

Breakthroughs in Motion Submission Guide

2026 Diagnostic Excellence Summit | April 17, 2026



Breakthroughs in Motion is a live, on-stage showcase focused on advancing diagnostic excellence through real-world translation and measurable patient impact. The competition is designed to elevate solutions that are ready to move from concept to action—either through bedside implementation or a commercial path to scale.

Quick Facts

Item	Information
Eligibility	Open to everyone
Submission limit	Maximum two submissions per person (individual or as part of a team)
Submission deadline	March 30, 2026 (11:59 p.m. Eastern Time)
Submit by email to	DXCSymposium@jh.edu
Finalist notification	April 1, 2026
Live showcase competition	2 p.m. April 17, 2026, School of Nursing or via Zoom for external participants
Awards reception	3:30 p.m. April 17, 2026
Proceedings	All finalists' submissions will be published in the Summit proceedings
Confidentiality	Do not include proprietary or confidential information
Questions	DXCSymposium@jh.edu

Eligibility

This competition is **open to everyone**. Individuals or teams may submit. Maximum **two submissions per person** (individual or as part of a team). **All finalists' submissions will be published** in the Summit proceedings. Do not include proprietary or confidential information.

Finalists will participate in the live, timed on-stage showcase on April 17 (2 p.m.; in person at the School of Nursing or via Zoom). Finalists will receive detailed event-day rules (timing, format, judging, and any visual guidance) in advance. Awards will be announced at the 3:30 p.m. Awards Reception on April 17.

Lanes (Select One)

Authors must identify one lane:

Lane 1: Bedside Translation (Implementation Path). A solution designed to be adopted in real-world care settings within **6–12 months** (e.g., workflow redesign, training, staffing model, clinical decision support, care coordination, patient engagement, safety initiative, measurement system).

Lane 2: Commercial Translation (Scale Path). A solution designed to become a scalable product/service (e.g., digital tool, device, platform, analytics solution, service model) with a clear plan for validation, adoption, and early customers/partners.

Submission Specifications

Requirement	Standard
Document format	PDF
Length	Maximum 800 words (cover sheet, references, and title not included in word count)
Organization	Use the required headings in the order listed (A–G)
Writing style	Plain language designed to be accessible to patients, clinicians, and researchers across disciplines; define acronyms on first use
References	Not included in word limit
Figures and tables	Not allowed

How to Submit

Step	Instruction
Send PDF to	DXCSymposium@jh.edu
Email subject line	Breakthroughs in Motion Submission – [LastName] – Lane 1 (or Lane 2)
PDF filename	LastName_Lane1_BreakthroughsInMotion.pdf (use Lane2 if applicable)
Deadline	March 30, 2026, by 11:59 p.m. Eastern Time

Review Criteria

Submissions are scored using the rubric below (100 points total). Finalists will be selected from the highest-scoring submissions, with attention to representation across both lanes.

Criterion	Points
Outcome clarity & importance	20
Mechanism & rationale	20
Feasibility & readiness	20
Lane execution (Bedside or Commercial)	20
Scale & sustainability	20
Total	100

Submission Content

Frontier Framework (Required)

All submissions must include a one-sentence frontier statement on the cover sheet using this format:

“If we could ____, we could improve ____ for ____.”

And must specify:

- **Setting (choose one):** ED / Primary Care / Inpatient / Specialty Care / Rural / Telehealth
- **Lever (choose one):** Workflow / Workforce / Data-Tech-AI / Measurement / Payment-Policy

Examples (for reference):

- (Workflow | ED) If we could standardize dizziness triage and escalation in the ED, we could improve time-to-correct diagnosis for patients presenting with acute vertigo.
- (Data-Tech-AI | Primary Care) If we could use EHR-integrated decision support to flag high-risk symptom patterns, we could improve early detection of diagnostic error for patients with complex, multi-visit complaints.

Required Narrative Structure (800 words max, excluding cover sheet, references list, and title)

Section	Required content
Title	Title not counted toward word limit
A. Patient Outcome	One primary patient outcome and how it will be measured (1–2 metrics)
B. Problem	Current gap or failure point in plain language; who is affected and why it matters
C. Mechanism	What specifically changes (e.g., workflow, decision-making, escalation, coordination, incentives)
D. Setting and Population	Where used; who uses it; when it enters the workflow (trigger point)
E. Action Plan	Lane-specific plan (see Lane 1/Lane 2 requirements below)
F. Scale and Sustainability	How it expands beyond one site and what sustains it
G. Next Step (30–60 days)	Single most important next step and what success looks like

Section E: Lane-Specific Requirements

If Lane 1 Bedside Translation: What happens in the first pilot site within 6–12 months; who adopts it; what changes on day 1; resources required (people, time, tools); biggest adoption barrier and mitigation plan.

If Lane 2 Commercial Translation: Who is the user and who is the buyer; what the product/service is (what will exist that doesn't exist today); first real-world validation plan (pilot partner/customer; what will be proven); route to adoption/scale (procurement, reimbursement/incentives, partnerships, distribution).

Cover Sheet

Provide the following information as a cover sheet on the first page of your PDF submission. This page is not included in the word count. Do not include your name or contact information anywhere except for the cover sheet, as reviewers will be blinded.

Contact information

Name:

Title:

Department/Institution:

Email:

Co-authors (if applicable):

Project Information

Choose one option each for lane, setting, and lever, and complete your frontier statement.

- **Lane (choose one):** Lane 1 (Bedside Translation) or Lane 2 (Commercial Translation)
- **Setting (choose one):** ED / Primary Care / Inpatient / Specialty Care / Rural / Telehealth
- **Lever (choose one):** Workflow / Workforce / Data-Tech-AI / Measurement / Payment-Policy
- **Frontier Statement:** “If we could ____, we could improve ____ for ____.”