

University of Puerto Rico, Medical Sciences Campus

**46<sup>th</sup>** Annual Research  
and Education Forum

March 25-27, 2026

RCM



**Innovating Together**  
*for Healthier Futures*

# Guidelines for Preparing and Submitting Abstracts

## Introduction

Welcome to the guidelines for preparing and submitting abstracts for the University of Puerto Rico Medical Sciences Campus 2026 Forum, which will be held in person **from March 25 to 27, 2026**. These guidelines are designed to help authors ensure their abstracts meet the required standards for successful submission and evaluation. Following these instructions carefully will streamline the submission process and help maximize the impact of your work at the Forum.

Before starting your submission, please review this document thoroughly. It covers all necessary details, including formatting standards, content expectations, eligibility criteria, and the scoring rubric evaluators will use to assess abstracts.

In addition, this document provides information on eligibility, as well as on the evaluation and publication processes for abstracts. Faculty members, students, researchers, and healthcare professionals from various institutions in Puerto Rico and abroad are encouraged to submit their work, whether it involves research, case studies, policy analysis, or quality improvement initiatives. Each submission should adhere to the specific formatting and content criteria outlined for its category in this guide.

We look forward to your participation and to highlighting high-quality research and innovative projects that advance health sciences knowledge and practice.

## 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, **Friday, November 14, 2025**. Please note that submissions will only be accepted through the Ex-Ordo platform:

<https://uprmsscforum2026.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 for the Forum may be withdrawn on or before **Monday, December 15, 2025**, using the ExOrdo platform where they were originally submitted. To withdraw an abstract, authors must log into their account with the username and password created during account registration.

If any issues arise during the withdrawal process, authors should send an official written request to **foroannual.rcm@upr.edu**, specifying the title and ID of the abstract to be withdrawn. Upon successful withdrawal, the abstract and all associated information will be permanently removed from the Forum's abstract database.

### **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. For detailed scoring criteria, please refer to the scoring rubric at the end of this document.

The Evaluation Subcommittee will provide recommendations to the Organizing Committee for final approval. The Organizing Committee reserves the right to reclassify abstracts to the most suitable category and presentation format based on available session slots.

### **Abstract Publication**

All accepted abstracts will be published, as submitted, in a special digital issue, the "Abstract Supplement," of the peer-reviewed **Puerto Rico Health Sciences Journal (PRHSJ)**.

### **Program Notification**

Authors will be notified of the status of their abstracts via email between **February 16 and 20, 2026**. It is mandatory for the first author or a co-author to present the work in person, either as an oral or poster presentation, at the assigned date and time during the Forum.



Instructions for presentations in the oral and poster categories will be available in a separate section on the Forum's website. If your abstract is accepted, you will receive a link in the acceptance letter granting you access to the instructions.

### 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 **Friday, November 14, 2025**.

### 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

3. 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.
4. Listing Authors and Affiliations:
  - List authors' names in the order they will appear in the final abstract publication.
  - Include the first name, middle initial (if applicable), and last name for each author.
  - **Example:**
    - María Rivera<sup>1</sup>, Juan López<sup>2</sup>, Carlos Pérez<sup>3</sup>, Ana Díaz<sup>12</sup>
5. Affiliation Section:
  - Group all affiliations immediately after the list of authors, ordered numerically and separated by semicolons if necessary.
  - Example:
    - **Authors:** María Rivera<sup>1</sup>, Juan López<sup>2</sup>, Carlos Pérez<sup>3</sup>, Ana Díaz<sup>12</sup>
    - **Affiliations:** <sup>1</sup>University of Puerto Rico, Medical Sciences Campus, School of Medicine, Department of Pediatrics, San Juan, Puerto Rico; <sup>2</sup>University of Puerto Rico, Medical Sciences Campus, School of Pharmacy, Department of Pharmaceutical Sciences, San Juan, Puerto Rico; <sup>3</sup>University of Puerto Rico, Mayagüez Campus, Faculty of Arts and Sciences, Department of Psychology, Mayagüez, Puerto Rico
6. 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").
7. 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

- **Research Projects:** Quantitative, qualitative, or mixed-method evaluations describing the application of scientific methodology in fields such as basic and applied sciences, epidemiology, or translational research.
- **Educational or Community Projects:** Initiatives examining the effectiveness or contributions of educational or community programs, practices, and policies, including the use of technology for instruction and evaluation. These may also include educational, or community demonstration projects focused on promoting health through innovative techniques or strategies.
- **Case Studies:** A research approach focusing on the characteristics, circumstances, and complexities of a single case, often using multiple methods. The value lies in the case itself, and while findings may raise awareness of broader issues, the goal is not to generalize conclusions to other cases.
- **Public Policy Analysis:** Research generating relevant information to support, modify, or reject a course of action aimed at solving a public problem related to health and health sciences. Policy analysis can be framed through disciplines such as economics, political economy, history, sociology, geography, and ethics.
- **Evidence-Based Practice (EBP) Projects:** Projects that use the best available evidence, clinical expertise, and patient (or participant) values and preferences to improve outcomes for individuals, groups, communities, and organizations (Melnik & Fineout-Overholt, 2015).
- **Quality Improvement (QI) Projects:** QI projects involve systematic, data-driven initiatives or processes designed to improve clinical care, patient safety, operations, services, and healthcare programs.

**Abstracts must follow the specific format required for the selected category, as outlined below.**

- The abstract of a **Research or Educational/Community Project** should include:
  - Background and Objectives: A brief description of the importance of the work presented.
  - Include the objective/goal of the study, the research question, and the hypothesis, if applicable.
  - Method: A brief description of the study design, procedures, strategies, and/or activities.
  - Results: Preliminary summary of the final results obtained. It is NOT satisfactory to state: "Results will be presented."
  - Conclusion: A statement about the conclusions reached and future directions.
  - Acknowledgments: Funding sources, disclosures of conflicts, etc.
- Abstracts for **Case Studies** must include:
  - Purpose: A justification for presenting the case.
  - Case Description: Clinical characteristics of the case, including medical

- history, physical exam findings, clinical evaluation, treatment plan, follow-up, and discussion of outcomes.
  - Conclusion: Emphasize key learning points, implications for clinical practice, or directions for future research.
  - Acknowledgments: Include sources of funding, disclosures of conflicts of interest, etc.
- Abstracts for **Public Policy Analysis** must include:
  - Policy Under Analysis: Identify the public policy being analyzed.
  - Theoretical Framework and Academic Discipline: Specify the discipline informing the analysis and the theoretical framework, if applicable.
  - Sources of Information: Present the sources of information used in the analysis.
  - Research Methods: Describe the research methods according to the standards of the identified discipline.
  - Findings or Results: Present the findings of the analysis. It is not acceptable to state: "Results will be presented."
  - Policy Implications: Explain the relevance of the findings to support, modify, or reject the analyzed policy.
  - Acknowledgments: Include sources of funding, disclosures of conflicts of interest, etc.
- Abstracts for **Evidence-Based Practice (EBP) Projects** must include:
  - Clinical Question: Include the EBP question using the PICOT format (Patient/Population, Intervention, Comparison, Outcome, Time).
  - Scope: Identify the problem, current practice, and the relevance of the project.
  - Literature Review: Summarize the evidence found in the literature that supports the proposed practice change.
  - Project Implementation: Describe the process used to implement the EBP project.
  - Results: Present the results of the EBP project. Projects without results, or stating that "Results will be presented," will not be considered.
  - Implications for Practice: Explain the implications and provide recommendations for practice based on the project's results.
  - Acknowledgments: Include sources of funding, disclosures of conflicts of interest, etc.
- Abstracts for **Quality Improvement (QI) Projects** must include:
  - Background: Several sentences outlining the problem addressed by the project. The first sentence should frame the issue. Provide a concise overview of what is known and unknown about the problem and how the project addresses a gap. The final sentence should describe the purpose of the initiative and include a clear objective statement specifying the desired improvement.
  - Methods: Describe the QI measures used (outcome, process, or balancing measures; see Figure 1). Identify the changes implemented and provide a

rationale for how they are expected to address the QI problem. Provide a detailed description of the iterative change cycles used to implement the intervention(s). Explain the analytical approach used to assess the impact of the intervention.



- Results: Provide a summary of the results.
- Conclusion: Summarize what can be concluded based on the data or information presented in the abstract. Explain the implications of the findings and the next steps or future actions. Identify key limitations and recommendations for future improvements.
- Acknowledgments: Acknowledge individuals who contributed to the project and disclose any sources of funding or conflicts of interest.

Sources: <https://blog.lifeqisystem.com/types-of-improvement-measures>;  
<https://blog.lifeqisystem.com/define-aim-statement-quality-improvement>



## Examples of Abstracts

### Example of Abstract: Research Project

#### **ApoE-ε4 has Mild, Negative Impact on the Cognition of Cognitively Healthy Puerto Rican Young Olds.**

José R. Carrión-Baralt<sup>1</sup>, Youssef Ahmad-Pereira<sup>2</sup>, Mary Sano<sup>3</sup>, Irina Beshpalova<sup>3</sup>, Jeremy M. Silverman<sup>3</sup>. <sup>1</sup>University of Puerto Rico Medical Sciences Campus, San Juan, Puerto Rico; <sup>2</sup>Private Practice; <sup>3</sup>Mount Sinai School of Medicine, New York, New York, United States of America

**Background & Objectives:** The apolipoprotein E ε4 (APOE ε4) allele is the sole major known genetic risk factor for late-onset familial and sporadic Alzheimer's Disease. It has also been associated with cognitive impairment and cognitive decline in non-demented elderly (especially young-olds, those people aged 60–74), but the strength of these associations has been shown to vary by cognitive domain, population and age group. We hypothesized that the cognitive performance of the ε4 carriers would be worse than that of non-carriers, especially in verbal memory and executive function tasks. **Objective:** This study sought to assess the impact of APOE ε4 on the cognitive performance of a sample of cognitively healthy Puerto Ricans aged 60 or above. **Methods:** The sample consisted of 141 subjects. The evaluation of neuropsychological performance was based on the CERAD battery and variables were aggregated by principal component analysis (PCA). Comparison of neuropsychological performance between ε4 carriers and non-carriers was conducted using a multivariate analysis of variance. **Results:** There were 39 ε4 carriers and 102 ε4 non-carriers. PCA resulted in a solution of six cognitive factors. APOE ε4 carriers performed significantly worse than non-carriers in the Episodic Memory, Processing Speed and Semantic Fluency factors and in overall cognition ( $p < .050$  in all tests). **Conclusions:** Our results suggest that, in this sample of cognitively healthy Spanish-speaking young-olds, being an ε4 carrier is associated with worse cognitive performance. **Acknowledgements:** This research was supported by NIA grant 1 K01 AG025203.

## Example of Abstract: Educational or Community Project

### **Recinto Pa' la Calle: An Alternate Approach to Medical Education Through Solidarity Service-learning.**

Marcos G. Salgado<sup>1</sup>, Sahily Reyes<sup>2</sup>, Claudia S. Simich<sup>2</sup>, Milangel T. Concepción<sup>3</sup>, Ramón E. Flores<sup>4</sup>. <sup>1</sup> University of Puerto Rico, Medical Sciences Campus, School of Medicine, San Juan, Puerto Rico; <sup>2</sup>University of Puerto Rico, Medical Sciences Campus, San Juan, Puerto Rico; <sup>3</sup>Georgetown University Hospital, Psychiatry Residency Training Program, Washington DC, United States of America; <sup>4</sup>University of Texas Health and Science Center, Texas, United States of America.

**Background & Objectives:** Outside classrooms and hospitals, medical students from the University of Puerto Rico have come across an alternate path of education through an initiative they have entitled “Recinto Pa’ La Calle”. A more humane patient–doctor relationship is sought, considering social determinants of health in the Puerto Rican urban setting. The objectives of this project are: 1) Provide experiences that develop relational skills and cultural competence. 2) Stimulate awareness among healthcare professionals on the importance of the social context of medicine. 3) Promote the education and empowerment of vulnerable populations. **Methods:** Every Monday night, a group of students reach out to people living in the streets near the Medical Center Area. Participants are provided with necessity goods, basic health education and simple conversation. Volunteers receive training from Iniciativa Comunitaria, a non-profit organization with vast experience working with marginalized populations. The theoretical model used, “solidarity service learning”, establishes a way of learning through community interaction and strategic reflection. **Results:** In this emotionally intense scenario, concepts of medical ethics have acquired new depths for students, motivating a richer understanding on what it means to practice medicine. The patient is acknowledged as a teacher and active participant in the healing process. **Conclusions:** It is our hope that this model of community service and medical education inspires change and encourages liaisons between academia and community. **Acknowledgements:** This effort is funded by the non-profit organization Iniciativa Comunitaria and volunteer donations.

## Example of Abstract: Health Policy Analysis Project

### La retórica de la participación democrática en el sector salud

Nylca J. Muñoz-Sosa, Luis A. Avilés. Universidad de Puerto Rico, Recinto de Ciencias Médicas, Escuela Graduada de Salud Pública y Ciencias Biosociales, Departamento de Ciencias Sociales, San Juan, Puerto Rico.

**Política pública analizada:** Se analiza la creación de un Consejo Multisectorial del Sistema de Salud, propuesto por el Proyecto de la Cámara 1185 (PC-1185), como mecanismo de participación democrática de los profesionales de salud para diseñar un sistema de salud universal en Puerto Rico (PR). **Disciplina o teoría:** La Comisión de Determinantes Sociales de la Salud (CDSS) advierte que la equidad en salud solo es posible con mecanismos de participación democrática. En PR cobra relevancia determinar la importancia que los diversos grupos del sector salud le confieren a la participación democrática y cómo la expresan retóricamente. Esta investigación se fundamenta en la aplicación de la retórica para el análisis de la política públicas, conforme al modelo de James Arnt Aune. **Fuentes de información:** Se analizan las ponencias escritas presentadas en las Vistas Públicas del PC-1185 que aluden a la democracia. **Método:** Se identificaron los argumentos relacionados con la democracia, sus premisas y falacias argumentativas. Se identificaron los grupos que sostienen posiciones argumentativas similares. **Hallazgos:** Un grupo heterogéneo apoyó la participación democrática, presentándola como una forma de producir un proyecto de país y trascender las influencias político-partidistas. Sus oponentes, principalmente el sector corporativo en salud y una sub-especialidad médica, recurrieron a argumentos de autoridad, apelaron al ridículo como fuente de argumentación y consideraron el Consejo Multisectorial propuesto incompatible con nuestro sistema de democracia representativa. **Implicaciones:** El sector salud está profundamente dividido en torno a qué es y qué implica la participación democrática, lo cual, según la CDSS, es un obstáculo para alcanzar equidad en nuestro sistema de salud. **Reconocimientos:** Ninguno.

## Example of Abstract: Evidence-Based Practice Project

### **Use of peripheral neuromuscular monitor for the evaluation of adult patient exposed to neuromuscular blockers during anesthesia**

Virginia Fernández Paulino, Marta Rivero Méndez, Milagros Figueroa Ramos. University of Puerto Rico, Medical Sciences Campus, School of Nursing, Nurse Anesthesia Program, San Juan, Puerto Rico.

**Clinical Question:** In adult patients undergoing laparoscopic surgery with general anesthesia (P) How does the use of peripheral neuromuscular stimulator to monitor neuromuscular blockers (NMB) (I) compared to standard monitoring (C) affect occurrence of residual paralysis (O) during postoperative period?

**Scope:** In clinical practice, anesthesiologists use subjective methods (observation and patient movements) to estimate effects of neuromuscular blockers. Residual paralysis may occur if NMB are not monitored appropriately. **Literature Review:** Neuromuscular blockers are indispensable drugs for different surgical procedures. The cumulative and persistent effect of these during the postoperative period is known as residual paralysis. This causes patients to have respiratory complications, like hypoxemia and acute respiratory failure. The recommended EBP is that PNS should be used as a method of objective monitoring. **Project Implementation:** This project was conducted in the preoperative, surgical and postoperative areas of a Metropolitan area hospital. Demographic data, neuromuscular response, and PNS train of four (TOF) on *adductor pollicis* nerve were documented. Additionally, the patient was observed to identify signs of residual paralysis. **Results:** Ten subjects, with a mean age of 44 participated. None of the participants presented signs of residual paralysis after being monitored with TOF. There was no airway obstruction, moderate or severe hypoxemia, signs of respiratory distress, or inability to breathe deeply or the need for re-intubation. **Practice Implication:** Performing TOF measurements with PNS throughout the anesthesia process is a simple practice that minimizes the risks of residual paralysis, allowing adequate recovery at the end of surgery.

## Abstract Example: Quality Improvement Project

### Improving Human Papilloma Virus Vaccination Rates: Quality Improvement

Michelle Bowden, MD<sup>1,2</sup>, Jason Yaun, MD<sup>1,2</sup>, Bindiya Bagga, MD<sup>1,2</sup>

<sup>1</sup>Le Bonheur Children's Hospital, <sup>2</sup>University of Tennessee Health Sciences Center, Department of Pediatrics, Memphis, Tenn.

**Background:** Human papilloma virus (HPV) is a sexually transmitted infection with a national prevalence of greater than 70 million. Most infections are among persons 15–24 years of age. The HPV vaccine has nearly 100% efficacy when administered before natural exposure. However, national vaccination rates remain less than 50%. Our objective was to improve the rate of initiation of the HPV vaccination series in a resident teaching practice. **Methods:** We used the Plan Do Study Act methodology for quality improvement. Eligible patients included children 9 through 13 years of age who presented to a general pediatric clinic. We established baseline data by reviewing HPV immunization rates taken from a convenience sample of  $\leq 20$  patients per month over 7 months. A key driver diagram guided interventions including resident communication, nursing staff education, family knowledge, and an electronic medical record prompt beginning at age 9. Using standard run chart rules, we plotted monthly postintervention vaccination rates over 7 months of data collection. **Results:** Baseline data included 136 patients age 9–13. Run chart monitoring revealed an increase in our HPV vaccination rate from 53% at baseline to 62% by October 2015. Additionally, we observed a statistically significant increase in mean vaccination rates from 50% to 69% (odds ratio 2.071;  $P = 0.0042$ ). We noted an increase in vaccination rates after resident education initiatives and after implementation of an electronic medical record prompt. **Conclusions:** Simple and practical interventions involving residents led to a marked increase in HPV vaccination in our patient population.



## Scoring Rubric

Reviewers will score each submission using the following criteria/instructions.

### Title and Content Alignment

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

**1 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.

**2 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.

**3 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.

**4 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.

**5 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

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)?

**1 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.

**2 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.

**3 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.

**4 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.

**5 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

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

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

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

**3 Acceptable:** Only minor flaws in method/data.

**4 Good:** Seems technically sound.

**5 Excellent:** Exceptionally thorough/accurate in methodology and results.

## Readability

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.

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

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

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

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

**5 Excellent:** The manuscript is artfully written and easily understood.

## Relevance and Innovation

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?

**1 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.

**2 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.

**3 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.

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

**5 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

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?

**1 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.

**2 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.

**3 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.

**4 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.

**5 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

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

**1 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.

**2 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.

**3 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.

**4 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.

**5 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

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

**1 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.

**2 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.

**3 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.

**4 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.

**5 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

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

**1 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.

**2 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.

**3 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.

**4 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.

**5 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