Call for Abstracts!

To all Wake Forest School of Medicine and Advocate Health,

The ***Child and Family Health Research Symposium*** will be on **Friday, September 12th, 2025 from 8am till 1pm**. This event is designed as an opportunity to showcase research projects in front of faculty, staff, and colleagues. The symposium is being hosted by the Center for Prevention Science in Child and Family Health (CPSCFH), the first child- and family-focused research center at Wake Forest University School of Medicine.

The **keynote address** by Dr. Arvin Garg, a prominent clinician-scientist who studies addressing unmet social needs through family-centered healthcare system-based interventions, will be at 8am in the **Gray Building Commons Conference Room Ground Floor of the NRC Building**, Winston Salem, NC. The keynote will be followed by a **poster session, time for networking,** and **awards ceremony** from 9am-12pm, with lunch provided.

Virtual Options

There will be opportunities to participate virtually for those unable to attend from the Charlotte or Midwest campuses of Advocate Health (though we welcome in-person participation).

- Keynote address will be recorded and broadcast via virtual platforms as part of the Winston-Salem campus Department of Pediatrics Grand Rounds series.
- Posters can be presented virtually on an online platform. When completing your abstract submission, there will be an area to note if it is virtual.
- Virtual presenters do not need to be present virtually. All accepted abstracts will be hosted on-line, asynchronously, so everyone is able to view them.

Participants who cannot attend in-person are still eligible for Research Awards and are encouraged to submit their research for consideration.

Participate in CPSCFH Poster Session

The CPSCFH poster session is open to all Wake Forest University School of Medicine and Advocate Health Faculty, physicians, fellows, residents, graduate students or medical students who have completed a research project within the last year that is focused on child and family health, even if the research was presented elsewhere. Limit one abstract submission per presenter (co-presenters are allowed). All information, forms, guidelines, and deadlines can be found on the **CPSCFH webpage** center-for-prevention-science-in-child-and-family-health.

Posters

If your abstract is accepted, you will be responsible for printing your own poster if presenting in person. Our poster boards are 3x4 feet. Please make sure your poster is no larger than 3x4 feet. If presenting virtually, your poster will be presented asynchronously on a virtual platform, accessed via QR code.

Consideration for Research Award
To be considered for an award, please note that upon abstract submission there will be options listed. Awards will be given for Outstanding Research in Child and Family Health to the winner in each of the following categories:

- Faculty
- Fellow
- Resident
- Graduate Student
- Medical Student

Plan Ahead!
Deadlines
Registration Opens: July 15th, 2025
Submit Research Abstract: August 15th, 2025
The abstract template, guidelines, examples, and a link to submit your abstract are provided on the **CPSCFH webpage.**

Event Registration: https://redcap.link/event_registeration_CPSCFH
Abstract Submission: https://redcap.link/abstractRFA_CPSCFH

Abstract Guidelines:

Length & Format:

- **Word count:** 300 words
- **Font and size:** Arial or Times New Roman, size 12, and 1-inch margins
- **Title:** The abstract title should be clear, concise, and accurately reflect the content of the paper
- **Authors and affiliations**: The abstract should list all authors who meet authorship criteria and their current affiliation
- **Funding source**

Style and Formatting:

- **Background:** The central research question or the purpose/objective of the study
- **Methods:** A brief description of the research methods used.
- **Results:** The key findings or results of the study
- **Conclusions:** The main conclusions or implications of the research

Abstract template and example listed below:

Title: Reverse First Night Effect in Depressed Insomniacs

Authors: Jane Doe, MD[1]; John Doe, DO[1]
Affiliations: [1] Department of Psychiatry and Behavioral Medicine
Funding Source: Clinical and Translational Science Institute

ABSTRACT

Background: Many individuals experience worse sleep during their first night in a sleep laboratory compared to succeeding laboratory nights. This "first night effect" (FNE) is typically characterized by increased sleep onset latency, increased REM latency, a lower percentage of REM stage sleep, and lower sleep efficiency. While many studies have validated the FNE, others have observed a "paradoxical" or "reverse" first night effect (RFNE), characterized by decreased sleep onset latency, decreased REM latency, a higher percentage of REM, and greater sleep efficiency in the first night at the laboratory compared to the following nights. Studies investigating sleep laboratory adaptation effects have typically focused on comparing the first night of sleep in the laboratory with successive nights in the same environment. The aim of this study was to analyze differences between sleep in the laboratory and sleep at home before and after laboratory monitoring, using actigraphic monitoring and sleep diaries. This was a post-hoc analysis of a 10-week clinical trial of simultaneous treatment of major depressive episode (MDE) with open-label fluoxetine (FLX) and insomnia with eszopiclone (ESZ) or placebo.
Hypothesis: It is hypothesized that actigraphic and sleep diary measurements will demonstrate differences between sleep parameters at home and in the laboratory in patients with depression and insomnia, yielding more insight into the FNE and RFNE phenomena.
Methods: A double-blind, randomized, placebo-controlled clinical trial was performed with 60 depressed, insomniac outpatients receiving one week of FLX, followed by 8 more weeks of FLX combined with either ESZ 3 mg or placebo at bedtime. Patients underwent actigraphic monitoring with sleep diaries over a continuous 10-week period. After one week of baseline monitoring without treatment, subjects spent one night in the laboratory with concurrent actigraphy monitoring, polysomnography (PSG), and sleep diaries. At the end of 10 weeks, subjects underwent a second night of laboratory monitoring with actigraphy, PSG, and sleep diaries.
Results: xxxxxxxx xxxxx xx xxxxx xxxxxxxxxx xxxxx x xxxx xxxxxx xxx xxxxxxxx xxx xxxx xx xxx xxxx xxxxxx xx xxxxx x xxxxx xxxx xxxxxxx xx xxx xxxxxx xxxxxxxxxxx xxxxxx xxxx xxx xx xxxx.
Conclusions: xxxxxxxx xxxxx xx xxxxx xxxxxxxxxx xxxxx x xxxx xxxxxx xxx xxxxxxxx xxx xxxx xx xxx xxxx xxxxxx xx xxxxx x xxxxx xxxx xxxxxxx xx xxx xxxxxx xxxxxxxxxxx xxxxxx xxxx xxx xx xxxx.