42ⁿᵈ Annual Multi-Campus Family Medicine Research Day

ABSTRACT AND CASE REPORT
SUBMISSION GUIDELINES

- **All submissions must be submitted via the [Online Submission Portal](#). Submissions sent via email will be rejected and returned.

- Abstracts/Case Reports are due by 11:59pm on **April 19, 2026**.

- **Please choose a single Contact Person** who will be responsible for both submitting the abstract/case report and for communicating any information/correspondence from the Research Day Committee to the rest of the authors on their team.

- We do not accept submissions from non-UCLA affiliated programs.

- If selected for inclusion, **abstracts/case reports must be presented by a resident, fellow, medical student, research staff member, or faculty member from a UCLA-affiliated program**. Although you may have an author on your team who does not fit this criteria, the presenting author must fit this criteria. Abstracts/case reports cannot be presented solo by an undergraduate student, high school student, or anyone else not listed above.

- We recommend that you **compose your abstract/case report in a word processing document first**, so that you can easily copy/paste the requested information into the online submission form. Please avoid using special characters, as these often do not get captured correctly in the submission portal. (For example, instead of using ≤ we recommend using < =.) We recommend converting to plain text prior to copying/pasting into the submission portal to ensure accuracy.

- Once submitted via the submission portal, you will see a screen confirming that your submission is now complete. You will **not** get a separate email confirming receipt until the committee has reviewed all submissions (see next bullet point).

- If your submission is accepted, the Committee will email the Contact Person with guidelines for either a poster creation or lectern presentation. This communication is not sent until all submissions have been reviewed by the committee (so please be patient).

- Although short, **a good abstract/case report typically takes several days to write**. Take this into account when budgeting your time. Seek the help of an experienced mentor and make revisions based upon their feedback. Allow others to read your draft for clarity and to check for spelling and grammatical mistakes.

- **Please discuss your submission with your department representative** to ensure compliance with their submission policies. Many institutions/departments prefer that you submit your abstracts/reports to them for review prior to submission via our portal.

- **Research Day will be held on May 27, 2026, at the California Endowment.** Please check the website or reach out to your institution's committee representative for more information.

- Please use the following pages to create your abstract/case report, paying special attention to the character limits.

- If you have **any questions** about the submission process, please email LSheehan@mednet.ucla.edu.

Abstract Guidance

Title: The title should be a clear and short description of the case. Avoid using abbreviations in the title unless they are commonly used/recognizable by a layperson. A great title should be informative, accurate, succinct, effective, and contain keywords that would facilitate retrieval using electronic searches. The title should be in title case (do not use all caps). Example:

<u>Right</u>: An Informative, Accurate, and Effective Title in Title Case
<u>Wrong</u>: MISLEADING TITLE THAT OVERSTATES THE PROJECT, DOESN'T CONTAIN APPROPRIATE KEYWORDS, IS WRITTEN IN ALL CAPS, AND MIGHT BE TOO LONG

Authors and Affiliations: The first author and the presenting author and must be affiliated with one of the Departments of Family Medicine that are part of the UCLA Multi-Campus group. *If there are multiple affiliations*, use a number (within parentheses) in the "author" and "affiliation" fields to delineate between locations/affiliations, grouping people from the same institution under the same number. Please do not use superscript font, as the formatting will not be compatible when you copy and paste from your Word document into the online submission form. If all authors are from the same institution, you do not need to number them. Correct examples:

All authors have the same affiliation:
<u>Authors</u>: Hermione Granger, Minerva McGonagall, and Albus Dumbledore, SM CW
<u>Affiliations</u>: Hogwarts School of Witchcraft and Wizardry

Multiple authors with different affiliations:
<u>Authors</u>: Joe Bruin, MD (1), Josephine Bruin, MD PhD (1), and Jean Luc Picard, Cptn (2)
<u>Affiliations</u>: (1) Department of Family Medicine at UCLA; (2) USS Enterprise, United Federation of Planets.

Introduction: There is a maximum limit of 650 characters (including spaces) for this section. The introduction usually consists of several sentences outlining the question addressed by the research. Make the first sentence of the introduction as interesting and dramatic as possible. For example, "Each year 100,000 people die of…" is more interesting than, "An important cause of mortality is…" If space permits, provide a concise review of what is known about the problem addressed by the research, what remains unknown, and how your research project fills the knowledge gaps. The final sentence of the introduction describes the purpose of the study or the study's *a priori* hypothesis.

Methods: This section allows for a maximum of 800 characters (including spaces). This is often the most difficult section of the abstract to write. It must be scaled down sufficiently to meet the word count, but at the same time, it must be detailed enough to judge the validity of the work. For most clinical research abstracts, the following areas are specifically mentioned: research design; research setting; number of patients enrolled in the study and how they were selected; a description of the intervention (if appropriate); and a listing of the outcome variables and how they were measured. Finally, the statistical methods used to analyze the data are described.

Results: Limited to 800 characters (including spaces). The results section is the most important part of the abstract and should contain as much detail about the findings as the word count permits. This section begins with a description of the subjects that were included and excluded from the study along with major findings. Often included in this section: the number of participants, results of the analysis of

objectives (including P values), numerical information about such analyses (means and standard deviations, response and remission rates, etc.), important negative findings (if any), data on important adverse events as well as efficacy, etc.

Conclusion: Limited to 600 characters (including spaces). This will likely be the section that readers will remember most and therefore it should contain the most important take-home message of the study (what can be concluded and its implications), expressed in a few precisely-worded sentences. Conclusions should be meticulously honest and must be supported by the data presented in the abstract.

Case Report Guidance

Title: The title should be a clear and short description of the case. Avoid using abbreviations in the title unless they are commonly used/recognizable by a layperson. A great title should be informative, accurate, succinct, effective, and contain keywords that would facilitate retrieval using electronic searches. The title should be in title case (do not use all caps). Example:

> Right: An Informative, Accurate, and Effective Title in Title Case
> Wrong: MISLEADING TITLE THAT OVERSTATES THE PROJECT, DOESN'T CONTAIN APPROPRIATE KEYWORDS, IS WRITTEN IN ALL CAPS, AND MIGHT BE TOO LONG

Authors and Affiliations: The first author and the presenting author and must be affiliated with one of the Departments of Family Medicine that are part of the UCLA Multi-Campus group. *If there are multiple affiliations*, use a number (within parentheses) in the "author" and "affiliation" fields to delineate between locations/affiliations, grouping people from the same institution under the same number. Please do not use superscript font, as the formatting will not be compatible when you copy and paste from your Word document into the online submission form. If all authors are from the same institution, you do not need to number them. Correct examples:

> All authors have the same affiliation:
> Authors: Hermione Granger, Minerva McGonagall, and Albus Dumbledore, SM CW
> Affiliations: Hogwarts School of Witchcraft and Wizardry

> Multiple authors with different affiliations:
> Authors: Joe Bruin, MD (1), Josephine Bruin, MD PhD (1), and Jean Luc Picard, Cptn (2)
> Affiliations: (1) Department of Family Medicine at UCLA; (2) USS Enterprise, United Federation of Planets.

Abstract/Introduction: There is a maximum limit of 600 characters (including spaces) for this section. This is the section where you clarify why you think this case is important and give an overview of the larger problem. It should include a one-sentence description of the patient. You can address why this case is unique (e.g., previously unreported, new pattern, unusual diagnosis/therapy/harm, etc.).

Case Report (Methods/Results): This section allows for a maximum of 1,100 characters (including spaces). In this section, you are presenting the patient to the reader. You should include relevant findings, including presenting features, chief complaint, concise history, exam, diagnostic studies, treatments, outcomes, proof of diagnosis, etc. Space is limited, but you can include negatives based upon potential diagnoses if relevant. The goal is to be thorough without cluttering the essence of the case with irrelevant details.

Discussion/Clinical Significance: Limited to 800 characters (including spaces). Now that the case has been presented, this is where you put it into context for the reader. This section should provide a more detailed discussion of the disease entity/therapy/etc. and the source of surprise or confusion in the case. This is where you need to clarify how this case is different/unique, why decisions were made, and extract the lesson from the case. If there are any alternative explanations, new hypotheses, or learning points, they should be discussed here. The take-home message, recommendations to clinicians/scientists, and future implications can be included here to complete this section.