

2018 Nevada Academy of Family Physicians Summer CME Conference Call for Abstracts

NAFP cordially invites you to submit an abstract in research, clinical quality project, or theoretical/conceptual to be considered for poster presentation at the 2018 conference. The poster session will be held on Friday **August 3, 2018**.

GENERAL INFORMATION Submission Deadline

Materials must be received by NAFP by July 10, 2018.

Submission Format

All abstracts, not to exceed one page, are to be submitted via email. Please fill out the attached form and email it to Brooke Wong at brooke@nvafp.com.

Abstract Selection and Notification

The Program Committee will meet in July 2018 to select abstracts and finalize the conference program. If your abstract is accepted for presentation, you will be notified by email on or around July 18, 2018 of your acceptance. This notice is sent to the contact person/presenting author for each poster submission. If the study has more than one author, the contact person is asked to share the information with the other author(s).

DEFINITIONS

Poster Session

A poster session is a visual display of completed **OR** in-progress work. NAFP can assist with long poster boards for poster displays if needed.

SELECTION CRITERIA

General

Abstracts of all papers should reflect or include:

- Internal consistency of purpose/aims and methods;
- Clarity of presentation;
- Implications and significance of the study, project, or theory for Family Medicine.

Specific Criteria and Abstract/Poster Format

In addition, the Program Committee will use the following specific criteria when selecting abstracts for poster sessions. Your abstract and poster should use the following format:

Research papers (including instrument development, other methodological studies and research-based best practices)*

- Purposes/Aims Rationale/Conceptual Basis/Background
- Methods
- Results
- Implications
- Bibliography

Project/ Best Practices papers

- Purposes/Aims
- Rationale/Background
- Brief description of the undertaking/best practice, including the approach, methods, or process used
- Outcomes achieved/documented
- Conclusions, emphasizing implications for clinical or educational practices, and recommendations for research or future undertakings
- Bibliography

Case Reports

- Case summary
- Relevance to family medicine
- Take home points
- Bibliography

Literature Review

- Question being addressed
- Literature Review/Evidence Summary
- Key Clinical Points
- Areas of Uncertainty
- Bibliography

ELIGIBILITY

Author(s) must be an AAFP member or a student or resident with an interest in family medicine. Case reports, In-progress research or projects are eligible for poster presentation. Completed research, projects, and theory development/concept analysis papers are also eligible for poster presentation. Evidence-Based submissions to Family Practice Inquiry Network may be submitted for presentation in poster format.

ABSTRACT SUBMISSION INSTRUCTIONS

Please note: Only those submissions in compliance with the instructions will be reviewed. All completed applications received **by 11:59 PM Pacific Standard time on Tuesday July 10, 2018** will be independently reviewed by the Program Committee and NAFP member volunteers. Selection of abstracts for presentation at the annual conference will be based on scientific merit.

Abstract Submission Form

The NAFP submission form is attached and can also be found on www.nvafp.com on the Summer CME information page.

Abstract Preparation

1. **Selection Criteria:** ALL ABSTRACTS should address the appropriate selection criteria
2. **Content:** As appropriate for the abstract, including research, project/best practices, or theory development/concept analysis projects, the Program Committee asks that you include content related to the specific implications and significance of the study for the discipline of Family Medicine and how the results can be implemented in practice.

Abstract Formats: Complete Abstract

- Complete Abstracts will be sent in **Word** (.doc) format.
- Length/Format: The abstract **shall not exceed 300 words** on a one page, single-sided document, and shall be formatted in portrait orientation (8 1/2" X 11").
- Margins: Use only the following margin settings: Top: 0.375"; Bottom: 0.5"; Left: 1.25"; and Right: 1.125".
- Type Styles: Use letter quality, 12 point size type, Times New Roman.
- Titles: Abstract titles should be centered and **may not exceed 75 characters**.
- Authors: If there is only one author, center the author's name, degree(s), title, department, organization, city, and state under the title of the paper. If there are three or more authors, alternate names as shown below. Do not abbreviate and do not include zip code or telephone number. You may include your email address if you would like readers to be able to contact you about your paper. ALL individuals involved in the study must be listed.
- Grant: If the study was supported in full or in part by a grant, cite the grant number and granting organization at the end of the abstract. References: References are optional, but their use is discouraged. If references are included, use APA format.

INFORMATION AFTER ABSTRACTS ARE SELECTED

Posters: Posters will be on display for the entire conference. Presenters are asked to be available for the time designated in the conference schedule for poster viewing. Poster boards are 36" x 48".

Poster PDF Templates will be provided.

Conference Brochures and Registration Form:

Abstracts accepted poster presentation will be listed in the program schedule posted on the NAFP website and handed out at the conference. The program schedule and registration form will be available on the NAFP website in June 2018.

Proceedings:

All abstracts for poster sessions accepted by the Program Committee will be included in the *NAFP Annual CME Conference Program Schedule* and distributed at the conference.

Commitment

Each person who submitted an abstract (or their contact persons) will be notified about the Program Committee's decision on acceptance of an abstract. Each author is asked to accept the invitation to present. We ask that presenters take very seriously their commitment to present, except in cases of a true emergency.

QUESTIONS?

Please contact Joanne Leovy, MD at jleovy@nvhealthcenters.org or Brooke Wong at brooke@nvafp.com

**Nevada Academy of Family Physicians Summer CME
Conference Resident Poster Session August 3, 2018**

Please complete this form (**3 pages plus abstract**) and return to Brooke Wong (brooke@nvafp.com) **AND** Joanne Leovy (jleovy@nvhealthcenters.org) no later than **July 10, 2018**. Original or electronic copies will be accepted.

Name: _____ AAFP ID: _____

Email Address: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Affiliation: UNRMed, (Other): _____

Private Practice Faculty Resident Fellow Student

Preferred category: ___Original Research ___Case Presentation ___ Lit Review

If this material has been **previously** presented or published, please complete this section:

Name of Meeting: _____

Location: _____ Date: _____

In the following formats: ___Oral ___Poster ___Abstract ___Manual

Journal/Periodical: _____

Funding support provided by: _____

****Final presentation format will be determined by Research Committee****

ABSTRACT

To ensure conformity for the program booklet, please use 11 point, Times New Roman font. Your abstract must include the following information

ORIGINAL RESEARCH	CASE PRESENTATION
Presentation Title	Clinical Scenario/Case
Background	Literature Review/Evidence
Methods	Unique aspect of case/What's new
Results	Recommendations
Conclusions/Bibliography	Bibliography
LITERATURE REVIEW	Practice Improvement
Question being addressed	Background
Literature Review/Evidence	Practice Improvement Implemented
Key Clinical Points	Outcomes and Challenges
Areas of Uncertainty	Conclusions, Recommendations
Bibliography	Bibliography

DO NOT EXCEED 300 WORDS. Abstracts that do not follow the above guidelines will not be considered (please submit abstract on separate paper along with this application).

Additional Authors/Researchers:

I certify that I have read the submission of _____, find the submission to accurately reflect facts, and hereby attest that the work was performed in a manner consistent with ethical research. I hereby give my permission for this work to be published by the NAFP in an abstract booklet, on the NAFP's website, and/or presented at the NAFP's Annual Meeting.

Name	Signature	Date

Please use additional sheets as required to include all additional authors/researchers.

Conflict of Interest Disclosure Form

A conflict of interest exists if financial interests or other opportunities for tangible personal benefit may exert a substantial and improper influence on a researcher's professional judgment in designing, conducting, or reporting research. A conflict of interest is not an accusation and does not imply that a researcher's judgment has been compromised. The following types of situations describe conflicts of interest that should be disclosed in your presentation.

You or any of your co-authors have received, through your employing institution, support from a for--profit company in the form of research funding, materials, or services at no cost, and such support is the subject matter of the presentation.

- You or any of your co-authors are an investor in a company, or competing company (other than through a mutual or retirement fund), which provides a product, service, or equipment, which is the subject matter of the presentation.
- You or any of your co-authors are an employee of a company or competing company with a business interest, which is the subject matter of the presentation.
- You or any of your co-authors are, or have been within the last three years, a consultant for a company or competing company with a business interest, which is the subject matter of the presentation.
- You or any of your co-authors are an inventor/developer designated on a patent, patent application, copyright, or trade secret, whether or not the patent, copyright, etc. is presently licensed or otherwise commercialized, which is the subject matter of the presentation, or could be in competition with the technology described.
- You or any of your co-authors have received gifts in kind, honoraria or travel reimbursement valued at over \$1,000 in the last twelve months from a company or competing company which provides a product, service, process or equipment which is the subject matter of the presentation.

Name: _____ Position: _____

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

_____ I have no conflict of interest to report.

_____ I have the following conflict of interest to report:

1. _____

2. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: _____ Date: _____