

Article Type: Research Committee

Article Title: Optimizing Research Competition Abstracts for Impact

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The USAFP research competition continues to break records year after year on the number of submitted abstracts; for the 2025 annual meeting, there were a total of 208 submissions! The research competition is well known for high-quality presentations and is often a gate way for medical students and residents to develop an interest in furthering uniformed services scholarly activity in the future. We want to encourage continued enthusiasm for research and hope to continue seeing a record number of submissions with subsequent meetings. While the USAFP research judges would love to be able to offer the opportunity for all to display their hard work, we are limited by space and display time. To help improve the chances of getting accepted, the USAFP research judges have identified several common pitfalls that we see when reviewing abstracts and offer suggestions on how to avoid them. We highly recommend everyone that submits an abstract to review our grading rubric:

<https://www.usafp.org/research/research-judging-form/>

1. *Pun-Based Titles*

The title of your abstract should be professional and to the point. It should clearly describe what the research study or case report is about. Titles should use as few words as possible. While creative titles were often encouraged in the past, it has been shown that they may deter the audience from reading the abstract. See the table below and ask yourself what is this case about and is it germane to me as someone walking by the poster:

Catchy Title (Pun-Based)	Straightforward Title
"Heart Burn: When Love Isn't the Only Thing Causing Chest Pain"	A Case of Esophageal Spasm Presenting as Acute Coronary Syndrome
"A Stroke of Bad Luck"	A Case Report of Acute Ischemic Stroke in a Young Adult with Patent Foramen Ovale
"Gut Feeling Gone Wrong"	A Case Report of Small Bowel Obstruction Due to Incarcerated Hernia
"Liver Let Die"	A Case Report of Acute Liver Failure from Acetaminophen Toxicity
"Joint Custody: When Two Diseases Share the Blame"	A Case Report of Concurrent Monoarticular Rheumatoid Arthritis and Septic Arthritis

2. *The introduction lacks background or a clearly stated research objective.*

The purpose of the introduction is to set the stage for the rest of the abstract and should grab the audience's attention. Simply stating "this is a case report of..." gives no context for why someone should continue reading. What makes this case important for your Family Medicine colleagues? Setting the stage can be done by introducing a typical presentation of a disease process, a brief discussion of current literature regarding previous case reports or studies, or a current gap in the literature that is relevant to the case. For research abstracts, the objective or hypothesis of the study needs to be clearly stated in addition to context for why the study was performed (i.e. what question was trying to be answered).

3. *Including unnecessary details in the case description.*

The word count for the abstract is limited to 300, and most of them should be dedicated to a thorough discussion section. The presentation of the patient's case should be concise and include only the need-to-know details (i.e. essential physical exam findings, laboratory evaluations, and radiology studies). The points that you mention in your case should aid in your discussion. If you do not talk about it in the discussion, you might not want to use words on it in the case presentation.

4. *Discussion lacks literature review.*

The discussion section for a case report abstract is not meant to be an extension of the case description. Good discussions should include a review of what is currently in the literature in relation to your case. For example, if it is stated that the case presented is rare, you should include an incidence in your discussion based on current studies. Additionally, authors should discuss why their case is unique to what has been previously described and thoughts or theories on why this may be the case.

5. *Missing key details in research study abstracts.*

For research studies, several important details need to be included. The study design and sample size should be clearly stated in the methods section. If applicable, such as a survey, the response rate should be included in the results section. These details are important because they lend to the strength of your study and the conclusions that can be drawn from it. Additionally, for statistically significant results, be sure to avoid a “floating p-value”; this is where a p-value that is statistically significant is not coupled with the actual result (ratio, difference, etc).

6. *Overreaching in the conclusion.*

There is a tendency for authors to make broad claims in the conclusion section, such as “every family doctor should...”. Yet we all know that one case report or one research study is not typically practice changing. Instead, the conclusion should provide a summary of the abstract and may suggest areas of future study, things to think about with certain clinical presentations or other potential clinical practice implications. For research studies, stick to the data that was presented and how it supports or refutes the study hypothesis. Every family doctor should be dubious about giving other family doctors more things that they need to be responsible for.

7. *Not defining abbreviations.*

To make the most of the 300-word count limit, abbreviations are often used in place several word phrases (ex COPD for chronic obstructive pulmonary disease). While some abbreviations are acceptable, they need to be defined when first used in the abstract. Do not assume that every reader will know what you are referring to when using an abbreviation. Some abbreviations might be common in your residency, but they are not widely known or accepted.

8. *Grammar and spelling mistakes.*

Proofread, proofread, and then proofread your abstract again! Spelling and grammar mistakes stand out more in shorter abstracts and can result in lower scores, even if the overall content of the abstract is outstanding.

9. *A few resources can help with Case Report Scholarship.*

Need some help getting started or working through this? The USAFP Website houses the “The Every Doc Can Do” series where Case Reports are outlined at length. The Society for Writing in Health and Medicine also has something that can be helpful for Case Report drafting called the CARE (CAse REport) Checklist, available at the QR link below. The Society also includes a Case Report compiling writing assistant available at www.care-writer.com. As with all things writing there is also a Care Write GPT available at <https://chatgpt.com/g/-IVFqoBwDd-care-case-report-assistant> (Note: do not upload any Personally Identifiable Information or Personal Health Information or confidential information into a Large Language Model that has not been approved by your organization for such use).



10. *Special impact.*

There are a few circumstances that we look to elevate when possible. These include:

- a) Case series
- b) Military unique cases
- c) Cases with operational medicine impact

11. *Have a case you think is great but do not think you have the bandwidth to write it up?*

Let us help you find someone to help with it! Email bford1@gmail.com and we will pair you with a resident or medical student that will be able to work on the bulk of the project. They will become first author and you will be a second author. This creates new on ramps for scholarly activity and helps disseminate the lessons learned from frontline clinicians!

Thanks to all those that participated in making the 2025 Research Competition the most competitive yet.

We look forward to seeing a new crop of submissions this fall and all of you in San Diego in 2026!