

SPEAK At EMINDIA23

Medical Conferences in India and elsewhere follow a monotonous and drab culture of didactic sessions in “lecture format” by the so-called experts in the fields.

The presentations are merely copy-paste content from existing literature. Delegates listen to this reiterated content, and it does not help enhance existing practice.

EMINDIA, is a unique conferencing model with a focus on Real Life Case Studies, Updates in Research, & Discussions on Current Opinions.

Teaching Faculty (Professors, Associate Professors, Lecturers, Senior Residents-Post MD.MS/DNB), Practicing Physicians, Physicians in Training (PG Students), and Medical Students, all get a common platform to present and discuss emergency medicine.

- We do not promote copy-paste presentations.**
- Everyone is teaching and everyone is learning.**
- Everyone has a voice.**
- We are shattering the shackles of conventional hierarchy.**

Presentation Formats

1

Case Based Learning

The presenter can discuss a **UNIQUE** case.

We define **UNIQUE** case as being a **Common Presentation with an Uncommon Diagnosis**

or

Uncommon Presentation of a Common Diagnosis

2

Original Research

The presenter can demonstrate a **Study Idea/ Study Protocol/ Update** on their current Emergency Medicine research project, or findings of their study.

This is considered as research study.

INNOVATION in Emergency Department based patient management, meaning **novel ideas** can also be presented.

3

Point of View

The presenter can review current Evidence Based Literature and present their opinion on emergent patient care.

Must be Post-PG Practitioners to submit in this category

The presenter can also use clinical scenarios to emphasize their point of view.

Submission Guidelines

Case Based Learning

- Abstract Title
- Abstract Category
- Introduction [max 200 words]
- Case summary [max 500 words]
- Learning points [2 to 3]

Original Research

- Abstract Title
- Abstract Category
- Introduction [max 200 words]
- Objectives
- Methodology [max 350 words]
- Results [max 350 words]
- Learning points [2 to 3]

Point of View

- Abstract Title
- Abstract Category
- Topic discussion [max 500 words]
- Learning points [2 to 3]

You have exactly **12 minutes** to present



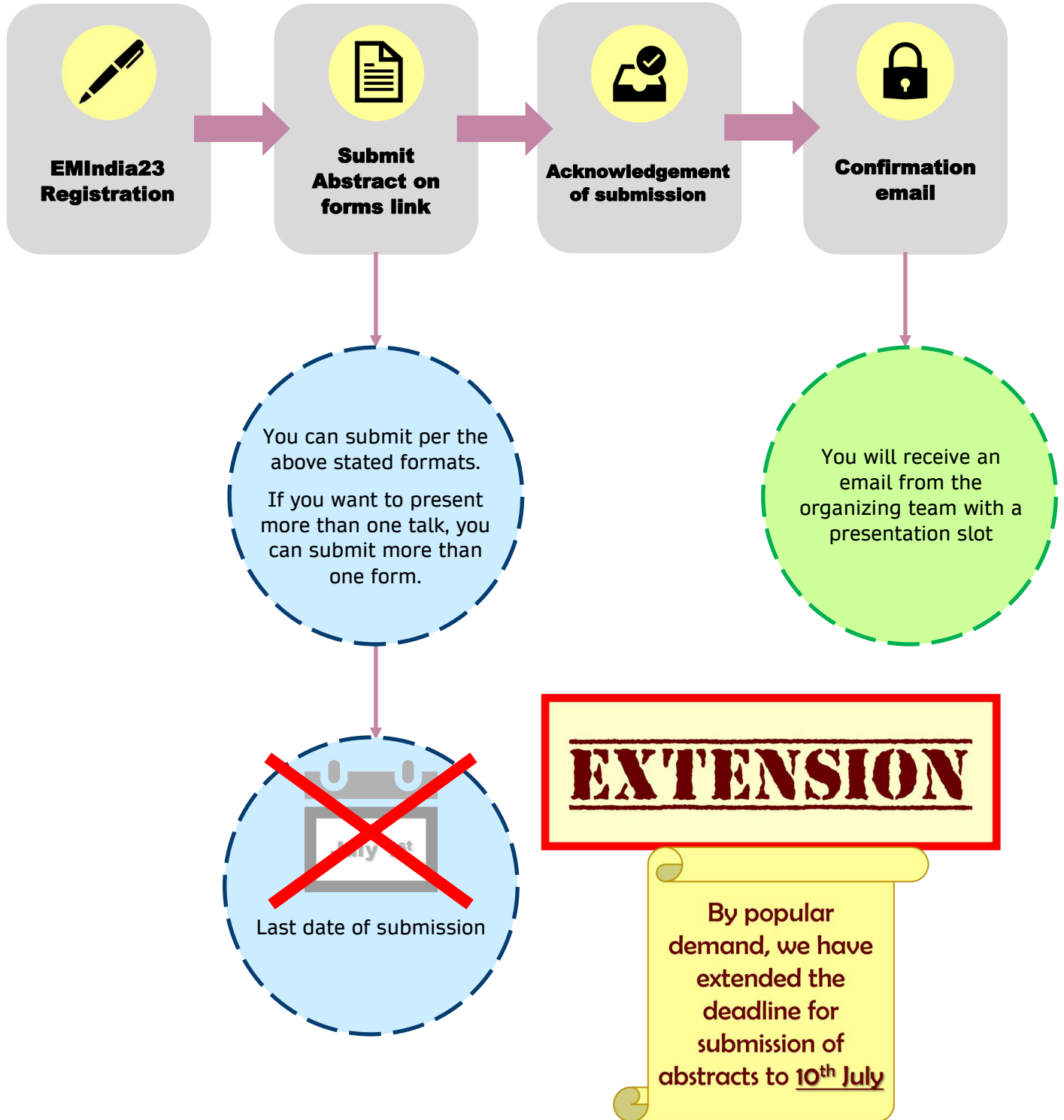
Submissions in all formats must focus of **Emergency Medicine Management** pertaining to the initial few hours of patient care in the Emergency Department.

Any presentation that focuses on care beyond the initial few hours will be rejected by the screening team.

Registration for **EMINDIA23** is mandatory prior to submitting the abstract.

All submissions will be subject to rigorous screening before selection.

Submission Process



Click on this button to submit your abstract!



Example Submissions

1

Case Based Learning

Email	samplename@website.com
EMINDIA23 reg. no.	XYZ123
Presenting Author's name	Sample Name
Presenting Author's institution	Sample Institution
Abstract Title	An unusual case of commotio cordis resulting in ventricular flutter
Category 1	Trauma
Category 2	Cardiovascular system
Case Summary	A 36-year-old female developed palpitations immediately following chest impact with a direct fall on a sofa with a hard box which directly hit the chest. The patient presented after 5 days for sternal pain and tenderness and was found to have stable ventricular flutter as a delayed presentation that was successfully treated.
Learning points	Ventricular fibrillation is the predominant arrhythmia following commotio cordis, but we found that our patient had ventricular flutter. Ventricular flutter may be better tolerated in a young patients with structurally normal hearts and may lead to a delayed presentation often found incidentally.

Original Research

Email	samplename@website.com
EMINDIA23 reg. no.	XYZ123
Presenting Author's name	Sample Name
Presenting Author's institution	Sample Institution
Abstract Title	Home Fall injuries (HFI): A study on severity and outcome among inpatients of a tertiary care level hospital of West Bengal, India
Category 1	Trauma
Introduction	Home Fall injuries (HFIs) are a complex phenomenon caused by nonlinear combination and interaction of man, Floor, and environment.
Objectives	This study aims to find out the outcome and severity of HFI in our region.
Methodology	Settings and Design: A cross-sectional study was conducted among inpatients of Department of EM at our Institution Materials and Methods: The study was conducted for 1 year interviewing 295 HFI selected through scheduled sampling. Information pertaining to demographic and correlates of HFI was collected by face to face and over telephone using semi-structured questionnaire. Nine-item Simplified Injury Severity Scale (SISS) was used to assess injury severity. Internal consistency of SISS scale was showed by Cronbach's alpha and association with the correlates was done by Mann-Whitney U-test.
Result	Fatal outcome in terms of death and permanent disability was 34.24% and they had higher marginally significant ($P = 0.06$), SISS score (45.17 ± 12.59). Participants with absence of protective devices, presence of comorbidities, drunkenness, with Falls at Home, in-between 6 am and 6 pm, and no receipt of first aid were found to have significantly high scores compared to their counterpart.
Learning Points	SISS, as a proxy measure of severity assessment, could throw a light on it and awareness generation and legislative stringency might be need of the hour for the country.

3

Point of View

Email	samplename@website.com
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Presenting Author's name	Sample Name
Presenting Author's institution	Sample Institution
Abstract Title	Treatment of Simultaneous Alcoholic Ketoacidosis & Diabetic Ketoacidosis
Category 1	Critical Care and Resuscitation
Discussion of the topic	There are many diabetic alcoholics who often present in DKA and have alcohol withdrawals because they have not been drinking alcohol because of DKA associated syndrome of sepsis, nausea vomiting and many other causes. Emergency Management of such patients is complex and focused. I will be discussing the management pearls in resuscitation and evaluation of such cases as well as discuss the rationale for ordering investigations, fluid management, vital signs management, antibiotics, Insulin Therapy and other added treatments based on an Interesting similar case which I have managed. I will be presenting the case and then discussing the above
Evidence Based Teaching points	A Precise investigation pathway with aggressive ordering of labs and aggressive fluid management is key to treating these patients. Ruling out other causes of acidosis including sepsis, toxin exposure, ACS, Ischemia of Mesentery, CVA and or injuries is very important

Important:

For queries contact: scientific.emindia23@gmail.com

Last Date 10th of July 2023 11:59 PM

Please note, no new speakers will be accepted after 10th of July 2023.
The selected speakers will be finalized and intimated by 25th of July 2023.

For further details and registration, please visit: www.emindia.co