

2020 AMI VIRTUAL SALON

Updated August 2020

Thank you for donating your valuable time and expertise to salon judging

The goal of a salon judge is to evaluate each illustration, animation, or interactive based on the objective criteria on the judging rubric. The rubrics attempt to reflect the ideals of the profession that make medical illustration unique in the field of visual communication. Heavy emphasis is placed on problem solving, visualization and accuracy of medical subject matter in addition to visual impact and technique.

In a typical year, the salon judging process is as follows:

- Professional member volunteers are selected and divided into teams of 3-4 judges based on their areas of expertise.
- Approximately 14-15 days before the conference judging teams will be assigned and a prejudging conference call will take place to go over the judging process, assign teams
- Approximately 14 days before the conference prejudging Dropbox files are sent to all judges.
- Judges then have two weeks to view and judge all entries in their Dropbox using the appropriate rubric.
- Judges meet on site, from 1:00 – 4:00 pm, the day before the conference to come to a final consensus as to which pieces have earned awards.
- Award sheets are completed manually or digitally and submitted to the salon judging committee for awards to be tabulated.

The 2020 Virtual Salon will be judged completely online. Additional detailed information about salon judging in general, and specific changes for this year, is included in this document. Please look it over and let us know if you have any questions.

Thanks again for your valuable contribution to the AMI!

Mandy Root-Thompson and Shlomo Spaeth
Salon Judging Co-chairs

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2020

GENERAL SALON TIMELINE

August 11 – Submission deadline

August 24 – Judging groups assigned

August 26 – Judges meeting with chairs

August 27 – September 6 – Online judging via Judging Portal

September 7 – 9 – Group meetings to discuss winners (One representative from groups 3, 4, 5, and 6 will meet to choose student best in show traditional media and best in show new media. Mandy will coordinate this.)

September 10 – Judging results submitted to committee chairs

September 18 – Online opening and awards presentation **5:00 – 6:00 pm ET**

2020

JUDGING GROUPS

Group 1: Categories: B, C (38 pieces)

Eleanor Bailey	ebailey@healthwise.org
Lydia Gregg	lgregg6@jhmi.edu
Jeff Day	jday19@jhmi.edu
Carolina Hrejsa	chrejsa@yahoo.com
Weston DeWolff	weston@chromatincreative.com

Group 2: Categories: A1, A2 (52 pieces)

Amy Zhong	art@amyzhong.com
Megan Foldenauer	redmeg8@gmail.com
Valerie Altounian	valtounian@gmail.com
Ni-ka Ford	nikaford07@gmail.com
Caitlin Mock	cjmock24@gmail.com

Group 3: Categories: F1, 2, 3, 4, G1, 2, 4, 5, M (45 pieces)

Melanie Connolly	melanie@mecovisuals.com
Kevin Millar	kevin@invivo.com
Judy Rubin	jrubinvisuals@gmail.com
Iman Carr	iman.carr@roswellpark.org
Joe Samson	jcsamson2@gmail.com

Group 4: Categories: i1, L (50 pieces)

Veronica Falconieri Hays	veronica@falconierivisuals.com
Donna DeSmet	desmet.donna@mayo.edu
Meredith Hoffman	melehoffman@gmail.com
Maya Shoemaker	maya@shoemakermedical.com
Cari Nunziato	cnunzi123@gmail.com
Hannah Ely	hannah.b.ely@gmail.com

Group 5: Categories: D, i2, J, K (42 pieces)

Pat Thomas	pat@patmedicalart.com
Taina Litwak	taina@litwakillustration.com
Peg Gerrity	pg@peggerrity.com
Alison Burke	aburke@nejm.org
Virginia M Ferrante-Iqbal	ferrante.virginia@gmail.com

Group 6: Categories: i3 (44 pieces)

Anthony Baker, CMI	anthony.baker@osumc.edu
Rochelle Ku	rkusciart@gmail.com
Tziporah Thompson	tziporah@gmail.com
Cassio Lynm	cassio.lynm.ami@gmail.com
Natalie Koscal	nkoscal@nejm.org

2020 GENERAL SALON JUDGING GUIDELINES

Goals and Purposes

- The purpose of an award is to acknowledge work that best reflects the ideals and high standards of the profession.
- The purpose of the evaluation procedure is to efficiently select the most qualified and significant pieces of artwork in each category.
- The selection process is designed to be impartial, unbiased, and equitable.
- The goal is to evaluate an illustration based on objective criteria from problem solving, rendering skill and aesthetic appeal, rather than subjective impressions.
- The judging criteria attempt to reflect the ideals of the profession that make medical illustration unique in the field of visual communication. **Heavy emphasis is placed on problem-solving, visualization and accuracy of medical subject matter** in addition to visual impact and technique.

Awards

A two-tiered award system will be used during judging.

AWARD OF EXCELLENCE

- To be given to artwork that has met the *highest standards* of the profession.
- More than one AWARD OF EXCELLENCE may be granted by the judges.

AWARD OF MERIT

- To be given to artwork deserving *special recognition of achievement*. The judges may grant multiple AWARDS OF MERIT.

It is not necessary to designate AWARDS OF EXCELLENCE or AWARDS OF MERIT for every category, if the judges do not feel that the entries attain the standards deserving of an award. However, multiple AWARDS OF EXCELLENCE or AWARDS OF MERIT may also be given in a category. This is left entirely to the discretion of the judges.

Two BEST OF SHOW awards will be chosen for students. One for Still Media, one for New Media.

Anonymity

- An attempt will be made to keep the artists anonymous by covering the artists' signatures on printed work and asking that digital entries be submitted without credits for judging.
- All work to be judged has an individual code number based on the category and item number. This number must be entered at the top of each scoring sheet by the judge.
- The identity of judges on individual scoring sheets will also remain anonymous.

GUIDELINES FOR SALON PREJUDGING

Prejudging is meant to save time on judging day by having the judges in certain categories review the entries prior to the meeting. Each judge will be able to review the entries in his/her assigned categories prior to the meeting and then fill in the appropriate score sheets. On judging day at the Salon, these judges need only discuss their results with the others in their assigned groups and decide on the award winners. This makes their day shorter and your job much less stressful.

For the 2020 virtual salon, all judging will be done online.

Prejudging Process for Judges:

- Prejudging is done **individually** through an online judge portal <https://ami-prejudging.herokuapp.com/>
- Once the judge logs in, they will have access to their assigned categories. These can be accessed through the top navigation bar or through the judge's profile page as they click their name on the top right.
- Each assigned category will have all the category's art entries in paginated, grid form. Each entry has a button to judge it on its own page.
- Below the entry image is the scoring sheet laid out in a clickable accordion style. A set of 9 to 11 questions (depending on the assigned category) which are scored as radio buttons 0 – 5 (5 being the highest).
- Additionally, there is a notes section and submit button which will indicate that the judge has completed that entry.
- Note your highest rated art entries which you think may be worthy of awards and/or further discussion. More than one "Award of Merit" or "Award of Excellence" can be awarded if there are entries that deserve it.
- At the meeting revisit the top entries and discuss with your team.

For 2020, a phone/virtual meeting will take place to decide award winners

Appendix A – Salon Categories

Professional Categories

Professional entries must be medical, surgical, pathological, health-sciences or life-sciences in content and have been completed as part of a professional assignment for a specific purpose.

STILL MEDIA SECTION

A. Didactic/Instructional – Medical illustrations that are primarily *instructional in nature*, which depict surgical, anatomical, pathological, or bio-scientific structures, functions, and/or processes. May be color, black and white continuous tone, or black and white line medical illustrations.

- **A-1 Non-Commercial** – Any didactic work that is produced primarily for the academic marketplace or other not-for-profit entities.
 - Example 1: Figures for a peer-reviewed academic journal, or medical/surgical or health sciences textbook or atlas.
 - Example 2: Patient education materials for not-for-profit entities.
- **A-2 Commercial** – Any didactic work that is produced primarily for the commercial marketplace.
 - Example 1: Illustrations for a pharmaceutical, biotechnology, or medical/surgical device manufacturing company explaining biologic or pathologic processes.
 - Example 2: Illustrations for a pharmaceutical, biotechnology, or medical/surgical device manufacturing company explaining how something is done.

B. Editorial - Medical illustrations that summarize the content of a publication or article by calling attention to the subject matter of the same, either as cover or inside art. *All cover art, whether for a journal, magazine, or book, should be entered into this category, regardless of content.*

C. Advertising and Marketing/Promotional - Medical illustrations created to attract attention to or show support for a product, business or service in the pharmaceutical, biotechnology, or medical/surgical device manufacturing industries, and all that are similar. These are generally intended to aid in selling or promoting a product/service or creating brand recognition. *Work such as MOAs, sell sheets, patient information handouts or wall charts, etc. should be entered into this category, regardless of content.*

D. Medical-Legal – Medical illustrations produced to provide or accompany medical documentation in legal proceedings.

E. Illustrated Text (Book) - illustrated books of an anatomical, pathological, medical or surgical nature. Books are judged on the quality and usage of their medical illustrations, and not on their graphic design. *(Note: Entries submitted in this category that do not include medical illustrations shall not be considered for awards.)*

MOTION MEDIA SECTION

F. Animation - Medical visualizations of surgical, anatomical, pathological, health-related or bio-scientific structures, functions, and/or processes. May be 2D or 3D.

- **F-1 Didactic/Instructional - Non-Commercial** – Any work that is *didactic / instructional in nature* and produced primarily for the academic marketplace or other not-for-profit entities.
 - Example 1: An animation created as part of a public service/public health announcement.

- Example 2: An animation created as part of a research grant or other not-for-profit entities such as NLM/NIH, DARPA and The American Red Cross.
- **F-2 Didactic/Instructional – Commercial** – Any work that is didactic / instructional in nature and produced primarily for the commercial marketplace.
 - Example 1: A Mechanism of Action/Mechanism of Disease animation created for a pharmaceutical, biotechnology, or medical/surgical device manufacturing company.
 - Example 2: DVD or web based animations created for a publishing company as part of a textbook series.
- **F-3 Advertising and Marketing/Promotional** Animations created to attract attention to or show support for a product, business or service in the pharmaceutical, biotechnology, or medical/surgical device manufacturing industries, and all that are similar. These are generally intended to aid in selling or promoting a product/service or creating brand recognition. (*NO PERSONAL OR COMPANY DEMO REELS PLEASE.*)
- **F-4 Medical-Legal** - Animations produced to provide or accompany, medical documentation in legal proceedings.

INTERACTIVE MEDIA SECTION

G. Interactive Media - Website or stand-alone (i.e. CD-ROM, kiosk, app) interactive media entries.

- **G-1 Didactic/Instructional - Non-Commercial** – Any work that is didactic / instructional in nature and produced primarily for the academic marketplace or other not-for-profit entities.
 - Example 1: An interactive application created as part of a public service/public health announcement.
 - Example 2: An interactive application created as part of a research grant or other not-for-profit entities.
- **G-2 Didactic/Instructional – Commercial** – Any work that is didactic / instructional in nature and produced primarily for the commercial marketplace.
 - Example 1: Interactive application/s created as part of a pharmaceutical trade show booth.
 - Example 2: Interactive application/s created for a publishing company as part of a textbook series.
- **G-3 Advertising and Marketing/Promotional** - Interactive programs, apps, websites, or kiosks created to attract attention to, show support for, or is intended to aid directly or indirectly in the sale of a product, business, or service for the pharmaceutical, biotechnology, or medical/surgical device manufacturing industries, and all that are similar. (*NO PERSONAL OR COMPANY DEMO PROGRAMS, APPS, OR WEBSITES PLEASE.*)
- **G-4 Gaming** – A digital interactive submission that presents the user or users with challenges or problems to undertake for fun, discovery, or education related to medicine, health sciences or life sciences.

DIMENSIONAL MEDIA SECTION

H. Simulators, Prosthetics and Sculptural Products - Simulators, prostheses or other tactile three-dimensional forms (tactile 3D) of an anatomical, pathological, medical or surgical nature. Maximum acceptable size is 4 ft. x 4 ft. x 4 ft.

Student Categories

Student entries must be curriculum-related, i.e., work completed in fulfillment of academic assignments/requirements and evaluated by faculty.

To eliminate confusion regarding Student Salon artwork, the following policy has been established.

- 1. Students may enter artwork if they are currently enrolled in a medical illustration program.*
- 2. Students that have graduated are eligible to enter curriculum-related artwork in the Student Salon during the year that is the same year as their graduation. (i.e., Artwork created by a person that graduated in 2013, can be entered in the 2013 AMI Student Salon.)*

Students MAY NOT enter artwork in a professional category in the same year that they enter in a student category.

STILL MEDIA SECTION

I. Didactic/Instructional – Medical illustrations that are primarily instructional in nature, which depict surgical, anatomical, pathological, or bio-scientific structures, functions, and/or processes. May be color, black and white continuous tone, or black and white line medical illustrations.

- **I-1 Didactic/Instructional – Anatomical/ Pathological** – Illustration of anatomy/pathology for identification purposes.
 - Example 1: to demonstrate normal or pathological anatomy as it appears, such as would be found in an atlas of anatomy.
Example 2: to depict a given pathology or disease process as a means to help a patient identify/recognize his/her condition, as would be found in an informational pamphlet or wall chart.
- **I-2 Didactic/Instructional – Surgical/Clinical Procedures** – Multipart or “critical step” illustrations depicting a multi-part procedure
 - Example 1: depictions of a surgical procedure/processes.
 - Example 2: clinical testing (e.g. Orthopedics: Knee Instability Tests) or clinical procedures (e.g. injection guides or tissue sampling techniques).
- **I-3 Didactic/Instructional – Molecular/Biological/Life Sciences** – Illustrations depicting human or animal cellular processes, lifecycles, behaviors, or functions
 - Example 1: depictions of the normal or pathological function of an organ or system.
 - Example 2: depictions of chemical/molecular/cellular component interactions and processes at the cellular or subcellular level.

J. Editorial - Medical illustrations designed to summarize the content of a publication or article by calling attention to the subject matter of the same, either as cover or inside art. *All cover art, whether for a journal, magazine, or book, should be entered into this category, regardless of content.*

K. Advertising and Marketing/Promotional - Medical illustrations, didactic or otherwise, designed to attract attention to or show support for a product, business or service in the pharmaceutical, biotechnology, or medical/surgical device manufacturing industries, and all that are similar. These mirror professional projects that are generally intended to aid in selling or promoting a product/service or creating brand recognition. *Projects such as MOAs, sell sheets, patient information handouts or wall charts, etc. should be entered into this category, regardless of content.*

MOTION MEDIA SECTION

L. Animation - All 2D and 3D motion media where the end result is a linear motion graphic presentation that features medical visualizations of surgical, anatomical, pathological, health-related or bio-scientific

structures, functions, and/or processes. May be 2D or 3D. Examples include files played via DVD, web/computer players and film. *(There are no subcategories for the Student Animation submissions.)*

INTERACTIVE MEDIA SECTION

M. Interactive – All media that involves user interaction such as menu navigation, learning modules, gaming, quizzing and assessment, and data tracking. Materials may have video/animation/audio imbedded as part of the whole presentation. Examples include websites, interactive kiosks, patient/physician education modules, real time 3D-interactives, and gaming. *(There are no subcategories for the Student Interactive submissions.)*

Excellent 5	Very Good 4	Average 3	Fair 2	Poor 1	Failure 0
Very High	High	Adequate	Low	Minimal	Failure

Circle the score that matches your evaluation of the artwork in response to the criteria.

Part I: Communication/Problem Solving

1. CONVEYS THE MESSAGE: Generally, medical animation is produced to convey a specific message or idea. How well does the animation tell the story identified in the statement of purpose? Is the storytelling coherent, does it hold your attention; does the story have resonance, and stay with you after viewing the animation?	5	4	3	2	1	0
2. APPROPRIATE FOR THE INTENDED AUDIENCE: The simplicity or complexity of the work should be appropriate for the knowledge of the audience. For example, the medical and scientific content should match the background and knowledge of the intended viewer, and complexity should be built on a foundation of structured understanding. Assumption of knowledge for the layman or the opposite, addition of simplistic information for an expert audience, would define an inadequate content architecture.	5	4	3	2	1	0
3. DEGREE OF PROBLEM SOLVING: Consider the degree of problem solving expressed in the animation and/or the uniqueness of the concept in the visual solution. Take into account any challenges or obstacles presented by the conceptual and technical parameters of the job indicated in the statement of purpose.	5	4	3	2	1	0
4. ACCURACY OF MEDICAL OR SCIENTIFIC INFORMATION REPRESENTED: Evaluate the accuracy, consistency, and representation of anatomical relationships, molecular biology and interpretation of molecular data. Pictorial manipulation of life science information or distortion of size relationships may sometimes be necessary but should be done clearly, with purpose and knowledge. Note: this criterion is double weighted.	10	8	6	4	2	0
5. CLARITY: The pictorial information and visual design should be clear, direct, precise, and easily understood. It should be without unnecessary motion or excessive, distracting peripheral information. Relationships amongst major and minor characters should be clear. Information should be presented and revealed in a logical fashion and not be misleading or cause confusion.	5	4	3	2	1	0

Part II: Production Values

6. EFFECTIVENESS OF TECHNIQUE AND MEDIA: In analyzing the use of 2D or 3D animation is the selection of technique appropriate for the intended presentation modality. Does the appearance and quality of the animation, including proper use of color, size of key characters, use of space, motion, and level of visual complexity, account for the overall, memorable viewing experience or are there technical issues preventing you from experiencing it to the fullest?	5	4	3	2	1	0
7. FRAMING AND SCENIC COMPOSITION: The use of design elements to focus attention: color and lighting scheme, tonality, balance, unity of elements; use of space; camera position, and design of characters in each scene.	5	4	3	2	1	0
8. DRAFTSMANSHIP: In creating the illusion of depth, space and form, traditional or 2D animations should exhibit dimensional quality, perspective, proportions, effective use of light, and skill in rendering. Evaluate 3D animations with the same criteria and also consider the quality of model construction and their texture.	5	4	3	2	1	0
9. CRAFTSMANSHIP: The overall level of skill demonstrated in the application and handling of the technique and media Consider the editing, compositing, and continuity. In animations where mood and drama are part of the experience, consider the effective use of color and lighting. Any voice-over narration should be professional, spoken with clarity and scientific accuracy. Is the sound design complementary or distracting?	5	4	3	2	1	0
10. MOTION AND EFFECTS: The overall skill demonstrated in planning and executing the movements of the camera and characters. Do camera and character movements help convey the message and focus attention? Are the "in camera" effects, i.e. cuts, dissolves, focus, fades, and supers smooth and error free? Does the motion design and use of special effects support the content and reinforce the storytelling?	5	4	3	2	1	0
11. SOUND/PICTURE RELATIONSHIP: Is the final animated visual sequence appropriate to the accompanying narrative with respect to pace, content, synchronization, etc?	5	4	3	2	1	0

TOTAL SCORE:_____

AMI Salon Category: **BOOK:** _____ **ITEM NUMBER:** _____

Excellent 5	Very Good 4	Average 3	Fair 2	Poor 1	Failure 0
Very High	High	Adequate	Low	Minimal	Failure

Circle the score that matches your evaluation of the artwork in response to the criteria.

THE FOLLOWING CRITERIA ARE TO BE EVALUATED

EXCLUSIVELY AS THEY PERTAIN TO THE COLLECTED WORK OF MEDICAL ILLUSTRATIONS APPEARING IN THE BOOK.

Part I: Communication Values

1. CONVEYS THE MESSAGE: Generally, medical art is produced to convey a specific message or idea. In the case of a book, the collected work must be evaluated. How well do the illustrations communicate the message identified in the statement of purpose?	5	4	3	2	1	0
2. APPROPRIATE FOR THE INTENDED AUDIENCE: The simplicity or complexity of the artwork should be appropriate for the knowledge of the audience. For example, simplistic or irrelevant labeling should not be used for specialists in their area of expertise.	5	4	3	2	1	0
3. USE OF MEDICAL ILLUSTRATION TO ILLUMINATE: Do the medical illustrations in the book create a necessary and appropriate visual interpretation or clarification of the text or photographs?	5	4	3	2	1	0
4. ACCURACY OF MEDICAL OR SCIENTIFIC INFORMATION REPRESENTED: The information must be accurate, depicting currently accepted standards of biological and anatomical relationships and proportions. Pictorial manipulation of anatomical information as a teaching tool should not be misleading or cause confusion. Note: This criterion is double weighted.	10	8	6	4	2	0
5. CLARITY: The pictorial information should be clear, direct, precise, and easily read. It should be unencumbered with excessive, confusing, distracting peripheral information.	5	4	3	2	1	0

Part II: Production Values

6. EFFECTIVENESS OF ILLUSTRATION TECHNIQUE(S) AND ILLUSTRATION MEDIA FOR USE IN BOOK PUBLICATION: All basic reproduction criteria for book publication should be met, including: proper use of color, tone, line, and type within the reproduction limitations of the format; appropriate level of graphic complexity. Is the use of artistic style successful given the parameters of the publication?	5	4	3	2	1	0
7. OVERALL COMPOSITION, DRAFTSMANSHIP, AND CRAFTSMANSHIP OF THE ILLUSTRATIONS ONLY: Evaluate the collective work in the use of design elements to focus attention, the creation of the illusion of depth, space and form, and the overall level of skill demonstrated in the application and handling of the technique and media.	5	4	3	2	1	0
8. CONSISTENCY OF ARTISTIC AND DIDACTIC RENDERING: The book has no obvious or distracting inconsistencies in artistic style. The book has consistent use of didactic color throughout. For example, neurovasculature, tissues, or other repeated elements are rendered in the same manner and consistent colors throughout the book.	5	4	3	2	1	0
9. INTEGRATION OF MEDICAL ILLUSTRATIONS INTO LAYOUT AND DESIGN: The medical illustrations are seamlessly integrated in the layout and design. The artwork blends with the design concept. Take into account the surrounding design and photographs, the size of illustrations, and consistency of the size of labels and lead lines on illustrations.	5	4	3	2	1	0

TOTAL SCORE _____

Excellent 5	Very Good 4	Average 3	Fair 2	Poor 1	Failure 0
Very High	High	Adequate	Low	Minimal	Failure

Circle the score that matches your evaluation of the artwork in response to the criteria.

Part I: Communication/Problem Solving

1. CONVEYS THE MESSAGE: Generally, medical/life sciences art is produced to convey a specific message or idea. How well does the illustration tell the story identified in the statement of purpose?	5	4	3	2	1	0
2. APPROPRIATE FOR THE INTENDED AUDIENCE: The simplicity or complexity of the artwork should be appropriate for the knowledge of the audience. For example, the medical/scientific content should match the background and knowledge of the intended end user, and informational complexity should be built on a foundation of relevance to that audience. Overloading with professional-level informational detail for the layman or the opposite, reduction of information into simplistic terms for an expert audience, would define an inappropriate content level.	5	4	3	2	1	0
3. DEGREE OF PROBLEM SOLVING: Consider the degree of problem solving expressed in the illustration and/or the uniqueness of the concept in the pictorial solution. Take into account obstacles presented by the conceptual and technical parameters of the job, as per the entry's statement of purpose.	5	4	3	2	1	0
4. ACCURACY OF MEDICAL OR SCIENTIFIC INFORMATION REPRESENTED: The information must be accurate, depicting currently accepted standards of biological and anatomical relationships, relative scale and proportions. Pictorial manipulation or distortion of anatomical/scientific information is sometimes necessary or even preferred, but it should be done clearly, with purpose and knowledge. It should not be misleading or cause confusion. Note: this criterion is double weighted.	10	8	6	4	2	0
5. CLARITY: The pictorial or dimensional (e.g. anatomical models) information should be clear, direct, precise, and easily read. It should be unencumbered with excessive, confusing, and distracting peripheral information. When the artwork is presented as part of a series, information flow and consistency are taken into consideration.	5	4	3	2	1	0

Part II: Technique

6. EFFECTIVENESS OF TECHNIQUE AND MEDIA FOR THE INTENDED PRESENTATION FORMAT: All basic reproduction criteria for the intended presentation format should be met, including: appropriate aspect ratio; proper use of color, tone, line, and type within the reproduction limitations of the format; size of rendered original in relation to final format; appropriate level of (reproducible) graphic complexity.	5	4	3	2	1	0
7. COMPOSITION: The effective use of design elements to focus attention via placement and use of color, tone, or line; contrast; dynamics of form and shape; balance; unity of elements; and use of space. In illustrations where mood and drama are part of the treatment used to enhance the message or storytelling, evaluate the effectiveness of color and scenic lighting to create special effects. If 3D software is used, how effective is the framing, choice of camera lens, camera view and/or lighting?	5	4	3	2	1	0
8. DRAFTSMANSHIP: Overall drawing and rendering skill displayed in portraying objects and their setting, with attention to correct proportions and scale. When creating the illusion of depth, space and form, biological and medical art should exhibit dimensional quality, convincing perspective and effective use of form lighting and scenic lighting. If 3D software-based models are utilized in creation of the artwork, take into account whether or not objects appear properly proportioned and scaled with appropriate textures mapped to display the same qualities expected in non-3D media.	5	4	3	2	1	0
9. CRAFTSMANSHIP: The overall level of skill demonstrated in the application and handling of the technique and media.	5	4	3	2	1	0

TOTAL SCORE: _____

Excellent 5	Very Good 4	Average 3	Fair 2	Poor 1	Failure 0
Very High	High	Adequate	Low	Minimal	Failure

Circle the score that matches your evaluation of the artwork in response to the criteria.

Part I: Communication/Problem Solving

1. CONVEYS THE MESSAGE: How well does the interactive media object instruct or tell the story identified in the statement of purpose?	5	4	3	2	1	0
2. APPROPRIATE FOR THE INTENDED AUDIENCE: The simplicity or complexity of the work should be appropriate for the knowledge of the audience. For example, simplistic or irrelevant labeling should not be used for specialists in their area of expertise. Does the interactivity and/or design support unique, ease-of-use considerations for those with special needs or visual impairment due to an age-related or disease-specific audience?	5	4	3	2	1	0
3. DEGREE OF PROBLEM SOLVING: Consider the degree of problem solving expressed in the media object. Take into account obstacles created by the conceptual and technical parameters of the job as described on the statement of purpose.	5	4	3	2	1	0
4. APPROPRIATE USE OF INTERACTIVITY: Is interactivity used effectively to achieve communication goals or is it used gratuitously? Has the interaction design solution helped to effectively solve the communication problem? Is the user a participant and not a spectator?	5	4	3	2	1	0
5. ACCURACY OF MEDICAL OR SCIENTIFIC INFORMATION REPRESENTED: The information must be accurate, depicting currently accepted standards of biological and anatomical relationships and proportions. Pictorial manipulation of life science information or distortion of size relationships may sometimes be necessary as a communication tool but should be done clearly, with purpose and knowledge and should not be misleading or misinformative. Note: This criterion is double weighted.	10	8	6	4	2	0
6. CLARITY: The pictorial information should be direct, precise, and easily read. It should be unencumbered with excessive, confusing, distracting peripheral information. When the artwork is presented as part of a series, information flow and consistency are taken into consideration. If work includes video or narration, pace and content should be considered.	5	4	3	2	1	0

Part II: Production Values

7. EFFECTIVENESS OF TECHNIQUE AND MEDIA FOR THE INTENDED PRESENTATION FORMAT: All production standards for the presentation environment should be met, including: device dependent aspect ratio, use of color, value, line, and type within the format or viewing conditions; appropriate level of graphic complexity. If sound and video/animation are used, does the work effectively integrate these to enhance the message or story?	5	4	3	2	1	0
8. USER INTERFACE DESIGN: Does the interface guide the user and focus attention effectively? Consider the following: placement and unity of visual elements; contrast; dynamics of form and shape; balance; and effective use of space. Is the overall appearance of the program visually compelling and well designed?	5	4	3	2	1	0
9. DRAFTSMANSHIP, CRAFTSMANSHIP AND DESIGN OF PICTORIAL ELEMENTS: Representational images should exhibit dimensional quality, perspective, proportions, effective use of light, and skill in rendering. Graphic and diagrammatic images should be skillfully rendered exhibiting skillful use of color, tone, and line.	5	4	3	2	1	0
10. USABILITY: The effectiveness of the design in assisting the user to accomplish stated objectives, such as completing intended tasks or finding key information. Users should be given cues and provided with help when the media object's complexity warrants it.	5	4	3	2	1	0
11. FUNCTIONALITY: The application should work without errors or unexpected failures. Does the application work flawlessly with elements loading quickly or seamlessly? For instance, does every button work when clicked? Good functionality makes the experience and learning primary and allows the technology to become invisible.	5	4	3	2	1	0

TOTAL SCORE: _____

Appendix B – History of Salon Judging

1972 Awards were given in five categories: continuous tone, medical line, medical color, fine arts and Best of Show. Judging was by popular vote of Active members attending the annual meeting.

1979 Kansas City, Mo: The Salon categories were expanded to include graphic design, projection media, 3D, exhibit design and medical books. This was the first year that the salon awards were selected by a panel of judges. Bill Westwood conceived the idea and Don Biggerstaff implemented the process. Karen Waldo, David Mascaro and Roger Postem, PhD designed the criteria by which the work would be judged. Six judges used a simple judging form and entries were judged as they were lined up on the floor around the room. A new set of student categories was set up because it was felt that the student work should not have to compete with the professional categories. Awards were given at the Awards Banquet.

1980 Savannah, GA: The number of judges was increased to thirteen (six for professional, seven for student) to speed up the judging process. The 1979 judging forms were used and all judges judged every entry.

1981 Toronto, Ontario: The editorial category was added this year. The nine member judging panel included two doctors. It was felt that inclusion of an anatomist and a surgeon would help eliminate medical errors. This worked fairly well, except that the two doctors did not always agree on the "correct" anatomy. The 1979 judging forms were used and all judges judged every entry before it was hung.

1982 Anaheim, CA: The six member judging panel included two commercial illustrators and an art director from outside the profession. The group of six judged both the professional and student categories. The work was judged in elimination rounds. Round one: all entries were viewed in 35mm slide format. Round two: judges sat in semi-circle and viewed the remaining original entries one at a time as they were presented by a student. (The 1979 judging forms were used once again) Round three: final choices were made for first, second and honorable mention.

This was the year that many first and second place ribbons were not awarded. The reason given is that the members of the judging panel from the commercial community felt that draftsmanship of entries in some categories did not meet some arbitrary imaginary standard. AMI member reaction was not positive, prompting the Board of Governors to require that future salon judges be Professional members of the AMI.

1983 Chicago, IL: The cartooning category was added. The eight member panel was divided into a professional and student section. Judging proceeded exactly as in 1982, except that the judges chose not to utilize the judging forms, claiming that they were too time consuming. Note: This was the year that the Salon Committee and judges could not get access to the Salon room until the morning of the Salon opening. This only gave the judges nine hours to judge and hang the Salon. (This process usually took 24 hours.) AMI purchased Gaterfoam panels this year.

1984 Atlanta, GA: Entry fees were instituted this year. The eleven member panel (six professional category, five student category) decided not to judge the artwork in slide form, but rather to use the original art for all phases of judging. Each piece of artwork was judged by all

panelists using the judging form. The top four scores in each category were then reviewed for final placement ranking. The main drawback this year was that using the forms on every entry was so time consuming that the judges worked almost around the clock to complete their jobs before the Salon opening.

1985 Cincinnati, OH: Two new categories were added this year, computer generated art and medical/legal art. The thirteen member panel used the judging forms to score the artwork in the first several categories, then discarded the forms part way through the process as time became short. At this time, scores were given to the remaining pieces of artwork in a subjective manner. Once the scores were given, the numbers were tabulated and the winners chosen strictly by the highest scores. Even the judges did not know who the winners were until the night of the Salon opening. Note: One other problem occurred this year. Three very outspoken members of the judging panel tended to intimidate other judges by voicing strong opinions on minor anatomy and stylistic problems. Because the judging occurred in one large group, some members felt compelled to go along with the group even though their own opinions differed on the work.

1986 Norfolk, VA: This nine member panel (seven professional category, three student category) used new, improved judging forms this year. The new forms were divided by category, set up to be read more easily and the point spreads were expanded to help eliminate close point totals between entries. An anatomist was included on this year's panel. He was very helpful in the straight anatomy but eliminated many surgical anatomy pieces in which anatomy was represented in a non-traditional manner.

At the Interim Board Meeting after this year's Annual Meeting, the Board members directed the Salon Chair, for all future meetings, to try to have AMI members serve as judges only twice within a ten year period and not to serve for two years in a row. The rationale for this was that there are between 600 and 700 members in the Association and some members were being asked to serve as judges year after year. The Board felt that "new blood" would help the fairness of the judging process.

1987 Minneapolis, MN: Many changes were instituted this year in response to membership and judges complaints regarding the judging process. Under the new procedures, the time pressure on the judges was reduced by splitting the judges up into four mini-panels of three to four judges. Now, instead of all members of the larger judging panels judging every category of artwork in the Salon (the old time-consuming process), the new mini-panels are only responsible for judging three or four categories. Judges on the mini-panels are selected so that their expertise closely matches the categories which they are judging. This allows the judges to take more time evaluating each entry and helps insure that the judging process is consistent throughout.

1989 Dallas, TX: The Salon was once again judged in mini-panels. The mini-panels were grouped in an attempt to equalize the number of entries among the judges. The judges were assigned to provide a range of experience in each mini-panel. The fee per entry was raised \$5.00 and the total number of entries per member was limited to three.

1991 New Orleans, LA: The Salon Committee was split into two committees in this year: The Salon Hanging Committee and the Salon Judging Committee. The Salon was once again judged in mini-panels, grouped to equalize the number of entries among the judges. The judges were assigned to provide a range of experience in each mini-panel. The fee per entry was \$35.00 and the total number of entries per member was limited to three.

1992 Chicago, IL: The Salon was once again judged in mini-panels, grouped to equalize the number of entries among the judges. The judges were assigned to provide a range of experience in each mini-panel. The fee per entry was \$35.00 and the total number of entries per Professional member was limited to three, per Associate member was limited to two and per student member was limited to one.

2007 Bozeman, MT: It was decided that the title "Award" of Merit should be used instead of "Certificate" of Merit to better reflect the quality of the works given this award and not minimize their value.

2008 Indianapolis, IN: The division of the existing Animation and Interactive Media categories into smaller subcategories was implemented this year by the Professional Exhibits Committee. Blank judging forms were put on the AMI meeting website in order to assist entrants in the preparation of their salon labels as well as make the judging process a bit more transparent to the general membership.

2009 Richmond, VA: This year a "prejudging" process was implemented for the animation and interactive categories in order to save some time on judging day as well as allow some people to still act as judges in spite of the fact that they could not be there in person. The judging chair was given the files to disperse to his committee.

2014 Rochester, MN: This year, all categories were pre-judged. AMI Headquarters dispersed the digital files to the judges via Dropbox.