

TAFP Poster competition procedures, guidelines and criteria

Updated: March 11, 2010

Each year, the TAFP Foundation and the TAFP Commission on Public Health, Clinical Affairs and Research sponsor the Student, Resident and Community Physician poster competition during the Annual Session and Scientific Assembly to promote family medicine research. There are two categories in which medical students, family medicine residents and family physicians can submit posters: primary research, and evidence-based review. Students may also submit posters in the case report category. The case report and evidence-based review categories were added in 2008. The competition was extended to family physician researchers in 2007.

At the March Interim Session meeting of the Commission on Public Health, commission members volunteer to serve on the abstract review committee and as poster competition judges.

Guidelines for abstract submission

After the March Interim Session meeting, TAFP staff puts out a call for entries by sending blank applications and guidelines in the QuickInfo e-newsletter, and to residency programs and medical schools. Each researcher returns the application and abstract of his or her poster by mid-May.

Requirements for abstracts are as follows:

1. Limit abstract to 300 words, not including the title and authors.
2. Type the body of the abstract as one paragraph and in third person.
3. The abstract should contain the appropriate subheadings described below.
4. The abstract should not contain charts, graphics, references or acknowledgments.

If the abstract is missing two or more required elements, it will be denied from the poster competition, with a letter stating the missing elements provided to the applicant. The applicant has the option to re-submit the abstract and application if the deadline to submit these materials has not passed.

Context: The abstract should begin with a sentence or two summarizing the rationale for the study, providing the clinical (or other) reason for the study question. In addition, the author should give a sentence or two about the importance of this work to family medicine/primary care.

Objective: State the objective or study question addressed (eg, to determine whether...). If more than one objective is addressed, the main objective should be indicated and only key secondary objectives stated.

Design (primary research or evidence-based review): Describe the basic design of the study. Use descriptors such as double blind, placebo controlled RCT, cohort, case control, survey, case series, cost-effectiveness analysis, or qualitative study. For new analyses of existing data sets (secondary data analysis), the data set should be named and the basic study design disclosed.

Setting (primary research or case reports): Describe the study setting(s) such as general community, a primary care or referral center, private or institutional practice, or ambulatory or hospitalized care.

Patients or Other Participants: State the important eligibility (inclusion and exclusion) criteria and key socio-demographic features of patients. Provide numbers of participants and how they were selected.

Intervention/Instrument (primary research or case reports): Describe the essential features of any interventions. The intervention should be named by its most common clinical name (eg, the nonproprietary drug name propranolol).

Main and Secondary Outcome Measures (if any): Give the primary study outcome measurements. Measurements that require explanation for a general medical readership should be defined.

Results: Give the main results of the study. The results should be quantified, including confidence intervals (eg, 95%) or *P* values where appropriate. If research is in progress, state anticipated results.

Conclusions: Report only those conclusions of the study that are directly supported by the evidence, along with any implications for clinical practice. Avoid speculation and overgeneralization. Equal emphasis should be given to positive and negative findings of equal scientific merit. If research is in progress, state methodological or conceptual problem that is being posed.

Note: For brevity, parts of the abstract may be written in phrases rather than complete sentences. (eg, “Design: Double-blind randomized trial,” rather than “Design: The study was conducted as a double-blind, randomized trial.”)

Guidelines for the review committee

Once the applications and abstracts are gathered, TAFP staff randomly sends each member of the review committee an equal amount of applications and abstracts by fax or e-mail with a deadline to return his or her decisions around the end of May or beginning of June.

The reviewers follow a checklist of guidelines for each category to ensure the posters meet criteria.

Checklist for Primary Research:

1. Context
2. Objective
3. Design
4. Patients
5. Intervention/instrument
6. Outcome
7. Results
8. Conclusions

Checklist for Case Report:

1. Context – Describe why this case report is significant to family medicine
2. Objective – Briefly explain why this is important
3. Setting – Inpatient vs. outpatient, or both
4. Patient demographics – Age/race/socioeconomic status
5. Interventions – Mention main studies and treatments

6. Outcome
7. Conclusions

Checklist for Evidence Based Review:

1. Context – How is this review relevant to family medicine?
2. Objective – State what question is answered by article reviews
3. Design – State how many studies were involved, and where they were published
4. Setting – Outpatient, hospital or both
5. Patients – Total number of patients involved in all studies reviewed
6. Outcome – Main outcome/question answered by the review
7. Results – Statistical significance of outcomes measured, especially in relation to how the studies were compared to one another
8. Conclusion

If a judge denies a poster from the competition, the poster will be given to another member of the abstract review committee to be reviewed. In the case of a discrepancy, a third member will review the poster, with majority ruling. Staff will then communicate the denial to the researcher. If the researcher requests an explanation for denial, staff will contact the review committee member who denied the poster. Though the member is encouraged to provide an explanation, he or she is not obligated to provide one.

Onsite requirements and judging

Set-up

Posters must be set up in the exhibit area on the researchers' specified 6' by 6' bulletin board by 8 a.m. on the day of the competition and they must remain on display until 5 p.m. Researchers are not required to stand by their posters at any point in the day.

Judging

At Annual Session, three volunteer poster competition judges rank the posters 1-10—with 10 being the highest—in four categories: relevance to family medicine, quality of study design, appropriateness of data analysis, and appropriateness of interpretation and conclusion. TAFP staff computes the three judges' scores and determines the winners. The staff person will place award notifications on the winners' boards by 5 p.m.

Awards

The three top residents, two top students and two top physicians are given awards, though only the resident winners receive cash prizes. The first-place resident receives \$300 and up to \$1,500 in travel funding to attend a national research conference, the second-place resident receives \$200 and the third-place resident receives \$100. All winners receive plaques. This award system was approved by the TAFP Foundation in 2006 and modified in 2007 to include family physicians.

Plaques and checks, if applicable, are mailed to award winners within the month after Annual Session to the contact name listed on the application form.