47th Annual Research and Education Forum

University of Puerto Rico Medical Sciences Campus

Shaping the Future of Health

through Research, Emerging Technologies, and Education

March 17-19, 2027

Guidelines for Preparing and Submitting Abstracts

47th Annual Research and Education Forum

Guidelines for Preparing and Submitting Abstracts

Welcome to the guidelines for preparing and submitting abstracts for the **47th Annual Research and Education Forum of the University of Puerto Rico Medical Sciences Campus**, which will be held in person from **March 17–19, 2027**. These guidelines are intended to help authors prepare abstracts that meet the Forum's submission and evaluation requirements. Careful adherence to these instructions will facilitate the submission process and help maximize the impact of your work at the Forum.

Before beginning your submission, please review this document thoroughly. It provides detailed information on formatting requirements, content expectations, eligibility criteria, abstract categories, submission procedures, and the scoring rubric that reviewers will use to evaluate abstracts.

Faculty members, students, researchers, and healthcare professionals from institutions in Puerto Rico and abroad are encouraged to submit their work, whether it involves research, educational initiatives, community projects, case studies, public policy analysis, evidence-based practice projects, or quality improvement initiatives. Each submission must adhere to the specific formatting and content requirements established for its category.

We look forward to your participation and to showcasing high-quality research, scholarship, and innovative projects that advance knowledge, education, and practice in the health sciences.

Eligibility Criteria

Faculty members, residents, students, alumni, and healthcare professionals from the Medical Sciences Campus and other higher education institutions, both nationally and internationally, are invited to submit abstracts. Public, private, and community organizations offering health services or conducting research in related fields are also encouraged to participate. Submissions may reflect a variety of perspectives and research methods across any of the categories listed in this document. Only completed and properly prepared abstracts will be considered for evaluation.

Submitting Your Abstract

Platform Instructions and Key Dates All abstracts must be submitted online by the deadline, **Saturday, November 14, 2026**. Please note that submissions will only be accepted through the Ex-Ordo platform:

https://uprmscforum2027.exordo.com

Upon accessing the platform, create an account by entering your first and last name, email address, and a password. Once your account is set up, you can submit your abstract by following the platform's established workflow. Through this account, you will also have the option to withdraw your abstract, check its acceptance status, view the assigned presentation format (oral or poster), and review any comments or recommendations from the reviewers.

Withdrawal of Abstracts

Abstracts submitted to the Forum may be withdrawn **on or before Saturday, November 14, 2026**, the abstract submission deadline, using the Ex-Ordo platform through which they were originally submitted.

To withdraw an abstract, authors must log into their account using the username and password created during registration and complete the withdrawal process within the submission system. If any issues arise, authors should submit an official written request to foroanual.rcm@upr.edu, specifying the title and submission ID of the abstract to be withdrawn.

Upon successful withdrawal, the abstract and all associated information will be permanently removed from the Forum's submission database. Requests to withdraw abstracts received after **Saturday, November 14, 2026**, will not be accepted.

Abstract Selection

Each abstract will be evaluated by at least two reviewers, including faculty members, physicians, and researchers from the University of Puerto Rico Medical Sciences Campus and other institutions. The primary evaluation criterion is the quality of the project, as presented in the abstract. Reviewers will assess abstracts based on the following criteria: alignment of title and content, background and objectives, technical merit, readability, relevance and innovation, results and analysis, originality, conclusions and implications, and adherence to submission guidelines. Some evaluation criteria carry greater weight than others in the overall score to emphasize scientific rigor, methodological quality, and the significance of the findings. For detailed scoring criteria and relative weights, please refer to the scoring rubric at the end of this document.

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Abstract Publication

All accepted abstracts will be published, without exception and exactly as submitted, in a special digital issue—the *Abstract Supplement*—of the peer-reviewed *Puerto Rico Health Sciences Journal* (PRHSJ). If you have any concerns regarding intellectual property or patents or intend to publish this work elsewhere in the future, you should not submit it for presentation at the Forum.

Program Notification

Authors will be notified of the status of their abstracts via email **between February 1 and 5, 2027**. It is mandatory for the first author or a designated co-author to present the work in person, either as an oral or poster presentation, at the assigned date and time during the Forum.

Authors whose abstracts are accepted but who fail to present their work without a valid excuse approved by the Organizing Committee will be subject to sanctions. Specifically, the first author and the designated presenting author, if different, will not be eligible to submit or present abstracts at the next two editions of the Forum.

Requests for exceptions due to unforeseen circumstances must be submitted in writing to the Forum organizers as soon as possible and will be reviewed on a case-by-case basis.

Instructions for oral and poster presentations will be available in a separate section of the Forum website. Authors of accepted abstracts will receive a link to these instructions in their acceptance notification.

General Instructions for Abstract Submission

- Abstracts may be submitted in **Spanish** or **English**.
- Abstracts must be formatted according to the guidelines outlined in this document.
- The abstract title must not exceed 150 characters, including spaces. Capitalize all words in the title except for articles (a, an, the), short prepositions (of, in, on, to), and conjunctions (and, but, or), unless they appear at the beginning or end of the title. Do not use all capital letters for the entire title.
- The total length of the abstract **must not exceed 300 words**, excluding the title, authors, affiliations, and acknowledgments.
- Abstracts **must not** contain tables, figures, or references.
- Authors must certify that all co-authors and mentors (if applicable) have reviewed and approved the abstract before including their names in the submission.
- Indicate whether you prefer to present your work as an oral or poster presentation. The Organizing Committee reserves the right to modify the presentation type based on facility availability.

If applicable, include the following sentence: "Approved by IRB or IACUC," followed by the approval date. In addition, ensure that the corresponding protocol number(s) and approval date(s) are provided in the appropriate fields of the online submission form.

If your work requires IRB or IACUC approval, you MUST provide both the approval number and the approval date. Submissions lacking this information will not be forwarded to the evaluators and will be rejected immediately.

The deadline for abstract submission is **Saturday, November 14, 2026**.

Author Names and Affiliations in Abstract Submissions

1. A researcher may be listed as the first author on only one abstract but can be included as a co-author in multiple abstracts. Either the first author or one of the co- authors is permitted to present the work at the Forum.
2. Format of Affiliations:
   - Begin each affiliation with the name of the institution, followed, when applicable, by the campus, school or faculty, department or division, city, and state (if in the United States) or country (if outside the United States).
   - Do not include postal addresses, building names, or floors.

Example:

- University of Puerto Rico, Medical Sciences Campus, School of Medicine, Department of Pediatrics, San Juan, Puerto Rico

1. Numbering Affiliations:
   - Use superscript numbers to associate each author with their corresponding affiliation(s).
   - Place the superscript number immediately after each author's name.
   - If an author has multiple affiliations, separate the numbers with commas.
2. Listing Authors and Affiliations:
   - List authors' names in the order they will appear in the final abstract publication. o Include the first name, middle initial (if applicable), and last name for each author.

Example:

María Rivera[1], Juan López[2], Carlos Pérez[3], Ana Díaz[2]

3. Affiliation Section:

- Group all affiliations immediately after the list of authors, ordered numerically and separated by semicolons if necessary.

Example:

María Rivera[1], Juan López[2], Carlos Pérez[3], Ana Díaz[2]

[1]University of Puerto Rico, Medical Sciences Campus, School of Medicine, Department of Pediatrics, San Juan, Puerto Rico; [2]University of Puerto Rico, Medical Sciences Campus, School of Pharmacy, Department of Pharmaceutical Sciences, San Juan, Puerto Rico; [3]University of Puerto Rico, Mayagüez Campus, Faculty of Arts and Sciences, Department of Psychology, Mayagüez, Puerto Rico.

4. Consistency:
   - Ensure consistency in the style and structure of affiliations. Abbreviations should only be used if they are standard and widely recognized (e.g., "UPR" for "University of Puerto Rico").
5. Accuracy:
   - Double-check the spelling of authors' names and institutions. Ensure that the affiliations accurately reflect the current academic or research appointment of the authors.

Categories of Eligible Work

1. Biomedical Sciences

Basic and translational research involving biological mechanisms of health and disease, including genomic, molecular, cellular, and biochemical studies; animal and experimental models; and the identification, development, or validation of laboratory biomarkers.

2. Clinical Sciences

Clinical research involving patients, clinical populations, or patient-derived data, including clinical studies, case reports, quality improvement (QI) initiatives, and evidence-based practice (EBP) projects focused on disease prevention, diagnosis, treatment, care delivery, or patient outcomes.

3. Epidemiology

Clinical epidemiology—including risk-factor assessment, pharmacoepidemiology, and survival analysis—and population epidemiology, including studies of prevalence, incidence, disease distribution, and public health surveillance.

4. Social Sciences, Education, and Public Policy

Social and qualitative research, educational research and innovation, community-based and community-engaged studies, and research addressing public policy, health systems, social determinants of health, and population well-being.

When submitting an abstract, the author must select the most appropriate category. However, the Organizing Committee reserves the right to reclassify abstracts before assigning judges to ensure alignment with the scope of each category and a fair and consistent evaluation process. This provision also helps prevent the strategic selection of categories based on perceived levels of competition, particularly for interdisciplinary projects, such as epidemiological studies with a social science component.

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Abstracts must follow the format specified for the selected category, as outlined below.

Biomedical Sciences

Abstracts submitted under the Biomedical Sciences category must include the following sections:

- **Background and Objectives:** Briefly describe the significance of the research and provide the relevant scientific background. State the study objective or goal, research question, and hypothesis, when applicable.
- **Methods:** Briefly describe how the study or project was conducted, including, as applicable, the study design, experimental models or participants, procedures, interventions, data-collection methods, analytical approaches, and project activities. If institutional approval was required, include the applicable statement— "Approved by the IRB" or "Approved by the IACUC"—followed by the protocol number and approval date.
- **Results:** Summarize the principal findings, outcomes, or observations. Whenever possible, provide specific data, quantitative results, or key qualitative findings that support the conclusions. Abstracts that do not report actual results and instead include statements such as "Results will be presented," "Data will be discussed," or similar language will be administratively rejected and will not be forwarded for peer review.
- **Conclusions:** State the principal conclusions supported by the findings and briefly identify their implications and potential directions for future research.
- **Acknowledgments:** Identify funding sources, institutional or technical support, and any relevant conflicts-of-interest disclosures.

Clinical Sciences

Abstracts submitted under the Clinical Sciences category must follow the format specified for the applicable type of submission.

Case Reports

Abstracts describing **case reports** must include the following sections:

- **Purpose:** Briefly explain the significance of the case and the rationale for presenting it. Indicate why the case is unusual, educationally valuable, clinically important, or relevant to current practice.
- **Case Description:** Present the relevant clinical characteristics of the case, including the patient's medical history, presenting symptoms, physical examination findings, diagnostic evaluation, differential diagnosis when applicable, treatment plan, clinical course, follow-up, and outcomes. Do not include patient identifiers. When required by institutional policy, indicate that appropriate patient consent was obtained.
- **Conclusions:** Summarize the principal lessons learned from the case and discuss their implications for clinical practice, health-professions education, patient care, public health, or future research.
- **Acknowledgments:** Identify funding sources, institutional or technical support, and any actual or potential conflicts of interest.

Evidence-Based Practice (EBP) Projects

Abstracts describing **Evidence-Based Practice projects** must include the following sections:

- **Clinical Question:** State the clinical question using the PICOT format—Patient or Population, Intervention, Comparison, Outcome, and Time—when applicable.
- **Scope of the Problem:** Describe the clinical, educational, administrative, or public health problem being addressed, the current practice, and the significance and relevance of the project.
- **Review of the Evidence:** Summarize the best available evidence identified through the literature review and explain how it supports the proposed practice change or intervention.
- **Project Implementation:** Describe the implementation of the evidence-based practice change, including the setting, target population, intervention, implementation strategies, and evaluation methods. If institutional approval was required, include the statement "Approved by the IRB," followed by the protocol number and approval date.

- **Results:** Present the project outcomes, including relevant quantitative and/or qualitative findings. Abstracts that do not report actual results and instead include statements such as "Results will be presented," "Data will be discussed," or similar language will be administratively rejected and will not be forwarded for peer review.
- **Implications for Practice:** Discuss the project's implications for professional practice, patient outcomes, healthcare delivery, education, administration, or policy. Provide recommendations supported by the findings.
- **Acknowledgments:** Identify funding sources, institutional or technical support, and any actual or potential conflicts of interest.

Quality Improvement (QI) Projects

Abstracts describing **Quality Improvement projects** must include the following sections:

- **Background and Aim:** Briefly describe the problem addressed by the project. Summarize what is known about the issue, identify the relevant gap in quality or performance, and explain its significance. Conclude with a clear statement of the project aim and the specific improvement objective.
- **Methods:** Describe the setting, target population, and quality-improvement measures used, such as outcome, process, and balancing measures. Identify the interventions or changes implemented and explain how they were expected to improve performance or outcomes. Describe the iterative improvement approach used, such as Plan–Do–Study–Act (PDSA) cycles, and the methods employed to evaluate the intervention's effects. If institutional approval was required, include the applicable IRB determination, protocol number, and date.
- **Results:** Present the project outcomes, including relevant quantitative and/or qualitative findings. Whenever possible, report baseline and post-intervention data and indicate whether the improvement objectives were achieved. Abstracts that do not report actual results and instead include statements such as "Results will be presented," "Data will be discussed," or similar language will be administratively rejected and will not be forwarded for peer review.
- **Conclusions and Implications:** Summarize the principal findings and discuss their implications for patient care, healthcare quality and safety, operational performance, education, or healthcare delivery. Include lessons learned, sustainability considerations, and recommendations for future improvement initiatives, as applicable.
- **Acknowledgments:** Identify funding sources, institutional or technical support, and any actual or potential conflicts of interest.

Epidemiology

Abstracts submitted under the **Epidemiology** category must include the following sections:

- **Background and Objectives:** Briefly describe the clinical or public health context, the significance of the problem, the relevant knowledge gap, and the study objective, research question, or hypothesis.
- **Methods:** Describe the study design, setting or geographic area, study population, eligibility criteria or case definition, sampling strategy, exposures or interventions, comparison groups, outcome measures, data sources, surveillance procedures, and statistical methods, as applicable. When relevant, describe the methods used to address confounding, selection bias, missing data, weighting, standardization, or trends. If institutional approval was required, include the statement "Approved by the IRB," followed by the protocol number and approval date.
- **Results:** Present the principal findings, including the number of participants, cases, or observations and relevant participant or population characteristics. Report appropriate epidemiological measures, such as prevalence, incidence, mortality, rates, ratios, measures of association or effect, survival estimates, trends, confidence intervals, or statistical significance, as applicable. Abstracts that do not report actual results and instead include statements such as "Results will be presented," "Data will be discussed," or similar language will be administratively rejected and will not be forwarded for peer review.
- **Conclusions:** State the conclusions supported by the findings and discuss their clinical, epidemiological, population-health, or public policy implications. Avoid conclusions that extend beyond the data presented.
- **Acknowledgments:** Identify funding sources, institutional or technical support, and any actual or potential conflicts of interest.

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Social Sciences, Education, and Public Policy

Abstracts submitted under the **Social Sciences, Education, and Public Policy** category must follow the format specified for the applicable type of submission.

Abstracts describing **Social Sciences research** or **Educational or Community Projects** must include the following sections:

- **Background and Objectives:** Briefly describe the social, behavioral, cultural, educational, organizational, or community context; the significance of the issue or need being addressed; and the relevant knowledge or practice gap. State the study or project objective, research question, or hypothesis, as applicable.
- **Methods:** Describe the study or project design, theoretical or conceptual framework when applicable, setting, population or participants, sampling or recruitment strategy, procedures, interventions or project activities, data sources, data-collection methods, evaluation measures, and analytical approach. If institutional approval was required, include the statement "Approved by the IRB," followed by the protocol number and approval date.
- **Results:** Present the principal findings, outcomes, or observations. Abstracts that do not report actual results and instead include statements such as "Results will be presented," "Findings will be discussed," or similar language will be administratively rejected and will not be forwarded for peer review.
- **Conclusions and Implications:** State the conclusions supported by the findings and discuss their implications for social or behavioral research, education, community engagement, professional practice, health promotion, health equity, health systems, or population well-being. Include lessons learned, sustainability considerations, and potential future directions, as applicable. Avoid conclusions that extend beyond the data presented.
- **Acknowledgments:** Identify funding sources, institutional or technical support, educational, community, or organizational partners, and any actual or potential conflicts of interest.

Abstracts describing **Public Policy** analyses must include the following sections:

- **Policy Under Analysis:** Clearly identify and briefly describe the public policy, program, regulation, legislation, or intervention being analyzed. Explain the problem or need the policy is intended to address.
- **Theoretical Framework and Academic Discipline:** Identify the academic discipline or disciplines informing the analysis, such as public health, economics, political science, sociology, law, ethics, or health services research. Describe the theoretical or conceptual framework guiding the analysis, when applicable.
- **Sources of Information:** Identify the sources used in the analysis, such as legislation, regulations, government reports, administrative records, datasets, surveys, interviews, focus groups, published literature, or other relevant materials.
- **Methods:** Describe the methods used to conduct the analysis according to the standards of the identified discipline or disciplines. When applicable, explain how policies or alternatives were compared and identify the criteria used, such as effectiveness, equity, feasibility, cost, ethical considerations, or stakeholder impact. If the study involved human participants, interviews, surveys, focus groups, or identifiable private information, include the statement “Approved by the IRB,” followed by the protocol number and approval date.
- **Findings:** Present the principal findings of the analysis and the evidence supporting them. Abstracts that do not report actual findings and instead include statements such as “Results will be presented,” “Findings will be discussed,” or similar language will be administratively rejected and will not be forwarded for peer review.
- **Policy Implications:** Explain the significance of the findings and their implications for the development, adoption, implementation, evaluation, modification, continuation, or discontinuation of the policy. Recommendations should be supported by the findings presented.
- **Acknowledgments:** Identify funding sources, institutional or technical support, and any actual or potential conflicts of interest.

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Example of Structured Abstract

Clinical Sciences - Case Reports

Traumatic Gluteal Compartment Pathology and Hematomas: A Three-Case Series Highlighting Diagnostic and Surgical Challenges

Carlos Díaz-Rivera[1], Juan Bonilla-Robles[1], Ian Cummings-Ruiz[2], Juan Berríos-Cordero[3], José Rosario-González[3], Nydia De Soto-Cordero[1]

[1]University of Puerto Rico, Medical Sciences Campus, School of Medicine, Department of General Surgery, San Juan, Puerto Rico; [2]St. Luke's Episcopal Medical Center, Department of Surgery, Ponce, Puerto Rico; [3]University of Puerto Rico, Medical Sciences Campus, School of Medicine, San Juan, Puerto Rico.

Purpose: Traumatic gluteal compartment injuries are rare and often underrecognized due to their deep anatomic location and nonspecific presentation. Delayed diagnosis may lead to muscle necrosis, infection, neurologic injury, or prolonged hospitalization. This case series describes three gluteal compartment pathologies treated surgically, highlighting variations in presentation, operative management, and outcomes to identify diagnostic challenges and practical points for care. **Case Description:** Case 1: A 36-year-old man developed right gluteal compartment syndrome after a low-energy fall. Emergent fasciotomy revealed myonecrosis requiring debridement. His course was complicated by wound dehiscence and, requiring serial washouts and negative-pressure therapy. He achieved complete healing and no sciatic deficits. Case 2: A 69-year-old man sustained a high-energy bicycle accident resulting in a large right gluteal hematoma. Surgical evacuation with drain placement was performed. Although the wound healed without complication, his hospitalization was prolonged by severe traumatic brain injury and PEG-related abdominal issues. No gluteal infection or neurologic deficits developed. Case 3: A 73-year-old woman on antiplatelet therapy developed a ~600 mL left gluteal hematoma after a mechanical fall. Operative evacuation with ligation of a bleeding perforating vessel was performed. She required 3 PRBC and 2 FFP transfusions but had no recurrent bleeding. Follow-up CTA showed interval hematoma reduction and no active bleeding. She was discharged on postoperative day three with home PT/OT. **Conclusion:** This series highlights the diagnostic complexity and clinical significance of traumatic gluteal injuries. Delayed intervention can lead to multiple clinical complications leading to acute hospitalization; thus, these conditions demand rapid recognition. This emphasizes the importance of thorough physical examination, early imaging with CT, and a low threshold for operative exploration in patients with rapidly expanding hematomas or severe pain. Continued reporting of similar cases will enhance clinical awareness, refine management strategies, and guide future research into early diagnostic markers and standardized treatment algorithms. **Acknowledgments:** No external funding or conflicts of interest.

University of Puerto Rico Medical Sciences Campus

Example of Structured Abstract

Clinical Sciences - Evidence-Based Practice (EBP) Project

Improving Postoperative Pain Management in Total Knee Arthroplasty (TKA): An Evidence-Based Implementation of Adductor Canal and IPACK Nerve Blocks

Lina Marcela Borrero González, Pamela J. Cabrera Pérez, Valentina Monroy, Zulma C. Peña Cordero, Francisco Sampedro, Juan Rodríguez, Milagros Figueroa

University of Puerto Rico, Medical Sciences Campus, School of Nursing-Department of Graduate Studies, Nurse Anesthesia Program, San Juan, Puerto Rico.

Clinical Question: In adults undergoing total knee arthroplasty (TKA), does the use of motor-sparing peripheral nerve blocks, adductor canal block (ACB), and IPACK, compared with no peripheral nerve block, reduce postoperative pain, opioid consumption, and time to ambulation within 48 hours? **Scope:** TKA frequently results in significant postoperative pain, delayed mobility, and opioid use. At the project site, analgesia relied mainly on systemic opioids without standardized multimodal or regional anesthesia, leading to inconsistent pain control and recovery. Implementing motor-sparing blocks offered an opportunity to improve analgesia and support earlier ambulation. **Literature Review:** Ten high-quality randomized trials and meta-analyses show that ACB and IPACK improve postoperative pain control, preserve quadriceps strength, and reduce opioid consumption. This evidence supports incorporating motor-sparing regional techniques into standardized TKA analgesia pathways. **Project Implementation:** Following spinal or general anesthesia, patients were given an ultrasound-guided ACB (10–15 mL 0.5% bupivacaine with 4 mg dexamethasone) and an ultrasound-guided IPACK (20 mL 0.25% bupivacaine). Pain scores, pain location, opioid use, and time to ambulation were measured at arrival and at 4, 8, 12, 24, and 48 hours. Approved by IRB: Protocol #2505407990. **Results:** Results: Fifty patients were included. Pain was lowest on arrival (median 0), increased at 4–12 hours (median 5), and decreased at 24 and 48 hours (medians 4 and 3). Median 48-hour opioid use was 28 mg MME (IQR 25; range 0–60 mg). Pain location varied significantly across time ($\chi^2(35)=102.24$, $p<.001$), shifting from absent or localized on arrival to anterior/posterior or multi-site pain at 4–12 hours, then becoming more diffuse at later intervals. Median time to ambulation was 20 hours (IQR 8.69). **Implications for Practice:** Nurse anesthetists should implement standardized multimodal protocols combining ACB + IPACK blocks with pain-score guided opioid management to improve TKA pain control and facilitate early mobilization. **Acknowledgments:** The authors sincerely thank Dr. Sherly Pereira for her mentorship and guidance, and María Larriuz for her constant support throughout the completion of this project.

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Example of Structured Abstract

Clinical Sciences - Quality Improvement (QI) Project

Puerto Rico Newborn Screening Initiative to Improve Phenylketonuria Management: A Quality Improvement Project

Javielise Donato Rodríguez[1], Nayliz M. Ortiz Ortiz[1], Ledith Resto[2], Sulay Rivera[2], Raymond Tremblay[1]

[1]University of Puerto Rico, Humacao Campus, Department of Biology, Humacao, PR; [2]University of Puerto Rico, Medical Sciences Campus, Department of Pediatrics, PR NBS Program, San Juan, PR.

Background: Timely biochemical monitoring is essential for effective dietary management of phenylketonuria (PKU). Delays associated with traditional venous sampling and laboratory processing in non-local facilities can limit rapid clinical response and care coordination. Although home-based dried blood spot sample collection and newborn screening (NBS) laboratory service is available in many states for PKU patients, its systematic integration into the follow-up workflows in Puerto Rico has not been tested. This Quality Improvement (QI) project addressed this operational gap by redesigning specimen collection and reporting processes. The objective was to reduce laboratory turnaround time and improve the efficiency of routine PKU monitoring. **Methods:** Outcome measures included laboratory turnaround time and timeliness of result communication to the parents and/or clinical care team. Process measures focused on successful home specimen submission and laboratory completion. The intervention consisted of providing families with dried blood spot collection kits for home use, enabling free mail-in submission, and prioritizing laboratory analysis using a non-derivatized MS-MS method in the PR NBS facility. Results: The redesigned process reduced turnaround time for laboratory results from approximately 7–15 days to 1–3 business days using home-based sample collection and the local laboratory service. Improvements were observed in specimen processing efficiency and result delivery, supporting more timely communication between families and the multidisciplinary care team. **Conclusion:** This QI initiative demonstrates that integrating home-based specimen collection with expedited laboratory analysis can significantly enhance operational efficiency within the long-term follow-up of patients. The model supports more responsive clinical management for individuals with PKU and offers a scalable framework for optimizing metabolic monitoring workflows. Future efforts will focus on strengthening caregiver education, optimizing reminder systems, and evaluating long-term sustainability. **Acknowledgments:** The authors acknowledge the Puerto Rico Newborn Screening Program laboratory staff, and genetic specialists. The Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS) provided financial support for this project. The award provided 100% of total costs and totalled $332,221. The contents are those of the author. They may not reflect the policies of HRSA, HHS, or the U.S. Government

Example of Structured Abstract

Epidemiology

Sedentary Behavior and Depressive Symptoms in Young Adults: Sex at Birth as a Potential Modifier

Christian A. Torres-Franqui[1], Rosa V. Rosario-Rosado[1], Angélica M. Rosario-Santos[1], Farah A. Ramírez-Marrero[2], Milagros C. Rosal[3], Cynthia M. Pérez-Cardona[1]

[1]University of Puerto Rico, Medical Sciences Campus, Graduate School of Public Health, Department of Biostatistics and Epidemiology, San Juan, Puerto Rico; [2]University of Puerto Rico, Río Piedras Campus, Department of Exercise Physiology, San Juan, Puerto Rico; [3]University of Massachusetts Chan Medical School, Department of Population and Quantitative Health Sciences, Worcester, Massachusetts, USA.

Background & Objectives: Sedentary behavior is consistently associated with depressive symptoms in young adults, but evidence on differences by sex assigned at birth remains mixed. Recognizing potential effect modification is critical for the design of targeted prevention and intervention strategies. This study examined the association between sedentary behavior and depressive symptoms among young adults in Puerto Rico, a population disproportionately affected by both conditions, and investigated whether this association differed according to sex assigned at birth. **Methods:** Baseline data from the PR-OUTLOOK cohort (2020-2024), a community-based study of 2,994 adults aged 18-29 years (weighted N=516,047), were analyzed. Depressive symptoms were assessed with the CESD-10 (score ≥10 indicating elevated symptoms), and sedentary behavior with the validated Sedentary Behavior Questionnaire. Daily averages were dichotomized as sedentary (≥8 hours/day) or non-sedentary (<8 hours/day) based on thresholds associated with adverse health outcomes. Logistic regression models, both unweighted and weighted (using iterative proportional fitting by age and sex), tested the association between sedentary behavior and depressive symptoms, including an interaction term with sex assigned at birth. Models were adjusted for sociodemographic, behavioral, and psychosocial covariates. Approved by IRB protocols 2412333349 and 2412333349A001**. Results:** The sample had a mean age of 23.4 years, with 49.7% women, 63.4% classified as sedentary, and 59.2% reporting elevated depressive symptoms. In adjusted models, sedentary behavior was associated with higher odds of depressive symptoms (OR=1.36, 95% CI=1.11–1.66). However, the interaction between sedentary behavior and sex at birth was not statistically significant (p=0.15; males OR=0.8, 95% CI=0.6–1.1; females OR=1.2, 95% CI=0.8–1.6), providing no evidence of effect modification. **Conclusions:** Sedentary behavior was associated with depressive symptoms among young adults in Puerto Rico, with no evidence of sex differences. Findings highlight sedentary behavior as a broadly applicable prevention target and emphasize the urgent need for culturally responsive, population specific mental health strategies in this high-risk group. **Acknowledgments:** This research was supported by the National Heart, Lung, and Blood Institute (grant R01HL149119). The research was also supported by the Hispanic Alliance for Clinical and Translational Research funding awarded through the National Institute of General Medical Sciences (U54GM133807-05S1).

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Example of Structured Abstract

Social Sciences

Características del Intervalo Protogenésico en Puerto Rico: 2015–2021

Angélica M. Fernández Matos, Ana Luisa Dávila Universidad de Puerto Rico, Recinto de Ciencias Médicas, Departamento de Ciencias Sociales, Programa de Demografía, San Juan, Puerto Rico.

Antecedentes y Objetivos: Puerto Rico ha experimentado una fuerte reducción en nupcialidad y natalidad: entre 1980 y 2014, los matrimonios disminuyeron 49.6% y los nacimientos 52.8%. Este estudio analiza el intervalo protogenésico (tiempo entre matrimonio y primer nacimiento) y las características sociodemográficas y de salud de madres primerizas casadas y sus recién nacidos en Puerto Rico durante 2015-2021. **Metodología:** Estudio descriptivo y transversal basado en 22,765 nacimientos de primer orden de madres casadas, utilizando datos de certificados de nacimiento del Registro Demográfico. Se calcularon intervalos protogenésicos y se analizaron variables como edad, educación, participación laboral, salud materna y neonatal mediante estadísticas descriptivas. **Resultados:** El intervalo protogenésico promedio fue 31.6 meses (mediana 25). El 57.9% de los nacimientos ocurrió en los primeros dos años de matrimonio y el 76.5% antes de los 47 meses. La mayoría de las madres tenía entre 25-34 años y nivel educativo universitario. Mientras aumentaba el intervalo protogenésico, aumentaron educación, fuerza laboral y visitas prenatales (93% con ≥9 visitas), mientras disminuyeron factores de riesgo, infecciones y prematurez. El 48% de los partos fue por cesárea; la mayoría de los recién nacidos presentó peso saludable y ausencia de anomalías congénitas (>99%). **Conclusiones:** Las madres puertorriqueñas casadas tienden a postergar la maternidad. Quienes se casan jóvenes tienen hijos antes, mientras que retrasar el matrimonio aumenta la probabilidad de maternidad tardía. Un mayor intervalo entre matrimonio y primer hijo se relaciona con mayor nivel educativo, mayor participación laboral y más visitas prenatales. Intervalos protogenésicos más largos reducen riesgos como infecciones, prematurez y bajo peso al nacer, pero aumentan la probabilidad de pérdidas de embarazos previos. Intervalos largos tienden a más sobrepeso en recién nacidos.

University of Puerto Rico Medical Sciences Campus

Example of Structured Abstract

Educational or Community Project

Rethinking Public Health Curriculums for Freedom and Health: A Decolonial Discussion from an Afro-Caribbean Archipelago

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Background and Objectives: Puerto Rico's Public Health education has been shaped by over 500 years of coloniality. Based on ideologies of racial, class, and gender supremacy, the production of knowledge about the health of the archipelago has been biased to perpetuating health inequities for racialized populations. To repair injustices and health inequities students must have diverse and inclusive learning environments and thought anti-oppressive paradigms. This study aimed to evaluate the learning environment at the University of Puerto Rico's Medical Sciences Campus (MSC) Graduate School of Public Health (GSPH) and the academic offerings of its General Master's in Public Health (MPH). **Method:** An ethnographic analysis framed through the Social Determinants of Aboriginal People's Health and the theoretical concept of the Coloniality of Knowledge reviewed academic articles, institutional websites, strategic plans, curriculum, and extracurricular offerings. A historical timeline contextualized the development of Public Health education in Puerto Rico; institutional commitments, public announcements and accountability measures were evaluated for the MSC and the GSPH; and at the MPH level, curricular elements pertaining transcultural work, transdisciplinary work, and theoretic frameworks were evaluated. **Results:** The MSC repealed Certificate #139 2022-2023, which established the Office of Diversity, Equity, and Inclusion. However, GSPH's has reaffirmed social justice and equity as core values. The MPH offers multiple elements conducive to decolonial thinking such as interdisciplinary work, local community and international learning experiences, and theoretical grounding in Social Determinants of Health and Equity, Health Promotion, OneHealth. **Conclusion:** The MSC should reinstate their efforts towards inclusive and equitable learning environments. Although the GSPH has asserted itself as a promoter of social justice and equity, greater efforts can be made towards advancing colonial emancipation through public health teaching. The MPH should adopt explicit decolonial and antiracist paradigms and methodology to train culturally sensitive and competent professionals. **Acknowledgments:** No conflicts or funding.

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Example of Structured Abstract

Public Policy Analysis

La Salud como Derecho Humano: Análisis Crítico del Marco Legal para la Atención al Consumo Problemático de Sustancias en el Contexto Colonial Puertorriqueño

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Política pública analizada: Se examina la Ley 408-2000, conocida como la Ley de Salud Mental de Puerto Rico, con énfasis en su Artículo 13.02, que permite la operación de organizaciones comunitarias conforme a sus "prácticas históricas". **Marco teórico y disciplina académica:** El análisis se enmarca en el campo del Trabajo Social y se fundamenta en el Enfoque Basado en Derechos Humanos (EBDH), aplicando los principios de participación, rendición de cuentas, no discriminación e igualdad (P.A.N.E.). Este marco permite estudiar las tensiones entre el marco legal y las prácticas institucionales en la atención a personas con consumo problemático de sustancias. **Fuentes de información:** Se consultaron instrumentos internacionales de derechos humanos (PIDESC, Observación General No. 14, Directrices Internacionales sobre Derechos Humanos y Política de Drogas), legislación nacional y federal, informes oficiales, jurisprudencia y literatura académica. **Método de investigación:** Se realizó una revisión documental centrada en la identificación de vacíos normativos, contradicciones estructurales y mecanismos de implementación desde el EBDH. **Hallazgos o resultados:** El Artículo 13.02 debilita la capacidad regulatoria del Estado al permitir la prestación de servicios sin garantías claras de cumplimiento con los estándares de derechos humanos. Esta disposición perpetúa modelos punitivos y moralizantes, limitando la participación de las personas con consumo problemático de sustancias y profundizando desigualdades estructurales relacionadas con el género, la raza, la pobreza y otras condiciones de vulneración. **Implicaciones políticas:** Se recomienda enmendar la Ley 408-2000 para eliminar excepciones que perpetúan prácticas violatorias de derechos humanos, fortalecer los mecanismos de fiscalización y participación ciudadana, y establecer indicadores de monitoreo basados en derechos. Estas acciones contribuirían a garantizar el derecho a la salud y a promover un cambio de paradigma hacia enfoques de salud pública y justicia social. **Reconocimientos:** Este trabajo no obtuvo financiamiento externo. Ningún conflicto de interés.

Scoring Rubric

All abstracts submitted to the Forum will be evaluated independently by at least two reviewers using the rubric below. Each evaluation criterion is scored on a scale from **1 (Unacceptable)** to **5 (Excellent)**.

To ensure that the review process appropriately emphasizes the scientific quality, methodological rigor, and significance of the work, the Forum uses a **weighted scoring system**. Consequently, some evaluation criteria contribute more heavily to the final score than others.

The relative weights assigned to each evaluation criterion are as follows:

Evaluation Criterion	Weight
Technical Merit	4
Results and Analysis	4
Relevance and Innovation	3
Originality	3
Background and Objectives	2
Conclusion and Implications	2
Title and Content Alignment	1
Readability	1
Adherence to Guidelines	1

The final score for each abstract is calculated using a weighted average of the reviewer scores. Therefore, criteria with higher weights have a greater influence on the final evaluation than criteria with lower weights.

Authors are encouraged to pay particular attention to the **quality of the methodology**, the **strength and interpretation of the results**, the **originality of the work**, and **its relevance to the selected Forum category**, as these factors carry the greatest weight in the review process.

Title and Content Alignment (Weight: 1)

Does the title accurately reflect the main focus and findings of the work, without exceeding character limits or using unnecessary abbreviations?

0 Unacceptable: The title does not reflect the main focus or findings of the work. It may be misleading, confusing, or unrelated to the content. The title exceeds character limits and/or uses excessive abbreviations that obscure clarity.

1 Poor: The title reflects the general topic but does not accurately capture the main focus or findings. It may contain some unnecessary abbreviations or slight inaccuracies. Minor adjustments in wording would be needed to improve clarity and alignment with the content.

2 Acceptable: The title somewhat aligns with the main focus and findings, though it may lack precision or specificity. It stays within character limits and uses abbreviations sparingly, without compromising clarity. Overall, the title is adequate but could be improved to better reflect the work's focus.

3 Good: The title clearly reflects the main focus and findings, aligning well with the content. It is within character limits and uses only necessary abbreviations. The title is well-structured, making the work's purpose easy to understand.

4 Excellent: The title precisely and effectively captures the main focus and findings of the work. It is concise, within character limits, and free from unnecessary abbreviations. The title is highly informative, making the work's purpose and significance immediately clear to the reader.

Background and Objectives (Weight: 2)

Does the abstract provide a clear, concise description of the importance and context of the work, including a well-defined research objective or goal, research question, and hypothesis (if applicable)?

0 Unacceptable: The abstract lacks a clear description of the work's importance and context. Background information is either missing or insufficient, and the research objective, question, or hypothesis (if applicable) is unclear or entirely absent. The relevance of the work is not conveyed.

1 Poor: The abstract provides minimal background information but fails to fully explain the importance or context of the work. The research objective, question, or hypothesis is present but poorly defined or incomplete, requiring significant clarification to understand the project's purpose.

2 Acceptable: The abstract gives a basic overview of the work's importance and context, with an adequately defined research objective, question, and hypothesis (if applicable). While the background and objectives are understandable, they may lack depth or specificity, providing only a general sense of the project's purpose.

3 Good: The abstract offers a clear and concise description of the work's importance and context. The research objective, question, and hypothesis (if applicable) are well-defined and relevant, allowing the reader to understand the purpose and significance of the work.

4 Excellent: The abstract provides an exceptionally clear and compelling description of the work's importance and context, with a well-defined research objective, question, and hypothesis (if applicable). The background and objectives are highly informative, offering a thorough understanding of the project's purpose, significance, and relevance.

Technical Merit (Weight: 4)

How solid is the presented work? Is the methodology appropriate? Does the data seem accurate? Are there any fatal flaws in the underlying assumptions?

0 Unacceptable: Submission has serious errors in approach that invalidate the results, or clearly erroneous data.

1 Poor: Methodology is unclear, data may have major errors (but unclear), questionable assumptions.

2 Acceptable: Only minor flaws in method/data.

3 Good: Seems technically sound.

4 Excellent: Exceptionally thorough/accurate in methodology and results.

Readability (Weight: 1)

How easy is it to understand the submission? Factors that can affect readability include writing style, grammar, spelling, over-use (or under-use in some cases) of equations, inappropriate submission length, or improper font sizes.

0 Unacceptable: Grammar, spelling, or organizational errors prevent the reader from understanding the submission, to the point where the content cannot be evaluated.

1 Poor: Submission can be understood with difficulty either due to writing quality or denseness of material but is not of sufficient quality for publication.

2 Acceptable: Minor grammatical/spelling errors, organization could be improved slightly, length not quite appropriate to content, and/or figures too small to read.

3 Good: Few grammatical/spelling errors; organization also good. Length appropriate to content. Font size in figures acceptable.

4 Excellent: The manuscript is artfully written and easily understood.

Relevance and Innovation (Weight: 3)

Is the project relevant to the forum category under which it was submitted (e.g., Research, Educational/Community Projects, Case Studies, Public Policy Analysis, Evidence-Based Practice (EBP) Projects, or Quality Improvement Projects)? Does it demonstrate potential impact or innovation within its field?

0 Not at all Relevant: The submission is not relevant to the forum category under which it was submitted and does not demonstrate impact or innovation within its field.

1 Low Relevance: The submission has low relevance to the forum category under which it was submitted and demonstrates little impact or innovation within its field.

2 Borderline Relevance: The submission has limited relevance to the forum category under which it was submitted and demonstrates minimal impact or innovation within its field.

3 Relevant: The submission is relevant to the forum category under which it was submitted and demonstrates potential impact or innovation within its field.

4 Very Relevant: The submission presents material that aligns well with the forum category under which it was submitted and offers content likely to engage and benefit conference participants through its potential impact or innovation within its field.

Results and Analysis (Weight: 4)

Are the findings clearly summarized, well-supported, and adequately interpreted? For preliminary results, is there sufficient detail to convey the significance of the findings, whether quantitative or qualitative?

0 Unacceptable: The findings are either missing or very poorly summarized, with little to no support or interpretation. The results are unclear, lack relevance, or fail to demonstrate any significance. If results are preliminary, they provide insufficient detail, making it impossible to understand their relevance, whether quantitative or qualitative.

1 Poor: The findings are presented with minimal clarity and lack adequate support or interpretation. Key details are missing, and the results appear incomplete or poorly structured. For preliminary findings, the significance is weakly conveyed, and there is limited insight into their relevance or potential implications.

2 Acceptable: The findings are summarized adequately and have some support and interpretation. The results provide a general sense of the project's outcomes, though they may lack depth or detail. For preliminary findings, there is enough information to understand the relevance, though the significance may not be fully developed.

3 Good: The findings are clearly summarized, well-supported, and appropriately interpreted. There is sufficient detail and logical flow, making the results easy to understand and showing the project's relevance. For preliminary findings, adequate information is provided to convey the significance and potential implications of the results, whether quantitative or qualitative.

4 Excellent: The findings are exceptionally well-summarized, strongly supported, and thoroughly interpreted. The results are detailed, clear, and logically organized, offering a deep understanding of the project's outcomes and significance. For preliminary findings, the abstract provides ample information to convey their relevance and potential impact, with strong insight into the quantitative or qualitative aspects of the work.

Originality (Weight: 3)

Will attendees learn something that they didn't already know from this submission? Has this research
project been previously presented or published elsewhere?"

0 Not at all Original: The submission lacks originality and presents information that is widely known or already well-documented in the field. The work appears to have been previously presented or published elsewhere, with little or no new insights or contributions.

1 Low Originality: The submission shows minimal originality, offering only slight additions to existing knowledge. The content is largely familiar, with few novel insights or perspectives. It may closely resemble prior work without providing significant advancements or unique contributions.

2 Minor Improvement: The submission demonstrates a reasonable level of originality, with some new insights or approaches. While parts of the work may overlap with existing knowledge, it provides enough unique content or findings to justify its inclusion. The submission appears to be previously unpublished.

3 Major Improvement: The submission is original and offers valuable new information, ideas, or approaches that contribute meaningfully to the field. The work is previously unpublished, and the findings will likely provide attendees with fresh perspectives or enhance their understanding of the topic.

4 New/novel: The submission demonstrates outstanding originality, presenting highly novel insights, innovative methods, or groundbreaking findings. The content is entirely new, previously unpublished, and significantly advances the field. Attendees will gain considerable new knowledge from this work, which is likely to inspire further research or discussion.

Conclusion and Implications (Weight: 2)

Are the conclusions clear and insightful based on the presented data, and do they offer meaningful implications for practice, future research, or policy?

0 Unacceptable: The conclusions are unclear, unsupported by the presented data, or absent. There is little to no insight, and no meaningful implications are provided for practice, future research, or policy. The conclusions fail to enhance understanding of the project's value.

1 Poor: The conclusions are weakly stated and lack clear connection to the data. Insights are minimal, and the implications for practice, research, or policy are vague or irrelevant. The conclusions do not effectively highlight the significance or potential impact of the work.

2 Acceptable: The conclusions are reasonably clear and generally supported by the data. There are some insights, and implications for practice, future research, or policy are mentioned, though they may lack depth or specificity. The conclusions convey an adequate sense of the project's relevance.

3 Good: The conclusions are clear, insightful, and well-supported by the data. Meaningful implications for practice, future research, or policy are identified and relevant, enhancing understanding of the project's impact. The conclusions effectively convey the significance of the work.

4 Excellent: The conclusions are exceptionally clear, insightful, and strongly supported by the data. They provide valuable implications for practice, future research, or policy, with high relevance and depth. The conclusions highlight the project's significance and potential impact, offering a compelling understanding of its value to the field.

Adherence to Guidelines (Weight: 1)

Does the abstract adhere to formatting and submission guidelines, including word count, structure, required elements (e.g., IRB/IACUC approval), and category-specific criteria?

0 Unacceptable: The abstract does not follow the formatting and submission guidelines. It significantly exceeds or falls short of the word count, lacks required structure, or is missing essential elements (e.g., IRB/IACUC approval if applicable). The submission shows a disregard for category-specific criteria.

1 Poor: The abstract has multiple issues with formatting, structure, or word count. Some required elements are missing or incorrectly presented, and there is limited adherence to category-specific criteria. Considerable revision would be needed to meet the guidelines.

2 Acceptable: The abstract generally adheres to the formatting and submission guidelines, with minor deviations in word count, structure, or elements. Most required elements are included, and category-specific criteria are met, though improvements could be made to fully comply with guidelines.

3 Good: The abstract follows the formatting and submission guidelines well, with only minor errors or deviations. All required elements are present, and the structure is clear and organized. The submission meets category-specific criteria effectively, showing attention to detail.

4 Excellent: The abstract adheres strictly to all formatting and submission guidelines, including precise word count, structure, and required elements. It fully complies with category-specific criteria, demonstrating exceptional attention to detail and thorough preparation.

Format

While uploading a submission, authors indicated a preference for either an oral or poster presentation (shown above). If accepted, which presentation format do you believe is most appropriate for this submission? (You are not required to agree with the author's preference.)

- Oral
- Poster
- None

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These guidelines were last updated in July 2026. Authors are encouraged to consult the most current version before preparing and submitting their abstracts.

For questions regarding abstract preparation, submission requirements, or the review process, please contact the Forum Coordinator:

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