

TAFP Poster competition procedures, guidelines and criteria

Approved by the TAFP Commission on Public Health on March 3, 2012

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 TAFP's Annual Session and Primary Care Summit 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.

Each spring at the 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 Interim Session, TAFP staff places a call for entries by sending blank applications and guidelines in the TAFP News Now e-newsletter, and to residency programs and medical schools. The application and guidelines are also available on TAFP's website, www.tafp.org.

Each researcher returns his or her application and abstract by mid-September.

Requirements for abstracts are as follows:

1. Limit abstract to 300 words, not including the title and authors.
2. The abstract should be written 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. 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 (e.g., 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 (e.g., 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 (e.g., 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. (e.g., “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 middle of September or beginning of October.

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 or members 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 8' by 4' bulletin board by 8 a.m. on the day of the competition and they must remain on display until 4 p.m. They may be removed starting at 4 p.m. on Friday and must be removed by 12 p.m. on Saturday. Researchers are not required to stand by their posters at any point during the competition.

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 3 p.m.

Awards

The three top residents in both categories, two top students in all categories, and two top physicians in both categories are given plaques. In addition, the resident winners in both categories receive cash prizes. The first-place resident receives \$300, the second-place resident receives \$200, and the third-place resident receives \$100. In addition, the overall highest-scoring resident receives up to \$1,500 funding to be used for travel to a national research conference.

This award system was approved by the TAFP Foundation in 2006, modified in 2007 to include family physicians, and updated in 2012 to clarify the award categories.

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.