presentation processes. XXXX will provide overall coordination for both the medical student symposia and Chief Resident Forum. I am looking for individuals who have assisted preparation of these meetings to step up and play a lead role in organizing one of the meetings, under her tutelage. Because these two sessions are relatively stable in content, all details will be completed during the summer months (by the end of August 200X), thereby reducing the work load during the review of other didactic submissions.

I would ask that the other returning members of the committee who have led tasks/committees last year, contact me individually via phone to let me know whether you would like to continue in those roles prior to the annual meeting.

So..between now and this years meeting, please spend some time thinking about ways to improve the meeting.

I welcome any other ideas you have. Please start thinking about them in preparation for our meeting. I look forward to seeing all of you in XXXX. Welcome to the PC.

Initial Meeting (Preparation for Next Year)

This is a relatively basic introductory meeting where the Chair should:

Have each member of the committee introduce themselves.

Identify the committee leadership and roles (scientific, didactic, IEME, Photo's if all already known)

Ask for volunteers to lead the awards and moderator selection process (if needed)

Ask for volunteers to work on IEME and Photo subcommittees

Re-emphasize visibility to organization of the annual meeting

Re-emphasize requirements of being PC member (must be at whole meeting and must be at face to face meeting held at ACEP, etc.).

Discuss potential keynote speakers

Discuss potential entertainment options for opening reception and evening out.

Discuss new sessions, new ideas and encourage committee members to think outside of the box.

Note: The meeting evolves by encouraging committee members to come up with new ideas that they have either seen at other meetings or just something that might be worth a try. A couple examples include (1) methods to increase last day attendance (made it a shortened day ending at 2pm; placed approx 30% of posters during these session to keep people around longer; and have on occasion served box lunch during this last session); (2) Encouraging more group interaction via the Open Discussion Oral Sessions and Topic Discussion Poster Sessions, etc.

Didactic Session Timeline

May of Year Preceding Meeting

PC Chair must select Didactic Chair

The Didactic Chair (and Program Chair) must solicit interested Program Committee members (2-3 members total) to be the group to review all submitted didactics prior to the Program Committee meeting in October at ACEP.

Determine Deadline for Didactic Submissions- usually the first week in September

Spring

PC Chair should review call for didactic submission that will be published in AEM and Newsletter.

September

First week- Didactic submissions are received by the SAEM Office and then sent out to the subcommittee

Second week- the Didactic Chair, Program Chair and 1-2 ad hoc members (total of 3-4 people) will review all submitted proposals (usually 60-70) and determine whether to accept, reject, or send to entire Program Committee to review further. Any proposals of obvious excellent quality and importance will be accepted and any proposal that does not meet SAEM's mission or is inadequate will be rejected. The remainder of proposals will go to the Program Committee for full review. This initial review committee will submit scores to the SAEM office and have a conference call to determine which submissions to send for review. It is anticipated that approximately 30-40% require full committee review to make a final decision. The others will either receive a preliminary acceptance or rejection decision. There are approximately 40 hours of didactic sessions presented at the annual meeting.

Fourth week- Didactic submissions under review are sent to entire Program Committee and scores are due 1 week later to the SAEM Office. See Appendix A and B for scoring instructions. The Didactic Chair will then review scores and comments and in conjunction with the subcommittee, reject or accept about 50% and discuss the rest at the October meeting with the Program Committee. In addition, the subcommittee can recommend revisions on accepted proposals.

October

ACEP meeting- The Program Committee will review the remaining proposals and determine what edits need to be made or whether to reject/ accept the rest of the submissions. Additionally, any didactic areas that appear to be deficient can be brought up at this time and the PC can develop any ideas into formal proposals.

November-

First week- All revised submissions are due. Any late revisions will be rejected automatically. This is critical to allow the program committee to make decisions regarding the annual meeting.

Mid month- The Didactic chair will develop the preliminary didactic grid. Care must be taken to avoid overlap with speaker times and to spread out different tracks throughout the meeting. In addition, the Didactic chair will proof read all accepted submissions and edit them for content.

April

The Didactic chair will assign 1 PC members to be responsible for the start of each didactic session. The PC is surveyed regarding which sessions they plan on attending. This allows the PC to make optimal use of the PC members without being unduly burdensome. Each didactic session is also assigned a medical student who will ensure that evaluations are collected make sure that each session runs smoothly. In the event that the volunteer medical student identifies an issue, they will telephone the PC member on his/her cell phone. That way, the PC member responsible for starting the session does not need to remain at the entire session.

Confirm that all speakers have returned conflict of interest paper work. It is important to confirm that the speakers know that they are speaking and this is one way.

Annual Meeting

The Didactic chair will confirm each morning which PC members are attending sessions. The PC member supervising the session will meet the medical student volunteering to work the session.

Didactic Proposal Scoring System

SCORES

1-9 with 9 being the highest

1-3- inconsistent with SAEM Mission; fair to poor quality proposals (unclear objective or course design, no designated speakers); do not accept

4-6 -consistent with SAEM Mission, limited appeal; average quality; accept if space/time available

7-9 –right on the mark with SAEM Mission, broad based appeal or very valuable to focused group of SAEM members; excellent quality (easy to decipher objectives and target audience, articulate and experienced speakers); accept

Numeric Score

Ratings should reflect conformance with the goals and objectives of the Annual Meeting and applicability to the membership of SAEM. In order to receive a maximal score the didactic should properly conform to one of the established submission categories and have broad based appeal. However, a high score can be assigned if the appeal is limited in scope but highly valuable to a smaller group of individuals. If a proposal does not meet any of SAEM's objectives, the proposal should be rejected.

Quality of the proposal is very important and this will likely reflect the organization and success of the proposed didactic session. In order to achieve a maximal score, there should be sufficient detail to permit assessment of objectives, determine if course structure will work and is appropriate in the time frames suggested, the quality and appropriateness of the proposed speakers and whether the didactic is likely to be successful. Consider: How well is the session developed? Will the organization and content of the session meet the objectives of the didactic? Is the proposed number of speakers adequate? Is the proposal too long or too short in terms of time commitment? Is the budget reasonable? Are the speakers "diverse" in terms of expertise, job experience, variety of institutions, and geography?

Comments

Anything relative to the quality and applicability of the proposal is appropriate. This is where you might indicate if a proposal appears to have a great deal of merit based upon subject matter but is receiving a low score because of speaker selection or inadequacy of submission detail. These proposals might be considered further for Program Committee development.

Chief Resident Forum

The Chief Resident Forum is relatively stable in content since each year it has new attendees. As a result, all content and speakers should be secured during the summer of the year preceding the meeting and the meeting should be completely planned by August. This session typically takes place on day 3 of the meeting and is lower priority to be scheduled with the Sat night stay over than the Medical Student Forum, since the medical students have no source of funding.

Generally, the format is something like-

7:30-8:00	Registration and Breakfast
8:00-8:45	So you're Chief Resident. What does that mean? This session will explain the various roles of chief residents.
8:45-9:45	Leadership and the management role This session will describe the scope of authority and responsibility in your role and explain leadership theories focusing particularly on action-centered leadership.
9:45-10:00	Coffee Break
10:00-11:00	Effective communication Communication is a key element to the success of any leader. At the end of this discussion, participants will understand how to build effective communication networks, identify the key communication skills required to manage staff, explain formal and informal communication networks, facilitative questioning, active listening, and describe the principles of giving and receiving feedback.
11:00-12:00	Developing a Schedule The emergency department schedule is a central element of any chief resident's responsibility. This discussion will outline the RRC requirements for scheduling in EM, suggest tips for managing the complexities of an ED work schedule and explain mechanisms for dealing with sudden changes.
12:00-1:30	Lunch- Question and answer session
1:30-2:15	Professional Growth This session will illustrate strategies for successful career development, describe various routes to advancement and describe the challenges and barriers to promotion.
2:15-3:00	Ethics and Professionalism As chief resident, you may confront a new series of ethical dilemmas. This session will highlight ethical and confidential issues that involve other residents and describe how to set professional examples for others.
3:00-3:45	Time Management At the end of this session, participants will understand what you can realistically achieve with your time, recognize the importance of prioritizing To-Do lists and describe time management principles that can help you in your role as chief resident.
3:45-5:00	Lessons Learned- Panel discussion of former chief residents

Medical Student Forum

The Medical Student Forum is relatively stable in content since each year it has new attendees. As a result, all content and speakers should be secured during the summer of the year preceding the meeting and the meeting should be completely planned by August. This session typically takes place on a preday of the meeting and is highest priority to be scheduled with the Sat night stay over, since the medical students have no source of funding.

The forum is typically something like:

0900-0915 **Welcome and Introduction**, *Chair of Session*

0915-1000 **How to Select the Right Residency for You**

An overview of EM residency programs will be discussed. Important factors to consider in the selection process including length of training, geographical location, patient demographics, and academic vs. clinical setting will be reviewed. The speaker will also discuss the difference between allopathic and osteopathic programs.

1000-1030 **Getting Good Advice**

One of the keys to any successful career is getting and following good advice. How do you choose the right advisor(s) and use their wisdom to help you succeed? What do you do when your medical school doesn't have an EM Residency Program? What resources are available to you about the various programs?

1030-1045 **Break**

1045-1145 **Navigating the Residency Application Process**

This presentation will provide students with tips on how to prepare their ERAS application, how and when to successfully interview and how to follow-up with top programs.

1145-1215 **The Dean's Letter**

The speaker, an emergency physician and Dean, will review with the students the components of the Dean's letter. The importance of your input into the contents of the Dean's letter will be discussed.

1230-1400 **Lunch with Program Directors**

1400-1445 **Getting the Most out of Your EM Clerkship**

This session will provide the student with valuable tips for getting the most from your Emergency Department Clerkship. Specific topics to be discussed will include: 1) appropriate educational goals for an emergency medicine rotation; 2) how to best prepare for your rotation in order to make the most of your ED experience; 3) recommended textbooks and references; and 4) important considerations when deciding when and where to do your emergency medicine rotation.

1445-1530 **Career Paths and Prospects in Emergency Medicine,**

This session will expose students to a variety of career paths including private practice,

academics, and dual training (EM-IM / EM-PEDS) as well as fellowship training.

1530-1545 Break

1545-1645 Breakout Groups

Balancing Act This session will discuss how to optimize your career and person life.

Financial Planning This session will review practical tips on financial issues. The speaker will address such issues as how to put together a budget and what to do with medical student loan debt.

Optimizing Your Fourth Year This session will provide students with recommendations for making the most of their senior year including information about EM and other electives, research experience, and when to take their Boards exams.

Medical Schools without EM Residencies

This Q&A session will help guide medical students from medical schools without EM residencies through the complicated maze that leads to a residency and career in EM. It will specifically address how this process differs from those students with a EM residency at their medical school.

The forum is followed by a 90 minute Residency Fair and Reception

October Face to Face Meeting (At ACEP)

The main goal of this meeting is to complete selection of the didactic sessions.

Have each member of the committee introduce themselves, again.

Re-identify the committee leadership and roles (scientific, didactic, IEME, Photo's if all already known)

Make sure that volunteers to lead the awards and moderator selection process have been selected.

Make sure that volunteers to work on IEME and Photo subcommittees have been selected

Re-emphasize visibility to organization of the annual meeting

Re-emphasize requirements of being PC member (must be at whole meeting and must be at face to face meeting held at ACEP, etc.).

Discuss the final didactic sessions and make decisions on ALL submitted proposals.

Identify areas that the PC thinks are under-represented and determine whether the PC wants to develop their own proposals to fill those holes. If yes, identify specific PC members to get this done; the specific speakers to invite and make sure the proposal can be completed within 2 weeks.

Discuss potential keynote speakers

Discuss entertainment options for opening reception and evening out. Try to make final decisions regarding these events.

Collect cell phone numbers from each PC member for use at annual meeting itself.

Note: It is imperative that any revisions to didactic be completed and firmed up shortly after this meeting. In the past, sometimes the proposal submitter does not make the requested modifications and it becomes difficult to determine whether the proposal will actually be worthy of presenting at the meeting. In 2003, the PC changed the language of the letter to the submitter such that it basically said, in order for the proposal to receive further consideration, you **MUST** do the following. This greatly reduced the "negotiations" and increased the likelihood that the proposal was modified exactly as the PC wanted.

Scientific Session (Abstract) Timeline

June

Scientific Chair should review the Call for Ad-hoc Abstract Reviewers in the SAEM Newsletter. Every 2 years, there will be an open call for abstract reviewers.

PC Chair and Scientific Chair will Review of online abstract submission form and instructions – provide recommended changes to the staff.

September

Scientific Chair should review applications for reviewers to select new potential abstract reviewers to add to database.

October

Finalize proposed Annual Meeting activities related to the Scientific Sessions, abstract review process, award selection process at the ACEP meeting. During this meeting PC members should note which abstract categories they have expertise to review. This should be done in advance, so that the Scientific Chair can decide how many ad-hoc reviewers are required for each category.

November

Scientific Chair assigns Program Committee abstract scoring categories, invite ad hoc expert reviewers to score abstracts.

January – abstract submission deadline is usually within the first 10 days of the month. The following day, the abstracts are sent electronically to all reviewers.

10 days later – abstract scores due

Reports generated to help determine the cut-off for selection

The following reports are generated by the office for use in this process:

Report average from high to low. This report shows all abstracts and mean score from highest to lowest. The tentative cut-point is that point whereby slightly more than 50% are accepted (generally around 11.2).

Report average score by reviewer for each category. This report shows the average score by each reviewer in each category. That way the Chair can be certain that one category does not have a reviewer who scored abstracts disproportionately high or low, biasing this category toward too high an acceptance rate or too low an acceptance rate. This report must be interpreted within the individual abstract category with respect to the quality of the science. In general, cardiovascular and basic sciences score high because they are slightly higher quality; tox scores high due to easy reviewers; and research design/methodology scores are low due to more rigorous reviewers. Review of this data and comparison with the research design strategies in each category allow the Chair to bump some into or out of the meeting within each category to adjust for this variations.

Reviewer score zero. This report identifies those reviewers who scored abstracts with zeros. Any abstract receiving a score of 0, will not achieve a score high enough to make the meeting, so identifying reviewers who do this allows you to compare this score with the average for the abstract to make certain that one reviewer does not overly influence the accept/reject decision for a single abstract.

Research design by category. This report allows you to determine whether a category as generally high or low quality research so that the acceptance rate in the category appears reasonable, based upon science rather than reviewer biases.

Category average score. Shows the average abstract score in each category.

Report of each institution without an accepted abstract. This report shows all institutions that submitted an abstract but did not have one accepted and the scores of the individual abstracts they submitted. This is used to review the individual abstracts that scored near the cut-point but did not make it, in an attempt to be inclusive. If the abstract is reasonable, it can be “bumped up” into the meeting to be inclusive.

Potentially plenary. This report shows abstracts that any reviewer thought were “plenary worthy”. It can be used to determine which abstracts should be considered for the plenary session.

Author preference (oral vs poster). Once the accept/reject decision is made, the final program should be put together taking into account whether or not the author prefers poster or oral. In general, preference for oral is not important – some high scoring abstracts prefer posters and this will often lead to these being assigned posters. When these requests were totally ignored (by accident one year), we received only 3 complaints.

Temp assignments with institutions. This report is used once the abstract accept/reject decision is made. This facilitates placing abstracts presented at the same time adjacent to each other.

Last couple days of January – conference call to select abstracts

During this conference call, the 3-4 people who have read all abstracts discuss those that scored above the cut-point that should not be presented at the meeting (bumped out) and those that scored below the cut-point that should be presented (bumped in).

The criteria to bump abstracts out are (1) they would be embarrassing to publish as science in our literature (silly ideas) and (2) abstracts that do not give the number of patients or have any statistics whatsoever.

The criteria used to bump abstracts into the meeting include (1) abstracts heavily affected by one reviewer's score; (2) abstracts representing the best work from an individual institution with no other accepted abstracts; (3) abstracts that scored poorly due to the scoring system that are otherwise worthwhile science or entirely novel concepts.

Decisions made to move abstracts in or out need to be made by consensus of everyone on the call.

First week of February – award candidates selected

Mid February –

Abstracts scheduled in presentation order and included in schedule of events: oral sessions, oral sessions with discussion, interactive posters, and moderated posters. Staff will submit accepted abstracts to AEM publisher, will notify abstract submitters, and post schedule on website.

End February– moderators selected, staff to send invitations

March - Annual Meeting brochure mailed and posted on website.

April (4 weeks before meeting) – award candidate manuscripts due

During Annual Meeting – review award candidate paper/poster presentations and submit scores, coordinate paper/poster presentations and research didactic sessions as assigned.

Abstract Scoring System

HYPOTHESIS/OBJECTIVES: (0-2)

- 0: No stated hypothesis **OR** objective
- 1: Stated hypothesis difficult to test **OR** stated objective poorly developed
- 2: Clearly stated testable hypothesis **OR** well thought out study objective

METHODOLOGY

STUDY DESIGN: (0-2)

- 0: Chosen study design will not test the stated hypothesis **OR** study objective
- 1: Chosen study design is sub-optimal, but does test the stated hypothesis **OR** study objective
- 2: Chosen study design is the best feasible method to test the stated hypothesis **OR** study objective

METHODS: (0-2)

- 0: Chosen study design poorly executed with critical flaws that definitely endanger the validity of the results.
- 1: Chosen study design executed with one or more flaws that potentially endanger the validity of the results.
- 2: Chosen study design executed in an acceptable manner in which results are expected to be valid.

STATISTICS: (0-2)

- 0: Inappropriate statistical methods **AND** inadequate sample size
- 1: Inappropriate statistical methods **OR** inadequate sample size
- 2: Appropriate statistical methods **AND** adequate sample size

RESULTS

PRESENTATION: (0-2)

- 0: Data critical to interpretation of the study is absent.
- 1: Data critical to interpretation of the study is not clearly presented **OR** incomplete.
- 2: Data critical to interpretation of the study is clearly **AND** completely presented.

RELATION TO HYPOTHESIS/OBJECTIVE: (0-2)

- 0: Results do not address the stated objective **OR** test the stated hypothesis
- 1: Results only partially address the stated objective **OR** the stated hypothesis is not definitively tested
- 2: Results adequately address the stated objective **OR** definitively test the stated hypothesis

CONCLUSIONS: (0-2)

- 0: Conclusions are not supported by the results of the study
- 1: Conclusions only partially supported by the results of the study
- 2: Conclusions fully supported by the results of the study

ORIGINALITY: (0-2)

- 0: Minor modification of similar published studies.
- 1: A unique experimental approach/technique **OR** a relatively understudied area of investigation
- 2: A unique experimental approach/technique **AND** a relatively understudied area of investigation

IMPACT: (0-4)

- 0: Study **will not change** EM practice **OR** makes **no meaningful contribution** to the current fund of knowledge
- 1: Study is **unlikely to** change EM practice **OR** **minimally contributes** to the current fund of knowledge.
- 2: Study **will possibly** change EM practice **OR** **modestly contributes** to the current fund of knowledge
- 3: Study is **likely to** change EM practice **OR** **makes a significant contribution** to the current fund of knowledge.
- 4: Study **will definitely** change EM practice **OR** **fundamentally changes** the current fund of knowledge

TOTAL: (0-20)

Guidelines for Use of Abstract Scoring System

The scoring system is purposefully general so that it can be applied to the various types of abstracts that are submitted. The goal of this system is to standardize how abstracts are scored and reduce variability among reviewers. However, we realize that each reviewer may interpret the scoring system differently. The examples below are designed to provide some additional guidance.

HYPOTHESIS/OBJECTIVES: (0-2)

- 0: “We examined characteristics of elderly patients using our EMS system”
1. “The goal of this study was to determine how frequently elderly patients use our EMS system”
2. “Our hypothesis is that patients over 65 are two times more likely to use 911 for medical transport to the Emergency Department than patients under 65”.

STUDY DESIGN: (0-2)

If the objective is to evaluate the efficacy of a pain medication in the treatment of renal colic:

- 0: Survey of physician practice or chart review describing outcomes after use of the drug
1: Open label non-randomized prospective comparison with standard of care medication
2: Prospective randomized double-blind controlled clinical trial
(Please note that if the best way to answer the study question is by a survey, then a survey gets 2 points).

METHODS: (0-2)

If the chosen study design is a survey

- 0: Non-representative sampling using unvalidated instrument and <80% response rate
1: Non-representative sampling, **or** unvalidated instrument, **or** <80% response rate
2: Representative sampling using validated instrument and >80% response rate

If the chosen study design is a prospective randomized clinical trial

- 0: Outcome measure that is clearly inappropriate
1: Questionable validity of outcome measure or significant differences in baseline characteristics of study groups
2. Validated outcome measure and no significant difference in baseline characteristics of study groups

STATISTICS: (0-2)

Inappropriate or poorly described statistical methods

- Using Student’s t-test to compare 20 variables between a control and study population.
- Using parametric test to analyze non-parametric data
- Not reporting p-values or confidence intervals

Inadequate sample size

- For a negative comparative study: Inadequate power to detect clinically/scientifically important differences or no power analysis
- For a descriptive study/survey: 95% CI too wide to draw any meaningful conclusions

PRESENTATION: (0-2)

Data critical to interpretation of study is defined according to study type

Clinical studies- Inclusion/exclusion criteria

Baseline description or comparison of study groups

Experimental - Positive AND negative controls

ORIGINALITY: (0-2)

- 0: Another buffered lidocaine study
1: A surveillance network report on a common disease
2: Bedside PCR assay for rapid diagnosis of malaria

IMPACT: (0-4)

- 0: Medical students take more accurate tympanic membrane temperatures than 1st-year EM residents
1: 10th descriptive study of a chest pain observation unit with no unique features.
2: Positive outcome study on domestic violence ED intervention, but intervention may be difficult to implement in other settings.
3: Randomized controlled clinical trial demonstrating that thrombolytics are ineffective therapy for stroke in a study that has adequate power to detect clinically significant difference in outcome.
4: Savneuron improves survival of hemorrhagic stroke patients by 50% when given within 12 hours of symptom onset.

Policy Regarding Requests for Abstract Submission Category Modification

Purpose of Abstract Submission Categories

1. To provide a framework for expert review of abstracts submitted for annual meeting

Note : Abstract categories are not designed to represent the only areas of interest to emergency medicine. Abstract submission categories do not provide a rigid framework for scientific presentation categories at the annual meeting.

Minimum requirements to retain already present abstract submission categories

1. Category must have some specific emergency medicine interest/importance.
2. Category must represent “specific scientific discipline”
3. Category must have sufficient number of EM “experts” willing to review abstracts for SAEM.
4. Category must NOT have significant overlap with other existing categories. This will prevent submitters from being confused about most correct submission category, thereby enhancing the likelihood that each abstract receives expert review.

Proposals for new abstract submission categories require

1. Formal written request from an individual or interest group.
2. Evidence that the proposed category represents a “specific scientific discipline” rather than an area of interest that spans several scientific disciplines.
3. Evidence that the category is important to the field of emergency medicine.
4. Evidence that there would be a sufficient number of submissions in this category.
5. Evidence that creation of this new category would not have negative impact on other pre-existing categories.
6. Evidence that there are a sufficient number of “experts” in emergency medicine who will be available to serve as reviewers for SAEM.
7. If there is evidence that abstracts submitted in a specific scientific discipline are receiving a higher rejection rate than expected, based upon the quality of the science, this issue will receive the highest and most urgent priority.
8. The burden of demonstrating items 1-7 falls with the individual/interest group submitting the proposal, but the PC and SAEM office will be pleased to assist by identifying appropriate sources of information.

As an example, the category of “clinical practice” was created as a miscellaneous category, reviewers had diverse backgrounds without necessarily the expertise to score each and every “scientific discipline” submitted in this category. As a result, specific categories were created to account for the majority of these miscellaneous abstracts (wounds/burn, Ob-gyn, abd pain/GI, social issues), abstracts still submitted in this category were re-assigned to the best choice category prior to review, and over a 2 year period, this category was eliminated.

Effective December, 1999

Note: Often small groups of people complain that their abstracts were unfairly judged due to not having a submission category. This has been studied and found not to happen. The submission categories are used ONLY for scoring. Presentation categories are determined after acceptance.

This policy was designed for non-PC members that want to make changes and requires evidence that the change is needed. The PC can change categories by consensus within the PC and does not need to follow any of the guidelines above.

Ad Hoc Expert Reviewer Selection Process for SAEM Abstracts

Sample Advertisement.

The Society of Academic Emergency Medicine Program Committee is currently accepting nominations for individuals to serve as expert reviewers for scientific abstracts submitted to the annual meetings. Individuals wishing to nominate themselves should submit an abbreviated curriculum vitae which includes current academic position and area(s) of expertise. For each area of expertise the nominee would like to review abstracts in, they should supply a list of peer reviewed original research publications, review articles, textbook chapters and prior scientific abstract presentations. Priority will be given to individuals with demonstrated expertise based upon demonstrated research productivity. If you have not previously reviewed abstracts and would like to do so, please apply.

Goals.

The PC will strive to ensure that each abstract submission category has an adequate number of expert reviewers. The panel for each abstract submission category will be composed of 2-3 PC members and 3-4 “expert reviewers”.

The PC desires to provide sufficient turn-over in “expert” reviewer such that all interested and qualified SAEM members will be given opportunity to review abstracts in their area of expertise.

If qualified “experts” are available, the term of non-PC reviewers will be limited to approximately 3 years.

Reappointment.

“Experts” will be reappointed annually. Reappointment will be contingent upon timely review of all abstracts. Reviewers scores will be routinely evaluated for consistency with other reviewers, and for excessive high or low scoring patterns.

An attempt will be made to ensure balanced scoring across all abstract submission categories. This may periodically require adjustment of reviewers based upon deviation from mean scores in the categories that they reviewed. For example, the PC wills strive to reduce the likelihood that a single category will be reviewed by several scorers who consistently score 1-2 points above or below the mean.

Updated 7/12/99

Note: Candidates are generally considered to qualified to review in any given area, if they have 2 first author peer reviewed original research publications in the area. Reviewers should have knowledge of both the area and research design since both of these are necessary to evaluate the science and the impact. If there are not enough “experts” in any given area, secondary criteria included writing 5 reviews/chapters in a single abstract category.

Innovations in Medical Education Timeline

May of Year Preceding Meeting

PC Chair must select IEME Chair

The IEME Chair (and Program Chair) must solicit interested Program Committee Members to be the group that reviews all submitted IEME abstract proposals. This is done at the May SAEM Meeting, and the IEME Group again is reminded of their commitment at the October Program Committee Meeting at ACEP.

Determine Deadline for Submission of IEME abstracts (usually about 4-6 weeks after scientific abstract deadline – 3rd week of February).

Make changes to Call for Submissions of IEME Abstracts by reviewing prior years publication.

Fall

Call for IEME Abstracts are published in Academic Emergency Medicine and the SAEM Newsletter.

February

1-2 days after IEME submission deadline

IEME abstracts are sent via email for review by the IEME Committee.

The IEME Committee scores each abstract using IEME Score Sheet. This score focuses on originality, innovation, feasibility, and applicability of the Educational Innovation.

9-12 days after IEME submission deadline

Score Sheets are returned to SAEM via email by set deadline, usually 7-10 days after abstracts are received.

SAEM Staff tally each Score Sheet and submit scores to IEME Chair who makes final decision on accepting the top 20-30 IEME Exhibits.

March (2nd week)

IEME Exhibitors are split into two groups

IEME's are assigned the presentation times. In the past, the IEME's had 2 days each. The decision was recently made to make it a one day session.

SAEM Staff will notify the top-scoring abstracts that they have been accepted for presentation.

Annual Meeting

The IEME Chair provides Score Sheets for each IEME judge (from the PC). Judges score every exhibitor (by the end of day 3) and return the Score Sheets to the SAEM Desk or IEME Chair for final tally.

Winner of best IEME and two runner ups are announced either on the last day of the meeting or in the newsletter or both.

Innovations in Emergency Medicine Education Exhibits Scoring System

Originality/Innovation

- 3 Completely original, innovative educational methodology
- 2 New, innovative application of a preexisting technology
- 1 Not very innovative, only a slight variation of a preexisting technology
- 0 Not original or innovative: already available commercially and already in use for its intended purpose

Feasibility-Ease of implementation and Use

- 3 Easy to implement and use in most educational settings
- 2 Somewhat difficult to implement and use in most educational settings
- 1 Difficult to implement and use in most educational settings
- 0 Impossible to implement and use in most educational settings

Applicability to emergency medicine education

- 4 Extremely applicable to emergency medicine education
- 3 Very applicable to emergency medicine education
- 2 Applicable to emergency medicine education
- 1 Somewhat applicable to emergency medicine education
- 0 Not applicable to emergency medicine education

Total Possible Score = 10

IEME Sample Score Sheet

IEME #	Originality/ Innovation	Feasibility-Ease of Implementation and Use	Applicability to Emergency Medicine Education	TOTAL	Comments
	(0 - 3)	(0 - 3)	(0 - 4)	(0 - 10)	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

SAEM Photo Exhibit Operating Procedures

Timeline

May before Meeting

PC Chair must select PC Photo Exhibit Chair

The PC Photo Exhibit Chair (and Program Chair) must solicit interested Program Committee Members to be the group that reviews all submitted proposals.

Determine Deadline for Submission of Photo Exhibits (usually about 4-6 weeks after scientific abstract deadline – 3rd week of February).

Review prior years “Call for Photography” and make any necessary changes

Fall

Call for Photos are published in Academic Emergency Medicine and the SAEM Newsletter.

October (SAEM Program Committee Meeting at ACEP)

Reminder to all program committee members to submit a photo entry.

Confirm 4-5 Program Committee (PC) members to serve as photo reviewers (usually about 100 or so photo submissions)-usually 4-5 PC members are chosen at this meeting as there is typically attrition of 1-2 by the time the reviews need to be completed.

Have correspondence sent by SAEM office to residency directors to remind them to have their residents and faculty submit to the photo exhibit.

Mid January

Email to PC photo reviewers reminding them that the photo exhibit submissions will be coming in soon and that they will need to keep time open for the first week in March. Remind them that it is a tight timeline and will only have about 10 days to review.

Mid February

Photo exhibit submissions are due. SAEM office staff will receive online.

End of February

Email to PC photo reviewers a reminder about upcoming review for March 1. Send an electronic copy of grading instructions and score sheet (attached appendix 1 and 2).

March 1

Date that all entries will have been entered into web accessible database by SAEM office staff.

March 10

Date that review scores of the PC photo exhibit reviewers are due to the SAEM office.

March 17

Date by which tallied scores are turned over to PC Photo Exhibit Chair by the SAEM office.

March 24

Date by which the PC Photo Exhibit Chair evaluates submissions and makes final decisions. Consider phone conference with other PC photo exhibit reviewers to discuss which cases should be contest questions versus pearls. Also can use phone conference to discuss borderline cases if needed.

25-30 questions

25-30 pearls

March 31

By this date, contest questions need to be standardized with simple yes/no, a/b/c/d or specific single word answers (to simplify the grading of the contest entrants at the meeting). Try to avoid multiple possible answers or answers that require long responses. Edit and modify the text in the accepted submissions to be simplified and in standard format, and proofread for accuracy.

April 1

Date by which the PC Photo Exhibit Chair will send list of accepted photos to the SAEM office differentiated by whether it is a contest entry or pearl. (see attached example in appendix 3). Final edited and corrected text for photos sent to SAEM office.

April-May

SAEM staff to have photos printed and mounted and shipped to conference location.

SAEM staff to number the contest submissions and create an answer sheet. This is a customized answer sheet as the number of questions with one or two parts will vary.

Confirm that SAEM staff has arranged for an award for the two winners (typically a free text book).

May: SAEM Meeting

Program committee meeting prior to first day of the conference

Remind PC member in charge of medical student and resident activities to make an announcement at the resident and medical student forums about the contest.

Announce awards for the contest.

Day 1

Confirm photos have been displayed and that text matches with the correct photo.

Make sure only the pearls section has the answers posted at this time.

Confirm lighting is appropriate and correct it as needed.

Make sure the photos can be seen from a distance, not behind areas where they will not get much foot traffic. Having them perpendicular to the rows of posters so that they are visible from each row is helpful.

No more than 4 photo submissions per display board. (otherwise people get too bunched up when trying to look at them)

Make sure the blank answer sheets are at the photo display.

Make sure the answer sheet has the multi-part questions with the appropriate a/b/c subsections for each question.

Make sure there is a sign describing the contest, when is the deadline (typically day two at 6pm or day three of the conference at 12 noon) and where to place the answer sheets once completed.

Confirm that SAEM staff has created an answer key on one of the blank answer sheets.

Day2 at 6pm or day 3 at noon (depends on planned deadline)

Make sure the sign and any additional blank answer sheets are removed from the display.

Answers to the contest questions to be placed on the photo display by SAEM staff.

PC Photo Exhibit Chair and subcommittee to grade all submissions and determine resident and medical student winners.

The two winners (one resident and one student) are to be reported to SAEM staff. SAEM staff will place a sign at the display and the main information board listing the winners.

Post SAEM meeting

SAEM staff will put names of contest winners into newsletter.

Photo Grading Sheet Instructions

1. Please review the description for appropriate contest entries from the Call for Photos (see below). Please recall that this is not an “interesting/entertaining” photo exhibit, but one that offers an educational component.

A photo may be very educational, but the accompanying questions and discussion may need significant editing. Therefore several categories have been broken out to assess if any of the borderline submissions are salvageable/useful or not.

2. Please utilize the accompanying scoring sheet to rate the submissions.

a. Rate the *photo quality* in column two for acceptability using the following rating system:

5 = Accept (High quality photo)

4 = Probably Accept (Good quality photo)

3 = Accept if space available (ok photo)

2 = Probable reject (photo missing the mark, hard to interpret)

1 = Reject (poor photo, poor taste)

b. Rate the *educational value* of the *photo and topic* of presentation in column three using the following rating system:

5 = Accept (Very educational, classic presentation)

4 = Probably Accept (Educational, fairly classic, not too commonplace)

3 = Accept if space available (Somewhat educational, but very common or should truly be recognized by most interns)

2 = Probable reject (Minimally educational, very obvious, very common, would not be missed by a medical student)

1 = Reject (Not educational)

c. Rate the *actual writing* of the *questions/discussion* in column four using the following rating system:

5 = Accept (Well written, needs little change)

4 = Probably Accept (Needs minor modification)

3 = Accept if space available (Needs significant editing)

2 = Probable reject (Accuracy of discussion is wrong, would need to start over)

1 = Reject (Unsalvageable)

d. Rate whether you think the submission would be best utilized in the Student/Resident Contest (about 25 submissions total) or the Clinical Pearls (usually about 30 submissions total) or Either or Reject. Please denote your response in column five as a C (contest), P (pearls), E (either), or R (reject).

3. Write in column six whatever comments you like for reasons for your choices, particularly if you feel strongly on your decision to accept or reject (e.g. fantastic photo and write up and great idea, or poor taste, etc).

4. Make sure to put your name on top so we know from whom we have received reviews.

Photo Exhibit Sample Score Sheet

Photo Number	Photo quality score (1-5)	Educational value (1-5)	Question/Answer Quality (1-5)	Student/Resident Contest or Pearls or Either or Reject (C, P, E, R)	Comments
1a,b,c					
2					
3					
4					
5a,b,c					
6a,b,c					
7a,b					
8a,b					
9					
10a,b					
11a,b					
12					
13a,b					
14a,b					
15a,b,c					

Scientific Awards

May or October of the Year Preceding the Meeting

The PC Chair will select a member of the PC to coordinate the award process.

January

The Award Chair will review the abstracts self nominated for awards and select 5-7 in each category to be invited to be considered as finalists. In general, these will be selected from the abstracts with the highest grades in each category.

Award Categories

- Medical Student
- Resident
- Fellow
- Young Investigator
- Senior Investigator

There will be a basic science and clinical science for each category, if there are enough quality papers in that category. Therefore, there will be a total of 10 categories. Not all awards need to be given out.

Qualifications

Potential award candidates must submit their request to be considered prior to the abstract deadline (done simultaneous with abstract submission). The award candidate **MUST** be the **primary researcher, abstract presenter and first author** on the manuscript. If they are not listed as the first author on the manuscript, they will not be considered further. The SAEM office will **NOT** ask for clarification on authorship order if the manuscript is submitted without the candidate listed as first author.

Manuscript Due Date and Format

Manuscripts from the award candidates must be received electronically in the SAEM office (in pdf format only) **four weeks** prior to the start of the meeting. This will offer time for the SAEM office to email a copy to the respective judges with time to print and read prior to (or while flying to) the meeting. Candidates who do not submit a manuscript are out of the running.

Determination of Winners

Every attempt will be made to have award candidates present their paper prior to the last day of the meeting. Evaluations and final award winners will be announced on the last day of the annual meeting. At least 2-3 members of the PC will judge all abstracts in the same category.

Assignment of PC Members for Awards

Each member of the PC will be assigned to judge one category. They must judge all candidates within that category. Each candidate will be graded but the committee will meet together immediately after the final presentation in the category to determine the winner, using the score sheets as a guide.

Award Scoring System

Presentation Number									
Manuscript Evaluation									
Scale: See Attached Scoring Instructions									
Hypothesis/Objectives (0-2)									
Methodology									
Study Design (0-2)									
Methods (0-2)									
Statistics (0-2)									
Results									
Presentation (0-2)									
Relation to Hypothesis/ Objective (0- 2)									
Conclusions (0-2)									
Originality (0-2)									
Impact (0-4)									
Subtotal (0-20)									
PRESENTATION EVALUATION									
Scale: 1=poor 2=fair 3=average 4=good 5=outstanding									
Clarity of presentation; overall presentation (1-5)									
Interpretation and discussion of results (implications and limitations) (1-5)									
Response to questions (1-5)									
Subtotal (3-15)									
GRAND TOTAL (3-35)									

Moderator Selection and Guidelines

January

The PC Chair will select a PC member to be responsible for selection of moderators for the scientific sessions at the annual meeting, using the guidelines below.

Guidelines for Moderator Selection at the Annual Meeting

Moderators of annual meeting sessions have high visibility roles to the SAEM membership and other attendees of the annual meeting. As a result, moderators should be people of national prominence and possess expertise in the specific discipline that they have been asked to moderate. At the same time, the Program Committee (PC) acknowledges that it should also strive to provide opportunities to some “rising stars” within the organization.

Moderator selection should be done by the Scientific Subcommittee Chair and reviewed by the Program Committee Chair. It is appropriate to delegate this responsibility to a single member of the PC. Selection should be reviewed then by both the Scientific Subcommittee and PC Chair. By having one person assume responsibility for moderator selection, we will be better able to ensure geographical, institutional, race and gender related diversity of moderators.

The BOD has directed to the PC that the moderator at the first day plenary session be the current editor of Academic Emergency Medicine and the SAEM President, when both are agreeable. Therefore, this is a mandate and not a guideline.

Potential moderators should be invited as soon as the scientific program is set (usually early February) with the goal of securing all moderators prior to the end of February. A fair number of moderators could be secured earlier, since the general content of many sections will be known.

The “moderator coordinator” should submit to SAEM a list of 2-3 moderator candidates for each session. The office will invite the candidates to moderate the session and will notify the coordinator if a session cannot be filled, prompting the need for more candidates.

Entertainment at the Annual Meeting

Generally, the entertainment is arranged and planned by the SAEM Office with direction from the PC.

Opening Reception is traditionally held early the first evening of the meeting. It is typically on site and should feature some light food served buffet style, drinks and some background music. It is a chance for people to meet and gather for their own evening activities.

When food has been served by hand (waiters), the attendees have complained about difficulties getting food; therefore, this is not recommended.

For many attendees this is their first look at SAEM and the opening reception should be something that shows SAEM in a positive light.

Evening Out (previously called the Banquet). This activity is typically day 3 is often held a nice high class tourist event within the host city. Past activities have been at museums, parks, or even on cruise ships. Years ago, there was planned entertainment (the Imago Obscura award; ridiculous abstracts or emergency physician comedians/musicians). Attendees generally like a significant period of time for interaction during the event, so if entertainment is used, it should occupy only a small portion of the program. Last day events were conducted for many years, but attendance waned and it was changed to earlier in the meeting.

Events within the host city often consist of tickets to a ballgame or other activity whereby the office simply facilitates obtaining tickets to the event, but is less of a formal activity than the reception or evening out.

Keynote Speaker

Membership evaluations of the Meeting have consistently demonstrated that most people do not feel strongly that SAEM must have a keynote address at the Annual Meeting. Most people prefer a high profile interesting speaker and feel that if one is not able to speak, the meeting should not have a speaker, rather than have a lesser known person.

There are great difficulties in getting a keynote speaker, most of which have to do with the high profile speakers inability to commit to speaking within until several weeks before the meeting.

Paperwork For Distribution To PC At Annual Meeting

The following items should be prepared by SAEM staff for distribution to the entire PC:

- ❑ A list with all PC members cell phone numbers
- ❑ A grid listing all the speakers of each didactic session; all the moderators for the scientific sessions; and all the PC members overseeing each didactic and scientific session.
- ❑ A list of all award candidates sorted by individual award categories with the names of all the PC members who will judge each award

Day Before The Annual Meeting Meeting

Late afternoon or early evening, the entire PC must meet to make certain that there is a plan to trouble shoot any last minute issues.

The following items should be distributed to the entire PC:

- ❑ A list with all PC members cell phone numbers
- ❑ A grid listing all the speakers of each didactic session; all the moderators for the scientific sessions; and all the PC members overseeing each didactic and scientific session.
- ❑ A list of all award candidates sorted by individual award categories with the names of all the PC members who will judge each award

Each PC member should be advised to be at the session 10 minutes prior to scheduled time. Each session should be reviewed to make certain that the PC members are aware of their assignments.

Daily Morning Meetings During the Annual Meeting

The PC should meet each morning 30 minutes before the day begins to review the daily assignments for didactic and scientific sessions, update status of the awards and discuss any issues that have arisen during the meeting.

Annual Meeting Evaluation

The evaluation is distributed at the meeting and via email and includes individual questions regarding the staples of the meeting but can be amended each year to ask specific questions about specific ideas. For example, the dissolution of moderated poster sessions occurred after evaluations showed that these sessions were not important to attendees. Likewise the decision about how to approach the keynote speaker was altered when attendees responded that they were ambivalent about the necessity of such a speaker, unless it was someone very high profile.

The PC needs to think of the questions to add to the evaluation prior to the meeting, so that it is included on the form.