



# International Classification Committee

## Open Day

# Author guidelines & suggestions

Nova Medical School, Lisbon  
September 6, 2014

A joint organization:



Department of Family Medicine  
NOVA Medical School



Portuguese Association of General  
Practice and Family Medicine



WICC / Primary Health Care  
Classification Consortium

WICC Open Day will accept submissions for oral and poster presentations. Authors may submit abstracts up to August 10 at 23:59 using an online platform (available soon). Submissions will be selected according to their pertinence, originality and quality. Authors of abstracts submitted as oral presentations may be invited to present posters if unselected.

## Allowed subjects

Submissions will have to be within the scope of the International Classification for Primary Care (ICPC) or using classifications in primary care. Those that are not will be rejected.

Research - Original research on the development or use of ICPC in clinical practice (protocols are also accepted).

Practice - Examples of different ways to use ICPC as a tool in general practice / family medicine or managing health services, methods for teaching ICPC to its users, development of electronic medical records incorporating ICPC.

## Presentation format

Oral - Authors are allowed to present for up to 10 minutes, followed by 5 minutes of discussion with the audience. Computer slideshow presentations may be used. Presentation and slides must be in English.

Poster - Up to 120cm (height) x 90cm (width) with vertical orientation. It should be readable at the distance of 1.5 meters. The poster must be written in English.

## Rules for abstracts

Abstracts must be in English.

Submitted abstracts must be original. Abstracts previously published or presented at an international scientific meeting cannot be submitted.

Authors must select the appropriate format (oral / poster) and type of

presentation (research / practice).

The maximum length for the abstract title is 150 characters. The maximum length for the abstract body is 2.500 characters. Authors must indicate up to six keywords (MeSH terms when available). Tables and/or pictures are not accepted as part of the abstract. Authors must use only the formatting available in the abstract submission form (fonts, alignment, etc.).

## Competing interests

All authors should declare their competing interests in the abstract submission platform, namely support from any organisation for the submitted work, financial relationships with any organisations that might have an interest in the submitted work in the previous three years and/or relationships or activities that could appear to have influenced the submitted work.

## Abstract assessment criteria

### Research

- Originality and relevance

- Objectives definition

- Methodological quality

- Clear and rigorous results / expected results (protocols)

- Conclusions related to the study objectives / expected contribution to current knowledge (protocols)

### Practice

- Originality and relevance

- Description of the setting

- Reflective thinking regarding the experience

- Implications and consequences

## Suggestions

If you would like to do research related to ICPC, but ran out of ideas, here are a few suggestions and examples.

What is the predictive value of reason for encounter x for disease y?

In patients coming to the family doctor with cough, what is the probability of pneumonia as the diagnosis?

How does disease x present itself to the family physician?

In patients in whom the diagnosis of depression has been made, how many presented with tiredness as an initial reason for encounter?

Is disease x more frequent when disease y is present?

In patients with diabetes, is depression more frequent than in the general population?

What are the most common comorbidities in patients with COPD?

How does the diagnostic label influence therapeutic decisions?

Do patients with a diagnosis of R72 Strep throat receive more antibiotics than patients with a diagnosis of R76 acute tonsillitis?

How do physicians use ICPC in electronic records?

What ICPC-2 rubrics do users decide to leave out of the main problem list?

What are the problems that users want to classify but can't find in ICPC-2?

What ICPC-2 rubrics are seldom ever used by physicians?

How to measure morbidity at population level?

How can ICPC-2 episodes be used to measure incidence of influenza in region x?

How can ICPC-2 be used to measure the burden of disease in a population?

Using ICPC-2 problems to describe the reasons for sick leave certification and its duration.

How to improve ICPC-2 use with intelligent electronic health records?

Implementing user defined preferences to decide when to start a new episode of care or continue a past episode.

Can terminologies be used as a tool for automatic ICPC-2 classification of reasons for encounter?

How to train physicians to use ICPC-2?

What is the improvement in classification accuracy after an on-line training program?

Can expert opinion be used to define standard exercise answers for ICPC-2 training programs?

How to link ICPC to other classifications?

Implementing primary care to hospital and hospital to primary care data sharing using ICPC and ICD mapping.

Using ICF and ICPC to describe primary care referrals for physiotherapy.

How can ICPC-2 be used to share data across countries?

Implementing language independent patient summaries using ICPC to classify problems.