



T1D Exchange QI Collaborative Learning Session Abstracts, in partnership with the *Journal of Diabetes*. San Diego, CA and Virtually. November 10-11, 2026.

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Call For Abstracts

QI Collaborative clinics are invited to submit an abstract. Abstracts will be considered for publication in the *Journal of Diabetes* as well as for oral or posters presentations at the November Learning Session.

- Submit via form using this [link](#)
- Questions: email qi@t1dexchange.org

Abstract Submission Timeline

- Submission opens: April 1, 2026
- Submission closes: July 31, 2026
- Abstract Notifications: August 21, 2026
- Posters/Slides due: October 9, 2026
- Abstracts published in *Journal of Diabetes*: December 2026

Helpful Resources

- [Abstract Template](#) for authors with the same center affiliation
- [Abstract Template](#) for authors with multiple center affiliations
- [Resource for formatting your figure](#)
- [T1DX-QI Publication Language Guide](#)
- [Learning Session 2025 - Published Abstracts](#)

Topic Areas

Collaborative teams are encouraged to submit an abstract describing their QI work in diabetes care aligned with the [T1DX-QI Key Driver Diagrams](#), including (but not limited to) the primary drivers.

Please review the topic areas below and **rank your top two selections** that best reflect where your abstract fits.

1. Access to Care Health Equity; Health Literacy and Education; and SDH
2. Adult Diabetes Care (18+); Older Adults
3. Diabetes Comorbidities; Complications; Cardiovascular Health
4. Diabetes Events: Severe Hypoglycemia; DKA
5. GLP-1/GIP Use; Metabolic Health
6. Innovative methodologies (e.g. data-centered care models, qualitative or mixed-methods approaches, etc.)
7. Insulin Use; Glucose Monitoring; Metrics for Glycemia (e.g. A1C, Dual-Sensor Glucose/Ketone Monitors, etc.)
8. Person Centered Care; Shared Decision Making; and Psychosocial Support
9. Prior Authorization; Gaps in Treatment
10. Remote Patient Monitoring; Telehealth
11. Transitions of Care
12. T1D Screening, Stage, and Monitoring
13. T2D
14. Use of Data; Data Mapping; EMR Solutions; Integrating Diabetes Devices into EMR Systems; Best Practice Advisories; Algorithms; Predictive Modeling

Abstract Guidelines/Format and Required Information

- Abstract: 250 words maximum, with sub-headers

- Materials must not have been presented or published previously and must reflect work completed in 2026.
- Abstracts must contain data.
- Abstracts are limited to one figure or table that should be included in the word document with the body of the abstract
- Please utilize the [T1DX-QI Publication Language Guide](#) when writing your abstract.

Each abstract must be a maximum of 250 words (excluding title and author list), fit on a single 8.5x11 page, and include the following sub-headers:

1. Background
2. Methods
3. Results
4. Conclusions

Capitalize the first letter of each significant word in the title (standard title case). Do not include supplemental pages, photographs, tables, or references. Abstracts must be factual and comprehensive. The use of abbreviations and acronyms should be limited and general statements (e.g. “the significance of the results is discussed”) should be avoided.

Please use only Times New Roman font. Please use the abstract templates available when preparing your submission:

- [Abstract Template](#) for authors with the same center affiliation
- [Abstract Template](#) for authors with multiple center affiliations

Before you submit your abstract:

We require you to have the following information prepared before you begin the abstract application process:

- Complete names, including ALL academic degrees, for each author. If none, specify NONE.
- Academic affiliations for ALL Co-authors

Abstract Submission

All abstracts should be submitted through Qualtrics using this [link](#). Please only submit the final version of your abstract.

Selection for Poster or Oral Presentation

All abstracts will be reviewed by the Publications Committee, and the highest rated abstracts will be accepted for brief oral presentation during the Learning Session (Tuesday November 10 and Wednesday November 11). All submitted abstracts will be considered for oral presentation. The Learning Session Planning Committee will also review the abstracts and contact the authors about incorporating their work into the overall meeting program.

Abstracts that are accepted for poster and oral presentation will be shared and recommended for publication with the *Journal of Diabetes*. *Journal of Diabetes* is partnering with T1DX-QI to publish a selected number of abstracts from the November Learning Session.

Corresponding Author and Co-Authors

You may identify up to **ten** authors for this abstract. In all cases, the first author listed is considered the corresponding author. This corresponding author **MUST** fill in the FULL name and affiliations for each author. All academic degrees must be included for every author. If an author holds NO degree, please specify NONE. Author and co-author names and academic degrees will be published in a special section of the *Journal of Diabetes*.

Keywords

Three to five key words should be supplied below the abstract, in alphabetical order, lowercase, separated by semicolons, and should be taken from those recommended by the US National Library of Medicine's Medical Subject Headings ([MeSH browser list](#)).

Figures

Please use this resource if you need to reformat your figure: [Link](#)

Tables

Tables should be self-contained and complement, but not duplicate, information contained in the text. Number tables consecutively in the text in Arabic numerals. Type tables on a separate page with the legend above. Legends should be concise but comprehensive – the table, legend and footnotes must be understandable without reference to the text. Vertical lines should not be used to separate columns. Column headings should be brief, with units of measurement in parentheses; all abbreviations must be defined in footnotes. Footnote

symbols: †, ‡, §, ¶, should be used (in that order) and *, **, *** should be reserved for P-values. Statistical measures such as SD or SEM should be identified in the headings.

Figure Legends

Type figure legends beneath the figure. Legends should be concise but comprehensive – the figure and its legend must be understandable without reference to the text. Include definitions of any symbols used and define/explain all abbreviations and units of measurement.

Requirements

All illustrations (line drawings and photographs) are classified as figures. Magnifications should be indicated using a scale bar on the illustration.

- Size - Figures should be sized to fit within the column (82mm), intermediate (118mm) or the full text width (173mm).
- Text sizing in figures - Lettering must be included and should be sized to be no larger than the journal text or 8 point (Should be readable after reduction – avoid large type or thick lines). Line width between 0.5 and 1 point.
- For submission, high-resolution figures (at least 300 d.p.i. for images, 600 d.p.i. for line art) saved as .eps or .tif files should be uploaded.

Please submit EPS (line art), TIFF (halftone/photographs), or PNG files. MS PowerPoint and Word Graphics are unsuitable for printed pictures. Do not use pixel-oriented programmes. Scans (TIFF only) should have a resolution of 300 dpi (halftone) or 600 to 1200 dpi (line drawings) in relation to the reproduction size (see below). EPS files should be saved with fonts embedded (and with a TIFF preview if possible). For scanned images, the scanning resolution (at final image size) should be as follows to ensure good reproduction: line art: >600 dpi; half-tones (including gel photographs): >300 dpi; figures containing both halftone and line images: >600 dpi.