2017 Oral Presentation

2017 NBHR CONFERENCE ORAL PRESENTATION ABSTRACT SUBMISSION GUIDELINES

2017 SUBMISSION DEADLINE: Wed. Sept. 06, 2017 @ 23:59 pm ADT

New this year, some researchers will have the opportunity to present their health research work/project through an oral presentation session during the conference. This is separate from and in addition to the poster displays and associated student poster competition. All oral presentation submissions will be peer reviewed by the Local Organizing Committee. Six will be selected for 10 minute presentations at the conference session. Submissions from researchers in the following categories will be accepted:

Undergraduate, Medical and Master Student:

PhD Student

Postdoctoral Fellow

Health Professional (excluding MD’ with over 5 years’ experience)

Please follow these instructions carefully otherwise it may disqualify your submission.

All SUBMISSIONS not meeting these minimum criteria will not be accepted OR RETURNED FOR RESUBMISSION. THIS IS A ONE CHANCE OPPORTUNITY.

ABSTRACT SUBMISSION TEMPLATE AND PRE-SUBMISSION CHECKLIST

There is no submission fee, however the first author (presenter) must register for the conference.

Language

In either one of our official languages: E / F

Title

in CAPITAL LETTERS; ensure that the title is conclusive, not descriptive

List of co-author(s)

family surname in CAPITAL LETTERS,

Given name (see example)

an * (asterisk) identifies the corresponding senior author

(usually last - the professor, clinician and / or mentor)

1,2 superscript identifies affiliation

Affiliation(s)

1,2 identify for each author: example: "HHN-SJRH", "NBHC", etc

Body of the Scientific Abstract / Case Report

The abstract must contain the following sections (headings in caps & each section must start on a new line):
INTRODUCTION (or Background or Rational):

HYPOTHESIS (Objectives or Aims):

METHODS

RESULTS

CONCLUSIONS ("The results will be discussed" is not sufficient).

Abstract Length Limited to (with spaces): 2500 characters = approximately 325 words

You will be notified of acceptance of your abstract within approximately 2 weeks.

Should your abstract not be selected for the oral presentation, you can still submit to display a poster and present it during the scheduled poster viewing and judging times and you will still qualify to have your poster judged for a prize, should you choose to do so.

If your abstract is accepted, you will need to register for the conference (with payment) by October 5th, 2017 to complete your requirements. See our conference webpage for online registration and information. NOTE: If your registration is paid by a supervisor or your institution, it is your responsibility to ensure payment is received by NBHRF by October 5th, 2017. Send your abstract submission early to ensure you have enough time to arrange for registration and payment by October 5th, 2017.

Registration fees are $275.00 for a standard registration and $150.00 for a student registration (plus fees and taxes). Your fee includes all conference activities and all meals (including the gala banquet). You can only register and pay for the conference through an online process. Please refer to our online registration page for further information.

By submitting, the submitter agrees to adhere to the oral presentation requirements & guideline

Submit your abstract here (deadline Sept. 06) If you have any questions please contact us at 506-455-8886 or info@nbhrf.com

EXAMPLE OF AN ABSTRACT FOR POSTER OR ORAL PRESENTATION
INCREASED DISTANCE FROM THE TERTIARY CARE CENTER TO THE PATIENT’S HOME IS ASSOCIATED WITH WORSE 30-DAY RATES OF ADVERSE EVENTS FOLLOWING CARDIAC SURGERY.

1,2,3 HASSAN_Ansar, 2 YIP_Alexandra_M, 1 MURRAY_Joshua, 2 MACLEOD_Jeffrey_B, 1,3,4 LUTCHMEDIAL_Sohrab, 5 PELLETIER_Marc_P.

1 Horizon Health Network-Saint John Regional Hospital, Saint John, NB; 2 Dept Cardiac Surgery-New Brunswick Heart Center-Cardiovascular Research New Brunswick; 3 Dalhousie Medicine New Brunswick (DMNB); 4 Dept of Cardiology-NBHC-CVRNB; 5 Division of Cardiac Surgery, Brigham and Women's Hospital, Boston, MA;

INTRODUCTION: This study examined the effect of geographic place of residence on in-hospital and 30-day outcomes after cardiac operations.

Objectives: To determine the effect that a patient’s geographic place of residence had on 30-day outcomes following cardiac surgery.

METHODS: The geographic place of residence of all patients undergoing non-emergent cardiac surgery at the NBHC between April 2004 and March 2011 was defined as the driving distance from their home to the NBHC. Distance was divided into the following categories: 0-50km, 50-100km, 100-150km, 150-200km, 200-250km and >250km. Comparisons between distance categories were made on the basis of baseline characteristics, intra-operative variables and rates of post-operative in-hospital and 30-day adverse events. Multivariable logistic regression was used to determine the independent impact of increased distance on post-operative outcomes.

RESULTS: 4493 patients formed the final study population. 3897 (86.7%) had 30-day follow-up. Rates of in-hospital and 30-day adverse events differed across distance categories (Table 1). After adjusting for differences in baseline characteristics, no independent effect of distance on adverse in-hospital outcomes was noted. However, increased distance from the NBHC was associated with increased risk of adverse events at 30 days (0-50km: 1.00 (referent); 50-100km: OR 1.16 (95% CI 0.83-1.62); 100-150km: 1.32 (1.05-1.65), 150-200km, 1.68 (1.33-2.11), 200-250km, 1.41 (1.06-1.88), and >250 km, 1.31 (1.04-1.64).

CONCLUSIONS: Increased distance from the patient’s home to the NBHC was associated with worse 30-day outcomes following cardiac surgery. Further study is required to better understand why.