

## Call for Papers and Announcement 2017

**WFAAG 2017 WORLD CONGRESS**  
29-30th September and 1st October 2017  
Universidad Camilo José Cela [www.ucjc.edu](http://www.ucjc.edu)

**IMPORTANT GUIDELINES: PLEASE READ CAREFULLY**

### CALL FOR ABSTRACTS

**CLOSING DATE FOR RECEIPT OF ABSTRACTS FOR MAIN CONFERENCE:**

**April 7th 2017**

**Oral Scientific & Poster Presentations: Saturday, September 30th 2017**

### **SCIENTIFIC PAPERS AND POSTERS**

• The abstract should be less than/equal to 600 words, excluding the title and should be divided into:

**Introduction:** to include background, purpose or objectives of study

**Methods:** include study design, setting, patients or participant details, interventions and main outcome measures

**Results:** use SI units, state P values and if significant difference detected state effect size

**Conclusions:** state clear conclusion, if appropriate study limitations and future directions

• Include only text: do not include images, figures or graphs.

• The name(s) of the Author(s) should appear, Presenter's name first, as surname(s), initials without punctuation, and without titles or degrees (e.g. Smith, AB - a maximum of 4 authors will be accepted)

• Please ensure to fill in the affiliation of the presenting author when you submit your abstract. The affiliation of the presenting author only will be included.

- The Scientific Committee reserves the right to edit the abstracts in case of inaccuracy of scientific content, abstracts with poor grammar, spelling errors etc will be sent back to the author for correction.
- All abstracts will undergo blinded editorial review with regard to scientific content and process and editors may request further corrections of content before abstract acceptance.
- Sample abstracts for case presentation and scientific presentations are enclosed below.
- Note those submitting poster presentations will be expected to make a short informal presentation (2-3 min) of their work to examining judges at an appointed time during coffee and lunch breaks on both days of the conference.

**POSTERS** must be submitted in Portrait format, size A0 only.

Contact Elena S. Rodríguez-López, PhD, Juan Pablo Hervás-Pérez PhD, or Sofia O. Calvo-Moreno, PG at [callforabstract@ucjc.edu](mailto:callforabstract@ucjc.edu) Scientific Conference Organising Committee

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### **SAMPLE abstract submission for ORAL AND POSTER PRESENTATION**

An Audit of Automated External Defibrillators in the Gaelic Athletic Association (GAA)

<sup>1</sup>First Author Name & Initials, Second Author Name and Initials.

<sup>1</sup>Institution Name and Details e.g. Anatomy Department, Camilo Jose Cela University, Madrid, Spain

Introduction: Sudden cardiac arrest (SCA) affects approximately 6,000 Irish people annually, evidence shows increased survival rates for persons receiving early defibrillation. In 2007, the GAA promoted and subsidised AED placement within its clubs.

Study Aims: to determine availability, usage and location of AEDs at GAA clubs nationally.

Methods: 1,661 club secretaries were requested to complete an on-line survey to gather data on AED availability, placement, maintenance, signage and usage.

Results: 48% (n=799) of clubs responded, 732 surveys were admissible, and of respondents: 69% (n=503) owned an AED, 25% (n=185) did not and 6% (n=44) were unsure. 35% (n=177) of clubs had purchased AEDs through the GAA/VHI scheme. Reasons for acquisition of an AED were: 51% (n=257) cited "recommendation/promotion by the GAA", 43% (n =216) "requested by community" and "because S&CD is very topical" respectively, and 19% (n = 95) "donated by third party." In 31% (n=155) of club AEDs were kept in locked locations, 58% (n=288) were publicly accessible and in 11% (n = 60) location was unknown. In 3% (n= 16) of clubs AEDs had been used in resuscitation attempts.

Discussion: This is the first national audit of AED use within the GAA since its introduction of a policy promoting AED usage in 2007. The uptake of AED placement in clubs responding to this survey was high; however no data is available for the 52% of clubs who did not respond. The author would therefore recommend mandatory registration of AED placement in the annual club report to GAA headquarters.