



Call for Abstracts: Research in Residency Education

Deadline for submission: January 6, 2023

You are invited to submit research abstracts for the 2023 International Conference on Residency Education (ICRE). Abstracts in this category should describe medical education research. Abstracts therefore need to include a research question and data (quantitative or qualitative).

Within each of our well-defined learning tracks, we look forward to having submissions that align with the theme, and relate to what the world and our community has been through in the last few years.

ICRE 2023 Learning Tracks

- **Accreditation in residency education (ARE)**

This track highlights all aspects of the accreditation processes of residency training programs around the world. Topics might include; accreditation systems, continuous improvement of programs, graduate outcomes related to programs, and standards of program quality.

- **Admissions: Selecting residents (ASR)**

This track highlights all submissions related to selecting residents for postgraduate/graduate medical training. Topics might include: evidence-based guidelines in selecting residents, ensuring diversity in residency training programs and designing processes for selection that encompass the mission and vision of the institution/specialty/community as well as evidence-based practices.

- **Assessment: Cutting edge tools and practical techniques (ACE)**

This track highlights submissions describing effective methods of assessing the required competencies of physicians in training in any domain of medicine. Emphasis will be placed on new assessment tools/methods/approaches for particular CanMEDS Roles as well as evidence-based methods that have been proven to work in postgraduate medical education.

- **Competency-based medical education (CBME)**

This track highlights submissions dealing with CBME as it continues to be a clear focus in medical education around the world. This track accepts a variety of broad-based topics in the area of CBME. Topics might include: implementation, assessment of competence, educational design and growth mindset as examples.

- **Education research methods (ERM)**

This track highlights submissions about enhancing the methods and quality of research about residency education. This track would include scholarly works and sessions that might help

others to enhance their ability in conducting studies to improve PGME.

- **Equity, diversity and inclusion (EDI)**

This track highlights submissions which pertain to residency education for diverse learners and populations through the lens of EDI. The track will focus on EDI along the breadth of the residency education continuum, from selection to outcomes. The formal, informal, and hidden curricula will be examined. Offerings may include, but will not be limited to, the following domains of diversity: gender, sexual, racial, ethnic, socioeconomic, and geographic origin diversity, power and privilege, microaggression, and allyship. As a multidisciplinary field within residency education, followers of the track should expect to encounter a variety of methodologies, from the quantitative to the qualitative, and the bridging of theory and practice.

- **Faculty development (FD)**

This track highlights submissions about preparing teachers, residents and clinician educators for their various roles in residency education will be featured in this track. The breadth of faculty development will be examined, including that related to Competency Based Medical Education.

- **Fatigue risk management/Resident duty hours (FRM/RDH)**

This track highlights submissions that advance the shifting international discourse on fatigue risk management and optimal resident work hours are encouraged. Topics might include: fatigue risk management strategies, fatigue and physician health, fatigue and patient safety, fatigue and occupational risk, as well as new models of structuring residency education and scheduling.

- **Health policy and residency education (HP)**

This track highlights submissions on a wide variety of health policy issues relating either directly or indirectly to resident training should be submitted to this track.

- **Humanities and history in medical education (HIS)**

This track highlights submissions pertaining to the history of medicine are most welcome in this ICRE track. Residency education, and advanced areas of medical education in general, have evolved during the history of the profession. Submissions may include those relating to original research detailing the history of residency education.

- **Leadership education (LED)**

This track highlights all aspects of leadership education, including defining leadership, enhancing training models for residents and faculty, and outlining approaches to assessing leadership abilities. Leadership is a priority content area for residency education around the world. In the 21st century, where health care demand is high, resources are limited, and transformation of training is underway, leadership competencies are more crucial than ever.

- **Learning analytics (LA)**

This track highlights submissions from a variety of methodologies, qualitative and quantitative are encouraged. This includes studies of how trainees' clinical and academic performance can be leveraged for better learning within their training programs. Learning analytics is the measurement and analysis of data about learners for the purposes of understanding, improving and supporting their learning.

- **Physician health and wellness (PHW)**

This track highlights content highlighting physician health and wellness including; scholarship, teaching and assessing.

- Quality improvement and patient safety in residency education (QI)**
 This track highlights curriculum and teaching that incorporates cutting-edge research and practice as it relates to the defined competencies in postgraduate training, all of which is required for teaching the delivery of safe, quality patient care. Submissions under this track will explore innovative educational approaches that address quality improvement, patient safety and resource stewardship in residency education.
- Simulation in residency education (SIM)**
 This track highlights scholarly presentations across the spectrum of simulation methods. Simulation is established as a powerful mode of instruction and assessment in residency education, but there is still much work to be done on the effective use of simulation in residency.
- Teaching and learning in residency education (TL)**
 This track highlights submissions regarding all aspects of training residents for practice. Submissions on any aspect of physician competencies (Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional) are encouraged. This is a core component of the ICRE program.
- Surgical education (SE)**
 This track highlights surgical training and its various contexts, as both physical and conceptual environments for teaching and learning in residency, including psychological safety, coaching and learning styles in the OR and beyond, assessment of technical and non-technical skills, and issues in global surgical education. For surgical trainees, contexts both inside and outside the operating room (OR) provide essential opportunities for learning concepts and skills that are central to their residency experience. This educational environment is in many ways distinct from other clinical settings, and provides unique practical and psychological obstacles for teaching and learning in residency.
- Trainees leading medical education: For trainees, by trainees (RES)**
 This track highlights submissions that demonstrate how trainees can best learn, navigate, adapt, engage in co-leadership, and excel within a changing medical education landscape. Designed for trainees, by trainees, the value of this track being presented, with or without faculty, is that you will hear from your peers and shared experiences.
- Using innovative technologies for medical education (TEC)**
 This track highlights submissions that have a special focus on how the use of technology has an impact on residency education. We are interested in how innovative tools such as Apps (iOS, Android, etc.), Social Media (Facebook, Twitter, Instagram, G+, etc.), eLearning and mLearning can be utilized to empower learners and create new learning opportunities in the digital age.

Guidelines for submitting a high quality research abstract

Title: Should summarize the abstract and suggest how the topic is relevant and important.

Author names: *See below for instructions on how to list authorship.*

Introduction: The introduction is usually several sentences that outline the question addressed by the research. The first sentence should frame the issue. If possible, provide a concise review of what

is known about the problem being addressed, what is unknown, and how your research project fills the knowledge gap. The final sentence should describe the purpose of the study and the hypothesis (latter only if applicable).

Methods: Methods should describe 1) who are the subjects (and how many), 2) the setting, 3) the research design, 4) description of the intervention, 5) a list of outcome variables and how they were measured, and 6) the statistical methods used to analyze the data.

Results: Describe the subjects that were included or excluded and response rate. List the most important outcome variables with the associated data. Numerical results should include standard deviations or 95% confidence limits and the level of statistical significance.

Conclusion: State concisely what can be concluded. This must be supported by data presented in the abstract. Describe the implications of your findings. Include major limitations and future directions

[Visit our resource page to see a sample research abstract and tips on writing effective abstracts.](#)

Technical instructions for online submission of abstracts

The following pieces of information are required during the submission process.

- **Title**
- **Topic area:** Select from the drop-down menu.
- **Abstract text:** Note that the limit is 300 words (including headings).
 - **Do not use character formatting** such as italic, bold, or ALL CAPS in title and text.
- **Keywords:** A maximum of three keywords can be entered.
- **Contributors:** For each contributor, you will need to provide their Email Address, Institution, First Name, Last Name, City, Province or State, and Country.
 - The order of authorship will remain through all publications.
 - Contributors can be rearranged during the submission process by simply dragging and dropping the contributors into the correct order. **It is important to include the presenter in the list of contributors so that their name appears in the order of authorship.**
- **Presenter:** During the submission process, please indicate the presenter. Note, only one person may be identified as the presenter. The presenter's name will be underlined in the abstract book and if the abstract is accepted, all communication beyond notification of acceptance/non-acceptance will be with the identified presenter. **Please note that the presenter's name must also be included as a contributor so that their name appears in the order of authorship.**

Instructions for submission and journal publication

1. All abstracts must be submitted electronically, using the submission link below.
2. Abstracts should be no more than 300 words in length (including headings). Single-space all typing, leaving one line space between paragraphs and other elements.
3. Use standard abbreviations such as kg, g, mg, ml, L (litre), mEq, m (metre), mmol (millimole), / (per) and % (per cent). Place special or unusual abbreviations in parentheses after the full word the first time it appears. Use numerals to indicate all numbers (including 1–10), except

to begin sentences. Non-proprietary (generic) names are required when a drug is mentioned. e.g., acetazolamide (Diamox).

4. Place acronyms in parentheses after the full term the first time it is used.
5. **Do NOT** include historical data, literature reviews, bibliographies, references or mention of corporate support.

Note: Submissions without results or conclusions indicated may be rejected. If your submission does not include results, please consider submitting under the “What Works? Innovations in residency teaching and assessing” track instead.

Criteria for Research Abstract Evaluation

- 1) **Background**
 - a. Shows understanding of existing literature.
 - b. Links existing literature to the research.
- 2) **Clarity of the purpose**
 - a. The basic purpose of the research is clear.
 - b. The objectives of the research address an important problem.
- 3) **Effective use of the scientific method**
 - a. Methods are appropriate.
 - b. Significant variables are identified.
 - c. Methods are clearly explained.
 - d. Analysis is appropriate and clearly explained.
- 4) **Results**
 - a. Results describe the relevant data.
- 5) **Conclusions**
 - a. Accurate interpretation of results.
 - b. Possible recommendations for education, practice or policy.
- 6) **Presentation**
 - a. The writing is clear.

Abstract Review and Selection

All abstract submissions will be acknowledged upon receipt. Submissions will be blinded, and peer reviewed by panels established for each topic area.

In May 2023, the official notification of acceptance will be sent to the submitter of the abstract. In late-June, specific details will be provided to the presenter about the session date, time and presentation format.

Accepted abstracts will be posted on the Royal College website. The research paper abstracts will also be included in a special supplement in the Journal of Graduate Medical Education (JGME). The research poster abstracts will also be included in a special supplement in the Canadian Medical Education Journal (CMEJ).

Top Paper Prizes

There are two top research paper awards presented each year at ICRE:

- The Royal College/JGME Best Research Paper Award
- The Royal College/JGME Best Resident Research Paper Award

The nominees for these top paper awards will present their abstract during one of the top paper sessions on Friday, October 27 or Saturday, October 28, 2023.

The winner of each award will be announced during the closing remarks on Saturday, October 28, 2023.

Note:

It is presumed that you will present in the language of your submission.

All presenters are required to register and pay the conference registration fees.

By submitting their abstract(s), the submitter consents to their contact information being shared with the Journal of Graduate Medical Education (JGME) or the Canadian Medical Education Journal (CMEJ), for editing purposes only.

Questions?

Telephone 613-730-8177 / 1-800-668-3740 ext. 186

E-mail: icre@royalcollege.ca

Deadline for submission is January 6, 2023

[Access the submission site](#)

(note that you may be required to create an account)