

EZECON 2026

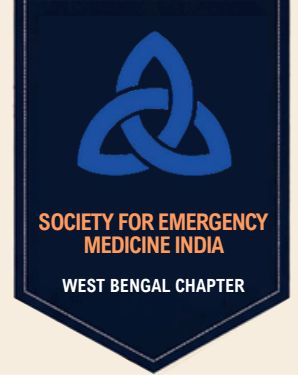
5th East Zone Emergency Medicine Conference
& 8th Bengal EM Conclave



Organized by



SOCIETY FOR EMERGENCY MEDICINE INDIA (SEMI)
WEST BENGAL CHAPTER



8–9 August 2026 | Altair Boutique Hotel, Kolkata | www.ezeconsemi.com

ORAL PRESENTATION

Guidelines



EZECON 2026 invites abstract submissions for **Oral Presentations** from trainees, residents, Medical Officers, and registrars in Emergency Medicine, Critical Care, and allied acute care specialties.

The Oral Presentation session is designed to provide a scientific platform for young clinicians to present original research, clinical observations, interesting cases, case series, audits, quality improvement projects, and practice-relevant academic work related to emergency and acute care medicine.

All submitted abstracts will be reviewed by the Scientific Committee. Selected abstracts will be presented as **oral slide presentations** during EZECON 2026. There will be **no poster or e-poster presentation format** for this category.

1. Important Dates

Abstract submission status: Now open

Last date for abstract submission: 26 July 2026, 11:59 PM IST

Acceptance / rejection notification: Presenting authors will be informed by email.

Oral presentation date and time: Selected presenters will be informed by email.

Conference dates: 8–9 August 2026

Abstracts submitted after the deadline may not be considered.

2. Accepted Categories / Themes

Oral presentation abstracts may be submitted under the following broad themes:

1. **Emergency Medicine & Critical Care**
2. **Trauma and Surgical Emergencies**
3. **Paediatric Emergencies**
4. **Internal Medicine and Allied Specialty Emergencies**
5. **Interesting Case Reports / Case Series**

The Scientific Committee may reclassify a submission into a more appropriate category if required.



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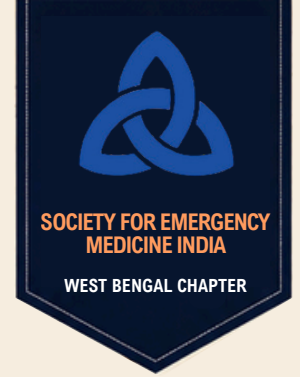
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3. General Guidelines

1. Oral Presentations are academic slide-based presentations delivered in person during EZECON 2026.
2. Each selected presentation must be delivered by the designated presenting author.
3. Oral Presentations may include text, figures, tables, clinical images, radiology images, ECGs, ultrasound images, flowcharts, algorithms, and short embedded videos or animations, where relevant.
4. Scientific presentations should:
 - o Present academic, scientific, clinical, or educational material.
 - o Contain original, clinically relevant, or practice-oriented information.
 - o Be presented by individuals rather than organisations.
 - o Avoid promotional content, advertising, commercial claims, or solicitation for any organisation or product.
5. The content should be relevant to Emergency Medicine, Critical Care, acute care, trauma, or allied emergency specialties.
6. The presenting author must be physically present at the venue during the scheduled oral presentation session.
7. There will be **no poster display, no e-poster display, and no printed poster requirement.**

4. Eligibility Criteria

1. The primary / presenting author should be one of the following:
 - o Trainee
 - o Resident
 - o Registrar
 - o Medical Officer
2. Senior physicians above registrar level may be included as co-authors but will not be eligible as presenting authors.
3. The presenting author must be a registered delegate of EZECON 2026.
4. Registration for the conference is mandatory for final presentation and certificate eligibility.
5. Each presenting author may submit up to **two abstracts.**
6. Both submitted abstracts may be selected, depending on the evaluation process and scores.
7. A maximum of **four authors** are allowed per submission:
8. One presenting author
9. Up to three co-authors
10. Change of presenting author after acceptance will be allowed only with prior approval from the Scientific Committee.
11. The presenting author must ensure that all co-authors are aware of and have approved the final submitted abstract.

5. Author Details Required During Submission

Presenting Author Details

The following details must be provided for the presenting author:

- Full name
- Designation
- Department



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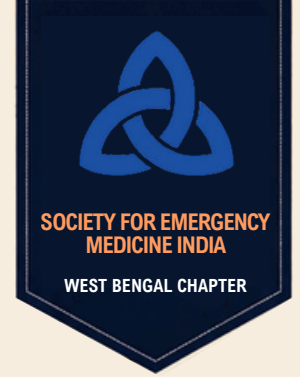
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- Institution / hospital / medical college
- City and state
- Email ID
- Mobile number
- Conference registration status, if already registered

Co-author Details

For each co-author, the following details must be provided:

- Full name
- Designation
- Department
- Institution / hospital / medical college

A maximum of three co-authors may be added.

6. Abstract Submission Process

1. Abstracts must be uploaded directly through the official conference website: www.ezeconsemi.com
2. Abstracts should not be submitted as hard copies.
3. Email submission of abstracts should be avoided unless specifically instructed by the organising team in case of technical difficulty.
4. The presenting author is responsible for ensuring that the abstract is submitted before the deadline.
5. Incomplete submissions may be rejected or returned for correction at the discretion of the Scientific Committee.
6. If the same abstract is submitted multiple times, the latest complete submission received before the deadline may be considered final.
7. Receipt of submission does not guarantee acceptance.
8. If an abstract is accepted or rejected, the presenting author will be informed by email.

7. Types of Abstracts Accepted

Submissions should be clearly identified as one of the following:

A. Original Research

This includes observational studies, interventional studies, retrospective studies, prospective studies, audits, quality improvement projects, survey-based studies, or other structured research relevant to emergency and acute care.

B. Case Report / Case Series

This includes unusual, educational, rare, challenging, or practice-changing clinical cases relevant to Emergency Medicine, Critical Care, Trauma, or allied acute care specialties.

C. Clinical Audit / Quality Improvement / Innovation

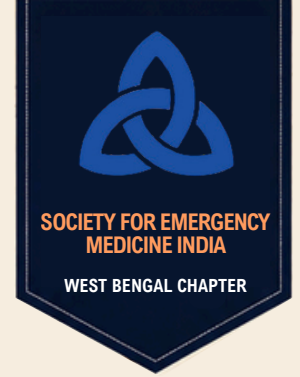
These may be submitted if they are relevant to emergency care systems, resuscitation, triage, patient safety, workflow, protocol implementation, clinical outcomes, or emergency department processes.

The Scientific Committee may classify these under Original Research depending on the structure of the submission.



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8. Abstract Title

1. The abstract title should not exceed **150 characters**, including spaces.
2. The title should be clear, concise, and scientifically appropriate.
3. Avoid unnecessary abbreviations in the title.
4. Avoid sensational or promotional wording.
5. For case reports, the title should ideally reflect the clinical learning point rather than only the diagnosis.

9. Abstract Word Limit and Format

1. The abstract synopsis must be structured.
2. The abstract should not exceed **400 words**.
3. Abstracts exceeding the word limit may be edited, returned for revision, or rejected.
4. The abstract should be written in clear English.
5. Avoid excessive abbreviations. Define abbreviations at first use.
6. **Do not include references in the abstract.**
7. **Do not include tables, images, or figures in the abstract.**
8. The abstract must not contain patient-identifiable information.
9. Submissions without a structured format may be rejected or returned for revision.

10. Recommended Abstract Structure

A. Original Research Abstracts

Suggested structure:

Background:

Briefly introduce the clinical problem, context, or knowledge gap.

Objective:

State the aim or primary objective of the study.

Methods:

Mention the study design, setting, population, inclusion criteria, intervention or exposure if applicable, and key outcome measures.

Results:

Present the key findings with relevant numerical data where available. Avoid vague statements such as “results will be discussed.”

Conclusion:

State the main interpretation, clinical relevance, and practical implication of the findings.

B. Case Report / Case Series Abstracts

Suggested structure:

Background:

Briefly explain why the case is clinically important, unusual, or educational.

Case Description:

Summarise the relevant presentation, examination findings, investigations, diagnosis, treatment, and outcome.

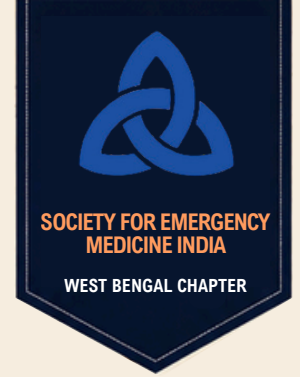
Discussion:

Highlight the diagnostic challenge, management issue, learning point, or relevance to emergency/



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acute care practice.

Conclusion:

State the key take-home message.

C. Clinical Audit / Quality Improvement Abstracts

Suggested structure:

Background / Problem Statement:

Describe the clinical or system problem.

Objective:

Mention the improvement goal or audit standard.

Methods:

Describe the setting, intervention, audit cycle, or data collection method.

Results:

Present measurable findings or improvement outcomes.

Conclusion:

State the practical relevance and sustainability of the intervention.

11. Declaration Requirements

The following declarations must be completed during submission:

1. Whether the study / case / submission was carried out in India.
2. Whether this submission has been presented at any other conference earlier.
3. Whether this submission has been published or submitted to any peer-reviewed journal.
4. Whether the work involves laboratory research or translational research.
5. Whether ethics committee approval was obtained, where applicable.
6. Whether informed consent was obtained, where applicable.
7. Whether any patient-identifiable information has been removed.
8. Whether there is any conflict of interest.
9. Whether any external funding or sponsorship was received for the work.
10. Whether any AI-assisted tool was used for drafting, editing, analysis, image generation, or presentation preparation.

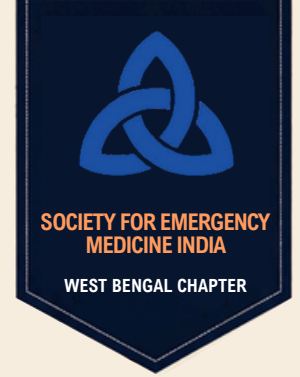
12. Ethics, Consent and Patient Confidentiality

1. All submitted work must follow accepted ethical standards.
2. Original research involving human participants should have appropriate institutional ethics committee approval or exemption, where applicable.
3. For retrospective audits, case record reviews, surveys, and quality improvement studies, authors should comply with institutional policies.
4. For case reports and case series, informed consent should be obtained where required.
5. Patient identity must be protected at all stages.
6. Do not include:
 - o Patient name
 - o Registration number
 - o Hospital number
 - o Phone number



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- Address
 - Face photographs unless fully consented and appropriately anonymised
 - Unmasked investigation reports containing identifiable data
7. Clinical images, radiology images, ECGs, ultrasound images, laboratory reports, and monitoring data must be anonymised before inclusion.
8. If consent or ethics approval is not applicable, the author should be prepared to justify this if asked by the Scientific Committee.

13. Plagiarism, Originality and Academic Integrity

1. All submissions must be original.
2. Plagiarised abstracts will be rejected.
3. Fabricated data, manipulated images, false authorship, duplicate submission without disclosure, or misrepresentation of results will be considered academic misconduct.
4. The Scientific Committee may use plagiarism detection or other screening tools at its discretion.
5. Authors are responsible for the accuracy and integrity of the submitted material.
6. AI-assisted tools may be used for language improvement, formatting, or design support, but they must not be used to fabricate data, invent cases, generate false references, or create misleading images.
7. AI tools cannot be listed as authors.
8. If substantial AI assistance was used, this should be disclosed where requested in the submission form.

Authors of plagiarised or fraudulent abstracts may be debarred from participation in SEMI-organised conferences or workshops, as per SEMI policy.

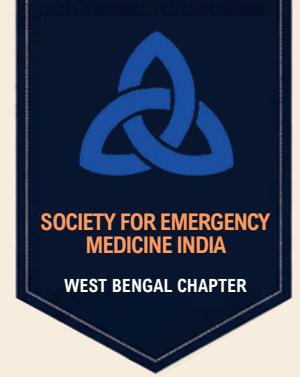
14. Review and Selection Process

1. All submitted abstracts will be reviewed by the Scientific Committee.
2. Abstracts will be evaluated for:
 - Relevance to Emergency Medicine/ Critical Care/ acute care
 - Originality
 - Scientific merit
 - Clinical importance
 - Clarity of presentation
 - Methodological quality, where applicable
 - Educational value
 - Ethical appropriateness
3. The committee may accept, reject, or request clarification/ revision.
4. If an abstract is accepted or rejected, the presenting author will be informed by email.
5. Rejection may occur due to:
 - Incomplete submission
 - Poor scientific quality
 - Lack of relevance
 - Unstructured abstract
 - Excessive word count
 - Missing declarations
 - Ethical concerns



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- Plagiarism or duplicate submission
- Promotional or non-academic content

6. The decision of the Scientific Committee shall be final and binding.

15. Preparation of Final Oral Presentation

Selected abstracts must be presented as oral slide presentations using Microsoft PowerPoint or a compatible presentation format.

Slide Limit

The final oral presentation should contain a maximum of **12 slides**, including the title slide.

Suggested 12-Slide Structure

Slide 1: Title, presenting author, co-authors, institution

Slide 2: Background / Introduction

Slide 3: Rationale / Clinical relevance / Knowledge gap

Slide 4: Objective / Aim

Slide 5: Methods / Case presentation overview

Slide 6: Study population / Clinical details / Timeline

Slide 7: Results / Key findings / Investigations

Slide 8: Additional results / Management / Intervention

Slide 9: Discussion / Interpretation

Slide 10: Clinical implications / Learning points

Slide 11: Conclusion / Take-home message

Slide 12: Acknowledgement / Conflict of interest / Funding declaration

The exact structure may be modified depending on whether the submission is original research, audit, quality improvement work, case report, or case series.

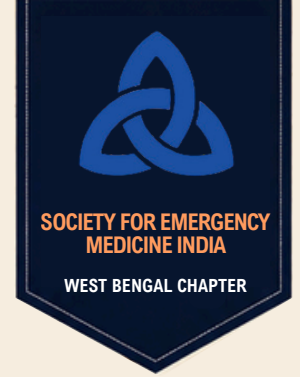
16. Formatting Instructions for Final Presentation

1. Use clear and readable fonts such as:
 - Arial
 - Calibri
 - Times New Roman
2. Minimum font size should preferably be **20 points**.
3. Each slide should be simple, readable, and not overcrowded.
4. Avoid long paragraphs.
5. Use bullet points wherever possible.
6. Use a clean, plain background.
7. Avoid dark, patterned, or overly decorative backgrounds that reduce readability.
8. Use clear section headings.
9. Leave adequate spacing between text sections.
10. Clinical images, charts, and tables should be clearly labelled.
11. All figures and tables should be readable on screen.
12. Images should not obscure text.
13. Use high-quality images only.
14. Simple animations or transitions are allowed but should not distract from the scientific content.
15. Embedded videos or animations, if used, should be short, relevant, and technically compatible.



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16. The final file size should not exceed **50 MB**.

17. file name should preferably follow this format:
EZECON2026_OralPresentation_PresentingAuthorName_Category.pptx

Example:

EZECON2026_OralPresentation_RahulSen_CaseReport.pptx

17. Presentation Duration

Each selected oral presentation will be allotted:

8 minutes for presentation

2 minutes for discussion / questions

Total time per presenter: **10 minutes**

Presenters are requested to strictly adhere to the allotted time. Presentations exceeding the time limit may be stopped by the session chair or judging panel to maintain the conference schedule.

18. References and Acknowledgements in Final Presentation

1. References may be included in the final presentation if relevant.
2. Do not include references in the submitted abstract.
3. Use only key references in the final presentation.
4. Avoid overcrowding slides with lengthy reference lists.
5. Acknowledgements, funding disclosures, conflict-of-interest statements, and ethics approval details may be included on the final slide if applicable.

19. Final Presentation Submission/ On-site Submission

1. The final oral presentation PPT does not need to be uploaded online.
2. Presenters must bring the final presentation on the day of the conference.
3. The presenting author must bring the presentation in a **pen drive**.
4. Presenters are advised to keep an additional backup copy in email or cloud storage.
5. The final presentation should be submitted at the designated presentation area / scientific desk as instructed by the organising team.
6. Presenters should report to the assigned venue at the time communicated by email.
7. Late reporting may affect eligibility for presentation, judging, certificates, or awards.

20. Oral Presentation and Judging

1. The presenting author must be physically present during the assigned oral presentation session.
2. The presentation must be delivered by the designated presenting author.
3. The presentation date, time, venue, and session details will be communicated by email.
4. Presenters should be prepared to answer questions from the judges and audience.
5. Judges may ask questions regarding:
 - o Clinical relevance
 - o Study design or case details
 - o Interpretation of results
 - o Learning points



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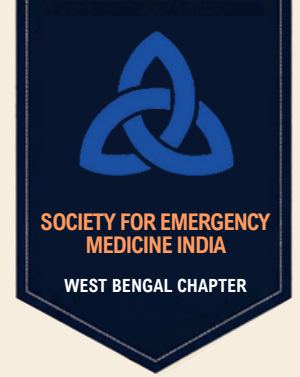
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- Ethical approval / consent
 - Practical implications
 - Limitations of the work
6. Presenters should be concise, clear, and scientifically honest.
7. The judging decision will be final.

21. Suggested Judging Criteria

The following criteria may be used by the neutral judging panel:

1. Relevance to Emergency Medicine / Critical Care / acute care
2. Originality and academic value
3. Clarity of abstract
4. Scientific validity or clinical reasoning
5. Quality of methodology, where applicable
6. Importance of results or learning points
7. Quality of slide presentation
8. Presentation skills and time management
9. Ability of presenter to explain and defend the work
10. Ethical appropriateness
11. Overall academic impact

22. Certificates

1. Certificates of presentation will be issued for selected and presented oral presentations.
2. Certificates will be issued to the authors of the presentation.
3. The certificate may be provided as a digitally signed PDF.
4. The certificate will be sent to the presenting author by email or made available through the conference system, as decided by the organisers.
5. Certificates may not be issued if:
 - The presenting author is not registered.
 - The oral presentation is not delivered.
 - The author is absent during the scheduled session.
 - The submission is found to violate academic or ethical guidelines.

23. Awards

1. The **Top 3 Oral Presentation Awards** will be given during EZECON 2026.
2. Awards will be based on evaluation by an impartial and neutral team of judges.
3. Judging will be based on scientific merit, clinical relevance, presentation quality, clarity, originality, and response to questions.
4. The decision of the judges and Scientific Committee will be final and binding.

24. Grounds for Rejection or Disqualification

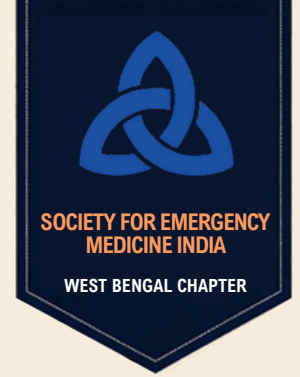
An abstract or presentation may be rejected or disqualified if:

1. It is submitted after the deadline.
2. The presenting author is not eligible.
3. The presenting author is not registered for the conference.



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4. The abstract is incomplete or unstructured.
5. The abstract exceeds the prescribed word limit.
6. The submission is outside the scope of the conference.
7. Required declarations are missing.
8. Patient confidentiality is breached.
9. Consent / ethics requirements are not fulfilled.
10. The work contains plagiarism.
11. The data appear fabricated or manipulated.
12. The content is promotional or commercially biased.
13. The same work has been submitted under multiple titles without disclosure.
14. The final oral presentation differs substantially from the accepted abstract without explanation.
15. The presenter is absent during the assigned oral presentation session.
16. The presenter fails to comply with the time limit or presentation instructions.

25. Communication

All communication regarding abstract submission, acceptance / rejection, presentation schedule, and awards will be sent to the email ID provided by the presenting author during submission. Authors are advised to check their email regularly, including spam / junk folders. For conference-related updates, please visit: www.ezeconsemi.com
For oral presentation queries, contact: semiezecon@gmail.com
Dr. Bodhisatwa Choudhuri: 9830636315

26. Final Statement

Submission of an abstract to EZECON 2026 implies that the authors have read, understood, and agreed to follow all oral presentation guidelines, ethical requirements, submission rules, and decisions of the Scientific Committee.
All decisions made by the Scientific Committee, neutral judging panel, and organising committee of EZECON 2026 shall be final and binding.

