

How to Create and Present a Poster

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Goals

- Understand the elements of a “good” poster
- Know what information should populate each section of the poster
- Determine the best layout of a poster
- Learn tools to comfortably and professionally present your poster

2

Poster Templates

- A poster template is a general guideline
- Please do not significantly alter the spacing for the logo or the Title and Author lists
- Title should match what you submitted as your Abstract title – this will allow the audience to find your poster easier.
- Template can be adapted to what works for your project best!
- Use the templates for your specific project-type
 - Empirical Research and Quality Improvement
 - Case Reports
 - Literature Review
- Contact OSA or the PNWU research committee with questions

3

Important questions:

- What is the most important/interesting/astounding finding from my research project?
- How can I visually share my research with conference attendees? Charts, graphs, photos, images?
- What kind of information can I convey during my talk that will complement my poster?

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Elements of a good poster

- Important information should be readable from about 10 feet away
 - Size minimums:
 - **Title: 72 pt**
 - **Headings: 48 pt**
 - **Body text: 24 pt**
 - Text stands out against its background
 - Use a legible font
 - Times New Roman, Arial, Garamond
 - **NOT *Brush Script***
- Check for spelling and grammatical mistakes
- Title is short and draws interest
- Word count max of 300 to 800 words
- Text is clear and to the point

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Elements of a good poster

- Use of bullets, numbering, and headlines make it easy to read
- Effective use of graphics, colors, and fonts
 - Photos, charts, and illustrations look clear and crisp
 - Tables, charts, and graphs should be able to be looked at and understood in a few seconds
- If you have LOTS of data or references to share, have a QR code on your poster
- Should be organized and follow the general structure of introduction → data → conclusion
- Consistent and clean layout

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Introduction/Background

- Introduce your topic to the audience
- Why/how is this project important?
- Use bullet points where possible
- Avoid lengthy blocks of written text like you would see in a journal article
 - Harder to read and get “jist” of the key points quickly

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Methods

- Describe methods with as much detail as possible
 - Could we replicate your approach given the info provided?
 - Obviously, if you have an extremely complicated design, you can be brief and summarize them.
 - Interested viewers could contact you for more details.
- Can include subheadings
- Can include a flow chart to summarize
- Include:
 - Subjects/participants
 - experimental design/literature search strategy
 - drugs/intervention/equipment used
 - statistical methods

8

Results

- Use bullet points to summarize key findings
- When possible, show results in picture/graph/table/figure formats
 - Make them simple and easily seen
 - Use few words
 - 1–2-line text description per image/image group
- For qualitative work (e.g., focus groups or interviews), use representative quotes from participants, if applicable

9

Conclusions

- Do your findings conflict or agree with the broader literature on this topic?
 - Is the topic is so novel that you're unsure? That's okay – say so!
 - e.g., *We are unaware of research on this topic outside of our own work*
 - e.g., *Because this is a pilot study, we...*
- What would the next steps be to take your results further?
- How would they be applied to your population of interest?
- How could they be used in the clinical setting, if applicable?

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Acknowledgements & Citations


- Recognize the help you received from those *not* qualifying as Authors on the poster
 - Do not acknowledge co-authors listed on poster
- Acknowledge research participants
- Recognize funding sources, no matter how small
- Some posters don't list citations
- Most posters shouldn't need more than a few citations
- There are exceptions
 - Lit reviews are not expected to list all references
- Citations should be in smaller font, so they don't take up valuable poster space

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EXAMPLES

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College of Osteopathic Medicine
Pacific Northwest University of Health Sciences

Case Reports of Polycystic Ovarian Syndrome (PCOS) occurring in women 14-35 years of age in rural Alaska from 1945-2010


¹ College of Osteopathic Medicine, Pacific Northwest University of Health Sciences
² Department of Pathology, College of Osteopathic Medicine, Pacific Northwest University of Health Sciences

Background

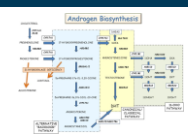

Polycystic ovarian syndrome (PCOS) is a hormonal disorder consisting of varying degrees of reproductive signs. Women with PCOS may have irregular or prolonged menstrual periods, or anovulatory menstrual cycles (Lundqvist et al., 2010). The disorder is characterized by a combination of hyperandrogenism and/or hyperandrogenism, oligo- or anovulation, and/or hyperandrogenism. The exact cause of PCOS is unknown. Early diagnosis and treatment along with weight loss may reduce the risk of long-term complications such as Type 2 diabetes and heart disease. Signs and symptoms of PCOS often develop around the time of the first menstrual period during puberty. Sometimes PCOS develops later. For example, in response to a diet change (Lundqvist et al., 2010).

Signs and symptoms of PCOS vary. Androgens of PCOS are made within the ovaries as well as the adrenal glands. Signs and symptoms of PCOS include irregular periods, irregular or prolonged menstrual cycles, or the most common sign of PCOS, for example, irregular or absent menstrual periods, or anovulation. In some women, signs and symptoms of PCOS also include acne, hirsutism, and occasionally severe acne and male pattern baldness. Polycystic ovaries, two ovaries with enlarged ovaries, are common. The ovaries are enlarged, but the ovaries are not enlarged. PCOS signs and symptoms are typically more severe if you have diabetes.

Polycystic ovarian syndrome (PCOS) is a heterogeneous disorder characterized by hyperandrogenism and chronic anovulation. Depending on diagnostic criteria, 6% to 20% of reproductive age women are affected. Symptoms of PCOS arise during the early pubertal years. Both normal female pubertal development and PCOS are characterized by regular menstrual cycles, anovulation, and acne. During the complex endocrine pathophysiology, abnormal theca and/or androgen levels are thought to be contributing. Androgen levels are elevated in adult women. Whereas the hyperandrogenism is accepted for adult women, different diagnostic criteria for PCOS in adolescent girls have been delineated. Diagnostic features for adolescent girls are menstrual irregularity, clinical hyperandrogenism, and/or hyperandrogenism. Prior to a formal diagnosis, an initial referral for the diagnosis of PCOS in adolescent girls. Even before definitive diagnosis of PCOS, adolescents with clinical signs of hyperandrogenism and oligo- or anovulation should be referred to a specialist for further evaluation. Management of health care for adolescents with PCOS includes education, healthy lifestyle interventions, and therapeutic interventions targeting their symptoms. Interventions such as lifestyle, combined oral contraceptive pills, spironolactone, and oral treatments for hirsutism and acne. In addition to assessing for associated comorbidities, management should also include regular follow-up visits and referral to specialists to address care providers. Comprehensive knowledge regarding the pathogenesis of PCOS will enable earlier identification of girls with high propensity to develop PCOS. Timely implementation of individualized therapeutic interventions will improve overall management of PCOS during adolescence, prevent associated comorbidities, and improve quality of life.



Results

Women in rural Alaska often get PCOS.

Significance

Because women in rural Alaska have PCOS, more effort should go into experimental therapeutic inventions as compared to other rural areas.

References

1. Centers for Disease Control and Prevention, National Center for Health Statistics. *Railroad SA Wt, BMR, R, Lander MM. Diabetes Self-Management Education Programs in Homebound Care: A Comparison of 2011. Diabetes Care* 2012;35(12):2022-2028.
2. American Diabetes Association. *Diabetes Mellitus: A Global Public Health Problem. Diabetes Care* 2011;34(12):2022-2028.
3. American Diabetes Association. *Diabetes Mellitus: A Global Public Health Problem. Diabetes Care* 2011;34(12):2022-2028.
4. American Diabetes Association. *Diabetes Mellitus: A Global Public Health Problem. Diabetes Care* 2011;34(12):2022-2028.
5. American Diabetes Association. *Diabetes Mellitus: A Global Public Health Problem. Diabetes Care* 2011;34(12):2022-2028.
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9. American Diabetes Association. *Diabetes Mellitus: A Global Public Health Problem. Diabetes Care* 2011;34(12):2022-2028.
10. American Diabetes Association. *Diabetes Mellitus: A Global Public Health Problem. Diabetes Care* 2011;34(12):2022-2028.

Objectives

- To Present Case Reports of Polycystic Ovarian Syndrome (PCOS) occurring in women 14-35 years of age in rural Alaska from 1945-2010

Methods

Accessed hospital patient data to write this report.

Discussion/Conclusion

Women in rural Alaska often get PCOS.

LEARN. CARE. COMMUNITY.

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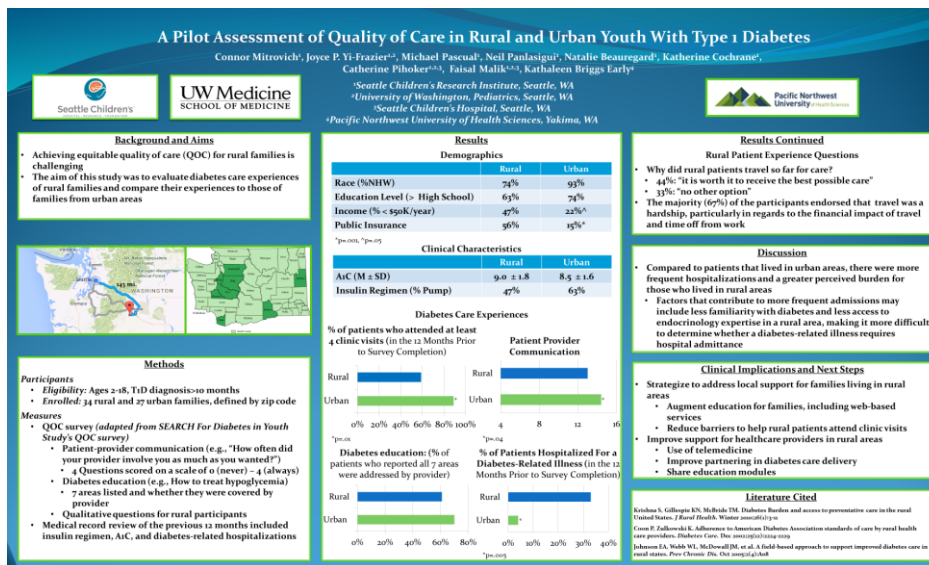
What's wrong with this poster?

- Title too wordy
- Objective restates title
- Too many words/too much text overall
- Background too lengthy, font too small
- Methods unclear
- Results not straightforward, images too small and complicated for poster, poor quality image
- Figure legend too long
- Does not follow logical order
- Case reports/Discussion: Compare your findings to what the literature reports
- References too long, too many, font too small
- No acknowledgement

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Some Better Poster Examples

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Return to Golf in a 71-year-old Female after a Mako Robotic-Arm-Assisted Unicompartmental Knee Arthroplasty: A Case Report

UNIVERSITY OF NEW ENGLAND
INNOVATION FOR A HEALTHIER PLANET

LRGHealthcare
ONE. COMPELLING. CONCEPT.

Katelyn Austin, BS, Doctor of Physical Therapy Student
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Background & Purpose

- Knee osteoarthritis (OA) is the most common joint disorder in the elderly.¹
- Unicompartmental knee arthroplasties (UKA) have been increasing in prevalence at a rate of 30% each year.²
- Robotic-arm-assisted UKAs increase the accuracy of implant positioning compared to traditional techniques which helps with a quicker recovery.³
- Little literature on UKAs, but total knee arthroplasty (TKA) interventions should focus on knee range of motion (ROM), strengthening, gait training, icing, and a home exercise program (HEP).⁴
- There are good outcomes for return to golf post TKA, but no information about UKAs.
- The purpose of this case report was to look at the impact of physical therapy (PT) on patient (pt) outcomes and return to golf following a Mako robotic-arm-assisted UKA.

Case Description

71-year-old female one-week tip right (R) UKA with Mako robotic-arm-assist.

Prior to surgery she lived independently and was active through golfing, gardening, and biking. Upon initial evaluation (IE) pt presented with decreased ROM, strength, patellar mobility, balance, and increased pain.

Timeline

Outcomes

Initial Evaluation Results	Discharge Note: 8 weeks
Numeric Pain Rating Scale (0-10) Current: 2 Best: 0 Worst: 3	Current: 2 Best: 0 Worst: 2
Lower Extremity Functional Scale 15/30, 41.25% disabled	50/60, 28.25% disabled
Gait Analysis	Antalgic, lacking full R knee extension at heel strike, lacking proper heel strike and toe off, lacking hip extension, with toe out on right, and decreased stride length on R
Goniometric ROM (knee extension-flexion)	R: 8-111 degrees L: 5-135 degrees
Manual Muscle Testing	R hip flexion: 4/5 R hip abduction: 5/5 R knee flexion: 4/5 R knee extension: 4/5 R ankle dorsiflexion & plantarflexion: 5/5 L: L: 5/5
Patellar Mobility	R patella superior, inferior, medial, lateral glides all hypomobile Normal patellar mobility

Interventions

Therapeutic Exercise

- ROM
- Strength
- Dynamic Movements

Manual Therapy

- Patellar mobilizations

Neuro-Re-Education

- Balance

Home Exercise Program

- ROM
- Strength
- Education

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DO NUTRITION PROFESSIONALS HAVE THE TOOLS TO IMPLEMENT AND EVALUATE EFFECTIVE NUTRITION PROGRAMS?

WASHINGTON STATE UNIVERSITY VANCOUVER

Alexandra Jackson MS, RDN, CDE, Anna Cahm, MS, RDN, Jane Langert PhD

INTRODUCTION

- Community-based programs are an effective strategy to promote healthy eating behaviors.
- On average, lifestyle change interventions are 75% less effective when scaled-up in communities (McCrabb et al., 2019)
- Nutrition professionals are at the front line in the assessment, implementation, and scaling of preventive interventions to encourage healthy behaviors.
- Therefore, it is important to assess whether nutrition professionals have the necessary tools to implement and evaluate effective interventions.

PURPOSE

The purpose of this study was to assess the nutrition professionals' knowledge and application of concepts from prevention and implementation science.

METHODS

Approximately 110 nutrition professionals that attended a session about prevention science at a large national conference were asked anonymously about their knowledge and application of concepts from prevention and implementation science.

RESULTS

Of the respondents, 55% of participants have implemented evidence-based or evidence informed programs, yet 23% of participants do not evaluate programs, and 83% of participants had not heard of prevention science, implementation science, logic models or seen these concepts in practice.

Have you heard of Prevention Science, Logic Models, or Implementation Science?

- Yes I am sure, or these concepts are completely new to me: 17%
- I've heard of these concepts, but have not seen them in practice: 43%
- No: 40%
- Yes These concepts are part of my usual practice: 0%

Have you implemented Evidence Based or Evidence-informed programs?

- Yes I have implemented evidence-based programming: 55%
- Yes I am sure or I provide individual nutrition care: 0%
- No: 45%

Which of these evaluation techniques do you use most often in your practice?

- Formative or Process Evaluation: 7%
- Summative or Outcome Evaluation: 11%
- Self-evaluate programs: 44%
- Summative or Outcome Evaluation: 22%
- Cost Evaluation: 16%

For those of you that have implemented programs, what is the most common challenge that you've faced?

- Recruitment and retention of participants: 28%
- Implementing the curriculum as planned: 8%
- Staff turnover: 57%
- Participant engagement in program: 0%

CONCLUSIONS

Based on these findings, the following are three potential opportunities to encourage the effective implementation and evaluation of evidence-based programs:

- Supporting additional training and education for nutrition professionals including an expansion of core competencies in education requirements, and additional continuing education opportunities for community-based nutrition professionals to specialize in implementation and evaluation
- Including technical assistance as part of program development to support the implementation of evidence-based programs
- Encouraging academic journals to increase evidence program implementation and evaluation strategies

REFERENCES

1. Johnson, C., & Johnson, C. (2019). Evidence-based practice in nutrition. *Nutrition in Clinical Practice*, 34(1), 1-10.

2. Johnson, C., & Johnson, C. (2019). Evidence-based practice in nutrition. *Nutrition in Clinical Practice*, 34(1), 1-10.

3. Johnson, C., & Johnson, C. (2019). Evidence-based practice in nutrition. *Nutrition in Clinical Practice*, 34(1), 1-10.

4. Johnson, C., & Johnson, C. (2019). Evidence-based practice in nutrition. *Nutrition in Clinical Practice*, 34(1), 1-10.

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DASH

<https://www.vancouver.wsu.edu/research-showcase/research-showcase-gallery-poster-2048>

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IMPROVING HEART FAILURE

Reducing Hospital Readmissions Through Veteran-Centered Education

The University of Texas at Austin College of Pharmacy | VA | U.S. Department of Veterans Affairs


Brian Nibbelink, Clayton Lambert, Kallie Erickson, Sarah Bandy, Kayla Kotara, Tanner Bostick, Rebecca Moore, Justina Lipscomb, Ashley Oliver, Stephanie Hutzar-Garr
College of Pharmacy, University of Texas at Austin | Audie L. Murphy Memorial Veterans Hospital, San Antonio, TX

BACKGROUND

IPE and Project

The University of Texas at Austin College of Pharmacy Interprofessional Education (IPE) curriculum is grounded in the Institute for Healthcare Improvement's Triple Aim, of which population health is a key component.

- Heart failure (HF) is the inability of the heart to pump sufficient blood throughout the body to perfuse organs.
- An estimated 5.7 million Americans have HF.
- Each HF diagnosis costs the VA \$21,300 to \$52,800 per year.
- The Audie L. Murphy VA Hospital reported an 18.4% readmission rate for HF patients in 2019.
- Previous studies have shown that education alone, independent of other treatments, reduces HF readmissions by 35%.
- This project is focused on continuation of an educational course for HF patients at the VA to decrease hospital readmissions and improve quality of life.



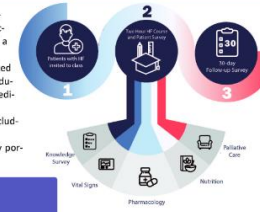
OBJECTIVES

- REDUCE the number of HF readmissions for HF patients 30-days post-class compared to 30-days pre-class.
- INCREASE patient knowledge of HF by at least 1 point on average as determined by formal surveys administered during and 1 month after the HF class.

30-Day Post-Class **+1 point** knowledge score

METHODS

- Veteran patients at the Audie L. Murphy Memorial Veterans' Hospital with HF exacerbation between June 2018 to April 2019, and October 2019 to February 2020 were identified and invited to attend a 2 hour heart failure educational class.
- The class included obtaining vital signs, a pre-class formalized survey establishing the veterans' knowledge of HF, palliative care education, a powerpoint presentation on the pathophysiology and medications commonly prescribed in HF, and a nutrition class.
- The education was provided by a multidisciplinary team which included pharmacy, palliative care and nutrition.
- Pharmacy students were involved in teaching the pharmacology portion, as well as individualized counseling for patients.



RESULTS

VETERAN POPULATION IMPACT

30-DAY HF READMISSIONS

Admissions Before Class: 64% Readmitted (n = 23 of 35)

Admissions After Class: 3% Readmitted (n = 1 of 35)

Legend: ■ Readmitted ■ Not readmitted

KNOWLEDGE SURVEY

↑9 POINTS median increase in patient knowledge score via post-class survey (n=5)

STUDENT KNOWLEDGE SECONDARY OUTCOME

- Student knowledge improved by 5.3 points on a knowledge survey taken before and after community project.
- Traced knowledge of HF pathophysiology and pharmacology.

CONCLUSION

- Heart failure education appears to have decreased the number of hospital readmissions.
- This preliminary finding demonstrates that increased knowledge and education among veteran patients with heart failure has a long-term impact.

REFERENCES

- Department of Veterans Affairs (DVA). (2019). *Readmission and Reentry Costs*. (Data for FY 2019). Washington, DC: Department of Veterans Affairs.
- U.S. Department of Health and Human Services. (2019). *Heart Failure: A Rising Burden*. (Data for FY 2019). Washington, DC: U.S. Department of Health and Human Services.
- U.S. Department of Health and Human Services. (2019). *Heart Failure: A Rising Burden*. (Data for FY 2019). Washington, DC: U.S. Department of Health and Human Services.
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- U.S. Department of Health and Human Services. (2019). *Heart Failure: A Rising Burden*. (Data for FY 2019). Washington, DC: U.S. Department of Health and Human Services.

<https://healthipe.utexas.edu/poster-number-qi-06>

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Essential Components of Advance Care Planning for Interprofessional Health Care Teams

The University of Texas at Austin College of Natural Sciences | The University of Texas at Austin School of Nursing

Undergraduate Researchers: Aleena Jamal, Albert Luu, and Alison Tang | Faculty Advisor: Dr. Jung Kwak

Background

- Advance Care Planning (ACP) is a process of discussing values and preferences regarding future medical care to ensure care is aligned with preferences.
- Various disciplines engage in ACP but there is a lack of clear guidelines for effective collaboration across interprofessional healthcare teams in facilitating ACP.
- An interprofessional education (IPE) model for ACP would address unique contributions of each discipline as well as collaborative approaches for team-based care.

Research Question

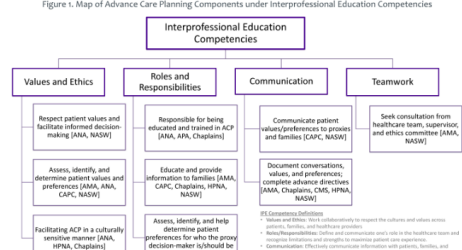
- The study aimed to identify the essential components of effective ACP facilitation, and organize this knowledge under an IPE framework.

Methods

- Data Sources: To identify existing guidelines and recommendations for ACP across disciplines, we used the following resources:
 - Various professional websites (AMA, ANA, NASH, CAPC, HPNA, APA, CHS)
 - National consensus documents on ACP outcomes and IPE competencies
- Analysis: We conducted content analysis to identify main themes for ACP practice, and to map a set of guidelines for ACP under the framework of the IPE competency domains.

Findings

Figure 1. Map of Advance Care Planning Components under Interprofessional Education Competencies



- We identified common sets of skills and values across all disciplines and found that all disciplines expected their members to be competent in facilitating ACP tasks such as assessment of patient values and preferences in a culturally sensitive manner, education about ACP, and document and facilitating communication between patients, and families.
- The exception was the area of discussion of specific illness and treatment options among seriously ill individuals. This task was emphasized more by AMA and ANAs than other professional organizations.

Discussion

- Any discipline is expected to have competencies in ACP. However, none of disciplines we reviewed provided any guidelines for how to communicate and collaborate with members from other disciplines (none under Communication domain of the IPE competencies).
- Mapping ACP components under IPE competencies is an important first step toward improving effective collaboration across health disciplines and future interprofessional education for ACP.


Acknowledgments

This research on interprofessional education and advance care planning could not have been conducted without the guidance of Dr. Jung Kwak, head of the Gerontology Lab. We would also like to acknowledge Lisa Goshell for her guidance and support, as well as Andrew Kim and Michelle Kim for their contributions to data collection and analysis.

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An Integrative Literature Review on Advance Care Planning Across Health Professions: Knowledge, Skills, & Attitude

Lisa Geshell, MSN, RN, Katherine Britt, BSN, RN, Michelle Kim, Andrew Kim, Sami Hasan, Albert Luu, Jung Kwak, PhD, Principal Investigator



The University of Texas at Austin
School of Nursing
College of Natural Sciences
McCombs School of Business

Background

Advance care planning (ACP), a process of sharing personal values, life goals, and preferences regarding future medical care, has shown to improve patient outcomes at the end of life.

Physicians, nurses, social workers, and chaplains are typically involved in ACP, but there is a lack of clear distinction between roles and how to effectively collaborate in order to engage patients and families in ACP.

Purpose

To investigate the existing knowledge in the literature about various healthcare providers' knowledge, skills, and attitudes about ACP to inform interprofessional collaboration practice and research.

Methods

Databases: PubMed, PsycINFO, and CINAHL.
Keywords: advance care planning, advance directives, competency, physician, nurse, social worker, chaplain, nurse practitioner, physician assistant
Number of Articles: A total of 15 articles were identified.
Analysis: After reading the full-text then extracting the findings from each study, our team organized those findings under three competencies: knowledge, skills, and attitude.

Inclusion Criteria

Discussion of competencies (knowledge, skills, attitude) pertaining to ACP or AD of different disciplines

Exclusion Criteria

Not empirical, duplicates, not in English, published before the year 2005, not directly relevant to ACP or AD, or not from viewpoints of targeted disciplines

Findings

Figure 1: Synthesized findings of competencies across disciplines pertaining to ACP & ADs

Knowledge

- Nurses perceived their knowledge on ACP higher than in reality was
- Professors struggled with understanding the legal aspects of completing AD across disciplines
- Specialties within physicians reported critical gaps and wide variation of knowledge

N = 11

Skills

- Experience working in palliative care and hospices were associated with higher perceived competence and positive attitudes towards ACP for social workers
- Most medical residents addressed treatments but few addressed patient values, goals, fears, or family dynamics as they relate to ACP treatment decisions

N = 4

Attitude

- Many healthcare providers rely on experience to develop competence in ACP
- Experience working with older adults was a statistically significant predictor of knowledge and positive attitude towards ACP
- Majority of healthcare providers reported ACP was a top priority

N = 18

Figure 2: Reporter study details from identified articles

Design

Quantitative (N = 12)
Qualitative (N = 3)
Mixed-Methods (N = 2)

Methods

Cross-sectional (N = 16)
Longitudinal (N = 1)
Depth Method (N = 2)

Disciplines Studied

Physicians (N = 10)
Nurses (N = 11)
Social Workers (N = 7)
Other (N = 4)

Table 1: Identified facilitators and barriers found to promote or prevent ideal implementation of ACP

Facilitators

- Public and professional education
- Policy/legal system for end-of-life situations
- Good communication
- Training individual patient approach
- Promoting patient-centered care, autonomy, and self-identity
- Cultural understanding
- Receiving support from family and staff
- Previous consensus on decisions by patient and family

Barriers

Professional

- Lack of support, guidance, or policy for ACP
- Lack of education/training
- Lack of communication
- Limited time
- Level of comfort with ACP discussions

Patient

- Patient or family reluctance or conflict
- ACP is foreign and with culture
- Inaccurate understanding of ACP by patient or family

Conclusion

Most disciplines identified the importance of ACP and reported adequate to moderate perceived levels of knowledge, yet findings suggested some misunderstandings of the legal process and discrepancy in implementing ACP.

Those who had experience working with older adults, in hospice, in palliative care, or had personal experience completing ADs had higher perceived competence and more positive attitudes.

These findings suggest a lack of consistency in training within these health professions and a need for a standardized approach to ACP training across professions.

Clinical Relevance

A multi-disciplinary team is central to successful ACP implementation.

- Professional ACP guidelines
- Policy
- Education across disciplines

↓

- Role clarity
- Improving interdisciplinary communication
- Comfort
- Competence
- Positive attitudes

Acknowledgements

We would like to thank Dr. Jung Kwak for her guidance and support on the project.

<https://healthipe.utexas.edu/literature-review-posters>

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Examining Effects of Multimodal Interventions for Sleep Disorder Related Dementia

Zeena Abdul-Kafor, RN & Kenzie Koetting, RN: The University of Texas, School of Nursing

Background:

- > 60% of patients (pts) with dementia report sleep disturbances
- Decreased sleep impacts quality of life (QoL)
- Tx of sleep in pts with dementia remains an ongoing concern for healthcare providers (HCP) (Kinunen, Viikhanova, & Livingston, 2017)
- Target population: pts with dementia & sleep irregularities

Purpose:

Identify which medications benefit sleep quality to not only reduce sleep disturbances, but also to improve QoL in pts with dementia

Method: Literature search

Search: CINAHL- (Sleep disorders or sleep disturbance or sleep problems) and (dementia or Alzheimer's or cognitive impairment or memory loss) and (melatonin or trazodone or intervention or treatment), filtered by 2014-2019 (20 results)

Excluded: persons with mental disorders (2), systematic reviews (2), studies on only family caregiver and caregiver burdens (2), Parkinson's disease (2), studies on mice (1), cancer (2), urinary urgency (1), HIV (1), case studies (2)

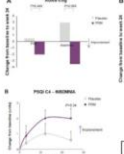
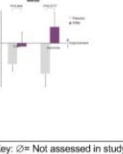
5 articles included, 15 articles excluded

Assessment of current practice

- Journal of Clinical Sleep Medicine
 - 5.4.6.1a- Guideline against the use of melatonin with persons with ISWRD (irregular Sleep Wake Rhythm Disorder) with persons with dementia
- Gap: recommendation is weak against melatonin; recommendation is based on one reviewed study of 25 individuals that failed to show benefit in outcome of total sleep time (TST) (LOE: Low)
- Importance: newer research available with evidence of benefits of use of melatonin in patients with dementia

Results

- Xu et al., 2015: Immediate release melatonin administration for more than 4 weeks improved sleep efficacy & TST.
 - Cog function did not improve sig.
- Wilde et al., 2014: Prolonged release melatonin (PRM) was shown to improve TST in 24 week treatment
 - ADAS-Cog function and IADL significantly improved
 - PRM tolerated well

Conclusion:

- Sleep disturbances affects nearly 2/3 of pts with dementia.
- Use of PRM to manage dementia related sleep disturbances will improve pt outcomes more so than that of trazodone and mirtazapine.
- PRM has more implications for practice and clinical significance for pt outcomes than that of mirtazapine, trazodone, risperidone, and zolpidem, although further studies are warranted.

Proposed Evidence-based Practice Change:

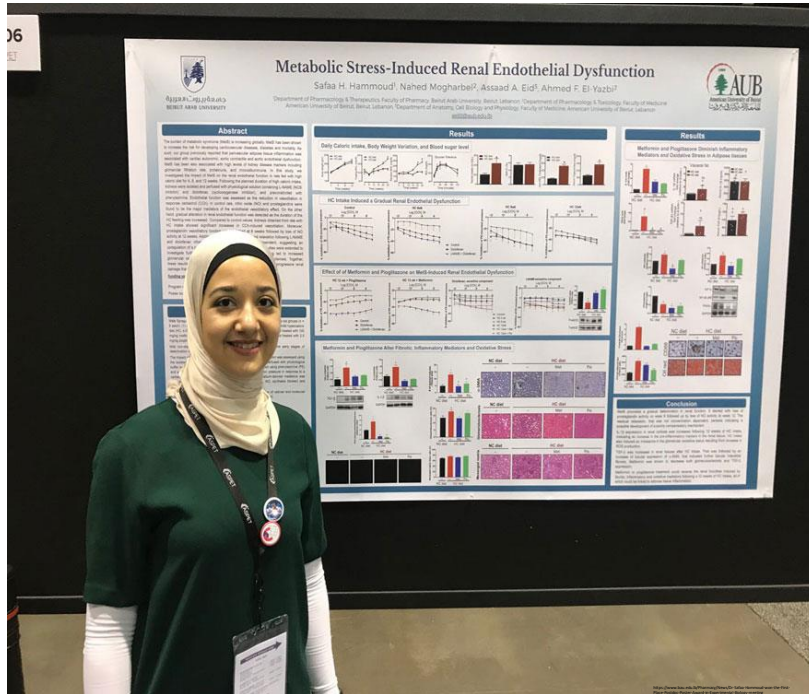
- The use of PRM should be considered as treatment option for sleep disorders in pts with dementia.
- More research is required to determine effective dose and frequency of PRM as well as significance for cognitive outcomes in the use of pts with dementia.

Key: ☐ = Not assessed in study; X = Not significant (p>0.05); 🍌 = Significant (p<0.05)

Study	Intervention (n= final #)	Sleep Efficacy	TST	MMSE	ADAS-Cog	IADL	PSQI	NTST	NPI	ESS
Xu et al., 2015	Melatonin n=520	🍌	🍌	X	X	☐	☐	☐	☐	☐
Scorelick et al., 2017	Mirtazapine n=10	X	X	X	☐	X	☐	X	☐	☐
Wade et al., 2014	PRM n=60	🍌	🍌	🍌	🍌	🍌	🍌	🍌	X	☐
Camargos et al., 2014	Trazodone n=30	🍌	☐	X	☐	X	☐	☐	☐	☐
	Risperidone n=22	☐	☐	X	☐	X	🍌	☐	☐	🍌
Yin et al., 2015	Zolpidem TR n=33	☐	☐	X	☐	X	🍌	☐	☐	🍌
	Melatonin n=9	☐	☐	X	☐	X	🍌	☐	☐	🍌

<https://healthipe.utexas.edu/literature-review-posters>

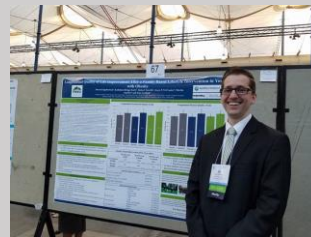
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Presenting your research poster

- Be welcoming
 - Stand to the side of your poster
 - Smile and say hello
 - Invite them to read more
- Point to relevant parts of the poster as you talk
- If you are already talking to someone and someone else walks up, acknowledge them by making eye contact
 - Once you have finished with first group, ask the newcomer if there was anything they missed

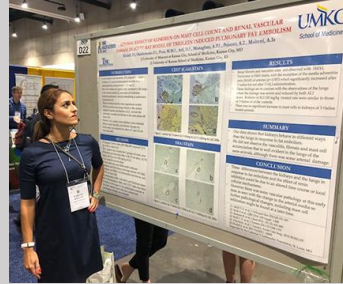


PNWU Alum, Steven Engebretsen presenting at 2016 Experimental Biology meeting

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Presenting your research poster

- The “elevator” pitch
 - Very short synopsis of your research prepared
 - Maximum three sentences and no longer than two minutes
 - Include:
 - Your research topic
 - What have you found
 - Why is that important
 - Should be intriguing and relevant



Farnaz Khalafi, M.D., pathology resident, presented a research poster during a special session of the 2018 Experimental Biology conference.
<https://med.umkc.edu/resident-presentation-selected-for-special-session-at-2018-experimental-biology/>

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Presenting your research poster

- Build the narrative/tell a story
- 5 minutes long or less
- What is the necessary background information about your research topic that the audience must know?
- How did this lead you to your research question, what were you hoping to find out and why?
- Briefly, how was the research conducted, data gathered, results interpreted?
- What were the important results?
- How did you get from your research question to your conclusion?
- What did you find on your way? Were there any interesting twists?
- What is the consequence of the research? Where would you go next?

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Presenting your research poster

- Practice makes perfect
 - To friends, colleagues, professors, mentors
- Make sure that you:
 - Understand exactly what all the figures on the poster show
 - Explain them fully
 - Know their full implications
 - Have your elevator speech ready
 - Know all the key points without referring to written notes
 - Be ready to answer likely questions

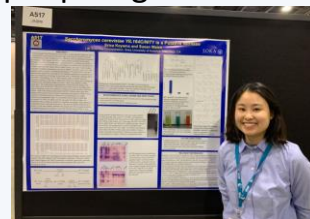


<http://www.fullerton.edu/nsrm/news/newsletters/2019-spring/bioscipage.php>

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Presenting your research poster

- Dealing with feedback/critique
 - Do not be defensive/stay open minded
 - May give you a fresh perspective on the topic
 - Or they might not understand your research
 - Usually folks genuinely want to help you
- Remember you may run into these people again!
 - Professors
 - Preceptors
 - Future employers

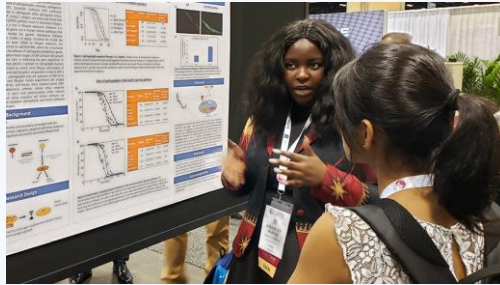


Erica Koyama '23 presenting her research at the American Society for Biochemistry and Molecular Biology conference.
<https://www.soka.edu/news-events/news/life-sciences-students-attend-national-biochemistry-and-molecular-biology>

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Presenting your research poster

- What to wear
 - Business casual
 - Collared shirt or blouse with trousers or a skirt
 - Make sure your shoes are COMFORTABLE



Joycelyn Radeny, a student at Juniata College, talks at the ASBMB annual meeting with another undergraduate about her work on how lipid metabolism affects lifespan in *C. elegans*.
<https://www.asbmb.org/asbmb-today/people/111021/about-the-asbmb-undergraduate-poster-competiti>

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Questions?

- Contact OSA!
- Other Resources:
 - How to Create a Research Question
 - How to Write an Abstract
 - How to add voice overs to PowerPoint

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