PREHOSPITAL CARE RESEARCH FORUM

at the UCLA Center for Prehospital Care

ABSTRACT SUBMISSION GUIDELINES

The prehospital care research forum (PCRF) is proud to offer several venues for researchers to peer-review and disseminate their scientific projects. EMS Providers at all levels are encouraged to submit and abstract exclusively online through our website www.prehospitalcare.org.

ICMJE GUIDELINES

The ICMJE recommendations (full title, "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals") are a set of guidelines produced by the International Committee of Medical Journal Editors for standardizing the ethics, preparation and formatting of manuscripts submitted to biomedical journals for publication. While the PCRF does not publish full manuscripts, we do support and follow the ICMJE guidelines for uniform reporting requirements as they pertain to abstract being submitted to PCRF for peer review, presentation, and publication.

Ethics

All research submitted to the PCRF must have been conducted with the approval by an institutional review board or animal/human subjects protection committee.

An Institutional Review Board (IRB) is an administrative body established to protect the rights and welfare of human research subjects recruited to participate in research activities conducted under the auspices of the institution with which it is affiliated[1].

The IRB is charged with the responsibility of reviewing, prior to its initiation, all research (whether funded or not) involving human participants. IRBs are concerned with protecting the welfare, rights, and privacy of human subjects. IRBs have the authority to approve, disapprove, monitor, and require modifications in all research activities that fall within their jurisdiction as specified by both the federal regulations and institutional policy. For more information visit the U.S. Department of Health & Human Services Office for Human Research Protections at https://www.hhs.gov/ohrp/ .

The PCRF understands that obtaining IRB approval for some EMS providers can be a challenge. Many EMS services and educational venues do not have pre-established IRB or processes for ethical approval of research initiatives. The PCRF prides itself in helping EMS providers break down barriers to doing

[1] https://research.oregonstate.edu/irb/frequently-asked-questions/what-institutional-review-board-irb

research. If you have a project and would like PCRF assistance in obtaining IRB approval, please contact us.

Originality

The PCRF requires projects submitted for peer-review to be original. This means they should not have been presented in any manner (oral, poster, publication etc…) to another venue before they are submitted to the PCRF. Once they have been presented at a PCRF venue we encourage and support wider dissemination.

Venue Selection

Researchers must select one of two categories: "Educational Research", disseminated in oral and poster presentations with our educational partner, the National Association of EMS Educators, or "Clinical and Systems Research" disseminated in oral and poster presentations at Original research, systematic reviews, and meta-analyses require structured abstracts.

Use of inclusive language

The PCRF applauds, recommends and adheres inclusive language policies such as those found in the Nurse Education Today journal guidelines for authors: https://www.elsevier.com/journals/nurse-education-today/0260-6917/guide-for-authors :

> Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs or commitments of any reader; contain nothing which might imply that one individual is superior to another on the grounds of age, gender, race, ethnicity, culture, sexual orientation, disability or health condition; and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, reference to dominant culture and/or cultural assumptions. We advise to seek gender neutrality by using plural nouns ("clinicians, patients/clients") as default/wherever possible to avoid using "he, she," or "he/she." We recommend avoiding the use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

Contributors and Acknowledgements

All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

All those individuals who provided help during the research (e.g., providing language help, writing assistance or proofreading the article, etc.) that do not meet criteria for authorship should not be listed as authors in the PCRF abstract submission and can later be acknowledged in the poster or oral presentation.

Abstract Requirements

We are aware that the format required for structured abstracts differs from journal to journal, and venue to venue. PCRF authors need to prepare their abstracts in a concise **350 word limit**.

The abstract should provide the context or background for the study and should state the study's purpose, basic procedures (selection of study participants, settings, measurements, analytical methods), main findings (giving specific effect sizes and their statistical and clinical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations, note important limitations, and not overinterpret findings.

Our reviewers are used to seeing very traditional abstracts in which the body of the submission follows a format with four distinct sections:

- Intro
- Methods
- Results
- Conclusions

The PCRF is dedicated to helping researchers learn and improve their skills. If you would like a PCRF mentor to assist you in fine tuning your abstract, please let us know well ahead of the deadline for submission. We will pair you up with an experienced mentor who can be a helpful resource.

In the meantime, the following information below might be helpful.
See:
https://www.acponline.org/membership/residents/competitions-awards/abstracts/preparing/writing
Writing a Medical Research Abstract | ACP www.acponline.org
How to write a research abstract. Increase your chances of being selected to present at a scientific meeting with these tips on what to include.

To see examples of abstract that the PCRF published last year, please see page 66 of the October 2017 issue of EMS World. Linked here: https://emsworld.epubxp.com/i/880175-oct-2017/64? And 2018 abstracts here: http://bit.ly/2018PCRFabstracts

The scientific abstract is usually divided into five unique sections: Title and Author Information, Objective, Methods, Results, and Conclusions. The following paragraphs summarize what is expected in each of these sections.

Writing a Research Abstract

The scientific abstract is usually divided into five unique sections: Title and Author Information, Objective, Methods, Results, and Conclusions. The following paragraphs summarize what is expected in each of these sections.

1. *Title and Author Information:*

The title should summarize the abstract and convince the reviewers that the topic is important, relevant, and innovative. Some organizations require a special format for the title, such as all uppercase letters, all bolded, or in italics. Be sure to check the instructions.

Following the title, the names of all authors and their institutional affiliations are listed. It is assumed the first author listed will make the oral presentation. This information is always included with the abstract instructions.

2. *Introduction:*

This usually consists of several sentences outlining the question addressed by the research. Make the first sentence as interesting and dramatic as possible. If space permits, provide a concise review of what is

known about the problem addressed by the research, what remains unknown, and how your research project fills the knowledge gaps. The final sentence describes the purpose of the study or the study's a priori hypothesis.

3. *Methods:*

The following areas are specifically mentioned, and his must be written in a concise yet detailed manner:

a. Research design
b. Research setting
c. Number of patients enrolled in the study and how they were selected
d. A description of the intervention (if appropriate)
e. A listing of the outcome variables and how they were measured.
f. Finally, the statistical methods used to analyze the data are described.

4. *Results:*

This section begins with a description of the subjects that were included and excluded from the study. For those excluded, provide the reason for their exclusion. Next, list the frequencies of the most important outcome variables. If possible, present comparisons of the outcome variables between various subgroups within the study (treated vs. untreated, young vs. old, male vs. female, and so forth). If table are allowed, this type of data can be efficiently presented in a table. Numerical results should include standard deviations or 95% confidence limits and the level of statistical significance. If the results are not statistically significant, present the power of your study (beta-error rate) to detect a difference.

5. *Conclusion:*

State concisely what can be concluded and its implications. The conclusions must be supported by the data presented in the abstract; never present unsubstantiated personal opinion. If there is room, address the generalizability of the results to populations other than that studied and the weaknesses of the study.

Avoid the use of medical jargon and excessive reliance on abbreviations. Limit abbreviations to no more than three and favor commonly used abbreviations. Always spell out the abbreviations the first time they are mentioned unless they are commonly recognized.[1]

Disclosure of Financial and Non-Financial Relationships and Activities, and Conflicts of Interest

The PCRF has adopted the ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals http://www.icmje.org/icmje-recommendations.pdf

Public trust in the scientific process and the credibility of published studies depend in part on how transparently an author's relationships and activities, directly or topically related to a work, are handled during the planning, implementation, writing, peer review, editing, and publication of scientific work.
The potential for conflict of interest and bias exists when professional judgment concerning a primary interest (such as patients' welfare or the validity of research) may be influenced by a secondary interest (such as financial gain).
Perceptions of conflict of interest are as important as actual conflicts of interest. Individuals may disagree on whether an author's relationships or activities represent conflicts. Although the presence of a relationship or activity does not always indicate a problematic influence on an abstract or paper's content, perceptions of conflict may erode trust in science as much as actual conflicts of interest. Ultimately, readers must be able to make their own judgments regarding whether an author's relationships and activities are pertinent to an abstract or paper's content. These judgments require transparent disclosures. An author's complete disclosure demonstrates a commitment to transparency and helps to maintain trust in the

[1] American College of Physicians: Writing a Research Abstract. March 1, 2011, <http://www.acponline.org/residents_fellows/competitions/abstract/prepare/res_abs.htm>

scientific process. Financial relationships (such as employment, consultancies, stock ownership or options, honoraria, patents, and paid expert testimony) are the most easily identifiable, the ones most often judged to represent potential conflicts of interest and thus the most likely to undermine the credibility of the forum or journal, the authors, and science itself. Other interests may also represent or be perceived as conflicts, such as personal relationships or rivalries, academic competition, and intellectual beliefs.
Authors should avoid entering into agreements with study sponsors, both for-profit and nonprofit, that interfere with authors' access to all of the study's data or that interfere with their ability to analyze and interpret the data and to prepare and publish manuscripts independently when and where they choose. Policies that dictate where authors may publish their work violate this principle of academic freedom. Authors submitting abstracts to the PCRF may be required to provide the forum with the agreements in confidence. Purposeful failure report those relationships or activities specified on the journal's disclosure form is a form of misconduct, as is discussed in Section III.B.

Authors
When authors submit an abstract or study of any type or format they are responsible for disclosing all relationships and activities that might bias or be seen to bias their work. The ICMJE has developed a Disclosure Form to facilitate and standardize authors' disclosures. The PCRF requires that authors use this form if there is a potential conflict to declare. It is linked to the abstract submission page.