About
The twelfth annual Association of American Medical Colleges’ Integrating Quality Conference is a highly interactive, interprofessional conference focused on sharing innovative approaches and strategies for improving health care quality, patient safety, and high-value care through health professions education, care delivery, and research. This year’s theme, Envisioning the Future of Health, Health Care, and Education, will stimulate and spur on academic medicine’s national dialogue and spread of pragmatic clinical, operational, and educational strategies, tactics, and tools toward improving the health of all.

This 2-day conference will offer engaging plenary sessions, interactive workshops, presentations, and poster sessions. There will be ample opportunities for leaders, faculty, educators, and learners to network and learn new ways to advance initiatives in their institutions, in their community, and beyond.

Registration and Conference Program Information
If selected, presenters and poster session participants are responsible for registering in advance for the conference, paying the registration fee, and securing and paying for travel and lodging. Registration information and the conference program will be available online in March 2020. Registration fees will be similar to those from the 2019 conference. An early-bird registration fee will be available.

Call for Abstracts: Topic Areas
AAMC seeks proposals for posters, interactive workshops, and presentations on improving health, health care quality, patient safety, and high-value care within the clinical learning environment; competency-based curricula on quality and safety across the educational continuum with an emphasis on successful strategies in care delivery; and research in health professions schools, teaching hospitals, and health care systems. This year’s overarching topics and examples of proposal ideas are included below. Submissions typically focus on educational or clinical initiatives, research projects, operational issues, or other evidence-based practice efforts at the national, regional, multi-institutional, or single institution levels. Proposals should aim to enhance attendees’ knowledge, skills, and/or abilities. Submissions will be accepted from personnel at teaching hospitals, health care systems, health professions schools, and health professions associations or boards. Submissions from educational companies or
other commercial entities must be submitted through the partner hospital or university/school involved in the activity.

1. **Envisioning the Future of Health, Health Care, and Education**
   Imagine potential solutions to the problems we face in the clinical and educational environment. We are looking for cutting edge initiatives and solutions aimed at closing the gap of today’s major challenges across the health continuum. Examples of proposal topics include but are not limited to:
   - Addressing the gaps in population health measurement and improvement
   - Health challenges related to social justice – climate change, access, diversity and inclusion, sustainable health care
   - Engaging patients, families, and communities in activities that address social determinants of health
   - Connecting patient care across the continuum using interoperable technology and virtual care strategies, such as telehealth, to improve health
   - Successful organizational approaches to enable more rapid testing and scaling of promising clinical delivery innovations that improve quality while controlling costs

2. **Quality Improvement and Patient Safety**
   The know-how and skills to improve quality and patient safety in health care today can be promoted in the clinical learning environment across the clinical care delivery, educational, and research continuums. Examples of proposal topics include but are not limited to:
   - Using data (e.g. performance, clinical, financial, population health, and/or patient experience) for improvement
   - Using technology to drive clinical quality improvement and improve safety in the clinical learning environment
   - Quality improvement activities and organizational strategies designed to improve health care equity and address disparities

3. **High-Value Care**
   The goal of high-value health care is to produce the best health outcomes and experience at the lowest cost. Health care professionals are increasingly incentivized to deliver high-value care by virtue of payment reform measures as pay-for-performance policies, bundled-payment strategies, global budgets, and financial risk sharing within accountable care organizations. Examples of proposal topics include but are not limited to:
   - Engaging health professionals in sustainable local value improvement initiatives to reduce waste
   - Advancing care delivery models that improve care, increase affordability, and reduce overall costs
   - Novel practices and payment models demonstrating the shift from volume to value
   - Establishing formal innovation centers and leadership roles to help accelerate the transition to new high-value care delivery and payment models

4. **Bridging Leadership**
   Bridging leaders are professionals with leadership roles in academic medical centers that align the educational and the clinical quality and safety missions of their organizations. Their work synergizes educational and clinical programs that improve the quality and safety of patient care and span the spectrum of medical education and the health care system. Examples of proposal topics include but are not limited to:
   - Evaluation of programs developed by bridging leaders that align the educational and quality/safety missions of their institutions
   - Career development for bridging leaders
   - Curricular innovations that highlight ways to enhance clinical learning environments to improve engagement of learners in quality and safety
• Innovations that engage interprofessional staff, learners, and faculty in organizational improvement of health systems performance

5. Quality Improvement and Patient Safety Competency-Based Education Across the Continuum
While education in quality improvement (QI) and patient safety (PS) is now endorsed at all levels of medical education and professional training, the specific knowledge, skills, and attitudes necessary for students, residents, and faculty in the disciplines of QIPS have not been fully realized in academic medicine. Examples of proposal topics include but are not limited to:
• Innovative quality improvement medical educational programs or assessment strategies that align with the QIPS competencies
• Educational programs or strategies designed to integrate health equity concepts into medical education
• Innovative practices that teach, reinforce, and/or assess quality improvement and patient safety for students, residents, and/or faculty
• Novel approaches to implementing any of the QIPS competency domains with special consideration given to those focused on faculty CME or ongoing professional practice evaluation (OPPE) and at a systems level

Session Formats
The conference will feature several session formats to deliver learning opportunities, including poster presentations, oral presentations, and interactive workshops. The Abstract Review Committee may recommend modifications to the session format or content to deliver the best programming possible.

• Oral and Poster Presentations: Submitting author may designate whether to be considered for 1) oral presentation only; 2) poster presentation only; or 3) either oral or poster presentation (if not selected for oral, then considered for a poster). Abstracts considered for either type of presentations ideally address topics that appeal to a broad cross-section of the audience to spark conversation among participants. They should describe a quality improvement or patient safety initiative, educational intervention, or research project that should include sound methodology and a clear description of results and lessons learned. Authors accepted for oral presentation will be grouped with other presenters in a moderated session. At least one author must attend the conference to present during the designated oral or poster presentation session time (registration will be required).

• Interactive Workshops: Workshops should be designed to engage the audience in a focused learning, skill-oriented interactive experience. For each workshop, some presentation content is acceptable but the emphasis should be on engaging with the audience and aimed at filling a current gap in knowledge or practice. Case studies, simulation, small group exercises, and sharing of tools and resources is strongly encouraged. Workshops will be allotted 75 minutes. AAMC suggests having a minimum of two but no more than four facilitators/presenters for this type of session.

Review Process and Criteria
The Abstract Review Committee will evaluate abstracts for poster, oral, or workshop presentations based on the following criteria, noting alignment with the topic areas outlined above.

Criteria for Oral and Poster Presentation Abstracts:

1. Relevance: The abstract should address a topic of interest to the attendees of the AAMC IQ conference; if possible, make explicit the connection between your submitted abstract and one or more of this year’s conference topics (see page 2).
2. **Methods:** The abstract should clearly describe your methodologic approach and provide sufficient detail regarding how the methods were applied (including analytic approaches where relevant); for educational innovations and quality improvement reports, please provide details regarding the key elements of the innovation/intervention and the steps taken to implement it.

3. **Results:** The abstract should summarize major findings, including primary data where available. Be sure to articulate a logical link between the methodology used and results presented.

4. **Impact:** The abstract should comment on the generalizability of the findings and key lessons learned; making clear what impact the research/innovation/improvement initiative had on learning and/or clinical outcomes.

**Criteria for Workshop Abstracts:**

1. **Content:** The content of the workshop should be relevant to one or more of this year’s conference topics. There should be clear learning objectives listed as part of the submitted abstract.

2. **Structure:** The structure of the workshop session should be designed to include elements of didactic and interactive learning methods that provide a high-quality learning experience for the attendees. The workshop should be organized to successfully achieve its learning objectives.

3. **Impact:** The attendees of the workshop should have gained knowledge, skills, or experiences that they can practically apply at their home institutions. Thus, the workshop should explicitly describe how the listed learning objective will be translated into “take-homes” for attendees.

4. **Faculty:** The abstract should describe the qualifications of the faculty/facilitators to lead the workshop session (i.e. their involvement in the implementation or research in a given topic should be described as part of their biographic data).

**Submission Process**

Abstracts will be accepted beginning **November 20, 2019 through January 6, 2020.**

All abstracts must be submitted using the online submission platform via: [www.aamc.org/iq2020](http://www.aamc.org/iq2020). A summary of the submission process is outlined in the Appendix below.

Please read through the instructions carefully. Note that you will need a login and password to access the submission process and can create one, as needed, when you enter the portal. Authors will be notified of the Review Committee’s decision in February 2020.

**Questions or Problems**

If you have questions or problems submitting an abstract, please contact the AAMC Integrating Quality Team integratingquality@aamc.org or 202-828-0611.
Appendix

The following summarizes the steps you will complete once logged into the online abstract portal:

- **Begin/ Start a New Abstract**: Provide a title that is brief and specific. Avoid abbreviations and limit the length of your title to 15 words (100 characters). Your abstract will be referred to throughout the submission process by this title.

- **Select a Submission Type**: Refers to the format you select for your abstract (either poster, oral presentation, (or be considered for both), interactive workshop). Note: once you choose a format type and begin the abstract submission, you cannot change the type. You must create a new submission to choose a different submission type. If you would like to submit multiple abstracts for different work, you must create a new submission for each abstract.

- **Authors/Faculty/Facilitators**: Enter the first author/contact and up to 6 co-authors. Indicate who the presenter(s) will be (if submitting for oral or workshop session), and note if they are a student, resident, faculty, or other. By default, the individual who submits the proposal is listed as the first author. The individual submitting the abstract can complete co-author profiles on their behalf or prompt them to complete their own profile(s). Providing a biography and a professional headshot for each author is helpful, but not required.

- **Title and Body of Abstract**: This section summarizes key abstract details and includes the structured description of your abstract. Note that the total limit for an oral or poster abstract is 2,000 characters (350-400 words). For an oral or poster presentation, please use the following headings (where relevant) to organize your submission: background, local problem, methods, interventions, results, lessons learned, and conclusions.

  For a workshop abstract, you will be prompted to enter a description of your proposed workshop, including session summary, outline of session (including key content and strategies for interaction of the session), learning objectives, target audience, and list of workshop facilitators for the 75-minute session. Note that the total limit for a workshop abstract is 2,000 characters (350-400 words).

- **Audience Type**: Select among there (3) different audience types as the primary intended audience for your submission: Clinical Care and Health System Leaders; Interprofessional Education; or Bridging Leaders.

- **Supporting/Reference Materials**: You are permitted to upload up to three (3) supporting or reference materials to accompany your abstract submission. Examples of additional information include visual display of data, journal articles that relate to your submission, or workshop materials that would enhance the interactivity of the workshop. Providing additional materials beyond your abstract is optional and not required. The Abstract Review Committee does not give preference to abstracts that include supplemental materials.

- **Submit**: After reviewing and acknowledging several statements about conference logistics, complete the submission process by clicking ‘Save Submission’ and ‘Submit’. You will be able to preview and print your submission. You will receive an email confirmation within minutes of your submission from support@conferenceabstracts.com.

Amending a Submission

Until the submission deadline (1/6/20), you may make changes to your submission information. To do so, login and select the abstract you would like to edit.