

**T1D Exchange QI Collaborative Learning Session Abstracts, in partnership with the Journal of Diabetes.
Equitable Diabetes Care Improvements Spread and Sustained Through the Collaborative Network
2020-2023. New York City, NY November 14-15.**

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 presentation at the November Learning Session.

Abstract Submission Guidelines

- Submission opens: April 4, 2023
- Submission closes: July 31, 2023
- Acceptance for poster notifications: August 7, 2023
- Abstracts go live by: November 1, 2023
- Submit via survey using this [link](#)
- Questions: email qi@t1dexchange.org

Abstract Topic Areas:

Collaborative teams are encouraged to submit an abstract of their work on diabetes care related to the T1DX-QI KDD, including but not limited to any of the major drivers:

- Access to care & transitions of care
- Blood glucose monitoring
- Continuous glucose monitoring
- Diabetes data science
- Digital health & use of data
- Health equity & social determinants of health
- Health Literacy & education
- Insulin delivery
- Looping/DIY, AID, Hybrid closed loop
- Metrics for glycemia using CGM
- Psychosocial support
- Telehealth

Abstract Guidelines:

- Abstract: 250 words maximum, with sub-headers
- Materials must not have been presented or published previously and must reflect work completed in 2023.
- Abstracts must contain data.

Abstract Format and Required Information

Each abstract should be no more than 250 words and should fit on a single 8.5x11 page. The title and author listing does not count as part of the word total. The abstract must be organized into four distinct paragraphs:

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

Please capitalize the first letter of all keywords in your title. 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 template available [here](#) when preparing your submission.

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.
- Email addresses for all authors.
- Mobile phone number for all authors
- A spell-checked abstract that conforms to the template is available [here](#).

Abstract Submission

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

Selection for Poster 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 14 and Wednesday November 15). 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, email address, postal address, and mobile phone number 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*.

NOTE: All fields are required for additional authors. Please do not use first author's email address for additional authors.

Keywords

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

Formatting requirements to follow (all formatting requirements confirm with *Journal of Diabetes* requirements.)

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 on a separate page after References or Tables if the manuscript includes them. 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.

Figures

All illustrations (line drawings and photographs) are classified as figures. Figures should be cited in consecutive order in the text. 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.
- Each figure should be supplied as a separate file, with the figure number incorporated in the file name and also showing within the figure. 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.

Preparation of Electronic Figures for Publication: We require high quality images to prevent the final product being blurred or fuzzy, 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.