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Scientific Posters

The elements

1

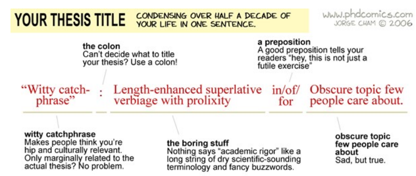
Elements

- 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 '**:**'



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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"*

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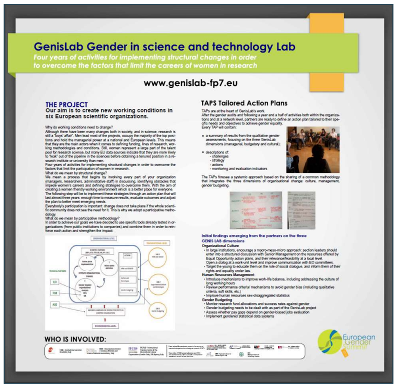
Element: title

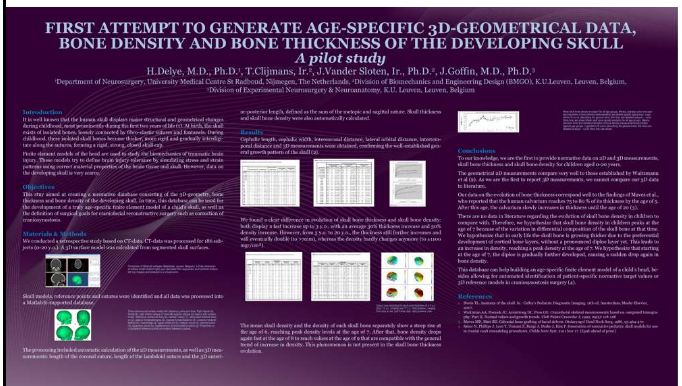


www.epostersonline.com/egs2012/?q=poster/egs2012036009b

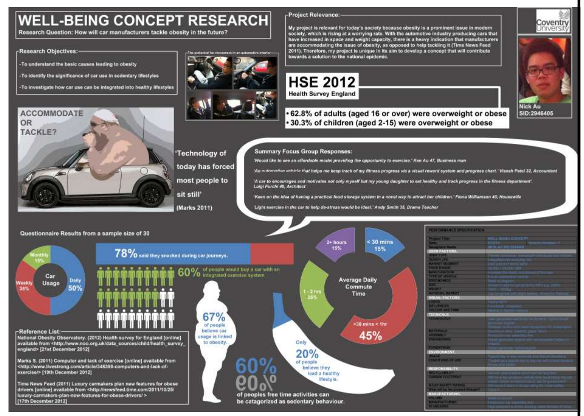
http://www.epostersonline.com/egs2012/?q=poster/egs20120070019

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



www.epostersonline.com/espn2012/?q=node/1345



http://nickaudesign.me/2013/01/15/my-research-poster/

Element: abstract

- If it is not required, DON'T.
- Most of the times your abstract will be printed in the conference catalog.
- If you do include an abstract in your poster try to make it very short. It should be a very brief summary of the poster

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
- Summary150 – 200 words

- ***C**omplete **C**lear **C**oncise **C**ohesive*

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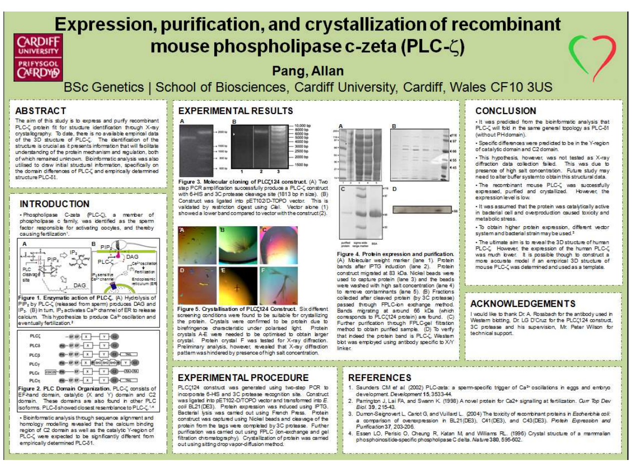

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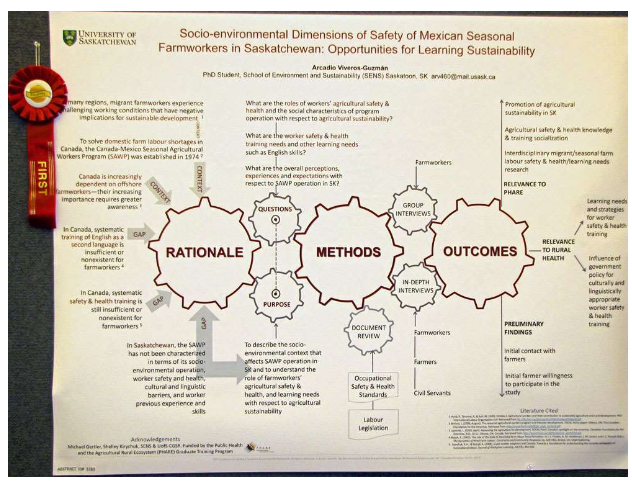

crhrs-scrsr.usask.ca/images/2011awards/2011-Student-1-Arcadio.jpg

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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)

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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

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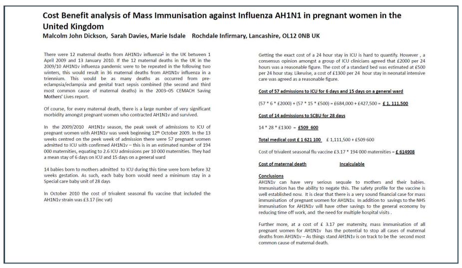
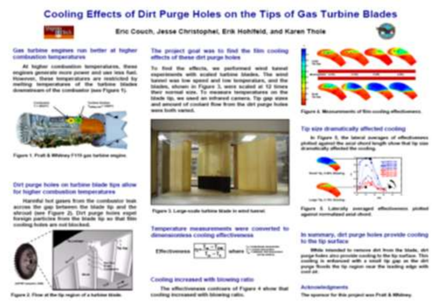
Element: data/results - text

- Too much text
- Boring

- Better, still some room for improvement


Cost Benefit analysis of Mass Immunisation against Influenza AH1N1 in pregnant women in the United Kingdom

Malcolm John Dickson, Sarah Davies, Marie Isdale Rochdale Infirmary, Lancashire, OL12 0NB UK



www.epostersonline.com/rcog2011/?q=node/1395

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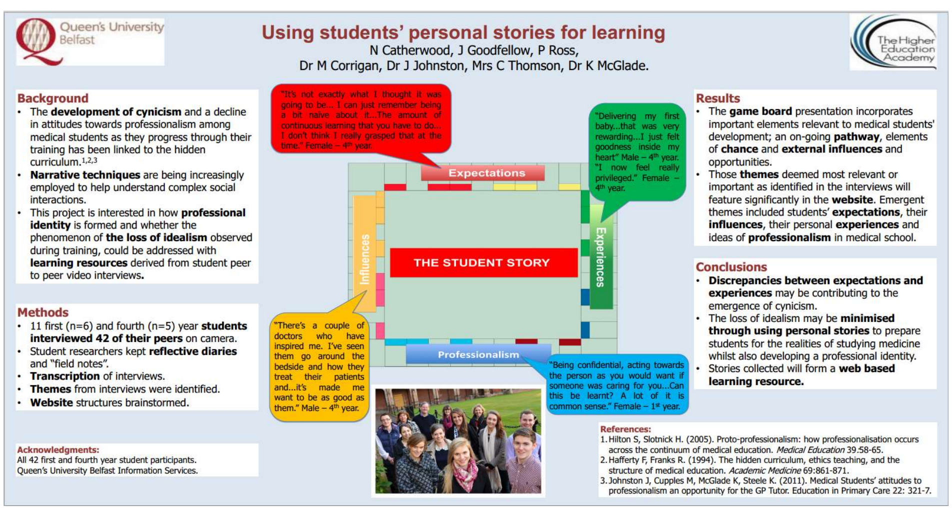

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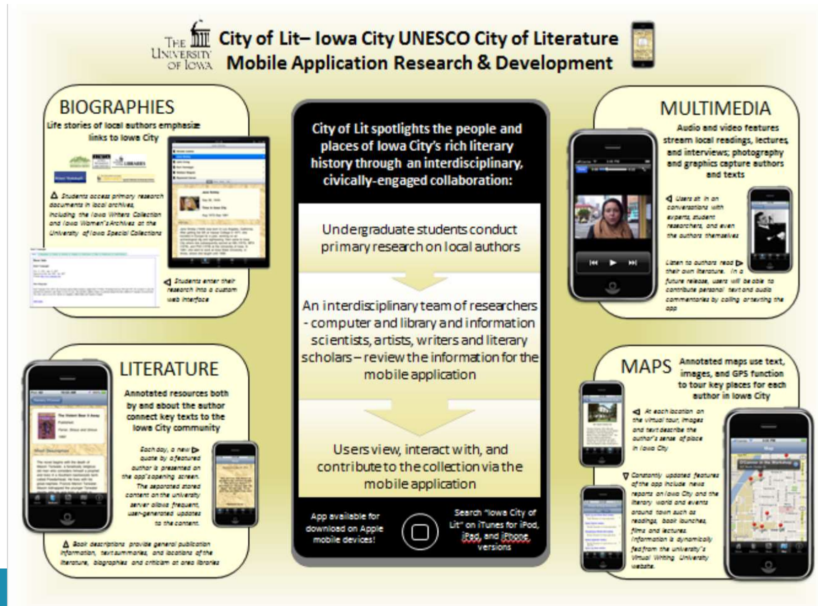

15

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

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Teaching Human Factors to Medical Students- A Simulation Based Course

Sega Pathmanathan, Faiza Chowdhury, Jivendra Gosai, Rebekah Molyneux, Makani Purva

Hull and East Yorkshire Hospitals NHS Trust

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[1]. 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 an 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 Deanery Foundation School has recently included this in their curriculum delivery[2] and we plan to extend this course to all year one foundation doctors in our region.

References

1) Rogers Jnr, Gawande, Kwaan et al. Analysis of surgical errors in closed malpractice claims at 4 liability insurers. Surgery 2006;140: 25-33

2) Yorkshire and Humber Deanery Foundation School Clinical skills and Simulation Strategy. http://www.yorksandhumberdeanery.nhs.uk/southyorksfoundationschool documents/YorksandHumberFoundationClinicalSkillsandsimulationstrategy.pdf.

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

Assessment of Bench top model to enhance student perfomance as assessed by DOPS

A Mahmood, S Mallappa, N Kamal, A Jethwa, J Pitkin

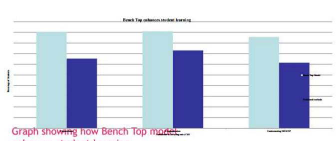
Imperial College London

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.



Graph showing how Bench Top model enhances student learning

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 NHCSS 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.

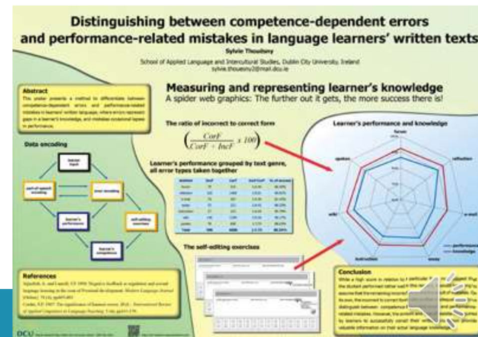
•Using low fidelity simulation such as BTM for cervical smear examination training increased student confidence and may facilitate transition of skills from practice on a model to the outpatient clinic.

•. Also, a follow up longitudinal study is necessary to assess their performance in the outpatient clinic setting .

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

Element: conclusion

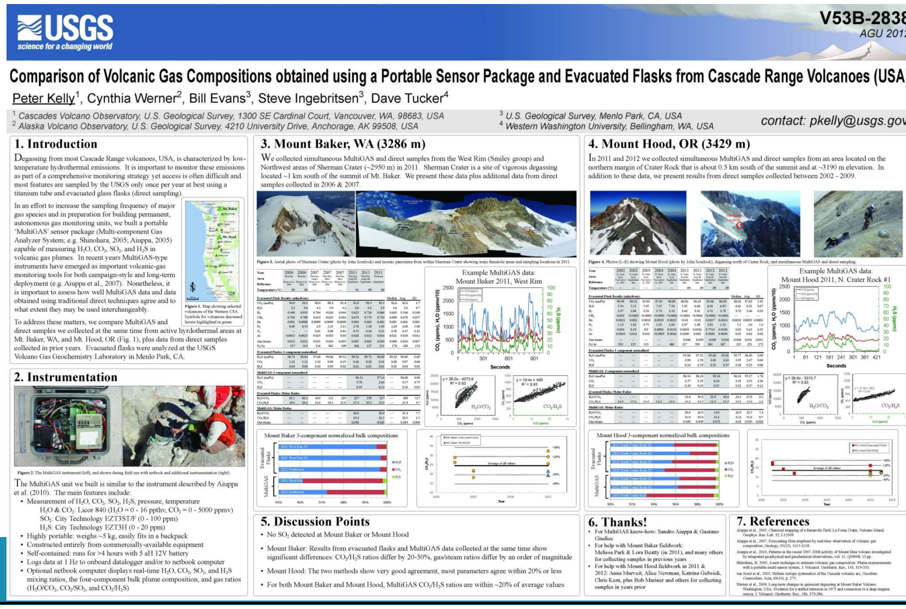
- Important part of the poster
  - Tie your conclusion back to your hypothesis and results.
  - Discuss why your findings are meaningful and relevant.
  - Include the future directions of your research.
  - Emphasize the important/strong points
- Use bullets to distinguish the different elements



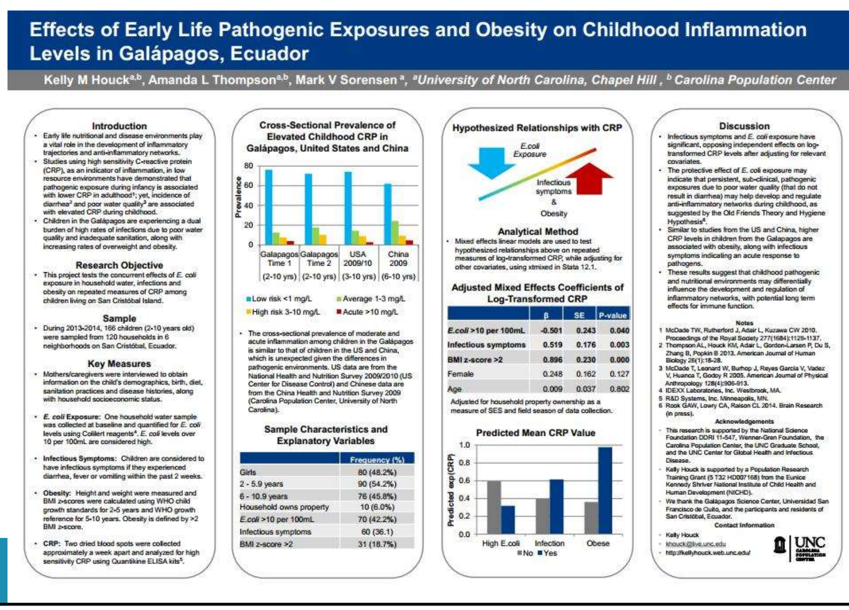
Element: acknowledgements / references

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

Element: acknowledgements / references



Element: acknowledgements / references



Element: contact information

- Include contact info:
  - E-mail
  - Phone