



South Carolina Academy of Family Physicians

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Request for Resident Proposals

South Carolina Academy of Family Physicians

Summer Breakaway and Annual Assembly

June 4-7, 2026

Sonesta Resort, Hilton Head Island

Presentations

Purpose: To provide an opportunity for residents in South Carolina's Family Medicine Residency Programs to provide scholarly presentations in the areas of patient care, primary care research and quality improvement. The audience will include practicing family medicine physicians from across the state of South Carolina. Presentation topics should be geared towards patient care and applicable to family physicians in practice (e.g., patient care guidelines, preventive strategies, and practice-based systems of care, and quality improvement).

Time Allotted: Up to 15 minutes. The format will allow the presenter up to 10 minutes for the initial presentation, and 5 minutes for questions/discussion.

Submission:

1. Completed submission form for each proposal.
2. Completed bio for resident(s) submitting proposal.
3. 300 word abstract on separate sheet.
4. Submit in Word format via the submission link at www.scafp.org
5. **Applications and abstracts must be received by 5PM, March 16, 2026**

Presenters:

Each presentation may have up to **2** presenters. Each presenter will receive a lunch ticket for the day of their presentation. Presenters will be asked to participate in the exhibit hall, and other CME activities.

Hotel Accommodations

Each presenter will be provided with a **2 night stay** at the Sonesta Resort, Hilton Head Island. Reservations will be made for you by the SCAFP Office and your room fee & taxes will be taken care of, however, upon check-in you will be asked to provide a credit card for incidentals to your room. You will be given 2 choices for your arrival/departure dates based on the date and time of your presentation.

Option 1: Arrival on Thursday, June 5; Departure on Saturday, June 7. **Option 2:** Arrival on Friday, June 6; Departure on Sunday, June 8.

Extended Stay: If you wish to extend your stay, please notify SCAFP staff on the provided registration form. You will be personally responsible for the cost of additional nights. Please note that extended stay reservations are not guaranteed by the SCAFP. Should you cancel or fail to show for your extended stay, you will be held responsible for the charges.

Revision of Stay: If you need to change your reservations, all modifications must be made before May 7th. After May 7th, we cannot guarantee any changes.

Abstract Format

1. The abstract must utilize the IMRAD format (Introduction, Methods, Results, and Discussion).
2. Limit abstract to 300 words.
3. Abstracts must be typed and single-spaced on a single sheet of paper. The name(s) of the presenter(s) should be beneath the presentation title, which should be in all capital letters at the top of the page.
4. Please avoid abbreviations. Limit the title to 15 words.
5. The abstract should not contain references or credits.

General Instructions

1. Submissions will need to be received by **March 16th** to be considered for presentation. All submissions must be IRB approved or have documentation of IRB exemption status.
2. **Submissions must follow the directions above and projects must be complete by the time of abstract submission. Proposals not meeting the specifications as indicated will not be accepted.** All presentations will be evaluated in the following areas:
 - A. Originality
 - B. Quality
 - C. Creativity
 - D. Importance to primary care
3. It is anticipated that five abstracts will be chosen for presentations based on the above criteria.
4. Presenters may not use the presentation to market/promote products or services.
5. **Notification of selection will be sent on March 27, 2026.**

Biography Form

Each proposal should also include a brief bio for presenter(s). A sample bio is provided below.

Dr. Lorie Smith is a 3rd year resident in the MUSC Family Medicine Residency Program. Dr. Smith completed her undergraduate degree at Dalhousie University in Halifax, Nova Scotia and Doctor of Medicine at the Medical University of South Carolina. After graduation from residency, Dr. Smith plans to join the faculty in the MUSC Family Medicine Residency Program and looks forward to being involved in residency education.

Sample Abstract Format:

REDUCING HOSPITAL UTILIZATION THROUGH IMPLEMENTATION OF A COMPREHENSIVE COPD CLINIC

Jessica Hund, MD and Meg Sorrell, DO

INTRODUCTION:

Chronic obstructive pulmonary disease (COPD) is the third leading cause of death in the United States. In 2014, readmission for COPD was included in the Hospital Readmission Reduction Program, with hospitals facing financial penalties for excessive readmission rates. The goal of this study is to assess the effectiveness of implementing a comprehensive COPD clinic on ER utilization and hospital admissions.

METHODS:

Patients were identified at discharge from an inpatient stay or emergency room visit for a COPD exacerbation and referred for follow-up at a comprehensive COPD clinic. A standard template and order set were created for outpatient visits. Patients underwent pulmonary function tests, evaluation and adjustment of medications and inhalers based on current guidelines, and referrals to pulmonology, palliative care, and pulmonary rehab when appropriate. Smoking cessation counseling, initiation of long-term oxygen use and nutrition counseling were also provided if needed. The number of healthcare utilization occurrences (hospital admissions and ED visits) for each patient was collected for 6 months prior to their enrollment in the COPD clinic and compared to healthcare utilization occurrences during the 6 months post-intervention. Data was compared using paired Students t-test.

RESULTS:

Currently, 36 patients have enrolled in our COPD clinic. Most (75%) of patients are female and the average age is 62. On average, there were 1.8 healthcare utilization occurrences per person in the 6 months prior to enrollment versus 0.61 events in the 6 months post-enrollment ($p < 0.01$). This represents a 66.1% reduction in healthcare utilization occurrences. The majority of our referrals (78%) are from inpatient providers at our affiliated hospital, with the remaining referrals from the ED and outside hospitals.

DISCUSSION:

Implementation of a comprehensive COPD clinic requires a multidisciplinary, hospital-wide approach but shows early promise for reducing ED visits and hospital admissions.