EBP/Nursing Research Council presents

Abstract Writing and Poster Design Workshops

October 18, 8am-12pm, East Room
October 23, 12pm-4pm, CR 5/6
October 25th, 8am-12pm, CR 4

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

Huntington Hospital

Abstract Writing and Poster Presentation Workshop

Huntington Hospital EBP/NRC Council
Presenters:
Lillian Lee
Janell Lehman-Lerille
Linda Nawa
Lulu Rosales
Vanessa Prendiz

Objectives

- Define an abstract and the purpose of an abstract
- Identify and describe the main components
- Identify useful resources
- Create an abstract
- Identify the do's and don'ts

Definition of Abstract

- A summary of research or a project
- A highlight of essential points
- Includes outcomes and recommendations

(Happell, 2007)

Types of Abstracts

Informational

- Includes purpose, methods, scope, results, conclusions and recommendations

Descriptive

- Includes purpose, methods and scope
- Does not include results, conclusions and recommendations

Purpose of Abstract

- Enables the conference committee to make a decision about the presentation you are submitting
- The committee will review the abstract for content and the applicability of the content to
  - the conference theme and purpose
  - conference audience
- Author should set the scene and capture the reader's interest

Abstract Components

- Abstract components should be CLEAR, FOCUSED and easily understood.
- It should include a sentences about each element of the research/project:
  - Purpose/Goal
  - Methods
  - Results/Outcomes
  - Conclusions/implications for practice

Abstract Example Background

- Delirium is an acute confusional mental state characterized by symptoms including clouding of consciousness, difficulty maintaining or shifting attention, disorientation, illusions, hallucinations and fluctuating levels of consciousness. The prevalence rate of delirium in hospitalized patients admitted for acute medical diseases is 11%-42% and it is even greater with patients admitted for surgical procedures. Delirium has been associated with negative outcomes such as functional decline, longer hospital stay, greater morbidity and mortality as well as increased health care financial costs. Much of the research of delirium in hospitalized patients has focused on the intensive care unit. A literature review revealed little about the development of delirium in step down patients, many of whom had ICU stays. The purpose of this project was to implement a delirium screening tool and an innovative bundle of nurse driven interventions, including a sleep time protocol. While lack of sleep is known to contribute to delirium, no evidence was found about how to address the lack of sleep. The bundle of interventions was embraced by the step down unit staff. The sleep time protocol was used as both a treatment for patients with delirium and a preventative measure for those who had not developed delirium. The measures resulted in a decrease in the development of delirium in the two month pilot testing period.

Purpose/Goal

- The purpose of this project was to:
  - Implement a delirium screening tool
  - Implement an innovative bundle of nursing driven interventions and develop a process to document these interventions
  - Include a sleep time protocol in the DOU.

Methods

- All patients were screened for delirium
- The sleep time protocol was used as both
  - A treatment for patients with delirium and
  - A preventative measure for those who had not developed delirium.
- The bundle of interventions was embraced by the staff.

Results,Outcomes, & Conclusions

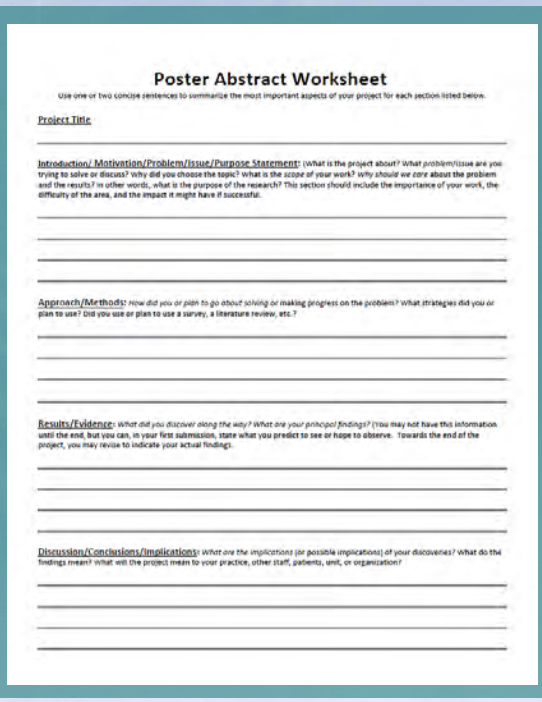
The measures resulted in:

- A decrease in the development of delirium in the two month pilot testing period.

Getting Started with a Draft

- First draft - focus on content
  - not grammar, spelling, or formatting
- Be intentional about finding time to write
- Be fearless –
  - don't be intimidated by thoughts of rejection
- Remember –
  - multiple rewrites, reorganizing, deleting, are part of the process

Activity #1



Poster Abstract Worksheet

Use one or two concise sentences to summarize the most important aspects of your project for each section listed below.

Project Title

Introduction/ Motivation/Problem/Issue/Purpose Statement: (What is the project about? *What problem/issue are you* trying to solve or discuss? Why did you choose the topic? What is the *scope* of your work? *Why should we care* about the problem and the results? In other words, what is the purpose of the research? This section should include the importance of your work, the difficulty of the area, and the impact it might have if successful.

Approach/Methods: *How did you or plan to go about solving or* making progress on the problem? What strategies did you or plan to use? Did you use or plan to use a survey, a literature review, etc.?

Results/Evidence: *What did you discover along the way? What are your principal findings?* (You may not have this information until the end, but you can, in your first submission, state what you predict to see or hope to observe. Towards the end of the project, you may revise to indicate your actual findings.

Discussion/Conclusions/Implications: *What are the implications* (or possible implications) of your discoveries? What do the findings mean? What will the project mean to your practice, other staff, patients, unit, or organization?

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Topic Ideas

Falls, BSI's, **CAUTI's**, Med Error Prevention, **Pain**, Constipation**, HAPU's**, NICU Noise Level, **Palliative Care**, Patient Satisfaction, **Hourly Rounding**, Rooming In/Increasing Breastfeeding Rates, Baby Friendly Initiatives, GUSS Swallow Study, Post discharge phone calls, Staff Distress, Compassion Fatigue, Nurse Navigators, DVT prevention, Work Environment Improvement Initiatives, Healthy Work Environments, Patient Education/Read-Back, Cardiac Rehab, ABCDE Bundle, NICE Patient Rounding, Post-Partum Hemorrhage, VAP, Core Measures, Sedation Vacation

Abstract Writing Resources

- Review abstracts from previous conferences
- Read articles on abstract writing:
  - "Creating the Perfect Abstract"
  - "Ten steps to developing an abstract for conferences"
  - "Hitting the target! A no tears approach to writing an abstract for a conference presentation"
- HMH Clinical Nurse Specialists (CNS)
- Nursing Research Center on HMH Share Point
- Health Science Library

Example of a National Conference

- **Advanced Practice in Primary and Acute Care Pacific Northwest 35th Annual National Conference**
  Thursday, October 04 - Saturday, October 06, 2012
  Washington State Convention Center, 8th and Pike, Seattle, WA

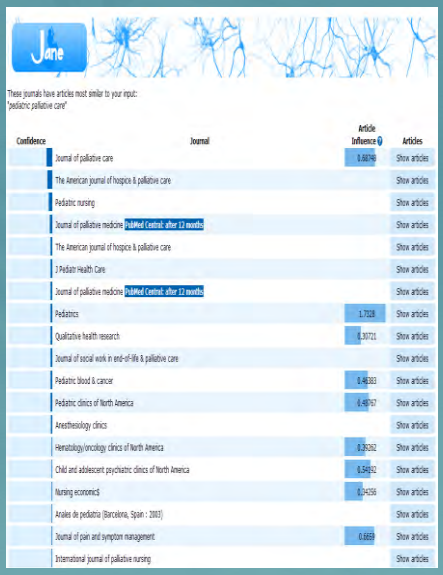
Call for Abstracts Example

- **Deadline: 31 August 2012**
- University of Washington Continuing Nursing Education is accepting abstracts for Advanced Practice in Primary and Acute Care, Pacific Northwest 35th Annual National Conference.
- Have you developed an innovative educational strategy, clinical program, or research project?
- A poster session to promote improvements in health care delivery, education, research and policy will be held on Thursday and Friday, Oct 4-5, 10am - 5pm.
- For poster guidelines and to submit an abstract click on the Call for Abstracts tab in the Conferences area of this website. Abstracts are due August 31, 2012. E-mail: jrwoods@uw.edu

What About JANE?

JANE: Journal/Author Name Estimator

- A free resource to help you find which journal is relevant to your topic.
- Paste in your abstract or topic and click "Find Journals"
- http://www.biosemantics.org/jane/



The Huntington Process for Abstracts

- Identify which conference or journal to submit your abstract based on the topic
- Identify abstract deadline
- Notify EBP/Nursing Research Council **4 MONTHS** prior to abstract deadline ebpresearchcouncil@huntingtonhospital.com
- Reminder to have the final draft reviewed by a CNS, educator, Dr. Leach (RN PhD consultant) or Lulu.

Sample Abstract

TITLE:
Unit Level Nurse Workload Impacts on Patient Safety

Purpose

- Study aimed to test associations between
  - Daily nurse staffing in an adult medical surgical unit and
  - Hospital acquired pressure ulcers, patient falls & other significant events

Methods

- A prospective, descriptive correlational design
- Tested associations between daily unit level nurse staffing, skill mix, hours of care, contract hours of care, workload and patient outcome measures.
- Falls were “unplanned descents to the floor”.

Result/Outcomes/Implications

- Registered Nurse (RN) Hours of Care was significantly associated with outcomes.
- Percent RNs with BSN or higher was associated with fewer falls.
- Unit activity index and hospital complexity (measured by bed size) were also significant predictors of falls.
- Percent of patients with hospital acquired pressure ulcers was significantly associated with mean staffing ratio and with percent days with the staffing under 100% for week PRIOR to the prevalence study.
- Greater percent certified RNs was associated with lower percent of restrained patients.

Do's of Abstract Writing

- Choose an appropriate conference for submission
- Allow enough time for abstract writing (3-6 months)
- Determine your preference of presentation (oral or poster)
- Follow all requirements (font, abstract structure, word limit, etc)
- Ask colleague to proofread

Don'ts of Abstract Writing

- Overuse abbreviations
- Use too many references within the text of the abstract
- Provide too little information so reader is unable to grasp the presentation
- Exceed maximum number of words
- Too much background not enough statistics

The Structure of a Clinical Abstract

- **Why?** – the reasoning behind introducing program or intervention
- **Where?**– Setting? Type of client? Who does it cater to?
- **How?**– process used to introduce the new initiative? Training? Education? Challenges?
- **What?** – what outcomes have been observed? Findings? Feedback?
- **What now?** – Implications for practice? Lessons learned?

The Structure Simplified

- First 1 or 2 sentences should provide short, sharp description of importance of topic
- The setting, population, needs identified should be described
- The process for implementation
- A description of observed outcomes
- Implications for nursing practice
- Lessons Learned

4 Mistakes Commonly Made in Preparing an Abstract

- Overdoing the context, with not enough attention to details, purpose and implications
- Overdoing the details, purpose or implications without enough attention to context
- Failure to acknowledge the implications or importance of the content
- Failure to articulate what will be covered in the presentation

Overdoing the Context

- Giving considerable attention to the program, service or intervention but not emphasizing the characteristics or what led to the initiative or how it has met a need.

Ex: Men's Wellness Program abstract

It leaves you asking…how did it start? what were the outcomes? What's next for this program?

Overdoing the Details

- Cutting straight to the proposed content but not providing a context (program, service, intervention).

Ex: outreach mental health care to indigenous people within the community

It leaves you asking…What issues led to introducing this role? What are characteristics that led to recognizing need for this role? What are outcomes? What are the implications?

Failure to Acknowledge Implications or Importance

- We know what it's about but are not told why its important

Ex: Motivational interviewing techniques

It leaves you asking…were the outcomes favorable? Unfavorable? What has been learned?

Failure to Articulate What Will Be Covered in the Presentation

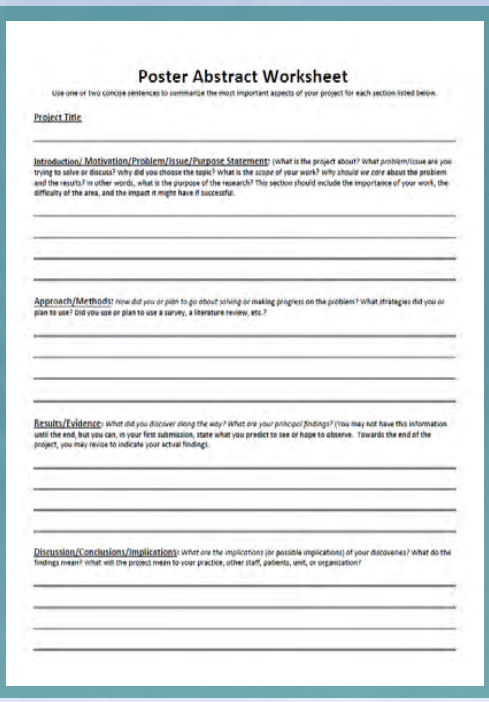
- Contains detailed information and history of program, process evaluation and main findings. But fails to explain what the presentation will cover
- "This presentation will…"

A final good example

- The introduction of primary nursing into the acute in patient setting
- Strong support from staff
- Explanation of the model
- Methods of evaluation
- The findings
- Implications
- Next steps for success
- Purpose of presentation

Some Final Tips

- Make sure to adhere to guidelines
- Proof read!!
- Note word limit and special requirements



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Break

- *Do a walk through of the room and view the posters that are displayed before we move on to the poster development portion of this workshop.*

Creating an Effective Poster Presentation

Huntington Hospital EBP/NRC Council
Presenters:
Lillian Lee
Janell Lehman-Lerille
Linda Nawa
Lulu Rosales
Vanessa Prendiz

Objectives

- Define the poster presentation purpose
- Describe the poster framework
- Identify steps in creating a poster presentation
- Identify resources
- Review and discuss different examples of poster presentations

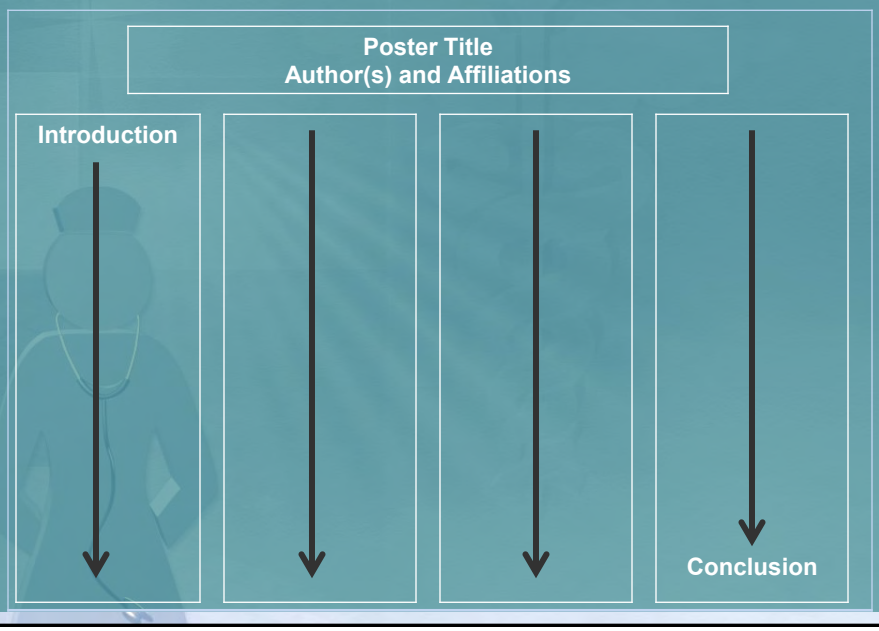
Poster Presentation Purpose

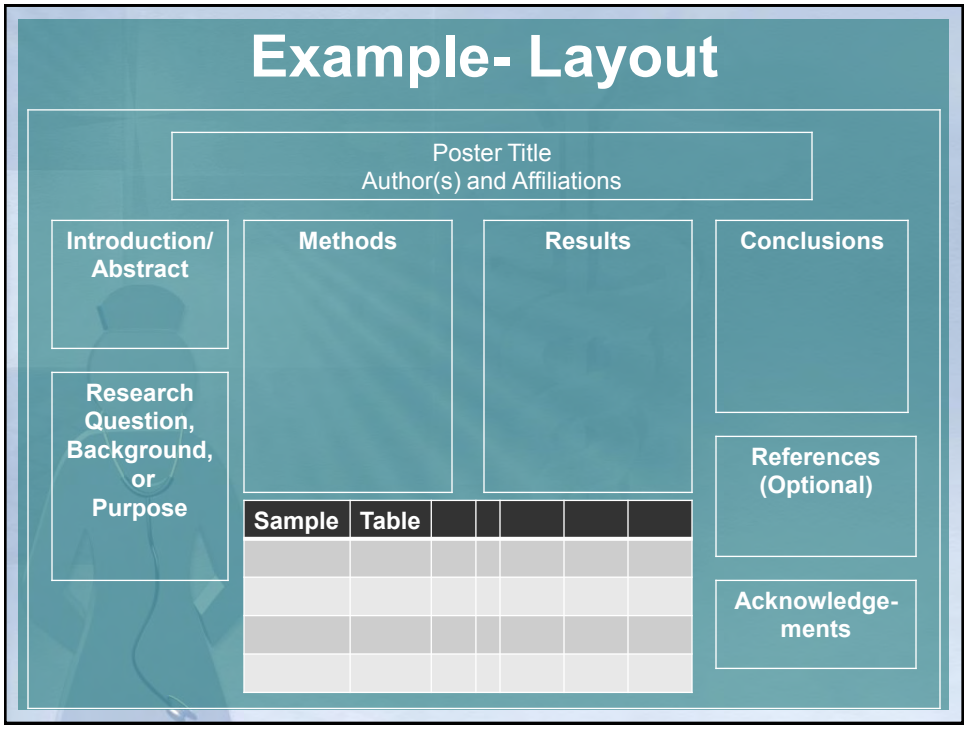
- Disseminate professional work
  - Research and EBP projects
- Display project findings
- Discussion between presenter and viewer
- Professional networking

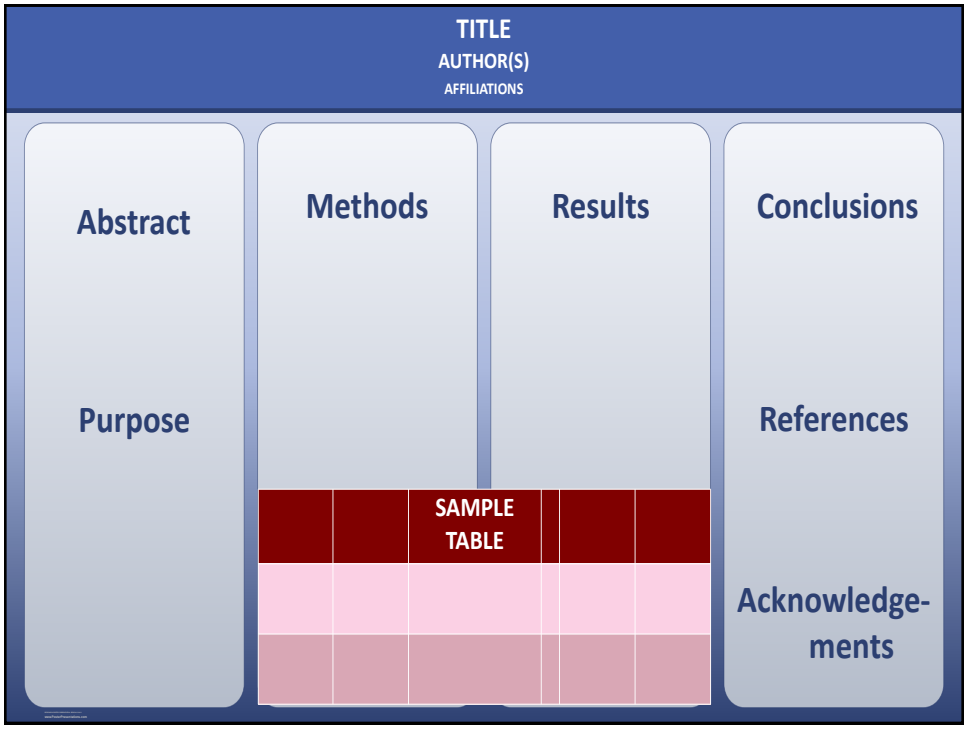
Poster Framework

- Title , author(s), and affiliations
- Abstract, introduction
- Background, purpose, question, hypothesis
- Methods
- Results
- Conclusions

Example- Layout Flow




Example- Layout
Poster Title
Author(s) and Affiliations
Introduction/ Abstract
Research Question, Background, or Purpose
Methods
Sample Table
Results
Conclusions
References (Optional)
Acknowledge-ments


TITLE
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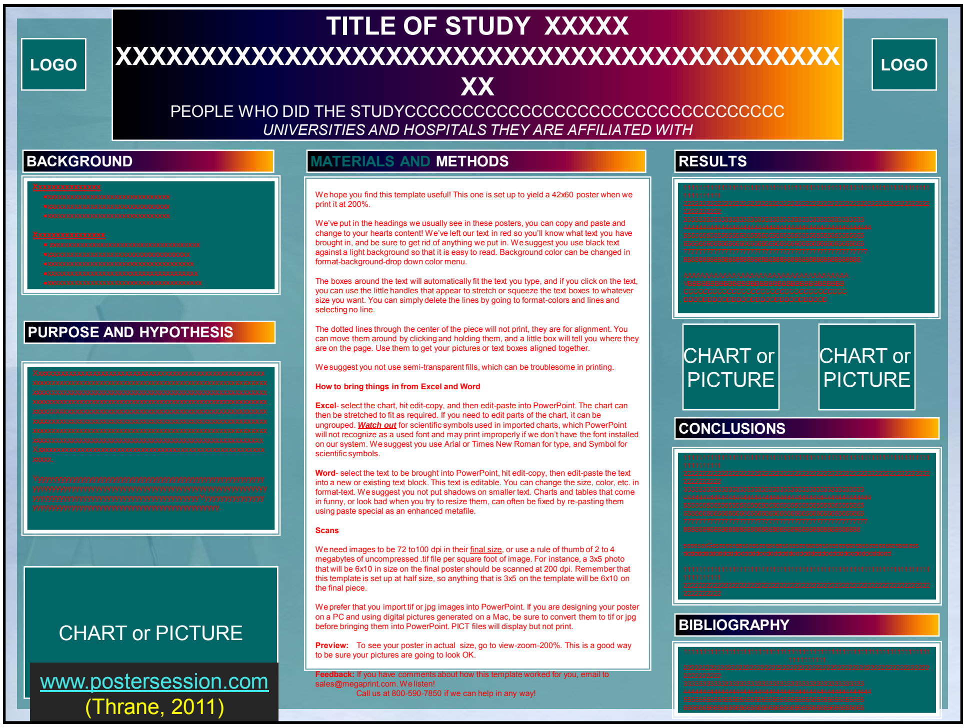
Acknowledge-ments



Poster Presentation Resources

- Online search
- Google „poster presentation templates'
- Also search „tips', „examples', & „printing'
- For templates, printing, & publishing
  - www.posterpresentations.com
  - www.postersession.com
- For a guide on creating a poster in Powerpoint
  - http://nurseweb.ucsf.edu/conf/cripc

Huntington Hospital Resources

- Nursing research center on HMH Share Point
- Notify EBP/NRC of pending projects: ebpresearchcouncil@huntingtonhospital.com
- HMH will print/publish your poster
- Once finalized and edited, submit to: dorreth.green@huntingtonhospital.com

Creating the Presentation

- Plan poster
- Consider information limits & poster size
- Prepare abstract & title
- Introduction, methods, results, & discussion
- Put it all together
- Seek advice
- Preparation, production, & display

Helpful Hints

- Follow guidelines set by conference for size & dimensions of poster
- Tailor information to audience
- Design information for 3-5 minutes to read
- Must be able to read from 3-4 feet away
- The poster tells the story- not the author
- Balance text with pictures, graphs, & tables

More Helpful Hints

- Seek colleague advice before printing
- Proofread before printing
- Consider poster transport needs
- Arrive at conference early to place poster
- Acquire items for displaying poster
- Make sure you are comfortable with the poster content!

The Critical Role of Oncology Nurses in Developing Survivorship Programs

Marcia Grant RN, DNSc, FAAN, Denice Economou RN, CNS, AOCN, Betty Ferrell RN, PhD, FAAN
City of Hope, Duarte, CA

Sponsored by NCI- R25CA107189

(Thrane, 2011)

Abstract

Significance
The estimated number of cancer survivors in the U.S. continues to grow to over 12 million. Research in cancer survivorship is rapidly growing and challenging areas of survivorship care include the extended survival of patients with advanced disease and caring for the older survivors in light of co-morbid complications. Developing and implementing the structure for this research is a challenge.

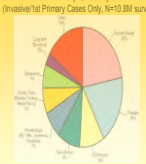
Problem and Purpose
Providing survivorship activities within cancer settings requires education of providers and survivors. Limitations in resources and staffing provide additional barriers to meeting these needs. The purpose of this abstract is to describe planning strategies used to implement survivorship activities within cancer settings by teams of nurses who participated in a 3-day, NCI funded educational program in Survivorship Education for Quality Cancer Care.

Theoretical/Scientific Framework
The conceptual framework for this course included principles of adult education and changing practice through performance improvement. Interactive education over 3-days provided general survivorship information, models of care were described and existing programs identified activities occurring in those settings.

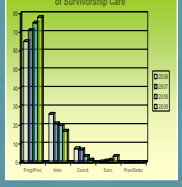
Methods & Analysis
Rigorous evaluation resulted in qualitative and quantitative data. Three goals individually identified by each team, were refined during the training program and followed at 6, 12 and 18 months post course for content and percent of achievement. Goals were coded using content analysis. Five major codes emerged: Program planning processes (P3) and the four components of survivorship care: Coordination, Surveillance, Detection and Interventions. Quantitative Analysis identified the percent of goal achievement by 18 months post course.

Findings and Implications
P3 goals were most frequent across years: (2006-65%, 2007-71%, 2008-75%, 2009-78%) Examples of P3 goals included initiating a plan for a survivorship program, increasing survivorship transition visits, and creating a curriculum for cancer survivor education. Goals in P3 accounted for 34% in 2006, 36% in 2007, 28% in 2008 and 36% in 2009. Content analysis of the nature of the goals provides examples of successful steps taken by oncology nurses in initiating survivorship programs across varied cancer settings.

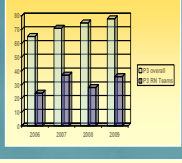
Estimated Number of Cancer Survivors in the U.S. on January 1, 2004 by Site
(Invasive/1st Primary Cases Only, N=10.8M survivors)



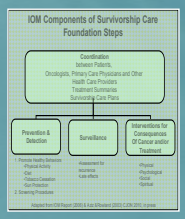
Goal Aggregation Based on IOM Components of Survivorship Care



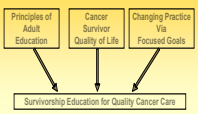
Program Planning & Process Goals 2006-2009



IOM Components of Survivorship Care Foundation Steps



Framework Model



Five Major Goal Codes

- Program Planning/ Process Goals
- Coordination
- Surveillance
- Detection
- Interventions

Examples of Program/Process Goals

- **Avera Cancer Institute** (2006)- Conduct a patient survey and focus group related to cancer survivorship of 100% of patients who have received services in our two oncology/hematology/BMT clinics in the past 5 years. (NP/SW team) 100% at 18 Mo.
- **University of California Irvine** (2007)- Creation of one-half day per week survivorship clinic for breast cancer f/u by breast surgeon and NP. (MD,NP Team) 60% at 18 mo.
- **Virginia Piper Cancer Center** (2007)- Population Focus- Introduce survivorship concepts and language to staff and survivors at first point of contact with our cancer center. (admin, CNS team) 100% at 18 mo.

Examples of Coordination Goals

- **Norton Healthcare Norton Cancer Care** (2006)- By December 2007, 85% of breast cancer patients will have had a care plan initiated. (RN,RN team) 50% at 18 mo.
- **Wenatchee Valley Medical Center** (2009)-Provide summary sheet and care plan to patients and PCP's which address the COH four dimensions of well-being for breast and colon cancer survivors. (Admin, NP Team) 100% at 18 mo.

Examples of Intervention Goals

- **Fred Hutchinson Cancer Research Center** (2009)-Implement a needs assessment of 25 primary care providers to learn more about the concerns that these providers have during the transition of cancer survivors back to primary care. (Admin, NP Team) 100% at 18 mo.
- **Alta Bates Cancer Center** (2009)- Update and revise current support groups/workshops to address cancer survivorship. (CNS, SW Team) 100% at 18 mo.
- **Suburban Hospital Cancer Program** (2006)- Within 6 months we will provide survivorship educational kits to Suburban Hospital's Radiation Oncology Clinic patients at the completion of their radiation treatments. (CNS, SW Team) 100% AT 18 MO.

Examples of Prevention/Detection Goals

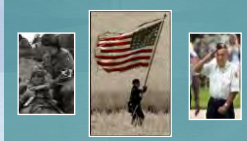
- **Children's Hospital of Kings Daughters** (2006)-By March 2007 we will provide an 8-week program for adolescents and young adult survivors age 15-21 years on health, wellness and cancer prevention. (MD, NP Team) 100% at 18 Mo.

Examples of Surveillance Goals

- **Akron Children's Hospital** (2009) We will complete an educational history assessment on all school-age patients at the time of diagnosis and again at twelve months. We will use this information to help identify learning difficulties and obtain special education services as needed. (RN, Educator Team) 100% at 18 mo.
- **The Cancer Institute of New Jersey** (2009)-Assess post acute survivors for late effects re: psycho-educational needs and provide an educational series to address those needs. 100% at 18 mo.

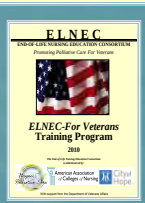
• Educating Nurses to Provide Palliative Care to Veterans •

Betty Ferrell[1], PhD, FAAN, FPCN, CHPN, **Rose Virani**[1], RNC, MHA, OCN, FPCN, **Pam Malloy**[2], RN, MN, OCN, FPCN, **Michelle Gabriel**[3], RN, MS, ACHPN
[1]City of Hope, Duarte, CA • [2]American Association of Colleges of Nursing, Washington, DC • [3]VA Palo Alto Health Care System, Palo Alto, CA



End-of-Life Nursing Education Consortium (ELNEC) For Veterans

Contact: Pam Malloy at pmalloy@aacn.nche.edu



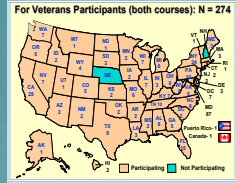
Course Evaluation
N=274
On a scale of 1-5:
1=poor to 5=excellent

	Mean
What was your overall opinion of this conference?	4.86
Was the information stimulating and thought provoking regarding palliative care issues in nursing?	4.85
To what extent did the course meet the objectives and your expectations?	4.77

Abstract

In 2010, the Department of Veterans Affairs (VA) awarded the City of Hope a three-year contract to educate nurses on how to provide better palliative care for Veterans with life-threatening illnesses. The first two of six national train-the-trainer courses were held in August 2010 in Pasadena, CA and Washington, DC, with 274 participants representing most all 22 Veterans Integrated Service Networks (VISN). The 1000-page curriculum was developed through the End-of-Life Nursing Education Consortium (ELNEC), a national nursing education initiative administered by City of Hope and the American Association of Colleges of Nursing (AACN), along with a VA workgroup of healthcare providers. After completing the two-day train-the-trainer course, nurses will be equipped with materials to return to their institution and train others.

For Veterans Participants (both courses): N = 274



Purpose

More than 54,000 American Veterans – mostly from World War II and Korea -- die each month, and the Department of Veterans Affairs Hospice and Palliative Care Initiative (VAHPC) is trying to improve hospice and palliative care for them. Given that the number of Vietnam-era Veterans over 65 will continue to grow through 2034, so too will the need for hospice and palliative care in the VA system.

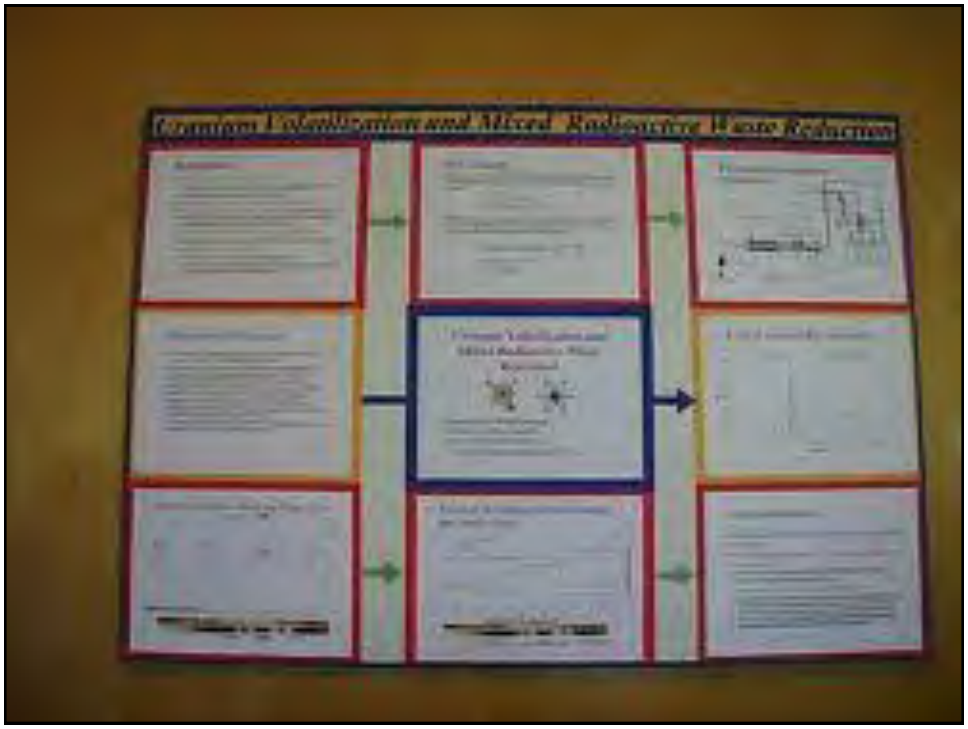
Description of ELNEC for Veterans Project

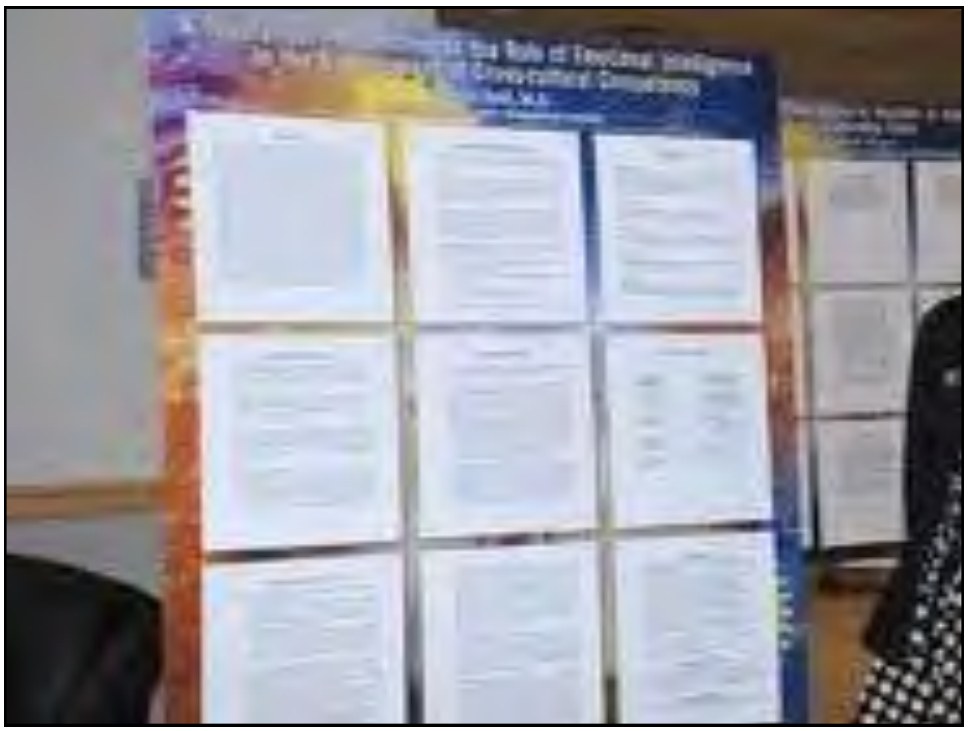
- In 2010, the Department of Veterans Affairs (VA) awarded City of Hope a three-year contract to educate nurses on how to provide better palliative care for Veterans with life-threatening illnesses.
- First two of six national train-the-trainer courses held August 2010 (Pasadena, CA and Washington, DC).
- 274 participants including nurses, physicians, social workers, chaplains, pharmacists, psychologists attended, representing all 22 VISNs and 48 US states + Puerto Rico and Canada
- Staff from VA facilities attended, along with community partners in acute care, hospice, and homecare.
- Further dissemination of the ELNEC-For Veterans curriculum is provided by the Hospice Education Network (HEN) for one-year 24/7 to all participating VA facilities and their staff;
- Courses for 2011 will be held in Ft. Lauderdale, FL and Dallas, TX
- For further information visit the ELNEC website: www.aacn.nche.edu/ELNEC

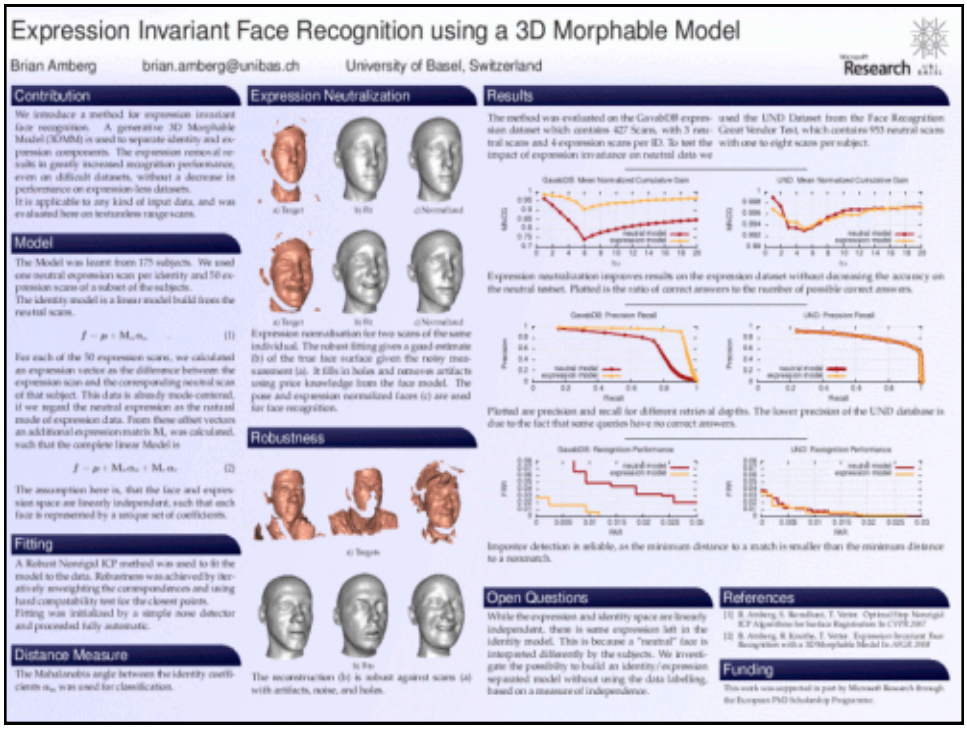
Summary

No other healthcare provider spends more time with these Veterans and their families than the nurse. The expertise gained at these courses promises to improve the quality of palliative care for thousands of Veterans in 153 Department of Veterans' Affairs Medical Centers across the U.S. Efforts are being made to also reach out to community nursing homes, long-term care facilities, hospices, and non VA acute care facilities who care for approximately 96% of all Veterans.

(Thrane, 2011)







Expression Invariant Face Recognition using a 3D Morphable Model

Brian Amberg brian.amberg@unibas.ch University of Basel, Switzerland

Research

Contribution

We introduce a method for expression invariant face recognition. A generative 3D Morphable Model (3DMM) is used to separate identity and expression components. The expression removal results in greatly increased recognition performance, even on difficult datasets, without a decrease in performance on expression less datasets.
It is applicable to any kind of input data, and was evaluated here on textureless range scans.

Model

The Model was learnt from 175 subjects. We used one neutral expression scan per identity and 50 expression scans of a subset of the subjects.
The identity model is a linear model build from the neutral scans.

$$f = \mu + \mathbf{M}_{id}\alpha_{id} \quad (1)$$

For each of the 50 expression scans, we calculated an expression vector as the difference between the expression scan and the corresponding neutral scan of that subject. This data is already mode-centered, if we regard the neutral expression as the natural mode of expression data. From these offset vectors an additional expression matrix $\mathbf{M}_{exp}$ was calculated, such that the complete linear Model is

$$f = \mu + \mathbf{M}_{id}\alpha_{id} + \mathbf{M}_{exp}\alpha_{exp} \quad (2)$$

The assumption here is, that the face and expression space are linearly independent, such that each face is represented by a unique set of coefficients.

Fitting

A Robust Nonrigid ICP method was used to fit the model to the data. Robustness was achieved by iteratively reweighting the correspondences and using hard compatability test for the closest points.
Fitting was initialized by a simple nose detector and proceeded fully automatic.

Distance Measure

The Mahalanobis angle between the identity coefficients α_{id} was used for classification.

Expression Neutralization

Expression normalisation for two scans of the same individual. The robust fitting gives a good estimate (b) of the true face surface given the noisy measurement (a). It fills in holes and removes artifacts using prior knowledge from the face model. The pose and expression normalized faces (c) are used for face recognition.

Robustness

The reconstruction (b) is robust against scans (a) with artifacts, noise, and holes.

Results

The method was evaluated on the GavabDB expression dataset which contains 427 Scans, with 5 neutral scans and 4 expression scans per ID. To test the impact of expression invariance on neutral data we used the UND Dataset from the Face Recognition Grand Vendor Test, which contains 953 neutral scans with one to eight scans per subject.

Expression neutralization improves results on the expression dataset without decreasing the accuracy on the neutral testset. Plotted is the ratio of correct answers to the number of possible correct answers.

Plotted are precision and recall for different retrieval depths. The lower precision of the UND database is due to the fact that some queries have no correct answers.

Impostor detection is reliable, as the minimum distance to a match is smaller than the minimum distance to a nonmatch.

Open Questions

While the expression and identity space are linearly independent, there is some expression left in the identity model. This is because a "neutral" face is interpreted differently by the subjects. We investigate the possibility to build an identity/expression separated model without using the data labelling, based on a measure of independence.

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Funding

This work was supported in part by Microsoft Research through the European PhD Scholarship Programme.

Summary/Conclusion

- Poster presentations disseminate best evidence through networking events
- Learning to create a poster presentation is a process
- Many resources are available!

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Activity #2

Transforming your abstract into a poster

CANCER SURVIVORSHIP

6 West Medicine/Oncology

Huntington Memorial Hospital

Huntington Hospital

History of Survivorship

Traditional cancer care has been allegorically described like plucking a drowning patient from a stormy sea only to drop him on a deserted, narrow strip of sand – drenched, gasping for air, and isolated; still terrified of the unpredictable ocean behind him and bewildered how to scale the craggy cliffs ahead.

Today, there are over 12 million cancer survivors in the United States. Nurses, across the continuum of care must consider survivorship issues in their care planning. Oncology nurses, specifically, should play a significant role assessing the needs of cancer survivors, integrating their care, and helping them to navigate through the complex health care system.

Concept of *survivorship* is historically linked to war or acts of nature

The concept of *cancer* survivorship emerged in the literature in the 1980's

Autobiographical stories emerged in the 1990's, personalizing the experience of living with cancer

2006 Institute of Medicine (IOM) report *From cancer patient to cancer survivor: Lost in transition* identified key recommendations for survivorship care

5 Key Concepts of Survivorship:

1.Begins at the time of diagnosis

2.Creates a profound sense of uncertainty that persists through all stages of cancer diagnosis, treatment, remission, or recurrence

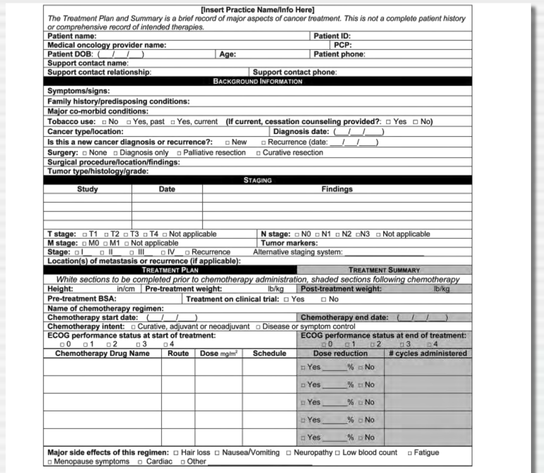
3.Cancer is life-changing experience that may help survivors find a new purpose in life, but also may significantly alter the survivor's identity

4.Surviving cancer has many positive *and* negative attributes

- **Positive related to personal growth and appreciation of life**
- **Negative related to persistent medical problems, financial challenges, or role confusion**

5.Each survivor has a unique Individual experience but shares some universal bond with other survivors that only they can understand

(Doyle, 2008)



[Insert Practice Name/Info Here]

The Treatment Plan and Summary is a brief record of major aspects of cancer treatment. This is not a complete patient history or comprehensive record of intended therapies.

Patient name: | Patient ID:
Medical oncology provider name: | PCP:
Patient DOB (__/__/__) | Age: | Patient phone:
Support contact name:
Support contact relationship: | Support contact phone:

BACKGROUND INFORMATION

Symptoms/signs:
Family history/predisposing conditions:
Major co-morbid conditions:
Tobacco use: □ No □ Yes, past □ Yes, current (If current, cessation counseling provided? □ Yes □ No)
Cancer type/location: | Diagnosis date: (__/__/__)
Is this a new cancer diagnosis or recurrence?: □ New □ Recurrence (date __/__/__)
Surgery: □ None □ Diagnosis only □ Palliative resection □ Curative resection
Surgical procedure/location/findings:
Tumor type/histology/grade:

STAGING

Study	Date	Findings

T stage: □ T1 □ T2 □ T3 □ T4 □ Not applicable | N stage: □ N0 □ N1 □ N2 □ N3 □ Not applicable
M stage: □ M0 □ M1 □ Not applicable | Tumor markers:
Stage: □ I □ II □ III □ IV □ Recurrence | Alternative staging system:
Location(s) of metastasis or recurrence (if applicable):

TREATMENT PLAN | TREATMENT SUMMARY

White sections to be completed prior to chemotherapy administration, shaded sections following chemotherapy

Height: ____ in/cm | Pre-treatment weight: ____ lb/kg | Post-treatment weight: ____ lb/kg
Pre-treatment BSA: | Treatment on clinical trial: □ Yes □ No
Name of chemotherapy regimen:
Chemotherapy start date: (__/__/__) | Chemotherapy end date: (__/__/__)
Chemotherapy intent: □ Curative, adjuvant or neoadjuvant □ Disease or symptom control
ECOG performance status at start of treatment: | ECOG performance status at end of treatment:
□ 0 □ 1 □ 2 □ 3 □ 4 | □ 0 □ 1 □ 2 □ 3 □ 4

Chemotherapy Drug Name	Route	Dose mg/m²	Schedule	Dose reduction	# cycles administered
				□ Yes ____ % □ No	
				□ Yes ____ % □ No	
				□ Yes ____ % □ No	
				□ Yes ____ % □ No	
				□ Yes ____ % □ No	

Major side effects of this regimen: □ Hair loss □ Nausea/Vomiting □ Neuropathy □ Low blood count □ Fatigue □ Menopause symptoms □ Cardiac □ Other

Advocacy organizations provide templates for survivorship care plans that can be printed or completed electronically.

Leading Survivorship Advocacy Organizations

NCCS NATIONAL COALITION FOR CANCER SURVIVORSHIP
The power of survivorship. The promise of quality care.

LIVESTRONG SURVIVORSHIP NOTEBOOK

Survivorship Care Planning

ONS Journey Forward

The Oncology Nursing Society (ONS) has partnered with Journey Forward to promote the use of survivorship care plans. Generic and disease-specific downloadable templates are available online.

Created in response to gaps identified in the care of cancer survivors, especially during transitions of care as patients move between diagnosis, treatment, remission, or recurrence

Designed to include comprehensive treatment records, delineate who should provide follow-up care, address psychosocial risks, and describe late disease and treatment-related effects and management strategies

(Belansky and Mahon, 2012)

IOM Recommendations

INSTITUTE OF MEDICINE OF THE NATIONAL ACADEMIES

- Health care providers should raise awareness of cancer survivors and survivorship
- Oncology providers should provide patients a written survivorship care plan
- Providers should use evidence-based guidelines to manage the late effects of cancer and cancer treatment
- Survivorship care plans should be created to support diverse communities in various health care delivery systems
- Governmental and private organizations should collaborate to coordinate quality care for cancer survivors
- Discrimination against cancer survivors in the work place should be eliminated
- Policy makers should act to ensure cancer survivors have access to adequate and affordable health insurance
- Survivorship research should be supported

(Hewitt, Greenfield, and Stovall, 2006)

Conclusion

Cancer patients are no longer left to fend for themselves on a lonely beach after surviving the stormy seas of cancer diagnosis and treatment. Survivorship comprises a key component on the continuum of care with the fundamental goal to empower survivors and their families. Nurses play a key role in all four IOM-identified essential aspects of survivorship care: prevention, surveillance, intervention, and coordination. Nurse-led survivorship care planning can change the culture of cancer care from the time of diagnosis using a holistic approach that integrates the complex physical, psycho-social, spiritual, and financial challenges faced by patients. (Morgan, 2009)

Survivorship Definition

Cancer survivorship begins at the time of diagnosis and includes all individuals living with or beyond cancer

Survivorship encompasses individuals who are undergoing treatment, in remission, living with progressive disease, or have had cancer in the past

(Davies, 2009)

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Nurses In Collaboration and Engagement with Patient and their Treatment or N.I.C.E. P.T. Report: Implementation of Handoff Report at Bedside

4 East & Brain Mapping UBC

BACKGROUND

Introduction

- The Joint Commission (TJC) defines handoff as a means to provide accurate information about patient's care, treatment, medications, services, current condition or any changes in patient's care and highlights that accurate handoff as part of the Nursing Patient Safety Goal[7] includes:
  - goal 1: "improve the accuracy of patient identification"
  - goal 2E: "improve the effectiveness of communication among caregivers"
  - goal 13: "encourage patients' active involvement in their own care
- The need for improvement of current nursing shift-to-shift handoff is increasing and critical[7]; communication is a primary contributor to sentinel events such as patient falls, pressure ulcers, medication errors, and patient deaths[7].

CLINICAL QUESTION AND PURPOSE

The primary clinical question: Is bedside shift report more effective than traditional shift report in improving patient satisfaction and nursing communication?

- Initiate a 3-month pilot implementation of bedside handoff in uses a systematic tool: SBART. This project became known as the NICE PT Hand Off Report: **N**urses **i**n **C**ollaboration and **E**ngagement with **P**atients and their **T**reatment
- Assess the effectiveness of bedside shift on patient satisfaction and nurse communication.

SIGNIFICANCE

Huntington Memorial Hospital

- Huntington Memorial Hospital is a 625-bed, magnet-recognized, community-based, non-profit, teaching hospital. Their mission is to excel in the the delivery of quality care, benefitting vulnerable populations, health research, education and training.

Unit Population

- In Huntington Memorial Hospital, 4-East/Brain Mapping unit is a 24-bed unit in which the demographic of the patients are primarily surgical and with neurological disorders requiring continuous EEG monitoring.
- The nursing manager and unit-based council recognized opportunities to enhanced HCAHPS and Press-Ganey patient satisfaction scores through bedside handoff.

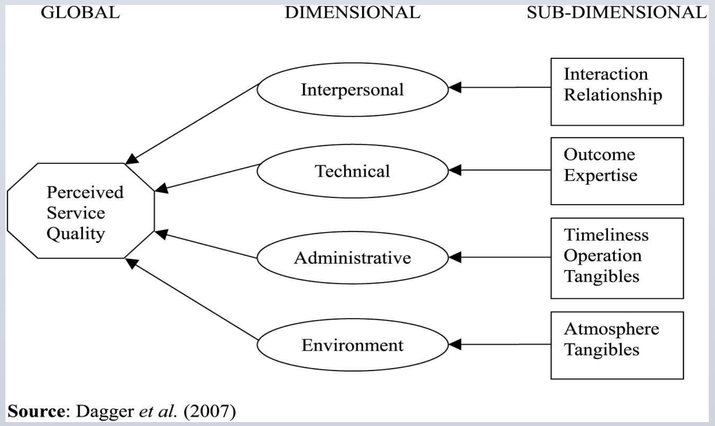
EVIDENCE SUPPORTING BEDSIDE REPORT

- The essence of the Clinical Nurse Specialist practice influences all 3 interacting spheres and is guided by the CNS expertise, specialty standards of practice, skills, competencies and knowledge.

Bedside hand-off practice change is supported by level V descriptive studies and TJC reports[7].

- **Patient benefits: P**atient satisfaction improves through increased involvement , reduces anxiety and complaints ,and increases comfort [3,4,5, & 12].
- **Nursing Staff benefits: I**ncreases accountability among staff with more time for patient care, face-time conversations with patient/family, provides mentoring opportunities with new students and staff, promotes teamwork and ownership[2].
- **System benefits:** NPSG compliance[7], patient safety[8,10], financial savings, and near-miss sentinel events prevention; meeting pay – for –performance standards.

THEORETICAL FRAMEWORK

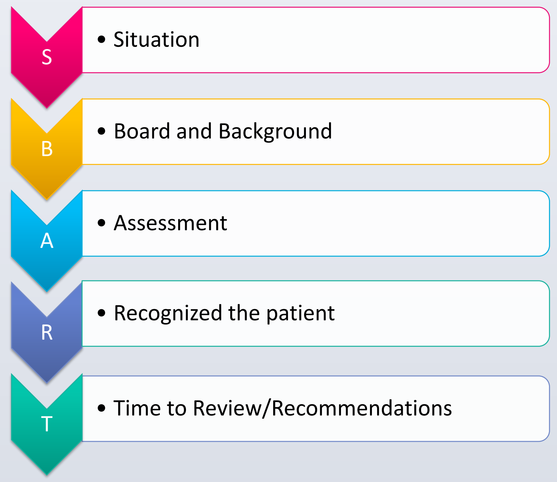


Source: Dagger *et al.* (2007)

- Implementation is guided by the **Multi-dimensional Hierarchical Model of Perceived Service Quality** which identifies four primary dimensions (interpersonal, technical, environment and administrative) with corresponding nine sub-dimensions. *Perceived service quality improves by influencing the multi-dimensions*.
- Bedside Handoff influences all four dimensions and subsequent sub-dimensions, therefore changing perceived service quality through the following:
  1. Interpersonal: Building a more interactive relationship with patients through bedside reporting including communication board updates.
  2. Technical: Providing nursing expertise at the bedside while doing assessments especially on complex assessments on drains, IVs, incisions and chest tubes.
  3. Administrative: Bedside reporting promotes consistent pain assessments, call light response, and hourly rounding.
  4. Environment: Influenced by the team of nurses and PCAs that will be at the bedside to make sure personal items, call light, and making sure the room is kept clean.

- The **Plan, Do, Study, Act** or **PDSA** methodology is quality improvement model utilized to implement hand-offs at the bedside.

RESEARCH-BASED INTERVENTION



Plan

- Conduct literature review searches, current standards and practice guidelines and recommendations.
- Create surveys to collect baseline data of the unit's patients and nurses related to current bedside report communication.
- Collect baseline data from HCAHPS, Press-Ganey, and pre-implementation survey.
- Define the roles of the following: patient-care assists (PCAs), patient and family; TJC recommends defining the nursing roles as sender and receiver as tips for successful handoff[8].
- Develop educational material and check-off list with utilization of SBART process tool, Patient Profile found in Meditech, PowerPoint, scripts, and videos.
- Educate NICE PT practice change to all staff.

Do (Test the planned change is the next step)

- Implement NICE PT Report/SBART process.
- In collaboration with the unit manager and unit-based council, this project will be piloted for 3 months.
- All staff and patients will be observed and surveyed using the survey tools.
- Any problems, issues, and suggestions will be recorded by key staff and manager.

Study (Assess the impact)

- NICE PT Report/SBART process will continue to be collected.
- At the end of the 3-month pilot, the data will be analyzed.
- Evaluate results, suggestions, issues, and concerns.

Act

- With the data collection and analysis, changes will be made accordingly, with the guidance of the unit manager, unit-based council members and chair. The changes will then be implemented.
- The steps of the PDSA model will continue until outcome and process improvement are evident in the HCAHPS and Press-Ganey scores in the 4th quarter, December 2012.

POTENTIAL OUTCOMES

- **Upon successful implementation of bedside handoff:**
  - All nurses in 4-East/Brain Mapping unit will be able to: perform bedside-shift report, as defined by the SBART process, through a check-off list , UBC chair and key nurse leaders on unit.
  - Patient satisfaction and nursing communication with patients scores will improve as measured by the HCAHPS/Press-Ganey scores in the 4th quarter by 10%
  - Post-implementation survey will reflect a positive experience with nurse communication at shift change regarding treatment updates and plan of care.

NURSING IMPLICATION & CONCLUSION

- Evidence supports the practice change for bedside hand-off
- Perceived service quality in Healthcare and PDSA offers guidance in implementation of bedside hand-off.
- NICE PT Report is a patient safety and satisfaction initiative that utilizes the SBART process to guide nurses.
- Post implementation of NICE PT report will be evaluated for modifications necessary to improve bedside hand-off process
- NICE PT Report , if successful, may be expanded to other nursing units seeking improvement in patient satisfaction scores.

ACKNOWLEDGEMENTS

- 4-East/Brain Mapping Unit Manager, direct-care Nurses, and Unit-Based Council for their clinical partnership/collaboration.
- Susan D'Antuono, MS, RN-BC, Adult Med Surg CNS for providing clinical expertise and guidance.
- Christine Anne Z. Leyson RN, BSN, UCLA Medical-Surgical CNS Student for conducting the study and support.

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Ten steps to developing an abstract for conferences

Jane Coad, Patric Devitt, Jayne Hardicre,

Abstract

There is an increasing importance being placed on the dissemination of research and other high quality evidence. This article is the first in a series of three that will assist you in ensuring that your work is presented in the best light at the conference of your choice. In this first article we guide you through the ten steps you need to take to ensure that you submit the best possible abstract to the scientific committee. We also will guide you through the process of selection.

Key words: Research Dissemination ■ Abstract ■ Conference Presentation

The use of conferences as a method of disseminating research findings and good practice is expanding each year (Coad and Devitt, 2006). You can hardly pick up a health or social care journal without seeing a conference advertised and often there is an early call for an abstract or short summary of a potential presentation and/or poster. With this is mind, this article aims to assist readers with a simple ten-step guide to developing an abstract for a conference, whether it is in poster or an oral format. It will draw on the authors' experiences, both as members of scientific review panels and as submitters of abstracts.

Step 1 – Think about the purpose of your abstract

The purpose of an abstract is to enable the conference committee to make an informed decision about your proposed presentation, whether that be oral (frequently referred to as a concurrent session, symposia or workshop) or poster. The decisions of the committee will include content, academic rigor and applicability for the conference and themes.

Jane Coad is Senior Research Fellow, University of Bristol, Centre for Child and Adolescent Health, Patric Devitt is Senior Lecturer and Jayne Hardicre is Lecturer in Nursing, School of Nursing, University of Salford.

Accepted for publication: January 2007

Step 2 – Getting started

Take time to consider and plan what you want to say to the audience/readers of your abstract. Look carefully at the flyer for the conference to ensure that you reflect the title, aims and themes of the conference. You can often find previous conference proceedings (such as on the RCN 2006 website) and this is particularly useful in thinking about your style and structure. We also suggest that you ensure that you target your paper to an appropriate conference, that it is one which you are comfortable with and one that meets your relevant expertise and experience. You should also allow ample time to write and submit the abstract, so we recommend that as soon as you decide to submit an abstract, check when the final submission date for abstracts is and work backwards by 1 week.

Most conferences give presenters an option of the preferred mode of presentation. You should decide whether you would prefer an oral or poster presentation. Spoken presentations allow greater interaction and discussion with the audience, but require a level of confidence in public speaking while handling audio-visual equipment. In contrast, poster presentations allow the potential audience to study the content in depth, and the audience is not limited only to those attending a particular concurrent session. However, they demand a level of creative thought as to how best to present the information in a set amount of space. Both methods of presentation are covered in the following two articles in this issue of *BJN*.

Step 3 – Setting out your style

In all cases you should use a word processor for your abstract and ask someone (such as a colleague and/or 'critical friend') to read it. Ensure that you use an appropriate font size, most commonly requested is font size 11–12. If your font size is too small you may find your abstract is rejected.

Keep your points concise. Some conferences provide a box and/or word limit (for example, 250 words). This criterion must be adhered to. The authors of this article have attempted to change box size, usually to their detriment! We have found that using a 'true' font, such as Arial or Times New Roman, allows the maximum wordage within a limited space.

It is generally accepted that your abstract should be written in the past tense and that it should remain constant, i.e. you should not mix tenses. A good literary style is not essential but is helpful. It is also imperative that you check your abstract for spelling mistakes. Repetitive mistakes give a poor impression and are avoidable with proof-reading and word processing packages that have spell check functions.

Step 4 – Avoiding common pitfalls

One common pitfall is an excessive use of jargon in the hope that this will impress. This can have the opposite effect, being off-putting to both reviewers and readers. This is difficult as often you are so immersed in a project you forget that a word is jargon. Similarly, standard abbreviations can be used but they should always be written in full the first time they are used, e.g. general practitioner (GP) or United Kingdom (UK). Try to avoid abbreviations and colloquialisms that are non-standard, no matter how commonly they are used in professional conversation, for example, 'obs' for observations.

Step 5 – Getting the title to appeal

Your title should be clearly set out and concise. It should portray what is in the abstract and what the presentation will include. Some authors are able to think of eye-catching, punchy titles and you may be one of them. However, we have

seen some titles that are so obscure that it is not clear what to expect. On occasions, authors tactically leave out something in the abstract to attract the widest possible audience, but again be careful that the reviewer does not come to your presentation and/or review your poster and feel cheated.

Step 5 – Aim and outcomes

Having decided what your presentation is going to achieve you should portray this clearly to the reader. This includes making the aims and outcomes quite explicit. You may be asked for an aim of your paper and then at a later point in the abstract guidelines they also ask you for learning outcomes. Examples of learning outcomes are given by Quinn (2000), but could look like:

By the end of the presentation, delegates will:

1. *Understand some of the philosophical issues of caring for sick children in hospital*
2. *Explore some of the challenges of involving sick children in their own care in a hospital setting.*

Other conferences may ask for aims as well as, or instead of, outcomes. The differences in aims and outcomes can be confusing, therefore a list has been compiled and includes suggested characteristics of each (*Table 1*).

Table 1. Defining characteristics of aims and learning outcomes

Aims	Learning outcomes
• Gives a general statement of the goal to be achieved • Does not give an indication of how the goal is to achieved • May emphasize the value of the goal	• Derived from the aim • Describe the desired end-state in terms of knowledge, skills and attitudes. • Usually take the form of a behavioural statement, i.e. 'at the end of the session the participants will be able to...'

Step 6 – Content

In the main section you should include some of the key background literature to the paper. This should be informative and not over-verbose in its message. If your paper is a literature review then this section makes up the entirety of the abstract, otherwise a short paragraph to set the scene and gain the reader's interest will suffice. You can use several references for one sentence but again be careful not to include so many references that the reader is disengaged.

If your abstract is in relation to a research project or a study it is relevant to summarize the process. If you are unsure, have a look at some articles in the nursing journals and/or some clear research books (Polit and Beck, 2004). Usually, a few clear sentences about each element, such as aims/hypothesis, sample, methodology, data collection and analysis, is required. However, if the focus of the conference is on research, or your paper is primarily about the process, then this section needs to be increased in both length and depth.

At the end of your abstract you should take the opportunity to remind the reader what your presentation is about with a summary of one or two concluding sentences. Remember, a punchy and/or thought provoking conclusion may be useful in focusing the reader's attention.

Step 7 – References

It is also important that you submit your abstract with a sample of references on the topic. The conference team may limit this to three references so choose wisely and remember these are for the reader to locate so should be easily accessible, current and ones that are relevant to the conference focus and delegates. Use the referencing style requested - this is most commonly Harvard.

Step 8 – The submission process

Before you submit your abstract, whether it be as hard or electronic copy, invest 5 minutes in a final check. We recommend you use a list:

- Have I completed my abstract according to the conference instructions?
- Have I used the correct format for submission, i.e. electronic or hard copy?
- Have I eliminated every single misspelled word, typographical error and grammatical mistake?
- Have I checked that it is within the word limit and in the correct font?
- Have all the listed authors read and agreed the final draft?
- Have I included all the required forms, biographical information and included my (and co-authors) contacts?

Finally, double check the list again.

Step 9 – What happens next?

The details of what happens to an abstract following submission vary but the general path they follow will not be dissimilar. Abstracts will be sent out to expert reviewers who will be asked to comment on the relevance, currency, rigor and interest. Each abstract usually has at least two 'double-blind' reviewers to read it and will have clear, predetermined guidance for acceptance or rejection. This means that they do not know who the other reviewer is but also do not get any of your personal details. Following this process, they send their recommendations back to the scientific committee for consideration.

If there is a discrepancy between reviewers it is the scientific committee that makes the final decision. They may even ask for a further reviewer to read the abstract. While it is unlikely that the scientific committee accepts a paper that reviewers recommend for rejection it is possible for the reverse to occur. This is because, while the individual reviewers concern is with the quality of the individual submission, the scientific committee is charged with ensuring the balance of papers throughout the conference. On occasions, this may mean that papers are of good quality but may be rejected because of the volume of submissions and the focus and quality of other papers were felt to be better. You may also receive comments from the conference organizers. Do not be put off by the comments, they are there to help you and while rejection is painful, feedback provides you with a learning opportunity.

On some occasions, you may submit first an oral presentation and be offered a poster. Do not feel disappointed if this happens – posters are an excellent medium to access a wide range of the delegates.

Step 10 – Concluding remarks

This is only half of the story. You need to prepare meticulously for your presentation, whether it be for an oral paper or a poster. These are both covered in the following two articles in this issue of *BJN*.

Once you get accepted we recommend you let people know so you can share your experiences with others who are thinking of an abstract for conference but do not feel able. It is only by sharing and supporting others that all of us can improve. BJN

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CLINICAL NOTE

Hitting the target! A no tears approach to writing an abstract for a conference presentation

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ABSTRACT: *From the author's experience in reviewing abstracts for conference presentations, nurses do not find it easy or straightforward to write an abstract, nor do they appear to fully understand its aim and purpose. The aim of this paper is to provide a clear understanding of the role of the abstract in the context of conference presentations and to provide a practical tool to guide nurses through the process of writing an abstract for a conference presentation in terms of both the structure and the content. Tips on what to avoid when writing an abstract are included.*

KEY WORDS: *abstract, conference presentations, nurses.*

INTRODUCTION

Presenting a paper at a nursing conference is an important means of disseminating the knowledge and skills inherent in mental health nursing practice by clinicians to clinicians (Ashworth 1996; Cleary & Walter 2004; Coad & Devitt 2006; Coad *et al.* 2007; O'Neill & Duffey 2000). However, despite the important role conference presentations play, the literature offers little in the way of guidelines to support the novice presenter. The author's experience as an abstract reviewer suggests that nurses do not find it easy to write an abstract in a manner that clearly conveys both the importance of the topic and an accurate overview of the proposed content of the presentation.

Furthermore, the limited literature available tends to describe the structure of a research paper (Sheldon & Jackson 1999). While this is important for nurses who seek to present their research findings, examples of abstracts for research papers can readily be found in nursing and other academic journals. More recently, overviews of the structure of a quality improvement paper, including the abstract, have been published (Moss & Thompson 1999; Smith 2000). However, clinicians frequently prefer to present on other aspects of clinical care such as the development of a new programme (other than as a quality improvement project), or a newly implemented nursing intervention. A search of the literature did not reveal any information or suggestions as to how to write these types of abstracts.

The aim of this paper is to assist nurses in writing an abstract for a clinical paper. More specifically the paper will provide:

- A brief overview of the importance of a conference abstract
- Mistakes commonly made in the preparation of an abstract
- The structure of a clinical abstract
- An exemplar of a clinical abstract

THE IMPORTANCE OF THE CONFERENCE ABSTRACT

The abstract represents a summary of your proposed presentation. Essentially, it is your introduction to the scientific committee and conference reviewers, the people who will ultimately decide whether to: definitely include it in the programme; reject it outright; or consider it acceptable but with low priority. Frequently, many more abstracts are received than can be accommodated, so acceptance depends on having more than just a good idea.

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It has to have a story to tell, not only that is worth hearing, but that is considered a must include in the face of competition. As Sheldon and Jackson (1999) state:

> The abstract is an advertisement of what is to come. Therefore it needs to grip the minds of the reader . . . it needs to reflect at least one theme of the conference and it needs to introduce your paper competently. (p. 78)

Writing an abstract is not generally considered either an easy or an enjoyable task. Perhaps because of this, it is considered an awkward hurdle or an academic exercise, rather than as a significant source of information. Consequently, nurses often concentrate on making sure the abstract is well written at the expense of clearly articulating the proposed rationale and providing a solid rationale or context for the proposed presentation. The writing style is important as it will enable the reader to comprehend what the presentation is about and why it absolutely should be a part of the programme, but a beautiful writing style is no substitute for substance.

It is also important that the set guidelines for abstract preparation and submission are followed. This has been addressed elsewhere in the literature (Cleary & Walter 2004; Groves & Abbasi 2004; Sheldon & Jackson 1999) and is therefore not the focus of this paper. However, this can prove difficult for the writer who already has the full 20-min presentation in his or her head and finds it difficult to synthesize so much information into a succinct overview. In the absence of a clear structure, many abstracts do not successfully convey the essential ingredients for success.

MISTAKES COMMONLY MADE IN THE PREPARATION OF AN ABSTRACT

Aside from grammatical errors and poor expression, abstracts frequently fall into one of four categories:

- Overdoing the context, with insufficient attention to the details, purpose, or implications
- Overdoing the details, purpose, and/or implications, with insufficient attention to the context
- Failure to acknowledge the implications or importance of the content
- Failure to articulate what will be covered in the presentation

These mistakes are now presented in more detail and supported with examples. The examples are fictitious but have been influenced by the author's experience in reviewing conference abstracts.

Overdoing the context, with insufficient attention to the details, purpose, or implications

This type of abstract devotes considerable attention to the service, programme, or intervention but does not emphasize its unique characteristics, what led to the development of the specific initiative, or how it has met an identified need. For example:

> The Men's Wellness Program was introduced following the closure of LFT, a major production company that previously provided employment for a significant proportion of the male community. This led to a significant increase in the unemployment rate for the town as the alternative work options are few, particularly for the large number of semi-skilled workers. Unemployment has been identified as a major risk factor for deterioration in physical and mental health and well-being. The program caters for men between the ages of 18 and 65. It consists of an outpatient clinic and drop-in centre. Referrals are received from GP clinics, local hospitals and mental health services. It is staffed by general and mental health nurses who receive support from a part time psychiatrist and social worker. A number of educational sessions are run including: recognizing and dealing with stress; the importance of maintaining physical health; smoking cessation; and recognizing problem behaviours related to alcohol and drug abuse and gambling. The service has received support through extra funding from the local council. It is considered to meet a previously unmet need.

Unless you have a strong passion for men's health issues, this abstract is likely to leave you wondering – so what? On deeper reflection, you might be left with the following questions:

1. How was the programme initiated and what specific aspects of the broader problem did it aim to address?
2. What were the outcomes? How do you know the programme was successful?
3. Did anyone attend the programme? If so, how many?
4. What does this mean for the future? Should the programme be retained as is? modified or refined?

The author has provided some information about the programme itself but it is not related to the broader context of the presenting problem and tends to be superficial. The educational programmes are listed but no justification is given for these choices or what is hoped to be achieved by introducing them.

Furthermore, the writer has not conveyed what will be covered in the presentation. It is not clear from this abstract whether the plan is to talk about the broader programme itself, a specific initiative within it, or the observable outcomes. The clinical abstract (like all others)

needs to clearly state the scope and content of the presentation. While this might seem obvious, it is frequently omitted.

Overdoing the details, purpose, and/or implications, with insufficient attention to the context

This type of abstract cuts straight to the proposed content of the presentation but does not provide a context in order to fully justify the reason for introducing the initiative. For example:

> The aim of this presentation is to describe the introduction of an Indigenous mental health worker in a remote community. The aim of this role is to provide supportive outreach care mental health care to indigenous people within the community. The worker locates him/herself in areas frequented by indigenous people in order to become familiar to, and therefore establish a relationship with, these people. In this presentation I will: 1) outline some of the problems encountered in the attempt to become accepted by the target population; 2) discuss the strategies used to overcome these problems; and 3) describe two case studies that illustrate the importance and success of this role. The implications for mental health nursing will be illustrated.

Again, there is no intent to question the importance or relevance of this topic but one may be left wondering:

1. Why? What particular issues led to the introduction of this new role?
2. Where? What are the specific characteristics of this community that led to the recognition of this need?
3. What outcomes have been observed to date? Apart from the two case studies, what leads you to conclude that the initiative has been successful? Or alternatively, what is special about the two case studies? Why were these two specifically chosen?
4. What now? What has been learned from the experience? How should it be further developed? The statement: 'The implications for mental health nursing will be illustrated' tells us nothing; we need to know what the implications are and why they are important.

Failure to acknowledge the implications or importance of the content

> In this presentation the author will describe the use of motivational interviewing techniques with a client diagnosed with both a mental illness and a substance abuse disorder. To illustrate the use of this technique, the experience of working with one client (to be known as Ian) will be examined in detail. The presentation will commence by outlining the reasons why this technique was chosen will be summarized. The author will then detail how motivational interviewing was used to establish a therapeutic relationship between the nurse and the client, giving a brief outline of the structured sessions. The outcome of this process and its implications for the therapeutic relationship and for Ian himself will be discussed.

In this example, the author provides some detail about the content of the presentation and the subject matter to be included. We know what it is about but we have not been told why this is important. For example:

1. Were the outcomes perceived to be favourable or unfavourable?
2. What has been learned as a result of this experience?
3. What are the implications for mental health nursing practice?
4. Would the author recommend this approach for clients with a dual diagnosis? For clients with other psychiatric diagnoses?

It is not necessarily expected that the abstract will cover all of these issues, but some indication of why the presentation is important and how the content is relevant to mental health nursing practice is essential.

Failure to articulate what will be covered in the presentation

This is a common error. The first example (above) of the men's wellness programme illustrates this point. To cite another example:

> Clinical supervision has been identified as an important strategy in reducing the stress and burnout commonly associated with mental health nursing work, and therefore to increase the level of job satisfaction. Therefore it has been acknowledged as important strategy to promote retention within the profession. Clinical supervision was introduced on a trial base for nurses employed in a mental health service in Woop Woop. Ten senior members of the nursing staff undertook training to ensure they had the necessary skills and expertise to be able to undertake the role of clinical supervisor. Clinical supervision was then offered to nurses on a voluntary basis. Twenty-three nurses opted to be included in this program. They each received individual clinical supervision on a monthly basis for six months. At the end of this time they were asked to complete a questionnaire which included questions about: their satisfaction with receiving clinical supervision; if and how they felt it influenced their nursing practice; whether they wanted to continue to receive clinical supervision; and what they felt could be done to improve the process. The findings demonstrate a high level of

satisfaction with clinical supervision and an interest in continuing. Some suggestions for improvement were provided.

This abstract contains detailed information about clinical supervision, including the rationale for its introduction, how it was introduced, the process of evaluation, and a brief overview of the main findings. However, the reader is left to guess what will be covered in the presentation. It might be assumed that the focus will be placed on the evaluation findings but this needs to be stated explicitly. Words such as 'this presentation will . . .' need to be used so decisions about whether or not to attend this paper (if the abstract is accepted) can be based on fact rather than assumption.

THE STRUCTURE OF A CLINICAL ABSTRACT

Essentially, an abstract for a clinical paper should address the Why? Where? How? What (outcomes)? and What now (implications)? These components will now be discussed.

Why?

This refers to the reasoning behind the introduction of the new programme, role, or intervention. Implementation of something new does not occur randomly but reflects the recognition of a problem or issue that is not currently met with existing service delivery.

Where?

What was the setting? What is particular or special about this setting? Does it cater for a particular geographical area? Type of client? Gender? Or ethnic background for example?

How?

An overview of the process used to introduce the new initiative. What changes (if any) were required within the service? Was training or education of staff required? Were there any particular challenges or issues that needed to be addressed? If so, how was this achieved?

What?

What outcomes have been observed? Ideally, this will include the findings of a structured evaluation; however, it can also include: number of people who attended the new programme/initiative, informal feedback, referral to data routinely collected, for example, critical incidents, seclusion data.

What now?

People generally attend conference presentations because they believe the topic is relevant. In the case of clinicians, they are often particularly interested in learning from the experience of others. Therefore, it is important to devote some attention to the implications for practice that have arisen from the findings. For example, do they suggest the need for staff training in a particular area? Do they demonstrate the ability to reduce adverse effects? Do they demonstrate increased consumer satisfaction with service delivery when a particular therapeutic intervention has been adopted? How could these findings apply to other services and practice settings?

It is also important to discuss any lessons learned in the experience. These do not have to be favourable ones. For example, some specific difficulties may have emerged that are now considered to be the result of inadequate staff training. Your audience will learn as much from your 'bad' experiences as from your 'good'. Therefore, these stories should be told.

The structure simplified

Of course, not all abstracts are the same and some care should be taken in following any system; however, the following provides a guide to the information that should be included in a clinical abstract:

1. The first sentence (or two) should provide a short, sharp description of the relevance and importance of the topic for the reader (reviewer or conference delegate).
2. The setting, client population, specific needs identified, etc., should be briefly described.
3. The process through which the initiative or programme was implemented should be *briefly* described. Reference should be made to any specific issues encountered and how these were dealt with.
4. A description of observable outcomes should be provided. This is likely to be the area of particular interest to your audience and should therefore be given more attention than the proceeding sections.
5. Implications for nursing practice should be discussed. This may also include a brief reference to lessens learned (positive or negative) and an overview of any further issues that require attention. Avoid the use of blanket statements like 'the implications of this initiative for mental health nursing will be presented'. What does this tell us? Basically nothing and as such it is a waste of words that could have been used to alert readers as to why this topic will make a difference to their professional lives.

6. An overview of the focus of the proposed presentation. This does not necessarily need to be the last section of the abstract, although it can be. Alternatively, it might come after the first, second, third, or even forth points, depending on the structure and flow of the abstract. It is, however, important that enough information is provided so that the reader will have a clear understanding of what it is you plan to present.

THE STRUCTURE DEMONSTRATED – AN EXEMPLAR OF A CLINICAL ABSTRACT

Examples often prove very useful in assisting people to make sense of a structure, by seeing it 'in action'. The following exemplar contains all of the elements of the structure described above. For the reasons discussed previously, it is intended as a guide only. There may be good reasons to vary the structure, but nevertheless it is important that all six points are covered in a logical and coherent way:

> Primary nursing was originally introduced as a way to provide person centred care for patients within the health care service. Service X, like many others discarded primary nursing because 'it just wasn't working'. Primary nursing was reintroduced into an acute in-patient unit, with the strong support of all nursing staff. The model involved a coordinated approach with one primary nurse identified and a number of secondary nurses who would assume patient care when the primary nurse was not on duty. The evaluation of this initiative included administering a questionnaire to measure nurses' job satisfaction before the change and six months later. The findings suggest nurses' job satisfaction increased substantially following the introduction of primary nursing. In particular nurses emphasised being able to work with and be of assistance to a small number of patients, rather than feeling they were putting out 'spot fires'. This experience has demonstrated that primary nursing can provide a satisfying and successful approach to the care of people in mental health inpatient units. However, for success to be achieved, a coordinated approach is needed to ensure continuity of care. This presentation will describe the introduction of this approach and an overview of the evaluation findings.

In 199 words, the author has been able to provide a comprehensive overview of the *why*, *where*, *how*, *what*, and *what now*. The people reviewing this abstract will have a clear idea of the relevant issues, outcomes, and the content that is to be covered. They will be well placed to make a decision and in all likelihood this abstract would be accepted (although of course it is difficult to second guess the opinions of reviewers, who after all are only human). If the abstract is accepted, it will also give conference delegates the type of information needed to decide whether or not they want to attend this paper.

Furthermore, by following the structure outlined, the author will be forced to focus on exactly what it is she or he proposes to cover. This will help to refine his or her thoughts. Should the abstract be accepted, it will also provide a clear outline that will assist in preparing the final presentation.

SOME FINAL TIPS

Make sure the abstract strictly adheres to the guidelines as set out by the conference-organizing committee. Note the word limit and any other special requirements.

Carefully proof read the abstract. Typographical and spelling errors, poor grammar and clumsy expression can be very 'off putting' to reviewers. Like all of us, reviewers are busy people, and will often view ill-prepared work negatively. They may also think that this lack of attention to detail might also influence the way the presentation is written. They are therefore much more likely to reject it. Ask a colleague to read it, to be sure it makes sense and contains all of the important information

CONCLUSIONS

This paper provides a structure for the preparation of a clinical abstract. Essentially, this involves providing sufficient but succinct information to describe the *why*, *where*, *how*, *what*, and *what now*. An exemplar has been provided to illustrate the way in which information should be presented to enhance the chance of acceptance. So what are you waiting for? Haven't you got an abstract to write?

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Ten steps to successful poster presentation

Jayne Hardicre, Patric Devitt, Jane Coad

Abstract

Receiving a letter confirming acceptance for you to present a poster at a conference can evoke mixed emotions. Joy, panic, fear and dread are among the many possible emotions and this is not exclusive to first time presenters. Developing an effective poster presentation is a skill that you can learn and can provide a rewarding way to present your work in a manner less intimidating than oral presentation (Shelledy, 2004). The key to successful poster presentation is meticulous, timely, well informed preparation. This article outlines ten steps to help guide you through the process to maximize your success.

Key words: Poster Presentation ■ Dissemination ■ Professional Development

The development and submission of an abstract can be a nerve wracking and stressful experience, however, a letter of acceptance can sometimes evoke further mixed emotions. Joy, panic, satisfaction, fear and dread are among the possible emotions experienced and it is worthy of note that this is not just exclusive to first time presenters.

Put simply, a poster is a story board of information (Jackson and Sheldon, 1998). Poster presentations are an excellent way to communicate the results of your research or clinical/educational developments or initiatives. The poster should provide for interaction between the presenter and the audience, i.e. facilitate discussion and, as such, is an ideal opportunity to make contacts and network with others who possess similar interests. Developing an effective poster presentation is a skill that is easy to learn and provides a rewarding way to present your work in a supportive atmosphere that can be less intimidating than a formal oral lecture presentation (Shelledy, 2004), particularly for the novice. The key to successful poster presentation is meticulous, timely, well-informed preparation. We have therefore compiled ten steps to help with your preparation and maximize your success.

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Step 1 – Planning your poster

Before you start to prepare the poster there are a number of issues you need to consider. First, what exactly is it you are hoping to present? Are you presenting a research report or disseminating practice development? This is important as it will dictate the content and layout of your poster so you need to be clear about what it is you want to communicate. Of course, this will have been established when you wrote your abstract but do not make the mistake of using the wrong format to get your message across (see *Figures 1* and *2*). If your poster is not a research report then there is no point in setting it out as such.

Second, you need to consider your audience. Is the conference solely for nurses or is it multidisciplinary? If it is the latter you should consider providing more detailed background information and outline its value in the multidisciplinary arena. You should refrain from using abbreviations as they can mean something different to practitioners from another discipline.

Third, what does your audience already know about your subject area? This is an important consideration because if you provide too much depth of information to an audience who have limited background knowledge it can be off putting and may inhibit discussions with you. Conversely, your audience may be experts in your subject area - you do not want to lecture them. If this is the case you should focus on application of results and further developments, etc.

Step 2 – Things to consider before constructing your poster

Developing a well designed, informative and creative poster can take a significant amount of time. This can vary from hours to weeks and as a general guide, however long you think it will take – double it. Respondents in a study by Moore et al (2001) reported that the most challenging aspect of the poster development process was limiting the information. Many struggled between producing an uncluttered poster, while at the same time, getting the information across in a clear way. Less is more as posters are a visual display and should entice the audience to move in closer, rather like a window display or a table at a car boot sale. The poster should be clear, concise and appealing to the eye and as such should not be littered with too much text. Try to keep the text brief and avoid acronyms. Use bullet points where possible and utilize tables and graphs to illustrate your points. A key to creating a clear poster is to ensure that the text is legible and consistent. The most commonly used font is Arial but make sure you use the same font throughout, this includes titles and sub-headings. Your poster should easily be read at a distance of 1.5 meters. Choose your font size carefully and of course, this depends on the size of your poster but do have the largest text for your title, smaller for headings and the same size for all text (*Box 1*).

If you can't fit all your text on the poster cut it down. The poster should communicate key points and encourage the audience to discuss your poster with you. It is during these discussions that you will offer much

Box 1. Font sizes for poster text

Main title	100 points	At least 4 cm high
Subheadings	50 points	1.5–2 cm high
Body text	25 points	0.5–1 cm high

more information. The layout of your poster is important as most people read from top to bottom, left to right, therefore the sequence should take this into account (Butz et al, 2004). We are sure many readers have visited a poster and made no sense of it because the sequencing was difficult to follow and as such did not get the information across.

Once you are clear what you want your poster to say then you can begin with its construction. It is helpful at his stage to use a scaled down version with sticky paper or card to organize the content and layout. As a general rule, if you are presenting research, the content includes the following stages:

- Title
- Abstract
- Introduction
- Methods
- Results
- Discussion
- Acknowledgements.

If you are presenting an area of practice development your content will be different and so the layout will also need to be adjusted. We have attempted to demonstrate this in *Figures 1* and *2*.

Step 3 – Developing the abstract and title

If an abstract is required it is important that it is clear, focused, easily understood and outlines the content of the poster. The abstract should capture the interest of the audience and entice them to read on further. The title of your poster is also very important and should accurately describe the content of the poster. Short and creative is often thought to be best (Jackson and Sheldon, 2000) but do not get so creative that people have no idea what your poster is about. For example, '*A Shepherd Without a Flock: Predetermined Chaos or Facilitated Survival*' is a snappy title but what does it mean? This was actually a title developed to provide a novel, catchy representation of the content, which was a student and lecturers' first experiences of problem-based learning. On reflection, it was too creative and did not let the audience know what the poster was about. It would have been better to have written, '*A Student and Lecturers' First Experiences of Problem-Based Learning*'. It is worthwhile spending time to develop your title and ask your colleagues for their opinion. After all, a title has failed in its aim if only the presenter understands it.

Along with the title should be a clear indication of authors and affiliations, sometimes Trust or institution logos are also included here. It is important that all contributors' names are listed as this clearly establishes credit for their input. The issue of granting credit for poster development to those who have offered few contributions runs parallel to the rights of authorship in published works (Moore et al, 2001). Issues surrounding authorship of published works are often so sensitive and highly debated that suggestions and guidance for assigning authorship have been established and published (Duncan, 1999). Authorship criteria should be borne in mind and discussed at the earliest opportunity as it can lead to misunderstanding if left. For example, if a colleague proof read or reviewed your poster and subsequent alterations were made - does that constitute credit for contribution as an author or a thank you over glass of wine? To make the process of publication and dissemination run smoothly, define contributors' roles at the beginning and give credit where credit is due.

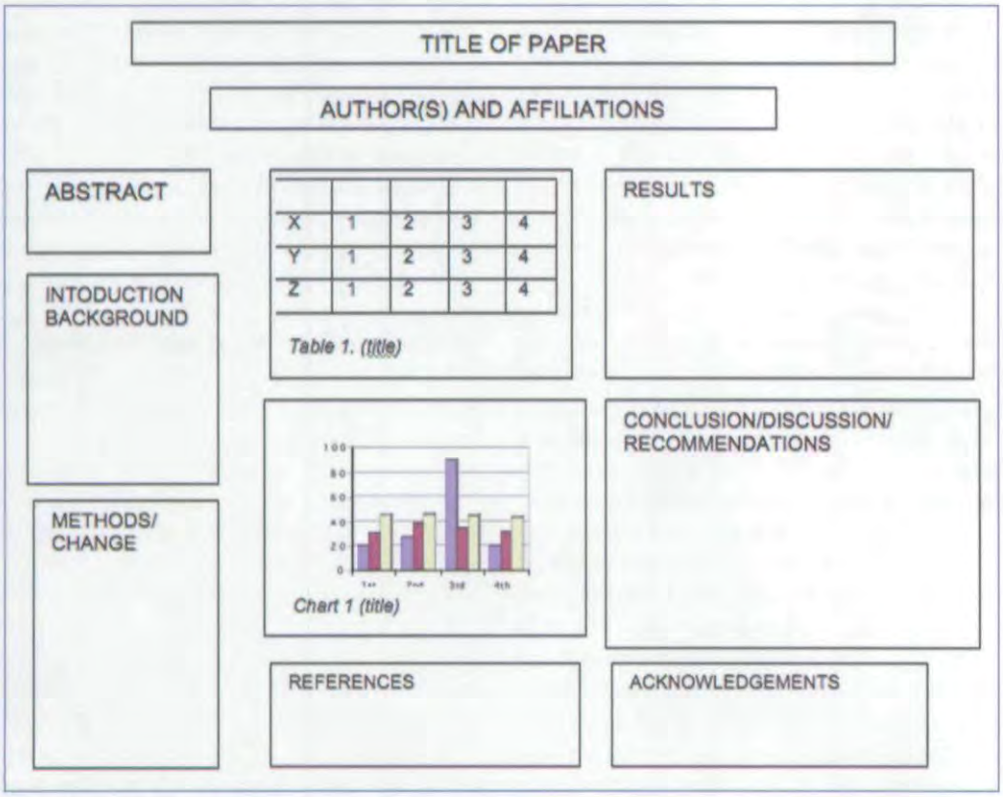


Figure 1. Typical layout of a poster disseminating research.

Step 4 – Introduction

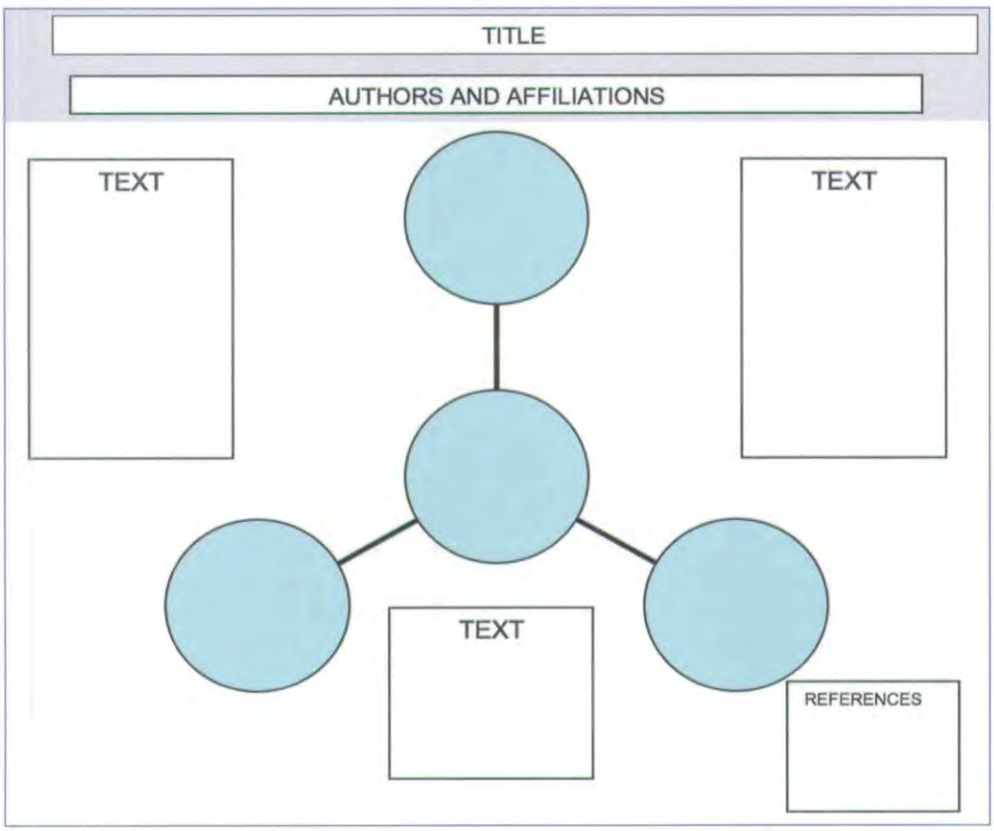
The introduction should clearly define the topic and demonstrate what was studied or implemented and why. This provides the rationale and importance of the topic presented. It is usual to see references to key literature as this can add weight to your rationale but be careful not to include too many as there simply isn't the room. It may well be the case that you have performed an extensive literature review but you should only include key texts in the introduction. The introduction can consist of text or bullet points depending on your personal preference, but as with all sections on the poster, the introduction needs to be clear and concise. If you do chose the text format it is important that it is kept to a minimum so you may wish to consider the use of bullet points to provide impact, focus and clarity. If you are presenting research, you should include your research questions and/or hypotheses in this section.

Don't ever expect anyone to spend more than 3–5 minutes at your poster. If you can't clearly convey your message in less time than this, the chances are you haven't done your job properly (Block, 1996). So again – less is more.

Step 5 – Methods

The methods section should explain clearly what you did and how you did it. For example, if it is research you would need to communicate your method, data collection, tools and analysis, sample and sampling strategy, and maybe outcome measures if appropriate. If you are discussing a developmental change or initiative you need to outline how you went about the change – you need to communicate the developmental stages. In either case you can make good use of diagrams or illustrations here. Illustrations, graphs and diagrams should be clear and readable from a distance of 1.5 meters.

Figure 2. Example of a poster disseminating clinical development or initiative.



The depth of information delivered is not the same as it would be if it was published in journal but it should still cover all the stages in enough depth to communicate the key areas.

Step 6 – Results

This section outlines what you found in your study and should include your statistical analysis. This can be achieved effectively with the use of tables, graphs and figures to clarify and communicate your results. All tables and figures should be clear, self-explanatory and above all, uncomplicated. If you are presenting a qualitative study, this section would include the themes generated. If you are presenting practice development, this section would include the impact the change had on practice, how it was received, etc.

Step 7 – Discussion and acknowledgements

This section is an important section and as you are trying to communicate what your results actually mean and what the implications are. For example, how can the results benefit practice? Are there any recommendations for further study or changes? What were the limitations of the study? This section should be directly linked to the results section as it is not satisfactory to discuss implications based on results that you have not already communicated. Make it clear what the value of your study or initiative is. Again the use of bullet points can be useful in providing clarity and impact to sell your work to the audience.

Step 8 – Putting it all together

OK, so you have altered, adjusted, identified and began to organize your content. Now is the time to put it all together. There are a number of ways you can do this but what is important is that you adhere to the conference guidelines. All organizers will produce guidelines outlining the maximum size and dimensions of the poster (portrait or landscape). This is usually dictated by the size and dimensions of the free standing presentation boards used by the conference organizers. These guidelines must be adhered to as there is nothing more frustrating and embarrassing than arriving with a poster that does not fit on the display board. In addition to this, because of the difficulties with cutting down the content, if sizes were not stipulated we are sure presenters would chance their arm and arrive with posters the size of a mural! So be clear about the dimensions and size, if you are uncertain you must check.

There a two main ways a poster can be constructed, either one sheet of paper (laminated or unlaminated) or a series of mounted cards that are then mounted to the display board. Both methods have their advantages and disadvantages and are subject to personal preference. If using individually mounted cards the sequence would follow the same layout as described earlier but, again, make sure they fit the display board. The advantages of individual display cards are that they are relatively cheap and simple to produce and can be altered easily if errors are found. If you decide to produce a poster on one sheet there are a number of options you can chose from. Once you have used a template to organize your poster content you can then either produce the poster on a computer using Microsoft PowerPoint© or contact your medical illustrations department. If you are working with the illustration department it is important that you allow plenty of time for them to design and print your poster. It is important to work with them at every stage and ask for a proof before the poster is printed as mistakes cannot afterwards be rectified. If you have produced your own poster you can easily have this printed at a local print shop and many also offer lamination services at a competitive rate.

Step 9 – Seek advice

If this is the first time you have produced a poster it is very important to seek advice. Do not fall into the trap of 'going it alone' for fear of criticism from colleagues when discussing your ideas with them. It is far better to discuss and outline your ideas among your own colleagues than be judged by an audience you do not know. Being comfortable with your poster is a huge part of preparing for the big day so find out who has developed and presented a poster and ask their advice. Make sure your poster is checked by a number of people. Preparing a poster can take time and as such you may miss simple errors and spelling mistakes. This can give an impression of carelessness and look unprofessional.

Step 10 – The day of presentation

The preparation and production of a poster is a complex and arduous task but it is not over yet. There are many things to consider when presenting the poster to your audience. First of all you have to get the poster there in good condition. If you have individual boards make sure they are transported in a case that is rigid and does not bend. If you have a full sized poster you must transport it in a poster tube, these are supplied by the printers or are available from stationary shops. Arrive early to put your poster up. You will be allocated a display number so you will know which board to display your poster on. The next consideration is how to secure your poster to

the display board. Be sure to take with you a selection of drawing pins and adhesive hook and loop fasteners to secure your poster as these are not usually supplied by the organizers. Many delegates appreciate small prints of your poster and/or contact details (either a business card or compliment slips), these can also be secured to the board in plastic pockets and gives the message that you want people to contact you for further information.

So, your poster is secured to the correct display board, it fits the board and you have arranged your contact details and handouts. The next thing to consider is how you then present it to your audience. Some conference organizers arrange 'poster walks' where groups of people will visit your poster for viewing at certain predetermined times. Under these circumstances you are required to deliver a short presentation and talk the audience through your poster who will then ask you questions. The other method is where you are expected to stand by your poster during poster viewing times and discuss it with those who show an interest. Which ever method your conference requires, there is one common theme – preparation. Remember, if the poster communicates key points you need to communicate the rest and this is achieved by answering delegates' questions.

There is an art to enticing your audience to move closer to discuss your poster with you. Always make sure you stand to the side of your poster and don't exclude others from conversations by turning your back on them. Allow people the space and time to ingest your poster – let them consider it and approach you. We will again use the analogy of the car boot sale. Many 'car booters' walk around the stalls keeping track of items they wish to go back to and the same can be said of poster viewers. If someone is on their first browse and you are over eager to discuss you findings it can be very off putting and may even stop them from coming back to you if they felt hassled. You need to get the balance right, give them time and if you do catch their eye, smile … and wait. Some people find it intimidating and/or embarrassing to approach a poster presenter so you need to consider this.

Once your poster has been secured it does not mean you can leave it there and visit the sites or go shopping. You have to sell your poster and take full advantage of the ability to network and make new contacts. Finally, enjoy the experience and be proud of yourself. You have been selected to present your work and you should feel a sense of accomplishment for your efforts, this is especially true when you see your poster hanging for the first time. Reward yourself when your work is done and try to capture your efforts with a photograph for dissemination throughout your institution. BJN

Block SM (1996) Do's and Don'ts of poster presentation. *Biophys J* **71**(6): 3527–9

Butz AM, Kohr L, Jones D (2004) Developing a successful poster presentation. *Journal of Paediatric Health Care* **18**(1): 45–8

Duncan AM (1999) Authorship, dissemination of research findings and related matters. *Appl Nurs Res* **12**(2): 101–6

Jackson KL, Sheldon JM (1998) Poster presentation: how to tell a story. *Paediatr Nurs* **10**(9): 36–7

Jackson KL, Sheldon JM (2000) Demystifying the academic aura: preparing a poster. *Nurse Res* **7**(3): 70–3

Moore LW, Augspurger P, O'Brien-King M, Proffitt C (2001) Insights on in poster preparation and presentation process. *Appl Nurs Res* **14**(2): 100–4

Shelledy DC (2004) How to make an effective poster. *Respir Care* **49**(10): 1213–16

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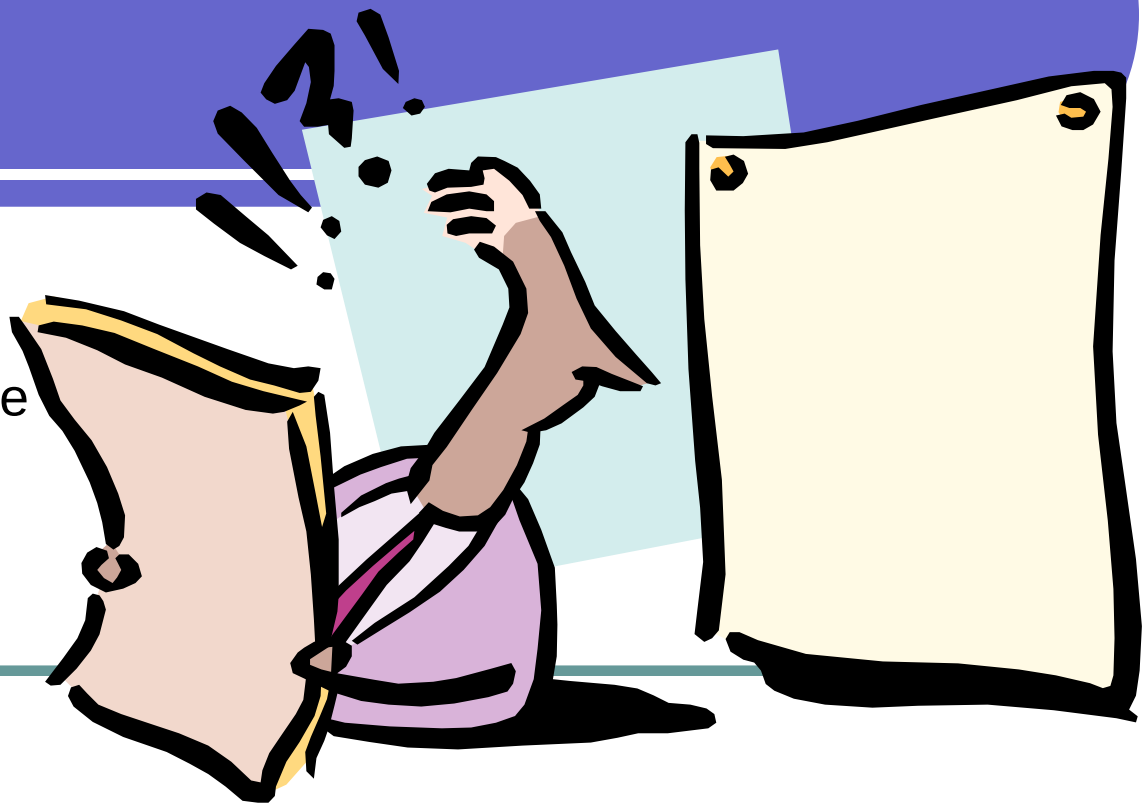
Lucile Packard Children's Hospital

Poster Design Using PowerPoint

UCSF-Stanford-LPCH
Center for Research & Innovation in Patient Care

Donna Frantz



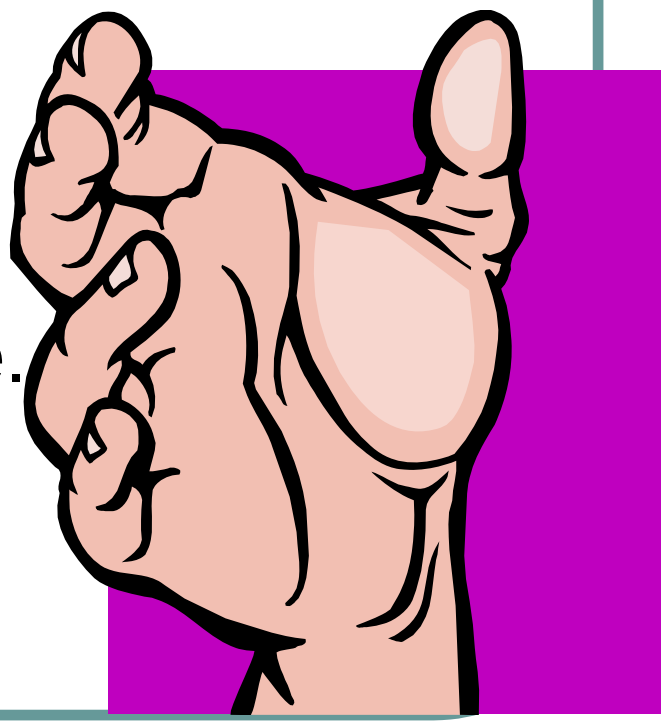
January 2012

Topics we will be covering

- Poster Layout & Design
- Page Setup
- Setting the View
- Lining things up
- Inserting Graphics
- Adding Text
- Saving graphics online
- Adding graphics
- Adding whole PPT slide
- Adding background
- Photos
- Printing handouts

A Great Poster Is……..

- Readable-how easily ideas flow from one item to the next
- Legible-can it be seen
- Well Organized
- Succinct- you have 11 seconds to grab your audience.



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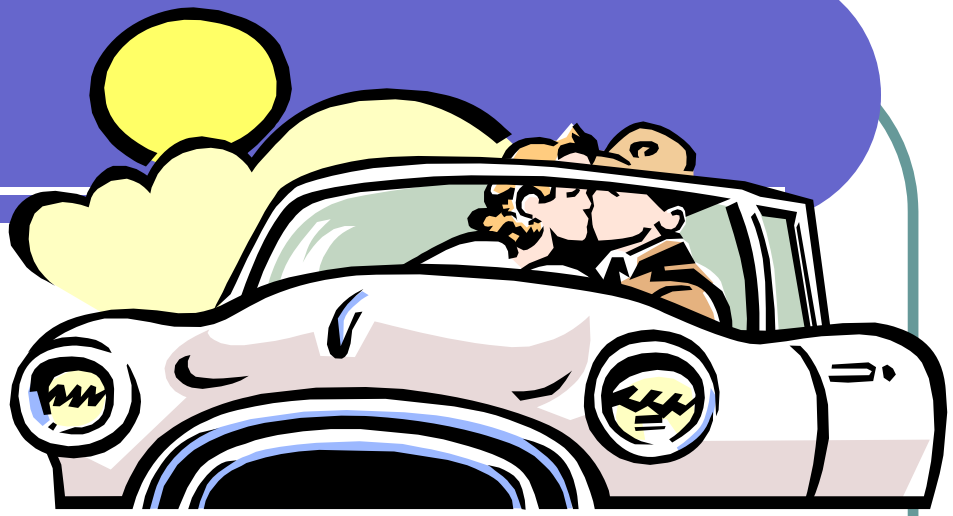
To Begin



- Decide what the main message is.
  KISS – Keep It Simple Silly
- Determine size & design requirements - Find out what size limitations your printer has, and if there are size and setup limitations made by conference.
- Lay out your elements crudely
- Eliminate extraneous material- average poster gazer spends 10 minutes, & you have 11 seconds to capture attention, only show data that adds to your central message.
- Check to see if printing service will give you a proof – sometimes things don't translate well from one system/printer to another and some details can't be seen easily in PowerPoint.

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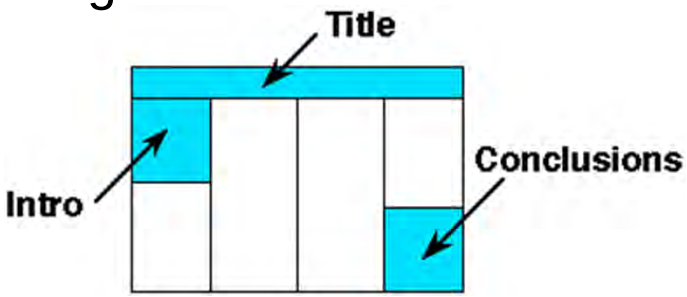
Poster Layout

- **Sketch it out!**
- Arrange the contents in a series of 3, 4, or 5 columns. This will facilitate the flow of traffic past the poster:
- Place the elements of the poster in position:
- The title will appear across the top.
- A brief introduction (3 - 5 sentences) will appear at the upper left.
- The conclusions will appear at the lower right.
- Methods and Results will fill the remaining space. Remember the more content you have the smaller your type will be and the harder it will be to read.



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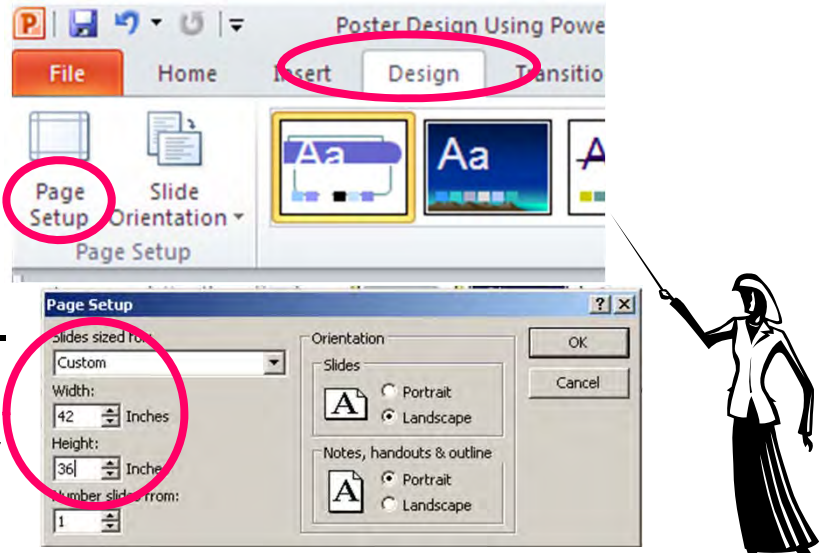
Page Setup
Choose the size of your poster

Click Design Tab

Then Page Setup

In the dialog box select Custom size.

Then enter the desired Width and Height (56” is the limit in PowerPoint).



You can setup the page to be as much as half the finished size and request the printer to enlarge it. Just make sure it is proportional.

It is also a good idea to check with your printer before hand to see what limitations as to size they have.

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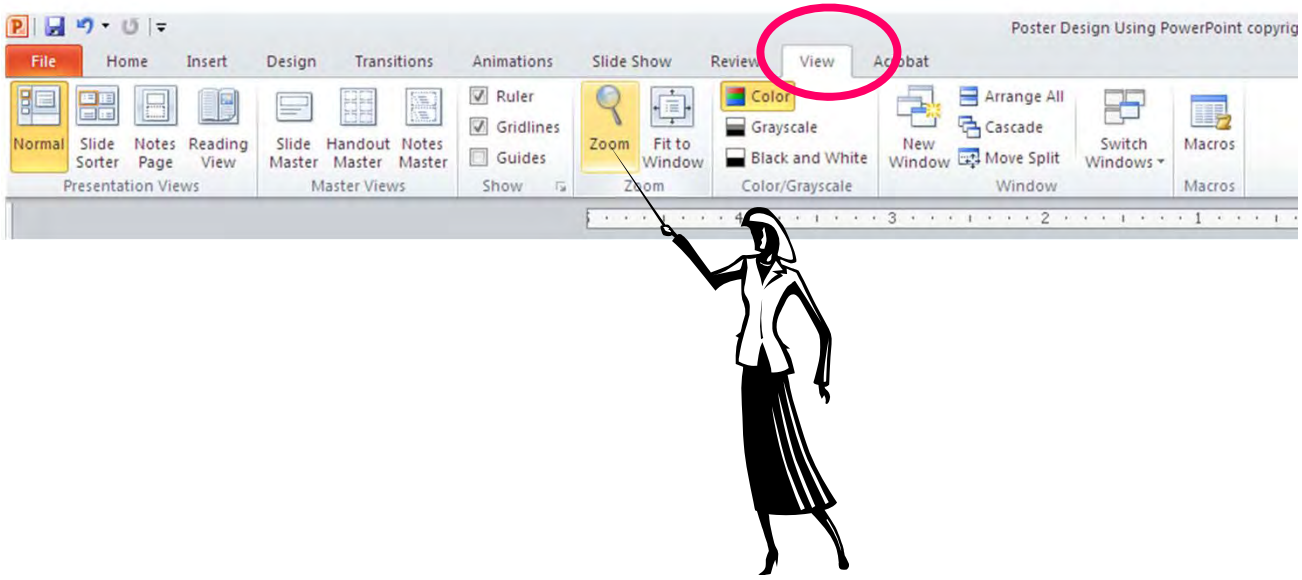
Setting the View



Remember when you are building your poster, the finished product will be much larger than your screen.

You may need to zoom in to read your text and zoom out to see what the finished product will look like.

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Lining Things Up

Grid lines will help you to line things up.

To view Grid Lines,

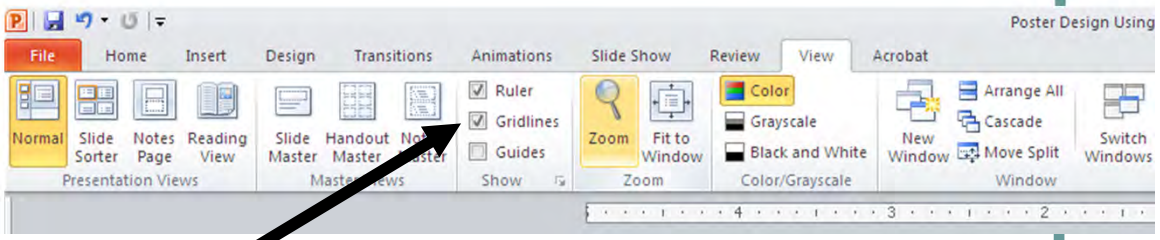
click on View,

then click on Grid and Guides.

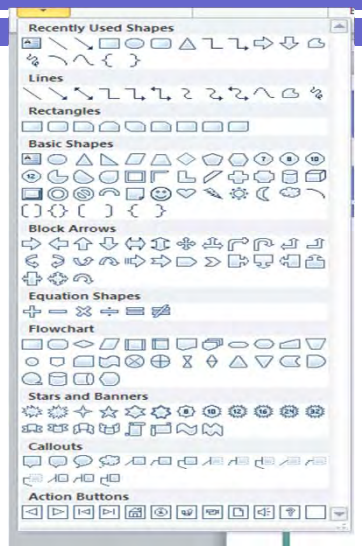
Check the box next to:

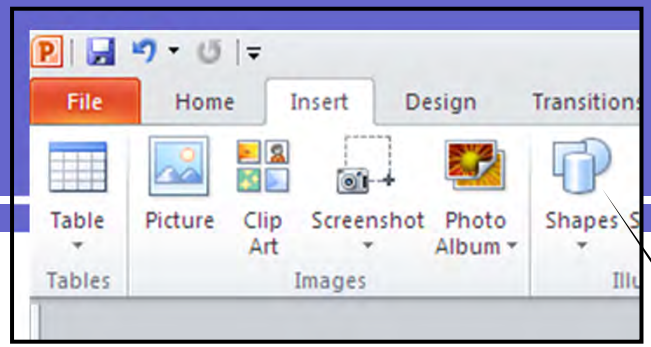
☑ Ruler

☑ Gridlines



Layout Boxes

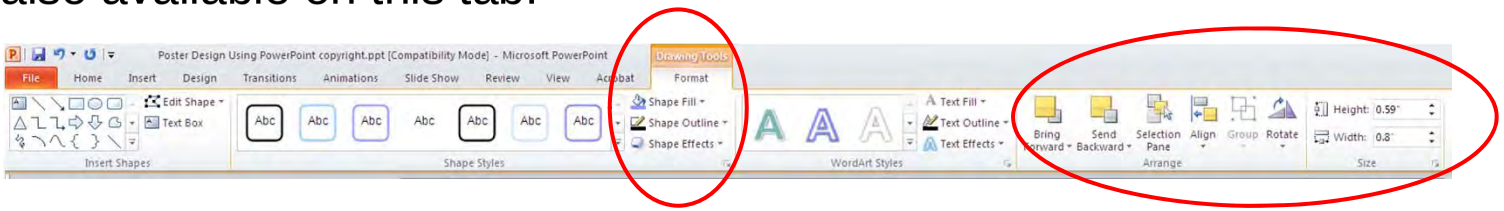




On the Insert Tab click on Shape

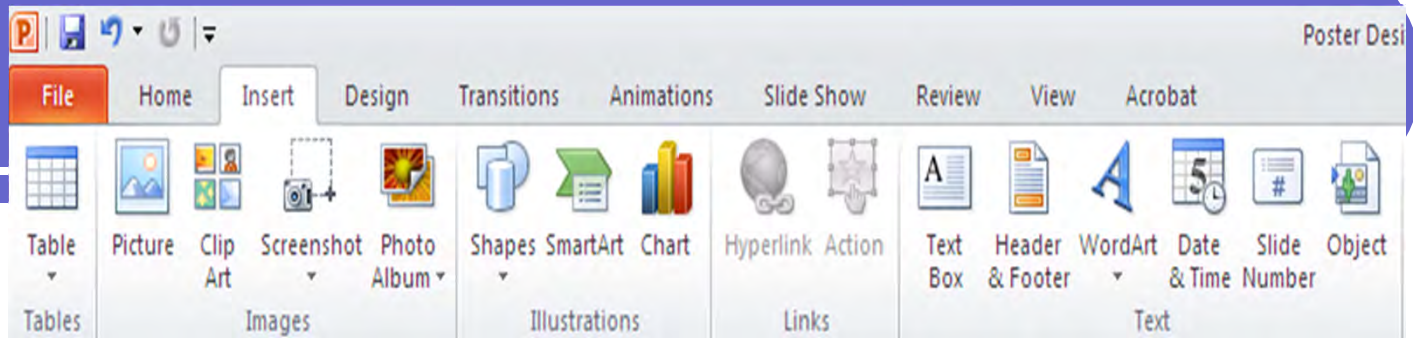
Click and drag a box on your poster. It can be resized to any size you wish.

With the shape selected click on the format tab to add color to the box and to format the outline. Other formatting options are also available on this tab.



To make several boxes same size and shape use copy and paste.

Insert



Using the Insert tab to insert any of the following into your poster:

1. Table
2. Picture
3. Clip Art
4. Screen Shot
5. Shapes
6. SmartArt
7. Charts
8. Textbox
9. Word Art

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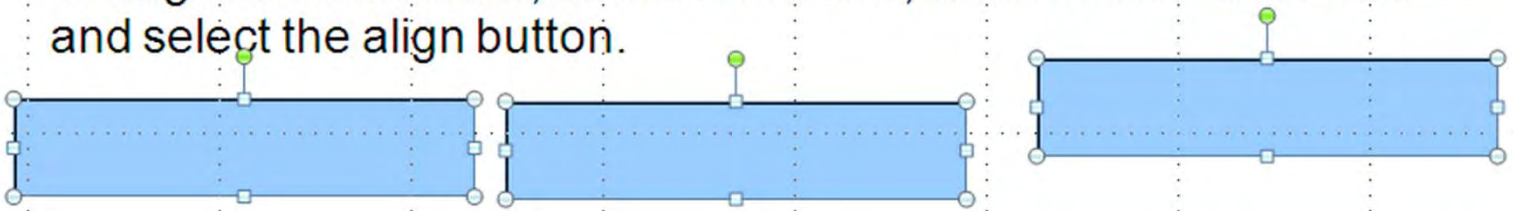
Aligning boxes/text

To align several boxes, select the boxes, click on the Format tab and select the align button.



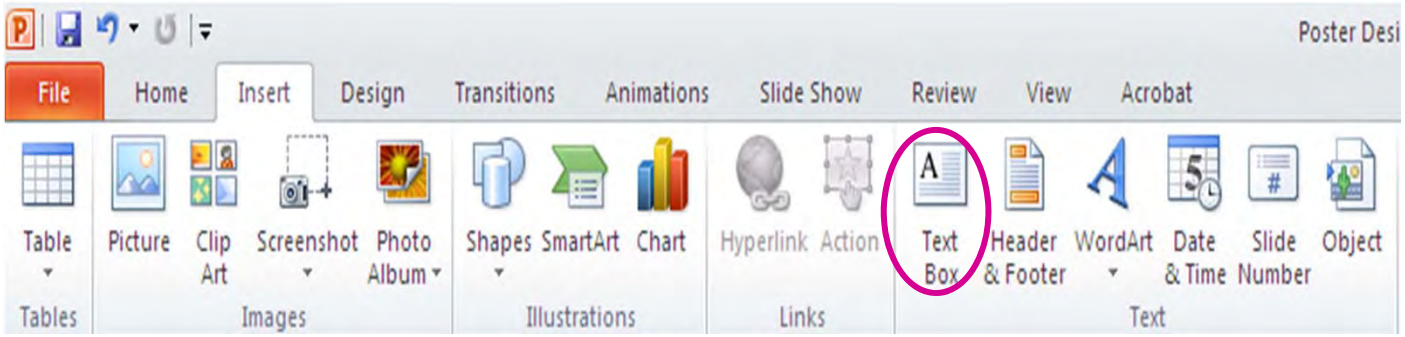
For this group, I aligned the top and then distributed horizontally.

Adding Text

In order to add text, the text needs a place to sit – a Text Box. Remember you are viewing a much smaller version of your poster. Don't make the type too large.

To add a text box click on the textbox icon on the Home tab or

On the Insert tab.



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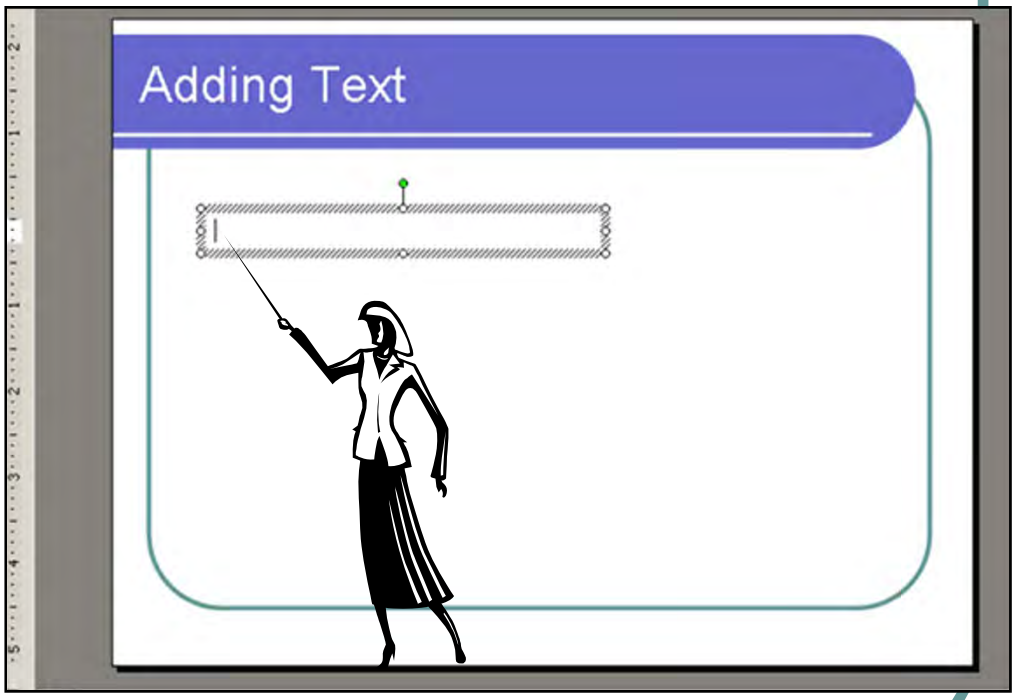
Adding Text

Here is the text box you have created by clicking and dragging.

Now you can either start typing or copy and paste type into the box.

<u>IMPORTANT</u>: Use Standard Fonts such as Times, Helvetica and Arial.



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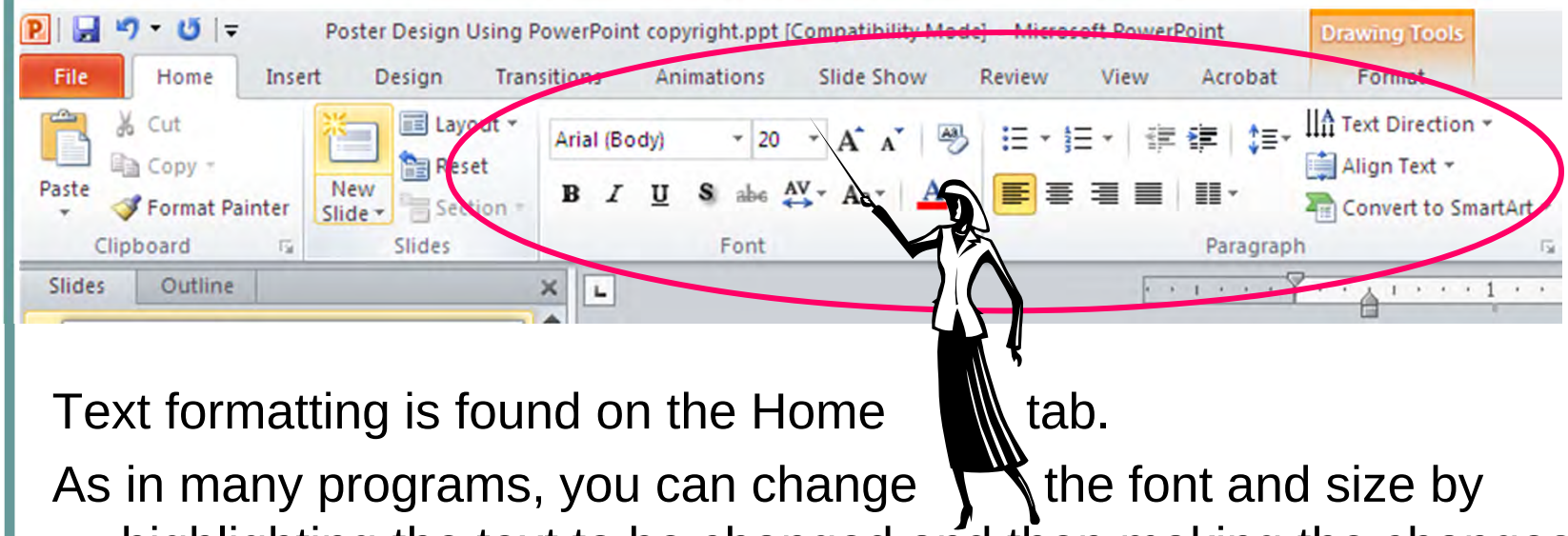
Formatting Text



Text formatting is found on the Home tab.

As in many programs, you can change the font and size by highlighting the text to be changed and then making the changes. A 100-point font is about an inch high. If you don't see the size you want in the selection list, you can type in the desired size here.

You can change the color of the text, make it bold or italicized and add shadows..

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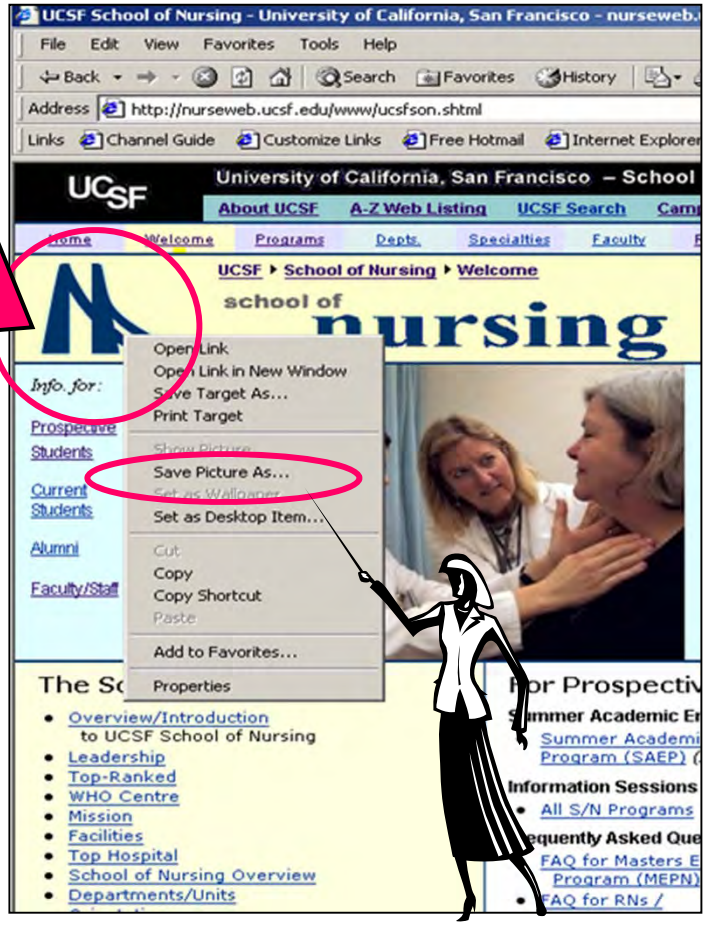
Saving graphics you find online

Right click on graphic you want.

A drop down menu will appear.

Click on Save Picture as……



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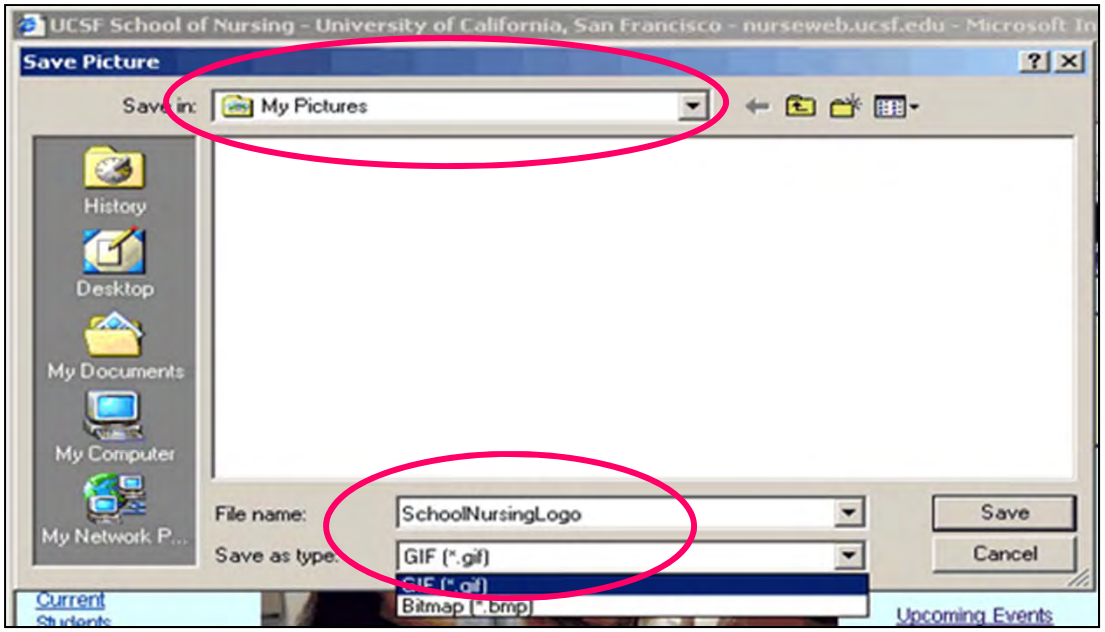
Saving graphics you find online

A Save Picture dialog box opens up.

Select where you want to save the graphic to and give it a name that you will recognize.



Note: .tif or .gif files work best. .jpeg files are too large.

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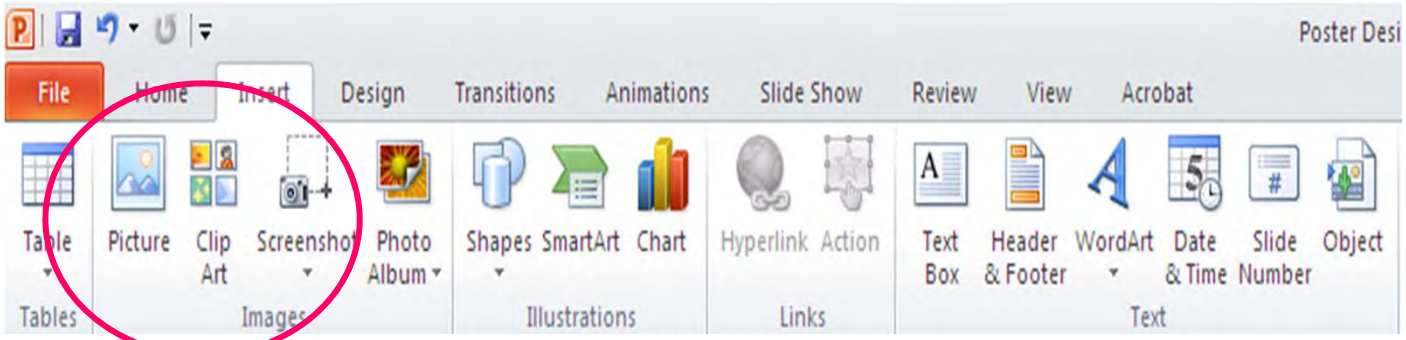
Adding Graphics

There are several ways to add images.

On the Insert Tab

1. Picture.
2. Clip Art
3. PowerPoint 2010 allows you to insert Screenshots



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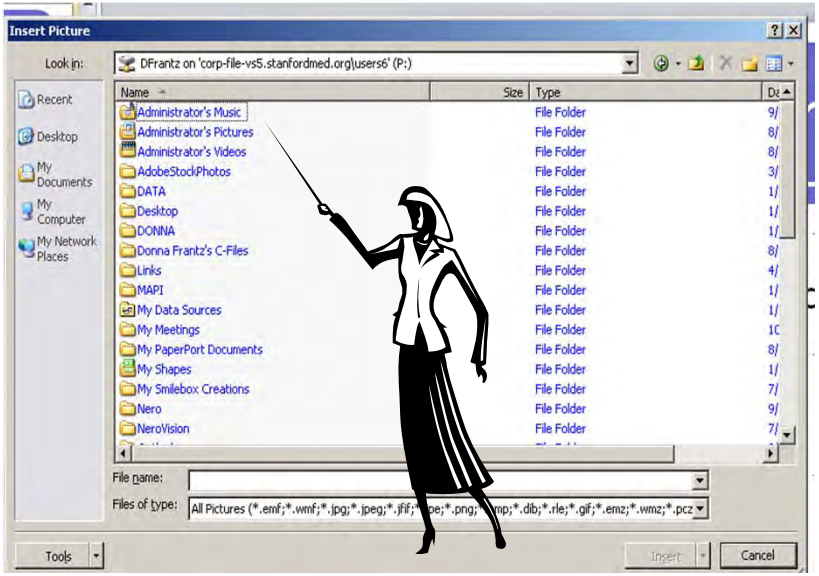
Adding Graphics to poster

Use Insert tab and click on

Picture then find the graphic on your hard drive.



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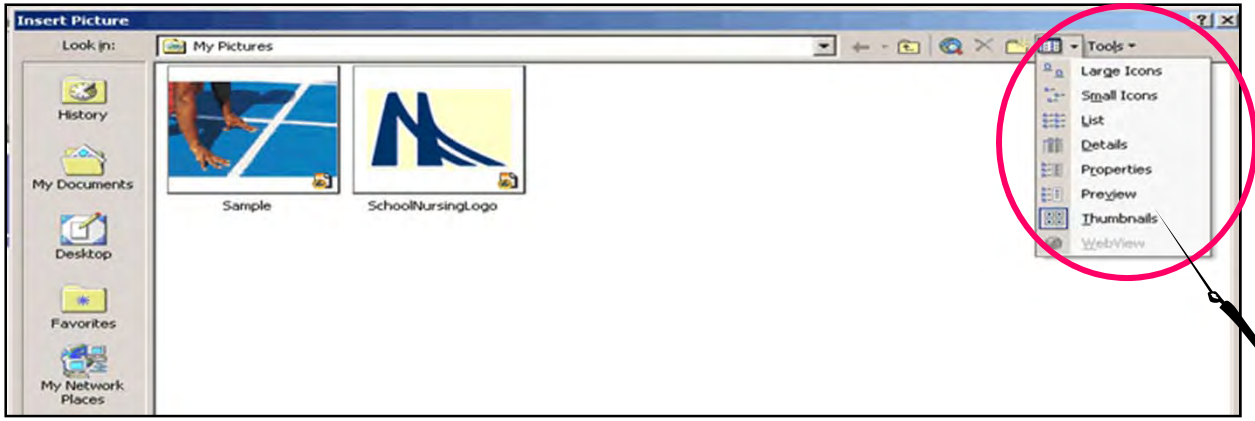
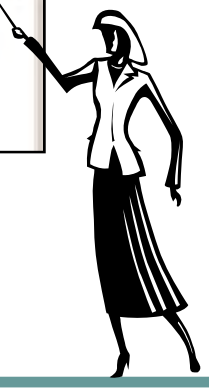
Adding Graphics to poster

Browse to find the file with the graphic you wish to insert. Select the file and click Insert.





Hint: There are different ways to view files – choose thumbnails helps to find graphic files.

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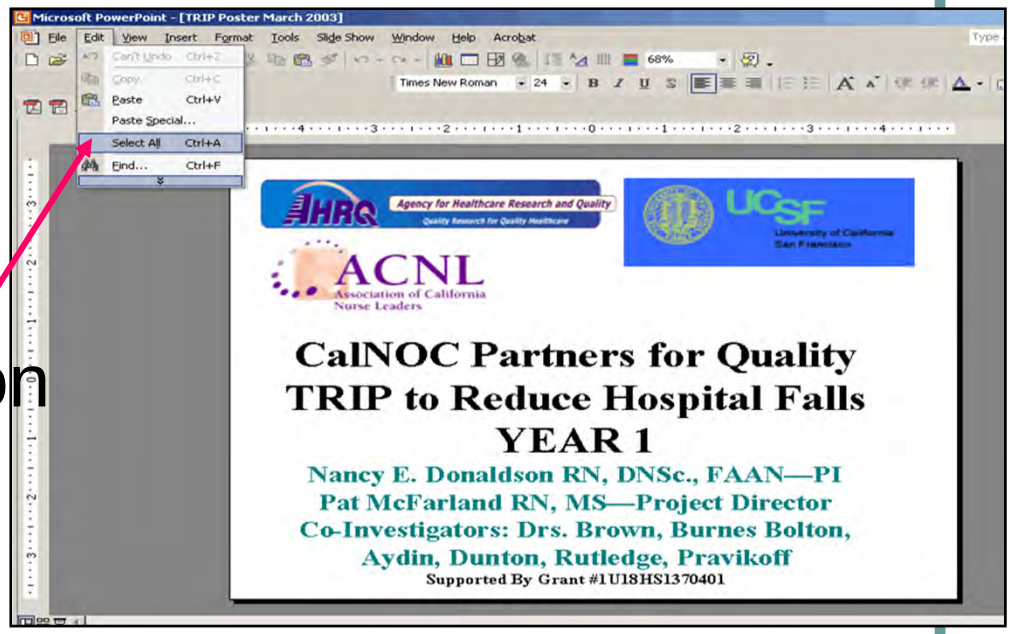
Adding a whole PPT slide

Open PowerPoint Presentation.

Find slide you want to copy to poster.

In the Edit menu, click on select all.

Then click on copy.



(Hint: keyboard shortcut for copy is Control + C. The keyboard shortcut for Paste is Control + V.)

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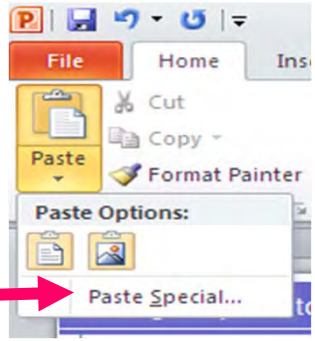
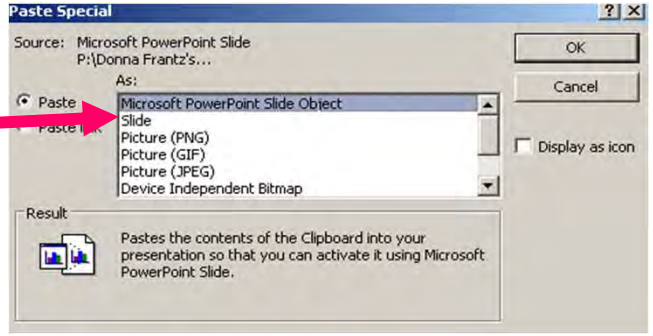
Pasting PowerPoint Slide into Poster

Using Windows, move back to the poster where you want to paste the slide.

On the Home Tab, choose Paste
Under Past Options select Paste Special.



From the dialog box select Slide



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Paste Special

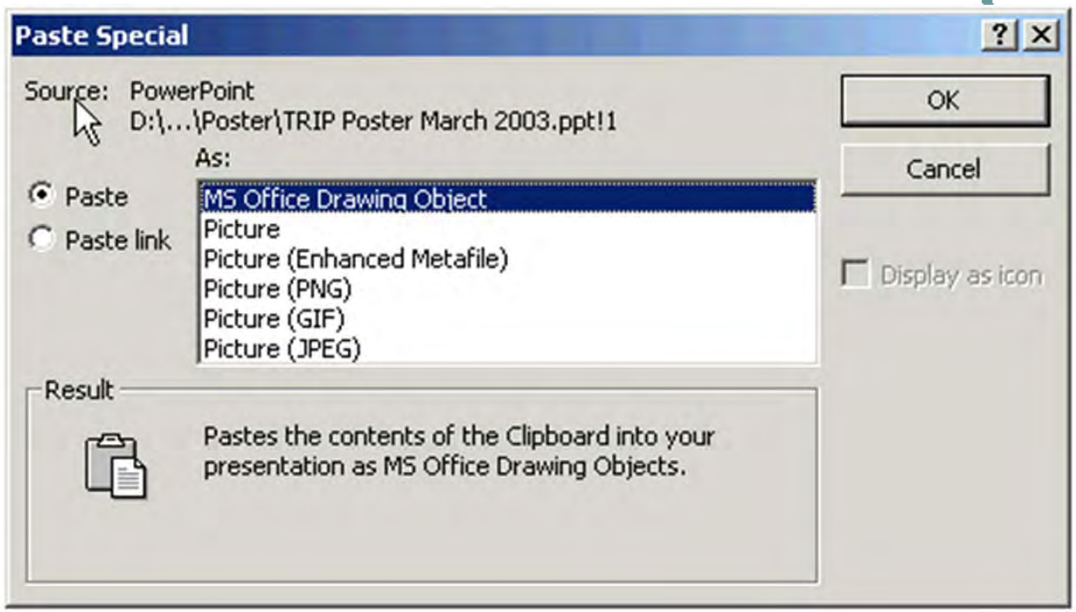
Try the different types of files you can paste your selection as:

Picture (Enhanced Metafile)

Picture (PNG)

Picture (GIF)

Picture (JPEG).



In this instance Enhanced Metafile, PNG, GIF work best. GIF .

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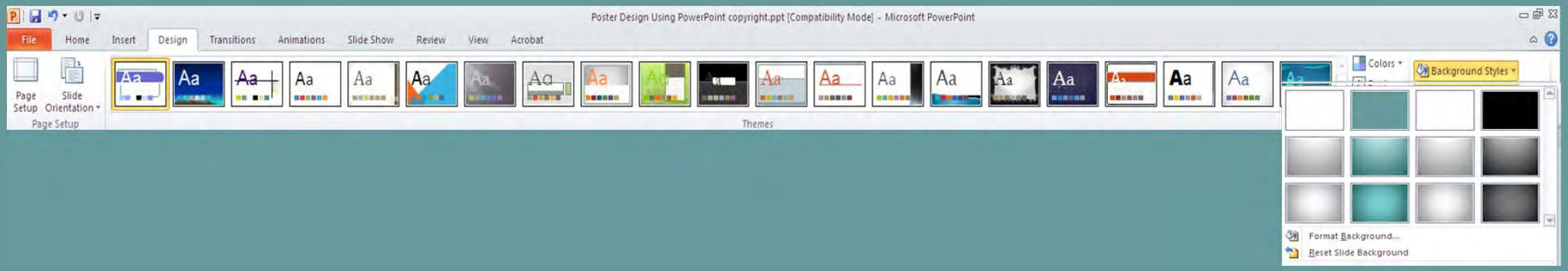
Adding Background

You can select a background under the Design Tab.

You have to be careful what color type you use on different backgrounds so that your words can be clearly read.

White Black Blue Yellow Green Orange Red.



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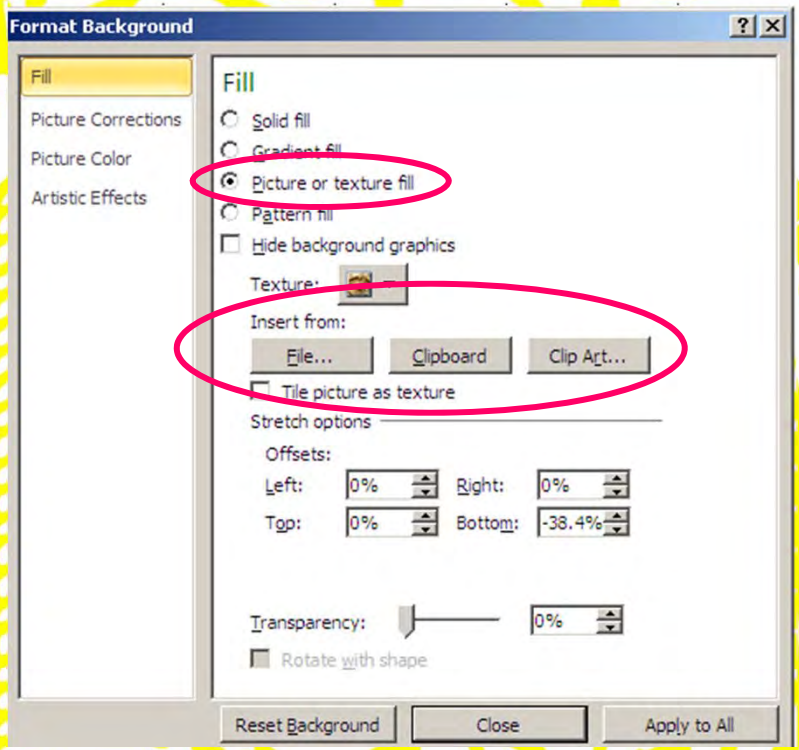
If you want a picture background,

1.Click on Design Tab.

2. Click on Background Styles and format background

3. Select the button next to Picture.

4. Insert Picture from:



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Adding Photos: How Many Dots?

- Whether printed on paper or displayed on your computer screen, a picture is made up of **tiny little dots**.
- There are color dots and there are black dots. In black & white printing, the size and shape of the black dots and how close or far apart they are printed creates the illusion of shades of gray.

The **more** little **dots** that are used (up to a point) the **clearer the picture.**

- The more dots in a picture, the larger the size of the graphic file.
- Resolution is measured by the number of dots in a horizontal or vertical inch.
- When you enlarge a photo graph the dots get larger. If you enlarge too much the photo looks grainy.

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DPI (dots per inch)

Dots per inch (dpi): A measure of the resolution of a printer is called **DPI** or dots per inch. It properly refers to the dots of ink or toner used by an imagesetter, laser printer, or other printing device to print your text and graphics. In general, the more dots, the better and sharper the image. Most printers recommend 300 dpi

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Keep it proportional

When changing photo size hold down shift key and click and drag corners.

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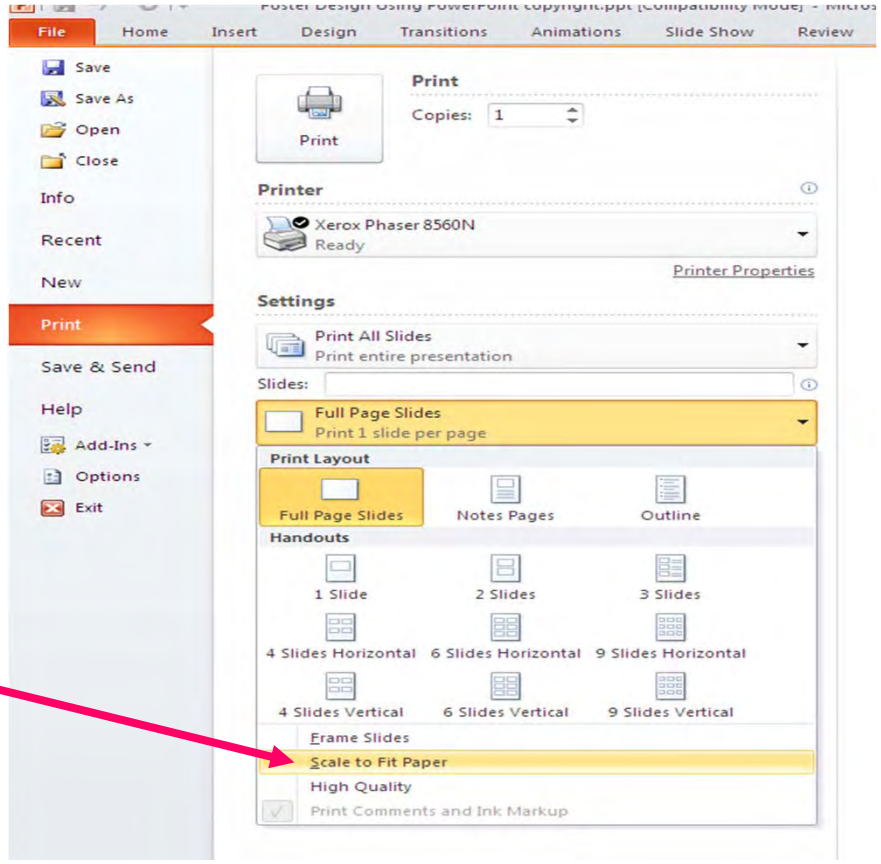
Printing your poster - handouts

Under File

Print

Select the drop down menu next to Full Page Slides and select Scale to Fit Paper



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Poster Checklist

- Not cluttered – good use of colors, text and graphics
- Plenty of white space – lots of separation
- Balance of text and graphics; text explains graphics
- Text easy to read from 3 to 4 feet away
- Organized, good flow
- Author is identified and contact information is present
- Introduction, Significance, Purpose, Aim present
- Methods explained
- Results clearly stated
- Conclusion clearly supports whether question answered
- Appropriate citations present
- Acknowledgements are succinct and adequate

Poster Abstract Worksheet

Use one or two concise sentences to summarize the most important aspects of your project for each section listed below.

Project Title

Introduction/ Motivation/Problem/Issue/Purpose Statement: (What is the project about? What *problem*/issue are you trying to solve or discuss? Why did you choose the topic? What is the *scope* of your work? *Why should we care* about the problem and the results? In other words, what is the purpose of the research? This section should include the importance of your work, the difficulty of the area, and the impact it might have if successful.

Approach/Methods: *How did you or plan to go about solving* or making progress on the problem? What strategies did you or plan to use? Did you use or plan to use a survey, a literature review, etc.?

Results/Evidence: *What did you discover along the way? What are your principal findings?* (You may not have this information until the end, but you can, in your first submission, state what you predict to see or hope to observe. Towards the end of the project, you may revise to indicate your actual findings.

Discussion/Conclusions/Implications: *What are the implications* (or possible implications) of your discoveries? What do the findings mean? What will the project mean to your practice, other staff, patients, unit, or organization?

Poster Grading Evaluation

Title of Poster: _____

Key: 1=poor, 2= acceptable 3 =neutral 4= good 5 =excellent

1. Does the poster attract and hold viewer's attention? 1 2 3 4 5
2. Is there adequate white space to avoid crowding? 1 2 3 4 5
3. Is the print visible from 4-5 feet? 1 2 3 4 5
4. Is the poster branded appropriately with affiliation? 1 2 3 4 5
5. Is the poster free of spelling/grammatical errors? 1 2 3 4 5
6. Is the content logically organized? 1 2 3 4 5
7. Is the content clearly written/easy to understand? 1 2 3 4 5
8. Are the outcome measures (quantitative) or is the phenomenon of interest (qualitative) clearly identified? 1 2 3 4 5
9. Is the purpose/aim of the study clearly stated? 1 2 3 4 5
10. Is the problem/background clearly stated? 1 2 3 4 5
11. Is the population of interest (sample) identified? 1 2 3 4 5
12. Are the methods or process described? 1 2 3 4 5
13. Is the instrument and data analysis procedure evident? 1 2 3 4 5
14. Are the findings, conclusions and recommendations summarized succinctly? 1 2 3 4 5
15. Is the significance clearly stated? 1 2 3 4 5
16. How closely is the topic aligned to improving healthcare safety? 1 2 3 4 5

Adopted from Scripps. (2010). *Scripps research summit 2010.* Program Template