

## Guidance on Brief Oral Papers

Oral paper presentations serve as a brief opportunity for dissemination of information related to a meaningful project, such as a survey or investigational study, or a review of programmatic innovation related to clinical care. Meaningful literature reviews on a topic, with or without an included case, may be considered if the content is considered to contribute in an important way to the available literature. The topic must be considered relevant and specific to C-L Psychiatry.

Brief oral papers are approximately 10 minutes in length, delivered by one speaker, and clustered into multi-paper sessions by theme. Presentations consist of a brief didactic learning format utilizing slides. In a live meeting, a Program Committee-appointed discussant moderates the session and decides how the available discussion time will be apportioned. For a virtual session, presentations will be pre-recorded and grouped together without a moderator.

Brief oral papers are graded according to their value in the following areas: clinical applicability, originality, scientific content, and overall quality.

Slots for brief oral paper presentations are limited. If the Program Committee cannot accommodate your submission as a brief oral paper presentation, you will be offered the option for poster presentation. In the submission process, you will be given the option to have your abstract be considered for poster presentation if it is not accepted as a brief oral paper.

Please review the additional information on the poster and brief oral paper submission process, which includes the Academy's guidelines for recommended abstract format.

### Examples

Here are good examples of oral paper abstracts selected for the 2020 program:

- ["BUT THIS IS HOW I'VE ALWAYS DONE THINGS": INCORPORATING EVIDENCE-BASED PRACTICES IN CONSULTATION-LIAISON PSYCHIATRY](#)
- [DLIN/FISCHER CLINICAL RESEARCH AWARD: THE COLUMBIA SUICIDE SEVERITY RATING SCALE IS INSENSITIVE TO SUICIDE RISK AFTER EMERGENCY DEPARTMENT VISIT](#)
- [QUALITY OF CARE AND MORTALITY FOLLOWING STROKE IN INDIVIDUALS WITH SCHIZOPHRENIA](#)