

## Family Medicine Scholarship Day Call for Abstracts

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*Deadline: First Friday of Block 8*

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This is a call for your presentation abstracts to be included in the programme for Family Medicine Scholarship Day (First Thursday of Block 10 – location to be announced).

This template is for **Research and Systematic Review Projects**.

Please send your **350 word** abstract to:

Nathan Turley: [rrtc@ucalgary.ca](mailto:rrtc@ucalgary.ca) • Tel: 403-955-9233  
Grace Perez: [rrtc@ucalgary.ca](mailto:rrtc@ucalgary.ca) • Tel: 403-210-7129 • Fax: 403-270-4329

### INFORMATION ON ABSTRACTS AND PRESENTATIONS

1. Use the specifications provided in the template (see page 2) to write your abstract and submit it to us in Word (.doc) format. For an example of a template see page 3.
2. If you have not completed your project, describe your project in anticipatory terms. For example, you might say “We anticipate finding X” or “We still have to do Y, but we have Z in place right now.”
3. You must include the name(s) of your project preceptor(s) at the top of the abstract, regardless of the type of project you completed/are completing. If you don’t have a project preceptor, find one.
4. Abstracts will be selected for either oral presentation or for poster presentation. We will notify each applicant of their presentation method around the *Second Friday of Block 9*. More information about the two presentation types will be provided to you at that time.

This event represents a time to celebrate the work you’ve done in your residency and to inspire the young members of our discipline to break new ground in the future.

If you have questions, please contact Nathan or Grace by phone or email.

Thanks,

Nathan & Grace  
Resident Research Training Coordinators  
Department of Family Medicine

## **Title (Calibri, bold size 18 font)**

Resident Names (list First name, Last name, Degree -- Arial font size 14) Preceptor  
First name, Last name Arial font size 14)

### **Purpose/Aim Statement**

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### **Methods**

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### **Results**

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### **Conclusion**

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# **Elective Maternity Services in Rural Canada (Calibri, bold size 18 font)**

John Doe, MD (First name, last name, degree -- Arial font size 14)

**Preceptor:** Dr. Sally Pinkacre, MD (Preceptor first name, last name, degree -- Arial font size 14)

## **Introduction (Calibri font size 12)**

In the past decade there has been a decrease in the availability of elective maternity services in the rural Canadian population with a decreasing trend in availability of local caesarean capabilities.

## **Purpose (Calibri font size 12)**

Our purpose was to determine if women residing in rural areas where local caesarean section is available have improved outcomes compared to women residing in rural areas where there are none.

## **Methods (Calibri font size 12)**

A retrospective cohort study of all births occurring in Alberta between 2001 and 2011 comparing outcomes based on residence of mother at the time of delivery. Outcomes for mothers living in rural areas with local caesarean section were compared with outcomes for mothers living in rural areas without. Baseline demographics were compared between these two cohorts and logistic regression was applied to account for potential confounding variables.

## **Results (Calibri font size 12)**

Between 2001 and 2011 in rural Alberta there were 139,603 birth events documented and included in this study. Women living in a community without caesarean capability had significantly lower odds of delivering at their local site (Odds Ratio (OR) 0.104; 95% Confidence Interval (CI) 0.100-0.107,  $p < 0.001$ ), and significantly higher odds of having their neonate admitted to the NICU (OR 1.293; 95% CI 1.247-1.340,  $p < 0.001$ ).

## **Conclusions (Calibri font size 12)**

This study demonstrated improved outcomes for women living in rural areas with local caesarean section capabilities. Living in an area without local caesarean section increased the odds of women delivering outside of their local area, and neonates born to women residing in these areas had increased odds of admission to the NICU.

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**Please Note:** This example abstract has 310 words (including headings and formatting instructions). Your abstract should be formatted like this example and should not exceed 350 words. If your abstract does not adhere to the instructions contained within this document or look professional, you will be required to revise and resubmit your abstract.