

14th Annual



SCMA
SOUTH CAROLINA MEDICAL ASSOCIATION

Resident & Student Poster Presentation



CALL FOR POSTERS

Who can participate:

South Carolina medical students,
residents and fellows.

Twenty Research and/or Case
Presentations will be chosen to present
to the SCMA Membership.

To be presented:

April 27, 2019 8:00 am - 11:00 am at
the 2019 SCMA Annual Meeting
Charleston Marriott
170 Lockwood Blvd.
Charleston, SC 29403

Deadline:

Application/Abstract Due March 15, 2019.
Applications can be downloaded at:
www.scmmedical.org

Prize:

Monetary Awards presented at
President's Gala

Questions:

Contact Cathy Boland
cboland@scmedical.org
803-612-4183

2019 CALL FOR POSTERS

14th Annual SCMA Resident & Student Poster Presentation

At the SCMA Annual Meeting
8:00 am until 11:00 am on Saturday, April 27, 2019
Charleston Marriott, Charleston, South Carolina

Purpose

To showcase South Carolina's Resident Physicians' and Medical Students' work in medical research and case studies by giving them the opportunity to present posters at the SCMA's Annual Meeting. This cash award program gives individuals an occasion to present a poster on research that they have conducted while receiving their education in South Carolina's medical institutions. Due to limitations on the space available for the poster presentation, the Poster Presentation Committee will choose only 20 applications for participation. (Deadline for submission is March 15, and those chosen to present their posters will be notified by March 30.)

Eligibility

A current resident physician or medical student in good standing at their South Carolina medical school or residency program may submit one application and accompanying abstract for presentation during the SCMA's Annual Meeting on Saturday, April 27, 2019. The research submitted for inclusion in the poster presentation should have been research conducted by the individual who submits the abstract. Original abstracts that either have or have not been presented at other meetings will be considered. Abstracts are eligible if they have been published; however, abstracts based upon full papers that have been published are not eligible. The application must be signed by your program director, or your faculty research sponsor. Include the Release and Disclosure Forms with your application. You are encouraged to write your abstract in a format similar to that used in scientific papers so that it may be cited in a curriculum vitae.

Guidelines

The abstract, which is submitted, should be aimed at scientific reviewers outside your discipline. This summary is a brief account of the background and rationale of the work, followed by a statement of the main conclusions. Abstracts must be typed on the official abstract form single spaced within the boarder using a 10-point font. Title, typed in all caps, should be brief and clearly state the content of the poster. Presenting author must list name first, and should also include names of the co-authors and all involved institutions, city and state. The body of the abstract should be organized as follows:

1. Purpose for the study
2. Simple statement of methods
3. Summary of results (adequate to support conclusion)
4. Statement of conclusions

Poster

Poster size may be up to 4 ft x 5 ft. All posters should be set up in a designated location at the Charleston Marriott between 7:30 and 8:00 a.m. The poster session will finish at 11:00 a.m., whereby the posters must be taken down at that time. You should stand beside your poster at all times to answer questions. Monetary prizes will be awarded during the President's Gala.

Abstract Form

To ensure that your abstract is considered, complete all information below. This form may be copied.

Must be at least 10-point font. A sharp typeface will help reproduction. Be sure to single-space and stay within borders.

TYPE ABSTRACT HERE

Please check one. First author is:

- Medical Student
- Resident
- Fellow

If in the conduct of these studies, human or animal subjects were exposed to risks not required by their medical needs, the author affirms that the study was approved by an appropriate committee, or, if no such committee was available and informed consent was needed, it was obtained in accordance with the principles set forth in "The Institutional Guide to DHEW Policy on Protection of Human Subjects" and the "Guide for the Care and Use of Laboratory Animals," published by the NIH.

First author information (Please type.)

Name: _____

Institution: _____

Home Address: _____

Daytime Phone: _____

Home Phone: _____

Email: _____

Co-Author(s): _____

Objective:

EXAMPLE

ANDROGEN THERAPY IN PATIENTS WITH AND WITHOUT KIDNEYS UNDERGOING HEMODIALYSIS Walter Fried, MD (Resident), Olga M. Jonasson, MD, Gordon R. Lang, MD, and Franklin D. Schwartz, MD, FACP, Abraham Lincoln School of Medicine, Chicago, Illinois.
Androgens increase renal but not extra renal erythropoietin (Ep) production in mice

Submission Deadline: March 15, 2019

Keep original for your records and mail copy of your abstract to:

South Carolina Medical Association
Attn: Cathy Boland
PO Box 11188
Columbia, SC 29211

Program Director's Name: _____

Program Director's Phone: _____

Program Director's Signature: _____

Release

I desire to submit my entry for consideration in The South Carolina Medical Association **Residents and Students Scientific Poster Presentation**. I represent and warrant that my entry is original; it is my own work and not the work of any other person; it does not contravene the rights of any person; I own or control my entry and presentation material, and no one else has any rights in it.

I further agree as follows: I will not at any time assert any claim that The South Carolina Medical Association has unlawfully or improperly used my entry or any part thereof. Accordingly, I hereby release The South Carolina Medical Association from any and all liability and claims in connection with the entry, receipt, consideration, review, use or non-use in any subsequent or future South Carolina Medical Association advertisement or publishing, of the entry I am submitting.

I am of legal age and have read the foregoing and fully understand the contents thereof.

Name (Print): _____

Signature: _____

Date: _____