SPEAK @ EMINDIA

Medical conferences in India and elsewhere follow a monotonous and drab culture of "lecture format" sessions by so-called experts in the fields.

The presentations tend to merely be copy-paste content from existing literature. Delegates listen to this repeated and recycled content and it does not help enhance their existing practice.

EMINDIA is a unique conference model which focuses on real-life case studies, research updates, and discussions on current opinions.

Teaching faculty (Professors, Associate Professors, Lecturers, Senior Residents), practising physicians, physicians in training (post-graduate students), and medical students all get a common platform to present and discuss Emergency Medicine.

We do not promote copy-paste lectures

Everyone has a voice.

Everyone is teaching and learning.

ABSTRACT SUBMISSION

1

Register for the conference

Abstracts submitted without a conference registration number will be disqualified.

Complete the Abstract Form online

Click on the Submit button below to submit your abstract. The form is self-explanatory.

2

3

Acknowledgement of Submission

You will receive a response immediately on completion of your form.

SUBMIT

Deadline for Submission - 1st July 2024

All abstracts undergo a standardised review process by the EMINDIA Scientific Committee (SCICOM)

PRESENTATION TYPE

There are 3 presentation categories or types. These are described below. The Abstract Submission Form will be self-explanatory to help you feel at ease during the process.

1 Case-Based Learning

The presenter can share a unique case.

Case choices can be driven by:

- **Common presentation of Uncommon Cases**
- **Uncommon presentation of Common Cases**
- Unexpected events
- Challenges in management
- Clinical variants

2 Original Research Work

The presenter can demonstrate a **study idea/protocol/update** on their current EM research project.

Thesis work will be considered in this category.

Innovation in EM based patient management may also be presented.

3 Point of View

The presenter can review current Evidence Based Literature and present their opinion on emergent patient care.

Must be Post-PG Practitioners to submit in this category

The presenters may use clinical scenarios to emphasize their point of view.

You have exactly 12 minutes to present on the podium.

Submissions in any category must focus on the Emergency Medicine Management pertaining to the first few hours of patient care in the Emergency Department.

Any presentation that focuses on care beyond the initial few hours will be rejected by the screening team.

All submissions will be subject to a rigorous screening process.

PRESENTATION FORMAT

This refers to the method of delivery of your work.

Podium Presentation - In this format, you speak at the podium with the aid of your presentation slideshow for 12 minutes, followed by Q&A for 3 minutes.

Poster Presentation - In this format, you present an ePoster in the form of a single slide.

Podium vs. Poster

The Scientific Committee will determine and assign the presentation format for the delegate based on a scoring tool. Furthermore, top-scoring abstracts will be selected to present at the podium during a specially allocated segment of the conference to recognise their excellent efforts.

We recognise that residents may *want* to deliver the presentation as a poster in view of training requirements, hence we will consider your preference, which you can mark in the abstract submission form itself.

Scoring Rubric

Here is what we scrutinize:

	CBL/POV	ORW
Uniqueness	Case choice	Research choice
Quality	Narration (case flow from history to diagnosis, data sharing)	Objectives (EM relevance, applicability, validity, cost-effectiveness)
Appropriateness	Initial care in EM, EBM practice, Decision process	Methodology (study design, data gathering, analysis)
Clarity	Learning points (case importance, pearls & pitfalls, dos and don'ts)	Conclusions (address the objectives, unambiguous, practice-changing)

ABSTRACT EXAMPLE

Case Based Learning

Abstract Title: Commotio Cordis Resulting in Ventricular Flutter

Topics Covered by Abstract 1: Trauma

Topics Covered by Abstract 2: Cardiovascular Emergencies

Abstract Type: CBL

CBL introduction:
A young female patient presented to the emergency department following blunt chest trauma and went on to develop an unexpected arrhythmia.

Case History:
A 36 year old female developed palpitations immediately following direct impact to the chest after falling onto a hard box. She presented 5 days post incident with sternal pain and tenderness, and was found to have stable ventricular flutter on her ECG, which was treated successfully.

Learning Points:
Ventricular fibrillation is the predominant arrhythmia following commotio cordis, but we found our patient had ventricular flutter. Ventricular flutter may be better tolerated in young patients with structurally normal hearts and may lead to delayed presentations often found incidentally.

ABSTRACT EXAMPLE

Original Research Work

Abstract Title: Home Fall Injuries: Inpatient Outcome & Severity Study

Topics Covered by Abstract 1: Trauma

Abstract Type: ORW

ORW introduction:

Home Fall Injuries (HFIs) are a complex phenomenon caused by a non-linear combination of and interaction between man, floor, and environment.

Study:

Objective - This study aims to find the outcome and severity of HFI in our region.
Study design - A cross-sectional study was conducted among inpatients in the EMD at our institution.
Materials & Method - A 1-year long study was conducted interviewing 295 HFI selected through scheduled sampling. Information pertaining to demographic and correlates of HFI was collected by face to face and over telephone using semi-structured questionnaire. Nine-item Simplified Injury Severity Scale (SISS) was used to assess injury severity. Internal consistency of SISS scale was showed by Cronbach's alpha and association with the correlates was done by Mann-Whitney U-test.
Results: Fatal outcome in terms of death and permanent disability was 34.24% and they had higher marginally significant (P = 0.06), SISS score (45.17 ‡
12.59). Participants with absence of protective devices, presence of comorbidities, drunkenness, with Falls at Home, in-between 6 am and 6 pm, and no receipt of first aid were found to have significantly high scores compared to their counterpart.

Learning Points:

SISS, as a proxy measure of severity assessment, could throw a light on it and awareness generation and legislative stringency might be need of the hour for the country.

ABSTRACT EXAMPLE

Point of View

Abstract Title: Treatment of Simultaneous Alcoholic Ketoacidosis & Diabetic Ketoacidosis

Topics Covered by Abstract 1: Resuscitation

Topics Covered by Abstract 2: Endocrine Emergencies

Abstract Type: POV

POV introduction:

A young female patient presented to the emergency department following blunt chest trauma and went on to develop an unexpected arrhythmia.

Discussion:

There are many diabetic alcoholics who often present in DKA and have alcohol withdrawals because they have not been drinking alcohol because of DKA associated syndrome of sepsis, nausea vomiting and many other causes. Emergency Management of such patients is complex and fo-cused. I will be discussing the management pearls in resuscitation and evaluation of such cases as well as discuss the rationale for ordering in-vestigations, fluid management, vital signs management, antibiotics, Insulin Therapy and other added treatments based on an Interesting similar case which I have managed. I will be presenting the case and then discussing the above

Learning Points:

A Precise investigation pathway with aggressive ordering of labs and aggressive fluid management is key to treating these patients. Ruling out other causes of acidosis including sepsis, toxin exposure, ACS, Ischemia of Mesentery, CVA and or injuries is very important

SPEAK @ EMINDIA

Guide to Presenting @ EMINDIA

Please refer to our guidance, available on emindia.co, for information on preparing your presentation.

PowerPoint Templates

Available for download on emindia.co

Questions

You can contact us by emailing scicom.emindia@gmail.com