



*****CALL FOR POSTERS*****
New Mexico Medical Society Annual Meeting 2023
Building Bridges within the Profession
October 6, 2023
Sheraton Albuquerque Uptown
2600 Louisiana Blvd NE



Poster Eligibility: Original submissions that either have or have not been presented at other meetings will be considered.

Author Eligibility: The attending author of an abstract must be a member of the medical field or a medical student in good standing and must be registered for the convention by September 22nd. An author may be first author on only one submission in each of three categories but may be listed on more than one submission (as second or later author) per category. If the poster has been presented previously, the author must include information on when and where.

Deadline to Submit: Submit application form (following page) and your abstract or report electronically to events@nmms.org by midnight, September 22, 2023.

Questions: Sofia Cerna, 505-828-0237, events@nmms.org.

Obligation of Accepted Poster Applicants: On Friday, October 6, plan to set up your poster between 2:00-3:30 p.m. in the Wurlitzer Room. You will need to attend the poster session and answer questions about your poster from 5:00-6:30 p.m. Afterward you may dismantle the display and take home your materials. The reception will conclude around 7:00 pm. Please use a tri-fold display board measuring 36" x 48" (which will be provided by NMMS). You will need to bring your own clips or pins.

Recognition: All accepted abstracts and reports will be compiled into an electronic program book, included with conference materials, and posted to the conference website. Each presenter will be given a certificate of participation at the conference event (must be present to receive). There will be a chance for poster-session attendees to rate their top three posters and **authors of the first, second, and third most voted posters will receive prizes.**

Three Categories of Posters

1. Clinical Vignette - a report of one or more cases that illustrates a new disease entity, or a prominent or unusual clinical feature of an established disease. It may include a summary of pertinent patient history, physical findings, laboratory data, or management description.

2. Research - report clinical and/or laboratory-based research, delineate a new investigation into mechanisms of disease, or consist of a detailed review of a clinical problem. Abstract to include:

- Purpose for study (one sentence if possible).
- Simple statement of methods.
- Summary of results (adequate to support conclusions).
- Statement of conclusions (Do not use phrases such as "The results will be discussed.")

3. Quality Improvement/Patient Safety (Best Practices) – abstract to include:

- Brief description of context: relevant details of staff and function of department, team, unit, patient group
- Outline of problem: what were you trying to accomplish?
- Key measures for improvement: what would constitute improvement in the view of patients/clients?
- Process of gathering information: methods used to assess problems
- Analysis and interpretation: how did this information help your understanding of the problem?
- Strategy for change: what actual changes were made, how were they implemented and who was involved in the change process?
- Effects of change: did this lead to improvement for patients/clients -how did you know?
- Next steps: what have you learned/achieved and how will you take this forward?

Application for New Mexico Medical Society 2023 Poster Session

| | Name, credentials (to be published) | Are you attending the Poster Session? | Are you registered for NMMS Annual Meeting? |
|--|--|--|--|
| Author 1: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Author 2: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Author 3: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Author 4: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Author 5: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Author 6: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Author 7: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Check All That Apply: <input type="checkbox"/> NMMS Member <input type="checkbox"/> MD/DO <input type="checkbox"/> Resident <input type="checkbox"/> Medical Student | | | |
| Who will be the primary contact? | | | |
| Phone Number | | | |
| Email | | | |
| Category | <input type="checkbox"/> Clinical Vignette <input type="checkbox"/> Research <input type="checkbox"/> Quality Improvement/Patient Safety | | |
| Title of Abstract/Report | | | |
| Description | | | |
| Have you presented this poster before? | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when and where: | | |
| Will you need us to provide you with a display board? (remember to bring your own clips or pins) | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, <input type="checkbox"/> 1 <input type="checkbox"/> 2 | | |

Please email this form to Sofia Cerna at events@nmms.org by the deadline of **September 22, 2023**.

Questions: Sofia Cerna, 505-828-0237, events@nmms.org