

AMA QUEENSLAND



ANNUAL JUNIOR DOCTOR CONFERENCE + CAREER EXPO 2019

CAREER
CROSSROADS

Saturday 15 - Sunday 16
June 2019

Hilton Hotel, Brisbane

ABSTRACT
GUIDELINES

A large, abstract graphic on the right side of the poster. It consists of multiple overlapping arrows of varying lengths and thicknesses, all pointing in the same general direction: upwards and to the right. The arrows are rendered in a bright yellow-green color with white outlines, creating a sense of depth and movement. The background is a dark grey-blue.



DEAR COLLEAGUES,

On behalf of the *Junior Doctor Conference 2019* Organising Committee, we would like to invite you to submit a research abstract at the *6th Annual AMA Queensland Junior Doctor Conference* in Brisbane. The conference provides a unique opportunity to present your research in the comfortable setting of your peers, as well as having eminent health researchers available to provide guidance and feedback.

The theme of the conference is *Career Crossroads*. Junior doctors will be inspired to reach their potential through exposure to world-leading, widely respected orators from medical and non-medical fields. It is also an opportunity to come together to share research and ideas in a professional and social context with your peers.

This event seeks to highlight the importance of collaboration between individuals, researchers, and institutions, and of the exciting opportunities that collaboration can provide. To this end, the Committee has decided to introduce a session dedicated to allowing junior doctors and students to showcase their own ideas and research to their peers.

Abstracts will be considered for either oral or poster presentation by our selected expert panel. All abstracts that meet registration requirements and are accepted by our printer's closing date may be published in a future edition of AMA Queensland's *Doctor Q* magazine.

We look forward to your participation in this exciting conference for junior doctors.

Kind regards,

AMA Queensland Council of Doctors in Training



Key dates

Abstract submissions open:
Monday 17 December 2018

Abstract submissions close:
Friday 26 April 2019

Notification of acceptance:
Mid - late May



JDC 2019 CALLS

FOR ABSTRACTS AND ABSTRACT SUBMISSION PROCEDURE

Presentation

Date: Saturday 15 - Sunday 16 June 2019

Venue: Hilton Brisbane

Audience: Up to 350 doctors in training and medical students

Important notes

Notification of acceptance will be sent to the presenter via email in mid May 2019 to allow accepted presenters to register and obtain important leave from their employers.

All presenters must register as a paid delegate and confirm their presentation before Friday 24 May 2019.

Your abstract and name will NOT be included in the final program if you fail to register by this date. All presenters will be allowed to register at the early-bird rate until Friday 24 May 2019. After this date the standard rate will apply. The early-bird rate for non-presenters will close on Friday 26 April 2019.

Presentation types

All presentations will be either oral or poster presentations. Posters will be prominently displayed at the conference and there will be moderated poster sessions where authors will need to be available to present their poster and answer questions about their work. Oral presentations will occur during dedicated sessions in the program where presenters will present their research and field questions from the audience and session chairperson. Full details of the poster and oral presentation format will be supplied after acceptance is confirmed.

Submission category

1. Scientific Research

Awards and prizes

AMA Queensland is pleased to announce the creation of two awards for the best research oral and poster presentation - the Research Medal and the Poster Prize. Conveners, session chairs, and invited panellists will select the best presentation and poster in an adjudicated session. The awarding of a prize is at the discretion of the adjudication panel. Please note only one abstract per author can be entered for consideration for the conference prizes. These prizes are open to junior doctor presenters and medical students.

SCIENTIFIC RESEARCH

ABSTRACT SUBMISSION GUIDELINES

Originality and ethics: The abstract submitted must be of an original scientific nature. The presenting author must be able to demonstrate their contribution and role in the research project and that all relevant ethical considerations were undertaken in conducting this research.

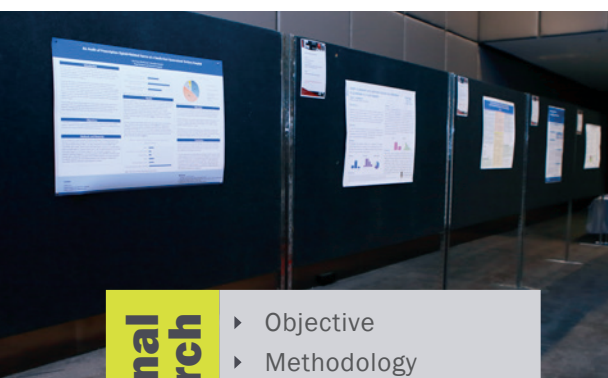
Number of submissions: Authors may submit more than one abstract for consideration.

Language: English is the official language of the conference and should be used in all abstract submissions, publications, and presentations.

Submission template and word limit: Abstracts should be submitted via the Abstract Submission Form (found at www.amaq.com.au). No other formats will be accepted. Tables and figures should not be included in

the abstract. Abstracts should be limited to fewer than 350 words (excluding title, author names, institutional affiliation, and optional corresponding author email). Any references must be included in this allowance. If you exceed this limit, the excess text will NOT appear in the final program.

Format: Submitted abstracts must represent original research or a systematic review undertaken by the presenting author. While unique and interesting clinical case reports may be considered on a case-by-case basis by the Abstract Selection Committee, perspectives and opinions will not be considered. Please see below for how each type of abstract should be structured.



Original research

- ▶ Objective
- ▶ Methodology
- ▶ Design
- ▶ Setting
- ▶ Participants
- ▶ Intervention
- ▶ Main outcome measures
- ▶ Results
- ▶ Conclusion

Systematic review

- ▶ Objectives
- ▶ Study design
- ▶ Data sources
- ▶ Study selection
- ▶ Data extraction
- ▶ Data synthesis
- ▶ Conclusions

Case report

- ▶ A brief description of the case
- ▶ A statement pertaining to its clinical relevance

→ **Objective(s):** a clear statement of the main aim or hypothesis of the study.

→ **Methodology:** include appropriate and applicable detail such as:

- Design: eg prospective, randomised, placebo-controlled, crossover, etc; include study dates.
- Setting: include the level of care (eg primary care, tertiary referral hospital) and number of participating centres.
- Participants: include selection criteria and participation or response rate.
- Intervention (if applicable): what, how, when, and for how long.
- Main outcome measures.

→ **Results:** include absolute event rates (not just proportions), 95 per cent confidence intervals, level of statistical significance, number needed to treat/harm, as appropriate.

→ **Conclusion(s):** conclusions and their implications must

directly relate to data in the study.

→ **Trial registration (if applicable):** registry and registration number for clinical trials.

Other requirements

- The body of your abstract should not contain author-identifying information.
- Abbreviations should be used only in common terms. For uncommon terms, the abbreviation should be given in parenthesis after the first full use of the word.
- Please include a brief outline of the context of your work, including what your manuscript adds to current knowledge on the topic (max 250 words). This is only for the Abstract Review and Selection Committee's consideration and will not be published in the program.
- ▶ A 100-word biography is required from each presenter to facilitate the chairperson's introduction. This may be published along with the abstract in relevant publications.

IMPORTANT CONSIDERATION

FOR ALL AUTHORS

ABSTRACT AUTHOR REGISTRATION

Upon acceptance of the abstract, presenting authors are expected to register and present their abstracts at the oral session or poster presentation. The invitation to submit an abstract does not constitute an offer to pay travel, accommodation, or registration costs associated with the conference. All presenters are required to register and pay the registration fee by the special presenter early-bird deadline – **Friday 24 May 2019**. Failure to do so will result in exclusion from the final program. Notification of the timing of presentations will appear in correspondence sent to all successful authors.

PUBLICATION OF ABSTRACTS

Abstracts will be published in the JDC 2019 program only if the presenting author is registered with full payment by Friday 24 May 2019. By agreeing to present at the AMA Queensland's *Junior Doctor Conference*, authors also agree to the publication of their abstract in AMA Queensland's

Doctor Q publication. This, however, does NOT preclude authors from submitting their abstract/research elsewhere for publication.

ACKNOWLEDGMENT OF RECEIPT OF SUBMISSION

The submitting author of an abstract will ALWAYS receive email confirmation of receipt of the abstract. If you do not receive an email confirmation within 72 hours (three days) it may mean the abstract has not been received. In this circumstance, please email/phone Sharyn Mick, Event and Marketing Coordinator on s.mick@amaq.com.au or (07) 3872 2247 to verify if AMA Queensland has received your abstract.

ABSTRACT SUBMISSION AND INQUIRIES CONTACT DETAILS

Abstracts are to be submitted in the appropriate template format to Sharyn Mick, Event and Marketing Coordinator via email s.mick@amaq.com.au. For any questions, please contact Sharyn on (07) 3872 2247.

THESE ABSTRACT
SUBMISSION GUIDELINES
ARE AVAILABLE ON
THE JUNIOR DOCTOR
CONFERENCE PAGE IN
THE AMA QUEENSLAND
EVENTS CALENDAR
VISIT
WWW.AMAQ.COM.AU



Formatting instructions

Please use the submission form to submit abstracts. No other format will be accepted.

File format: Word.

Title: Should be brief and explicit.

File format: List the authors with last name first, space initial. Separate names with a comma. If there is more than one author, please indicate the presenter. A maximum of five (authors) may be listed. See examples in Appendix 1.

Institutional affiliation: List up to a maximum of five institutions where authors conducted this research. Junior doctor authors should also include their current hospital.

Review and selection: Abstracts will be reviewed by an Abstract Review and Selection Committee composed of leading medical researchers, clinicians, and qualified members of the Organising Committee. Selection will be based on the following criteria:

- ▶ Quality and state of completeness of research
- ▶ Originality and interest
- ▶ Clinical relevance
- ▶ Clarity of writing

Abstracts will be scored against the above criteria on a standardised marking sheet. Abstracts with the highest marks on the standardised marking sheet will be considered for oral presentations, with the remaining abstracts, that meet minimum quality requirements considered for poster presentations. The decisions of the Abstract Review and Selection Committee will be final and no ongoing correspondence will be entered into for unsuccessful abstracts.

APPENDIX 1

EXAMPLE ABSTRACTS

Systematic review

The quality of health research for young Indigenous Australians: systematic review.

*Azzopardi PS, Kennedy EC, Patton GC, Power R, Roseby RD.

Royal Children's Hospital Centre for Adolescent Health, Murdoch Children's Research Institute, University of Melbourne, Melbourne, VIC.

Presenter: peter.azzopardi@rch.org.au.

Objective: To assess the extent and quality of the evidence base related to the health and wellbeing of young Indigenous Australians.

Study design: Systematic review of peer-reviewed literature; grading of quality of literature; mapping of sample characteristics and study foci.

Data sources: English language publications, 1 Jan 1994 - 1 Jan 2011 in MEDLINE, ERIC, CINAHL, EMBASE, ATSIhealth, PsycINFO, the Cochrane Library and the Australian Indigenous HealthInfoNet.

Study selection: Inclusion criteria were: published 1 Jan 1994 - 1 Jan 2011; original peer-reviewed research; reported data for Australian Aboriginal and Torres Strait Islanders aged 10-24; focused on health and wellbeing. Grading for quality included ascertainment of Indigenous status, representativeness of the sample for the target population, and quality of measures of exposure and outcome.

Data synthesis: 360 peer-reviewed publications met inclusion criteria; 90 (25%) exclusively sampled Indigenous young people. 250 studies (69%) were of good-quality design; 124 of these focused on health outcomes (15 of these evaluated an intervention) and 116 focused on health-risk exposure (26 evaluative). The methodological quality of data improved during 1994-2010; however, only 17% of studies focused on urban populations. A third of good-quality studies of health outcomes focused on communicable diseases, such as sexually transmitted infections and tuberculosis. There was good-quality data for oral health and substance use, and some data for adolescent pregnancy. Data on mental disorders, injury, and cause-specific mortality was limited.

Conclusions: Despite improvements, there are important gaps in the evidence base for the health of young Indigenous Australians. Our study points to the need for greater research investment in urban settings and with regard to mental disorders and injury, with a further emphasis on trials of preventive and clinical intervention.

Original research

Impact of swimming on chronic suppurative otitis media in Aboriginal children: a randomised controlled trial.

Stephen AT, Leach AJ, Morris PS.

Child Health Division, Menzies School of Health Research, Royal Darwin Hospital, Darwin, NT, Australia.

anna.stephen@menzies.edu.au.

Objectives: To measure the impact of four weeks of daily swimming on rates of ear discharge among Aboriginal children with a tympanic membrane perforation (TMP) and on the microbiology of the nasopharynx and middle ear.

Design, setting, and participants: A randomised controlled trial involving 89 Aboriginal children (aged 5-12) with a TMP, conducted in two remote Northern Territory Aboriginal communities from August to December 2009.

Intervention: Four school weeks of daily swimming lessons (45 minutes) in a chlorinated pool.

Main outcome measures: Proportions of children with ear discharge and respiratory and opportunistic bacteria in the nasopharynx and middle ear.

Results: Of 89 children randomly assigned to the swimming or non-swimming groups, 58 (26/41 swimmers and 32/48 non-swimmers) had ear discharge at baseline. After four weeks, 24 of 41 swimmers had ear discharge compared with 32 of 48 non-swimmers (risk difference, -8% (95% CI, -28% to 12%). There were no statistically significant changes in the microbiology of the nasopharynx or middle ear in swimmers or non-swimmers. *Streptococcus pneumoniae* and non-typeable *Haemophilus influenzae* were the dominant organisms cultured from the nasopharynx, and *H. influenzae*, *Staphylococcus aureus* and *Pseudomonas aeruginosa* were the dominant organisms in the middle ear.

Conclusions: Swimming lessons for Aboriginal children in remote communities should be supported, but it is unlikely that they will substantially reduce rates of chronic suppurative otitis media and associated bacteria in the nasopharynx and middle ear. However, swimming was not associated with increased risk of ear discharge and we found no reason to discourage it.

Case report

Pseudoaneurysm of the internal iliac artery resulting in massive per-rectal bleeding

Arthur TI, Gillespie CJ, Butcher W, Lu, CT

Department of General Surgery, Gold Coast Hospital, Gold Coast, Australia

thomas.arthur@uqconnect.edu.au.

Abstract: Rectal bleeding is a common reason for presentation to hospital, with large bleeds most commonly caused by diverticular disease and angiodysplasia. Here we present an unusual aetiology of massive per-rectal bleeding attributable to pseudoaneurysm of the internal iliac artery leading to an arterial fistula to the distal large bowel. It is hoped the case will serve as a reminder that rectal bleeding can have a less common aetiology.



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