

SUBMIT YOUR ABSTRACT!

9th Annual Johns Hopkins Critical Care Rehabilitation Conference

**Abstract Submission Deadline:
June 30, 2020**

More info at: bit.ly/icurehab

Abstract Options

- Pre-Conference on Nov 5, 2020 - Poster topics for submission:
 - ICU Follow-Up Clinics
 - Hospital-Wide Activity and Mobility Promotion
- Main Conference on Nov 6-7, 2020 - Oral* or Poster topics for submission:
 - Any clinical quality improvement project, scientific research, or other non-commercial project relevant to the objectives of the conference
 - *Notes regarding oral presentations:
 - Limited to 10 min. duration
 - If accepted, Power point slides due by October 2, 2020
 - There are a limited number of oral presentations spots; if not selected, a poster presentation may be offered

Eligibility

- Abstracts are eligible even if previously presented at another conference
- Welcome submissions for both Pre-conference and Main Conference
- The oral or poster presenter must be a paid registrant for the day in which they are accepted to present
 - Registration information is available at: bit.ly/icurehab



Call for Abstracts for POSTER & ORAL PRESENTATIONS

AT

Ninth Annual Johns Hopkins Critical Care Rehabilitation Conference

November 5-7, 2020

Johns Hopkins Hospital, Baltimore, MD

ABSTRACT SUBMISSION DEADLINE: June 30, 2020

Abstracts will be accepted for poster or oral presentation as per the Conference abstract review committee's decision. Oral presentations will be a maximum of 10 minutes (PowerPoint slides must be submitted, in advance, by October 2, 2020).

Please select the abstract submission category you wish to apply for:

Nov 5: ICU Follow-up Clinic - Poster Only

Nov 5: Hospital-Wide Activity and Mobility Promotion - Poster Only

Nov 6-7: Adult or Pediatric Critical Care Rehabilitation - Poster only

Nov 6-7: Adult or Pediatric Critical Care Rehabilitation - Oral or Poster Presentation
(there are a limited number of oral presentations; those not accepted for oral will be offered poster presentation)

CONFERENCE REGISTRATION REQUIRED: If an abstract is accepted for a poster or oral presentation, the presenter must be a paid registrant for the day in which they are accepted to present. **Abstract submissions are eligible for submission even if presented at another conference previously.**

SUBMISSION: All abstracts must be submitted, using the guidelines outlined below, by **June 30, 2020**. Please save the completed form and email with subject "Abstract" to icurehab@jhmi.edu. The Program Committee will review submitted abstracts and make the final decision regarding acceptance and presentation format (i.e. poster or oral presentation). Final decisions will be provided via e-mail by September 9th, 2020.

All abstract submissions should include a completed disclosure form (pages 4-6)

Abstracts are intended to represent clinical quality improvement projects, scientific research, or other non-commercial project related to the objectives of the conference. Advertisements are not acceptable. Abstracts should not exceed 300 words and should be single-spaced. The use of product names or brand names in the title may lead to abstract disqualification. Abstracts require presenter/author information including credentials and complete contact information. Please organize the abstract section using the following headings:

- OBJECTIVE(S): Purpose of project/study
- METHODS: Summary of the project/study design or protocol
- RESULTS: Results of the project/study with appropriate statistical inferences
- CONCLUSIONS: Clinical importance and potential significance of findings

1- I give permission to provide a copy of my poster or PowerPoint slides to be distributed to conference registrants, and shared via the conference website and twitter account.

YES

NO

2- Full title of your proposal (using upper and lower case)

3- Author(s): *(i.e. Jeff R. Nickoles, MD; Lauren K. Black, PT; Keshia A. Jones, B.Sc.)*

☐ I confirm that the following abstract has been approved by all authors listed above

4- Please enter an abstract of your proposal (maximum 300 words).

5- Primary author/presenter for abstract:

First Name Middle Initial Last Name

Twitter Handle

Professional Title Degrees

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Email Address Phone #

Alternative Email

Mailing Address

City State/Province

County Postal Code

I confirm that I have completed the disclosure form (pages 4-6) to the best of my knowledge, and that I will inform the conference organizers if the disclosure needs to be updated

The Johns Hopkins University School of Medicine
Speaker Disclosure Form for CME Activities

As a provider approved by the Accreditation Council for Continuing Medical Education (ACCME), The Johns Hopkins University School of Medicine Office of Continuing Medical Education (OCME) requires written, signed disclosure of the existence of relevant financial relationships with industry from any individual in a position to control the content of a CME activity sponsored by OCME. Individuals who refuse to disclose relevant financial relationships or refuse to attest to the statements at the end of this form will be disqualified from all aspects of associated CME activities.

[Frequently Asked Questions](#)

[Policy on Speaker Disclosure of Relationships with Industry](#)

Name:

Activity #:

Activity Date: **November 5-7, 2020**

Activity Title: Ninth **Annual Johns Hopkins Critical Care Rehabilitation Conference**

List the title(s) of your presentation(s) for this activity and mark **YES** or **NO** to indicate whether you, your spouse/partner or any immediate family member **have had in the last 12 months** or **expect to have** in the upcoming months, any financial relationship or gift-in-kind with industry that is **relevant to the subject matter** of the presentation.

Presentation Title(s)	Relevant Relationship(s)?	Yes	No
#1 Abstract Presentation		<input type="checkbox"/>	<input type="checkbox"/>
#2		<input type="checkbox"/>	<input type="checkbox"/>
#3		<input type="checkbox"/>	<input type="checkbox"/>

If you have more than 3 presentations, list the additional titles on page 2.

If you answered YES to any of the presentations above, complete the chart below to list all relevant financial relationship(s) or gift(s)-in-kind you, your spouse/partner or immediate family member has or expects to have:

Financial relationships include, but are not limited to, the following:

- Consultant/Advisor
- Honorarium
- Grant/Research Funding * (*PI or named in the grant*)
- Employment/Salary
- Patent Royalty / Intellectual property rights
- Ownership Interest (*equity, stock options or directly purchased stock excluding mutual funds*)
- Speakers' Bureau (*indicate Active or Discontinued on [date]*)
- Paid member of Committees, Panels or Boards
- Other (*please explain relationship*)

Type of Financial Relationship (refer to list above)	Name of company (enter each company on a separate line)	Funds paid to:	Funds not yet received	Relevant to which title(s)?
		<input type="checkbox"/> Individual <input type="checkbox"/> Institution	<input type="checkbox"/>	#
		<input type="checkbox"/> Individual <input type="checkbox"/> Institution	<input type="checkbox"/>	#
		<input type="checkbox"/> Individual <input type="checkbox"/> Institution	<input type="checkbox"/>	#
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		<input type="checkbox"/> Individual <input type="checkbox"/> Institution	<input type="checkbox"/>	#
		<input type="checkbox"/> Individual <input type="checkbox"/> Institution	<input type="checkbox"/>	#

If you have additional relevant relationships, list them on page 2.

*Grants to investigators at The Johns Hopkins University are negotiated and administered by the institution that receives the grants, typically through the Office of Research Administration. Individual investigators, who participate in the sponsored project but are not directly compensated by the sponsor, may receive salary or other support from the institution to support their effort on the project(s) and must report that relationship.

Additional Presentation Title(s) *if applicable*

	Presentation Title(s)	Relevant Relationship(s)?	Yes	No
#4			<input type="checkbox"/>	<input type="checkbox"/>
#5			<input type="checkbox"/>	<input type="checkbox"/>
#6			<input type="checkbox"/>	<input type="checkbox"/>
#7			<input type="checkbox"/>	<input type="checkbox"/>
#8			<input type="checkbox"/>	<input type="checkbox"/>
#9			<input type="checkbox"/>	<input type="checkbox"/>
#10			<input type="checkbox"/>	<input type="checkbox"/>

Additional Financial Relationship(s) *if applicable*

Type of Financial Relationship (refer to list on prior page)	Name of company (enter each company on a separate line)	Funds paid to:	Funds not yet received	Relevant to which title(s) above?
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		<input type="checkbox"/> Individual <input type="checkbox"/> Institution	<input type="checkbox"/>	#

Attestation

My recommendations involving clinical medicine in this CME activity will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.

By typing my name or signing below, I hereby attest that the information provided in this document is legitimate and true to the best of my knowledge.

SIGNATURE:**DATE:****FOR CME OFFICE USE ONLY:**

Conflict Resolution (if applicable)...

		Date	Initials	Comments
Level 1	Disclosure			
Level 2	Peer Review			
Level 3	Other _____			

Frequently Asked Questions...

1. Why do I have to fill out 2 separate disclosures if I am a Planner and a Speaker?

Activity directors and members of the Planning Committee are in a position to control content of a CME activity both by allowing or excluding certain information and therefore are asked to provide a global disclosure to disclose all financial relationships. If you are also a Speaker for the activity and have any relationships, you are asked whether or not any of those relationships are relevant to the products or services discussed in your specific lecture and if they are, we must also have the relationships identified for that specific lecture.

2. What are some examples of 'financial relationships'?

According to the ACCME, financial relationships are any relationships with industry in which you benefit financially. Some examples are:

- Contract from industry to provide funds or gifts-in-kind to you (or your spouse, partner or immediate family) in any amount during the past 12 months or in the upcoming months
- Principal Investigator or named in grant/research funding whether funds are paid to you or your institution, employer or hospital
- Patent royalties whether funds are paid to you or your institution, employer, or hospital
- Stock holder of directly purchased stock – excluding diversified mutual funds

3. What is a 'gift-in-kind'?

A gift-in-kind is any gift of material value given in lieu of financial remuneration for your services by industry (i.e. mailing labels, audio equipment, travel, etc)

4. What is meant by 'industry'?

Industry refers to any proprietary, for-profit commercial entity producing, marketing, re-selling or distributing health care goods or services consumed by or used on patients. Non-profit or government organizations or non-health care related companies are not considered industry.

5. I have a pending grant application from Pfizer for which I will be the Principal Investigator but it has not been finalized yet. Is this the type of relationship that should be disclosed as one I 'expect to have'?

Yes, any relationship you expect to have within the next few months is one that should be disclosed even though the relationship isn't an existing one at the present time.

6. What constitutes participation in a 'Speakers' Bureau'?

Activities with any of the following characteristics are considered participation in a Speakers' Bureau whether or not it is labeled as such:

- A company has the contractual right to dictate what you say
- A company (not you) creates the slide set (or other presentation materials) and has the final approval for all content and edits
- You receive compensation from the company and act as the company's employee or spokesperson for the purposes of dissemination of company-generated presentation materials

7. I do not receive money directly but I am named in a grant for which my employer receives funds from industry for my research activities. Does this qualify as a financial relationship for me?

Yes. Whether you are the Principal Investigator or a named individual in a grant, you are considered to have a conflict of interest that requires disclosure and management whether the funds were received directly by you or by your institution, employer or hospital.

8. My salary is paid with grant funds from industry but I am not the Principal Investigator on the grant nor am I named in the grant. Does this qualify as a financial relationship?

No. If you are compensated for research or clinical trials that are part of your employment with a medical institution or medical university/school but you are not named in a grant funding those activities, this is not considered a conflict of interest and will not need to be disclosed.

9. I am the Principal Investigator on a grant from the National Cancer Institute for funding of a clinical trial. Is this a financial relationship with industry?

No. Government entities providing funds or other support are not considered industry.

10. Who qualifies as an 'immediate family member'?

At a minimum, 'immediate family member' includes your spouse or partner and dependent children. When filling out the form, you should be more encompassing if you believe a potential relevant conflict exists.