

Scientific Posters

The elements



1

Elements

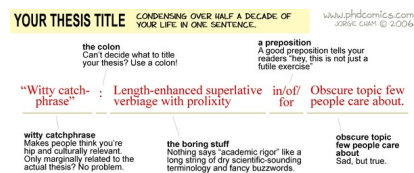
- Title
- Author(s) + affiliation
- Abstract/Introduction/Background
- Method(s)
- Data/results
- Conclusion(s)
- References
- Acknowledgements



2

Element: title

- Must be very interesting
 - conveys of what your poster is about
 - if acceptable for the conference/ audience make the title catchy to get people's attention (provocative...)
 - Audience must be tempted from a distance
- Visible and readable at 5 m
- Concise
 - If too long, make it shorter, reformulate
 - Do not decrease the font size
 - Avoid the use of ':'




3

Element: title

- Idea: the title should be the simple answer to the main issue that your poster addresses

www.lisabmarshall.com/uncategorized/sample-scientific-posters/

- Compare:

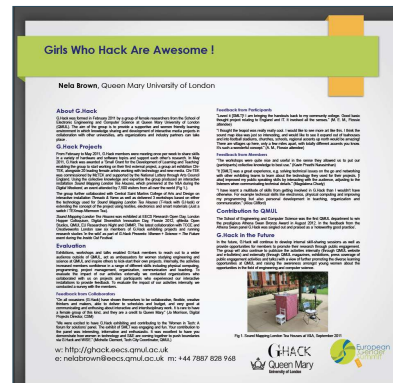
- 
- "A Study of Automobile Emissions Generated at Drive Up Windows"
 - "5% of Air Pollution Derives from Cars Idling at Drive Up Windows"
 - "5% of Air Pollution from Idling at Drive Up Windows"
 - "Drivers Spend an Average of 7.2 Minutes Idling at Drive Up Windows"
 - "Drive Up Windows pollute and frustrate"

4

Element: title



www.epostersonline.com/egs2012/7/q=poster/egs2012036009b



<http://www.epostersonline.com/egs2012/7/q=poster/egs20120070019>

5

Faculteit, departement, dienst ...



5

Element: authors/affiliation

- Write the first name in full
 - Initials and titles are not needed
 - A photo of the person who is presenting the poster, or highlight / underline the name
 - Check with advisor on the list of the collaborators
- Do not forget the affiliation

6

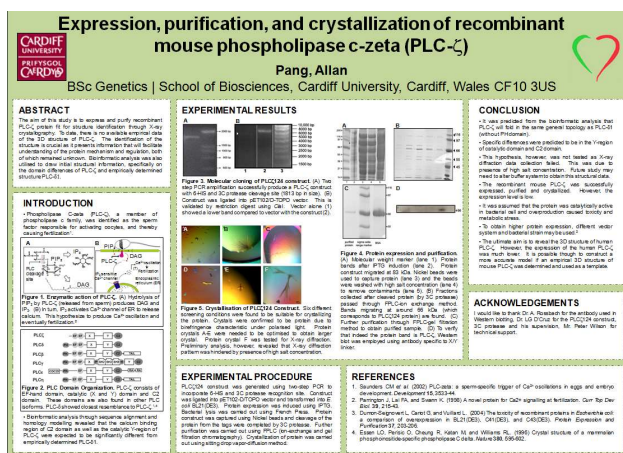


Element: introduction

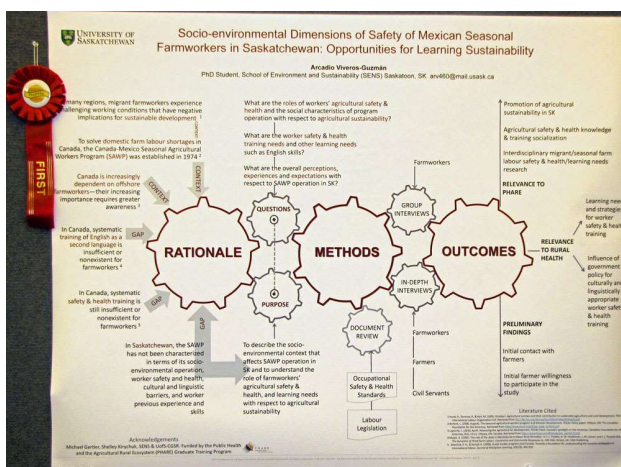
- Engage your audience – give some background
 - Essential points / positioning the research
 - Explains why this work is important
 - Minimum of background information and definitions.
 - Provide a description and justification of your experimental method(s)
 - Include your hypothesis.
- Must be a help to the structure of the poster
- Summary 150 – 200 words
- *Complete Clear Concise Cohesive*



9



www.flickr.com/photos/xerophytes/2397163232/sizes/o/in/pool-688685@N24/



chrs-scrr.usask.ca/images/2011awards/2011-Student-1-Arcadio.jpg



10

Element: data/results – text

- KISS (keep it short and simple)
- Remove all non-essential information
- Avoid footnotes
- Avoid abbreviations, acronyms, jargon, ...
- Use no more than 1000 words
- Use charts as visual eye-candy
- Rule-of-thumb:
 - 20% text
 - 40% graphics
 - 40% space
- Format is domain dependent (mechanical engineering <> sociology)



11

Element: data/results – text

The ideal anesthetic should quickly make the patient unconscious but allow a quick return to consciousness, have few side effects, and be safe to handle.

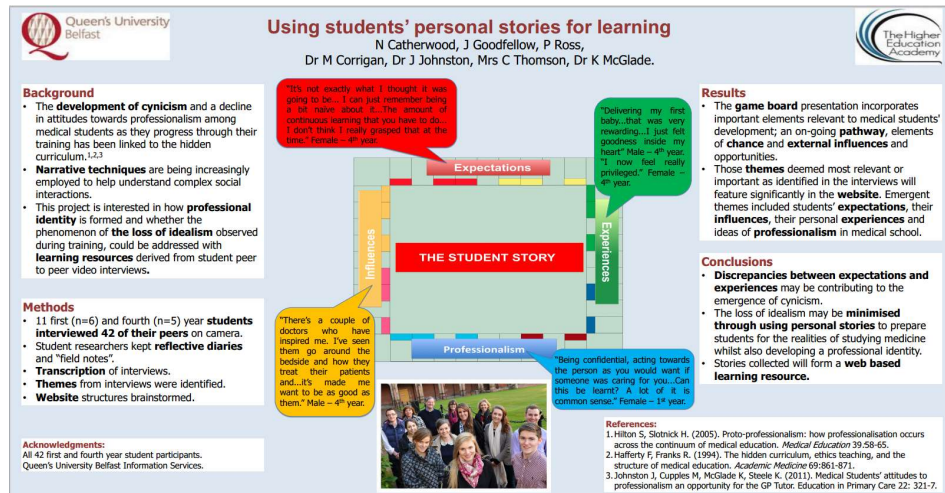
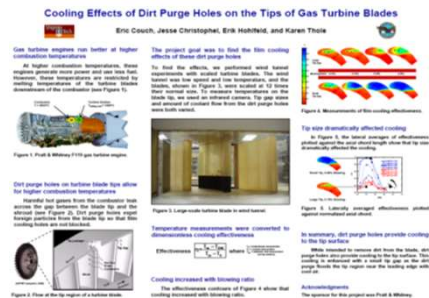
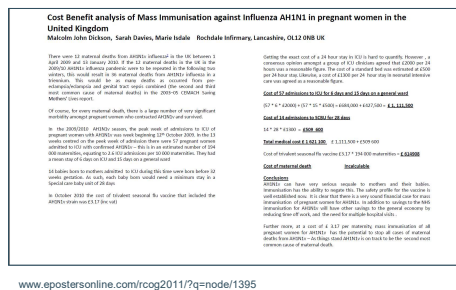
Ideal anesthetics

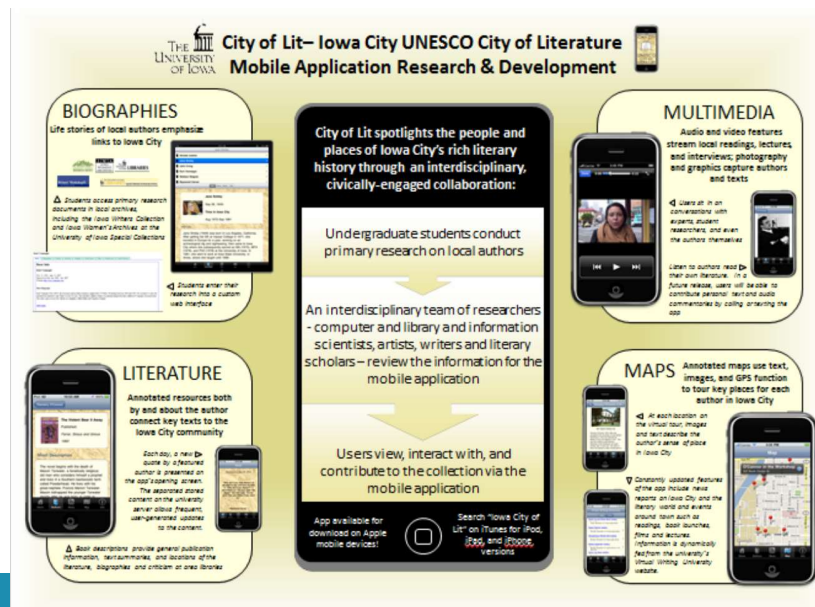
- Quick sedation
- Quick recovery
- Few side effects
- Safe to handle



12

- Better, still some room for improvement





15

Element: data/results - charts

- Table:
 - Limited number of data
 - Label columns
- Charts:
 - Large set of data points
 - Do not forget to label plots, axes, ...
- Charts must be readable at a distance of 2 m!
- Get all the charts in a uniform way, size

16

clinical Teaching Human Factors to Medical Students- A Simulation Based Course Huli and East Yorkshire Hospitals NHS
 Segar Pathmanathan, Faiza Chowdhury, Jivendra Gosai, Rebekah Molyneux, Makani Purva

Introduction
 The role of human factors in medical error has been well recognized with 60% of all errors being attributed to human factors particularly problems in communication. A preliminary survey of medical students undergoing an optional placement at our simulation centre suggested that they had no or limited knowledge regarding the role of human factors in error. We designed a simulation based half a day course addressing the role of human factors in error and evaluated how effective it was in achieving its objectives.

Methods
 We recruited 6 candidates, who were medical students. Prior to the course each candidate was given a questionnaire to assess their confidence in leadership skills, communication, knowledge of human factors and ability to prioritise both non-clinical and clinical tasks. The course commenced with an overview on Human factors. A practical session on SBAR was provided. The third session was a 15 minute scenario- the candidate is covering a ward of four patients and has a task to do for one of those patients. However as the scenario progresses the candidate is given a number of distractions of varying complexity, which they must prioritise and attend to. The distractions vary from calls from other wards to other urgent tasks on other wards. The candidate is debriefed on the session with the other candidates also giving feedback. The scenario was then re-run after the debrief session with another candidate. Following the course, a post course questionnaire with similar questions as the pre-course was administered to evaluate the effectiveness of the course. Feedback was also obtained.

Results

Confidence in	Mean Pre Course	Mean Post Course	P Value
Knowledge of Human factors contributing to error?	2.33(1.03)	3.83(0.75)	0.02*
Ability to communicate clinical details	3(0)	3.67(1.03)	0.14
Leadership skills?	2.33(0.82)	3.5(0.84)	0.03*
Prioritising clinical tasks in an acute situation?	1.83(0.75)	3.17(1.17)	0.04*
Prioritising non-clinical tasks in an acute situation?	2(0.63)	3.5(1.22)	0.04*
Recognizing when to call for senior input?	3.5(0.55)	4.33(0.82)	0.07

Feedback

Feedback Question	Mean Score
Human Factors, An overview	4.67
SBAR Communication session	4.67
Simulation encounter	5
De Briefing Session	5
Facilitator Feedback	4.67

Discussion
 The increases seen in confidence levels demonstrate the impact of the course in learning about Human factors. We believe that by developing this, we can fill the gap in Human factors awareness. The Yorkshire and Humber Deans Foundation School has recently included this in their curriculum delivery and we plan to extend this course to all year one foundation doctors in our region.

References
 1) Rogers JH, Gawande, Kwaan et al. Analysis of surgical errors in closed malpractice claims at 4 liability insurers. Surgery 2006; 142: 25-33
 2) Yorkshire and Humber Deans Foundation School Clinical Skills and Simulation Strategy. <http://www.yorkshireandhumberdeansfoundation.org.uk/youth/yorkshireandhumberdeansfoundationclinicalskillsandsimulationstrategy.pdf>

<http://www.epostersonline.com/asme2013/?q=node/83&posterview=true>

17

Assessment of Bench top model to enhance student performance as assessed by DOPS
 A Mahmood, S Mallappa, N Kamal, A Jethwa, J Pitkin
 Imperial College London

Introduction
 •Medical students may find certain clinical procedures challenging to achieve satisfactory levels of skill and confidence in a restricted 7 week O&G rotation.
 •An intervention with use of training on bench top model is compared to non intervention group in order to evaluate impact on skill and confidence levels.
 •Aim was to evaluate the introduction of 'DOPS' on cervical smear examination to year five medical students. The objective was to provide students an opportunity to learn and improve their skills and confidence.

Methods and Results
 Fifth year medical students were divided into two groups:
 •One group had a BTM (bench top model) practise session before the actual DOPS.
 •The other group went ahead for DOPS following a traditional teaching session.
 Feedback was collected through post assessment questionnaire.
 •90.47% from Group 1 agreed they felt more prepared to perform CSE on a patient.
 •91% felt more confident to explain the procedure to a patients, owing to a better understanding of the procedure and the terminology involved.
 •85.71% felt NHCS programme was more clearly enforced while preparing on a BTM.

Conclusion
 •Cervical smear examination is an important practical skill to learn as it is a requirement to manage gynecological patients.
 •Using low fidelity simulation such as BTM for cervical smear examination training increased student confidence and may facilitate transition of skills from practice on a model to the outpatient clinic.
 •Also, a follow up longitudinal study is necessary to assess their performance in the outpatient clinic setting.

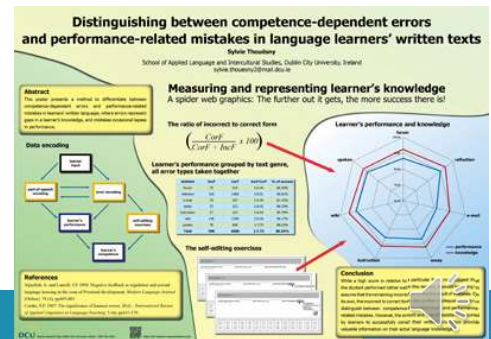
Graph showing how Bench Top model enhances student learning

<http://www.epostersonline.com/asme2013/?q=node/76&posterview=true>

18

Element: conclusion

- Important part of the poster
 - Tie your conclusion back to your hypothesis and results.
 - Discuss why your findings are meaningful and relevant.
 - Include the future directions of your research.
 - Emphasize the important/strong points
- Use bullets to distinguish the different elements



19

Element: acknowledgements / references

- **Acknowledgements**
 - Funding,
 - Who was helping you out with your research
- **References**
 - Only the important – no literature study
 - Can be expanded during conversation

20

Element: acknowledgements / references



V53B-2838
AGU 2012

Comparison of Volcanic Gas Compositions obtained using a Portable Sensor Package and Evacuated Flasks from Cascade Range Volcanoes (USA)

Peter Kelly¹, Cynthia Werner², Bill Evans³, Steve Ingebritsen³, Dave Tucker¹

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² Alaska Volcano Observatory, U.S. Geological Survey, 4210 University Drive, Anchorage, AK 99508, USA

³ U.S. Geological Survey, Menlo Park, CA, USA

⁴ Western Washington University, Bellingham, WA, USA

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1. Introduction

Degassing from most Cascade Range volcanoes, USA, is characterized by low-temperature hydrothermal emissions. It is important to monitor these emissions as part of a comprehensive monitoring strategy yet access is often difficult and most features are sampled by the USGS only once per year at best using a

thrust tube and evacuated glass flask (direct sampling). In an effort to increase the sampling frequency of major gas species and in preparation for building permanent, autonomous gas monitoring sites, we built a portable 'MultiGAS' sensor package (Multi-component Gas Analysis System; e.g. Mithras, 2005; Amper, 2005) capable of measuring H₂O, CO₂, SO₂, and H₂S in volcanic gas plumes. In recent years MultiGAS-type instruments have emerged as important volcanic gas monitoring tools for both campaign-style and long-term deployment (e.g. Amper et al., 2007). Nonetheless, it is important to assess how well MultiGAS data and data obtained using traditional direct techniques agree and to what extent they may be used interchangeably.

To address these matters, we compare MultiGAS and direct samples we collected at the same time from active hydrothermal areas at Mt. Baker, WA, and Mt. Hood, OR (Fig. 1), plus data from direct samples collected in prior years. Truncated flasks were analyzed at the USGS

Volcano Gas Geochemistry Laboratory in Menlo Park, CA.

2. Instrumentation



Figure 1. The MultiGAS sensor (left), and direct sampling flask (right) with an additional connection (right).

The MultiGAS unit was built in a custom enclosure described by Amper et al. (2007). The main features include:

- Measurement of H₂O, CO₂, SO₂, H₂S, pressure, temperature
- H₂O & CO₂ Laser IR (0.1–10 ppm; CO₂ < 5000 ppm)
- SO₂ City Technology EZ735T (0–100 ppm)
- H₂S City Technology EZ735T (0–20 ppm)
- Highly portable: weighs ~3 kg, easily fits in a backpack
- Commanded wirelessly from a laptop computer
- Self-contained: runs for 24 hours with 5.4 L 12V battery
- Logs data at 1 Hz to onboard datalogger and/or to a laptop computer
- Optional network computer display real-time H₂O, CO₂, SO₂, and H₂S mixing ratios, the four-component bulk composition, and gas ratios (H₂O/CO₂, SO₂/CO₂, and CO₂/H₂)

3. Mount Baker, WA (3286 m)

We collected simultaneous MultiGAS and direct samples from the West Rim (Steeley group) and Northwest area of Sherman Crater (~2500 m) in 2011. Sherman Crater is a site of vigorous degassing ~1 km south of the summit of Mt. Baker. We present these data plus additional data from direct samples collected in 2006 & 2007.

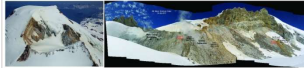


Figure 3. Aerial photo of Mount Baker showing the locations of the West Rim and Northwest areas.



Figure 4. Example MultiGAS data for Mount Baker 2011, West Rim.



Figure 5. Mount Baker 2011 comparison of MultiGAS and direct samples.



Figure 6. Mount Baker 2011 comparison of MultiGAS and direct samples.



Figure 7. Mount Baker 2011 comparison of MultiGAS and direct samples.

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4. Mount Hood, OR (3429 m)

In 2011 and 2012 we collected simultaneous MultiGAS and direct samples from an area located on the northern margin of Crater Rock that is about 0.5 km south of the summit and at ~3100 m elevation. In addition to these data, we present results from direct samples collected between 2002–2009.



Figure 4. Example MultiGAS data for Mount Hood 2011, Crater Rock.

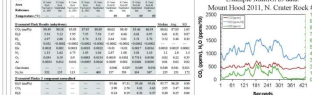


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Figure 31. Mount Hood 2011 comparison of MultiGAS and direct samples. The plot shows gas concentrations (H2O, CO2, SO2, H2S) for both methods.

Figure 32. Mount Hood 2011 comparison of MultiGAS and direct samples. The plot shows gas concentrations (H2O, CO2, SO2, H2S) for both methods.

Figure 33. Mount Hood 2011 comparison of MultiGAS and direct samples. The plot shows gas concentrations (H2O, CO2, SO2, H2S) for both methods.

Figure 34. Mount Hood 2011 comparison of MultiGAS and direct samples. The plot shows gas concentrations (H2O, CO2, SO2, H2S) for both methods.

Figure 35. Mount Hood 2011 comparison of MultiGAS and direct samples. The plot shows gas concentrations (H2O, CO2, SO2, H2S) for both methods.

Figure 36. Mount Hood 2011 comparison of MultiGAS and direct samples. The plot shows gas concentrations (H2O, CO2, SO2, H2S) for both methods.

Figure 37. Mount Hood 2011 comparison of MultiGAS and direct samples. The plot shows gas concentrations (H2O, CO2, SO2, H2S) for both methods.

Figure 38. Mount Hood 2011 comparison of MultiGAS and direct samples. The plot shows gas concentrations (H2O, CO2, SO2, H2S) for both methods.

Figure 39. Mount Hood 2011 comparison of MultiGAS and direct samples. The plot shows gas concentrations (H2O, CO2, SO2, H2S) for both methods.

Figure 40. Mount Hood 2011 comparison of MultiGAS and direct samples. The plot shows gas concentrations (H2O, CO2, SO2, H2S) for both methods.

Figure 41. Mount Hood 2011 comparison of MultiGAS and direct samples. The plot shows gas concentrations (H2O, CO2, SO2, H2S) for both methods.

Figure 42. Mount Hood 2011 comparison of MultiGAS and direct samples. The plot shows gas concentrations (H2O, CO2, SO2, H2S) for both methods.

Figure 43. Mount Hood 2011 comparison of MultiGAS and direct samples. The plot shows gas concentrations (H2O, CO2, SO2, H2S) for both methods.

Figure 44. Mount Hood 2011 comparison of MultiGAS and direct samples. The plot shows gas concentrations (H2O, CO2, SO2, H2S) for both methods.

Figure 45. Mount Hood 2011 comparison of MultiGAS and direct samples. The plot shows gas concentrations (H2O, CO2, SO2, H2S) for both methods.

Figure 46. Mount Hood 2011 comparison of MultiGAS and direct samples. The plot shows gas concentrations (H2O, CO2, SO2, H2S) for both methods.

Figure 47. Mount Hood 2011 comparison of MultiGAS and direct samples. The plot shows gas concentrations (H2O, CO2, SO2, H2S) for both methods.

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