



Forum

By invite only

Advanced EM Workshop

Submissions can be made as a 2-hour, half day (4 hours) or full day (8 hours) session.

Mission:

This year, there are three formats for the Advanced EM Workshops; 2-hour, half-day (4 hours), and Full-day (8 hours) sessions. SAEM Academies, Committees, Task Forces, Interest Groups, or individuals planning to submit a series of four or more related didactic sessions should strongly consider submitting the series of sessions as an Advanced EM Workshop instead. Workshops that are co-sponsored by SAEM Academies, Committees, Task Forces, or Interest Groups are encouraged.

Workshop proposal submissions should include a one-page description of the session with an agenda, objectives, and a short biography for each proposed presenter. This information is of vital importance and forms the basis for the competitive decision-making process. Reviewers of Advanced EM Workshop Day proposals will evaluate the content, course outline, and speakers. Proposals should be edited by the lead organizer and be free of spelling and typographical errors.

All presenters listed on submissions are required to complete a disclosure form in order for submission to be complete.

[How to Attract Attendees to Your Workshop](#)

Didactic

Didactics will be selected to provide a robust educational experience during SAEM26. All proposals should support the mission of SAEM: “To lead the advancement of emergency care through education and research, advocacy, and professional development in academic emergency medicine.” Didactics may have a broad or focused audience.

SAEM26 will place a premium on innovative and interactive didactic sessions. Accepted didactics can take one of two formats:

1. Focused session (20 minutes, generally 1 or 2 speakers)
 - a. Appropriate for most didactic sessions
 - b. Format requires a precise, well-honed presentation
2. Expanded session (50 minutes, generally multiple speakers)
 - a. Successful submissions will require significant interactivity and breadth of content such as:
 - i. Panel discussion
 - ii. Lecture or seminar style
 - iii. Interactive workshop with small group facilitators
 - b. Submitters should detail reasons for requesting this format during the submission.

Successful didactic proposals will represent the state of the art in their content area. Clinical topics should focus on cutting-edge research and its applications to patient care or future research directions. Other broad content areas include administration, medical education, and research. Administrative proposals may focus on topics such as approaches to systems, quality improvement, staffing, and planning. Medical education session topics can include curriculum design, educational innovations, and the development of teaching skills. Research session proposals can focus on research methodology and tools as well as topics of interest to both the research or general EM community.

We also encourage our submitters to think creatively about content which they feel would have significant appeal to the SAEM membership, even if it is not represented in one of the categories above.

Interactivity is a key to an effective didactic session. Submitters should describe the content of the proposed didactic in the "Description" field (including background, justification and topics to be discussed; 300 words max) and the structure of the proposed didactic in the "Didactic Plan" field (including the format and use of time; 150 words max).

Read about our [Recommended Best Practices for SAEM Didactic Submissions](#)

View the didactic rubric [here](#).

IGNITE!

IGNITE!! is a fun, fast-paced presentation *Competition* where you are trying to deliver the best 5 minute capsule presentation on the topic of your choice. In this format, your

slides are a help or a handicap - you get 20 slides (including the title slide) which will automatically advance every 15 seconds! You can pick any topic as long as it is related to emergency medicine. Submissions are scored on originality with attention given to good organization in the proposal that reassures us you can handle your topic in the 5 minute time limit. This year, we are limiting submissions to one for each presenting author—if an author submits multiple proposals only the first will be considered.

Because of its unique format, IGNITE! talks are highly energetic, captivating, and engaging. A panel of judges selects a "Best of IGNITE!" winner from each IGNITE! session. An "Audience Choice Award" is also given at each session based on audience polling. Because there are no limitations on submission topics, you will be exposed to all sorts of interesting issues in EM. Speakers in the past have talked about their experiences in disaster relief, waxed poetic about the role of machine learning in EM, and challenged core practices in EM critical care and education.

Innovations (no clinical advances)

The SAEM Program Committee is proud to offer members a venue to present their innovations in education, faculty development, wellness, and operations.

During the SAEM26 Annual Meeting, Innovations will be presented either as an oral presentation or as a table top hands-on demonstration, thus bringing diverse leaders together to cultivate new ideas and approaches to undergraduate, graduate, and continuing medical education and patient care.

For SAEM26, the Innovation committee is asking for submissions specifically around these themes:

1. Building student interest in and early exposure to the field of emergency medicine
2. Fostering learner involvement in advocacy for vulnerable populations and public health initiatives
3. Emergency medicine rotations in low-resource and rural health settings
4. Incorporating Planetary Health into medical education and/or ED operations
5. AI/LLMs in medical education
6. EM burnout prevention/career longevity

However, submissions on any topics that help enhance education at all levels are welcome.

Abstract

Character count, excluding the words, "Background, Methods, Results, Conclusion", is 2,050 characters, not including spaces (about 300-325 words).

Please note that no tables or figures will be allowed in the 2026 abstract submission process.

The Program Committee is accepting abstracts for review for presentation at the SAEM26 Annual Meeting. Authors are invited to submit original emergency medicine research in the following categories:

Abdominal/Gastrointestinal/Genitourinary	Obstetrics/Gynecology
Airway Anesthesia/Analgesia	Orthopedics
Cardiovascular – Basic Science	Palliative
Cardiovascular – Clinical Research	Patient Safety and Quality
Clinical Decision Guidelines	Pediatrics – Infectious Diseases
Clinical Operations	Pediatrics – General
Critical Care/Resuscitation	Pharmacy
Diagnostic Technologies/Radiology	Professional Development
Disaster Medicine	Psychiatry
Disease/Injury Prevention	Pulmonary
Education	Research Design/Methodology/Statistics
Electrocardiogram (ECG or EKG)	Sex and Gender
Emergency Medical Services (EMS)	Simulation
Ethics	SAEM Consensus Conference
Geriatrics	Social Emergency Medicine
Health Equity & Disparities	Social Media
Health Policy and Health Services Research	Sports Medicine
Infectious Diseases	Toxicology/Environmental
Informatics and Data Science	Trauma
International Emergency Medicine	Ultrasound
Neurology	Wilderness Medicine

Please see the [SAEM26 Properly Formatted Abstracts](#) for more tips.

We are pleased to announce that the abstract scoring criteria are publicly available. The full scoring system can be downloaded [here](#).

Watch helpful webinars of how to write a winning abstract [here](#). (Please be aware that starting in 2026 SAEM has changed their submission platform from Cadmium to Open Water. Therefore, all references to Cadmium in these videos should be ignored.)

Only reports of original research may be submitted. At the time of submission, abstracts must not have been accepted for publication in any journal. Also, abstracts may not be presented at any U.S. nationwide meeting or major international meeting more than 30 days prior to the SAEM Annual Meeting with the exception of CORD and SAEM regional meetings.

To ensure the quality and integrity of presentations at our national society meeting, the Abstract Subcommittee encourages authors from the same research team to carefully consider the submission of multiple abstracts originating from the same project. While we recognize that large research projects often generate multiple distinct questions and analyses, we encourage authors to avoid submissions with significant overlap in background, methods, results, or conclusions.

For example, submitting one abstract that analyzes a dataset by gender and a second abstract with a nearly identical analysis of the same dataset by race would be strongly discouraged. Authors should combine these into a single cohesive and comprehensive abstract, rather than fragmenting their work into multiple submissions.

Abstracts that are found during the review process to have substantial overlap will be conditionally rejected, unless authors choose to merge their overlapping content into a single submission. We believe this policy will help guarantee that each presentation offers distinct and valuable insights, while ensuring that the widest possible array of contributors have the chance to present their work at the Annual Meeting.

Abstracts accepted for publication at the Annual Meeting will be published in the Academic Emergency Medicine (AEM) online supplement. SAEM strongly encourages authors to submit the full manuscripts that follow successful abstracts to AEM. AEM will notify authors of a decision regarding publication within 60 days of receipt of a manuscript.

Year in Review (AEMP)

This submission is specifically designed for presenters who are pharmacists in their first 5 years of practice.

Education Keynote

[Education Keynote](#) submissions will include uploading a CV and an example of a prior speaking engagement.

Clinical Images

The Clinical Image exhibit comprises up to 3 images (2000x1600 pixels or higher) per submission with patient background information, vital signs, tests performed, and 1-2 questions that would lead the reader to guess the diagnosis. Submissions must include a signed patient consent form. A presentation is not required, and submitters do not need to be present to win.