Poster Development Workshop (zoom)

Catriona Murphy DCU Sep 2021

Overview

2-2.40

- o Introductions
- Activity 1: viewing posters & feedback
- o Presentation
- Discuss individual ideas for posters

2.40-2.50 Break

- 2.50-3.30
 - Group Activity 2: Practical
 - Construct your own poster

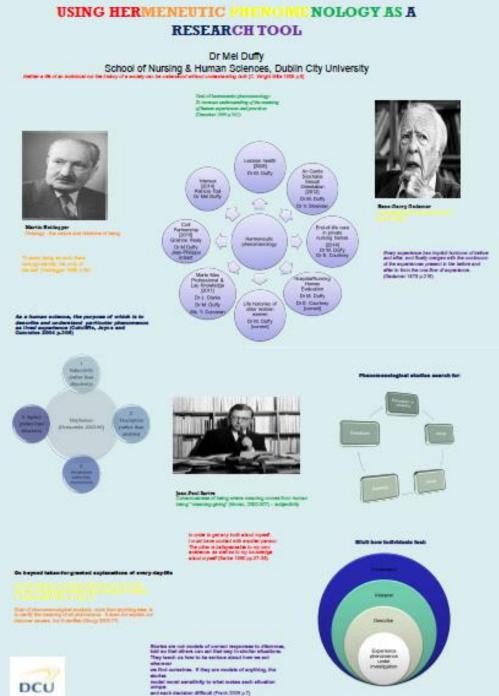
Poster viewing

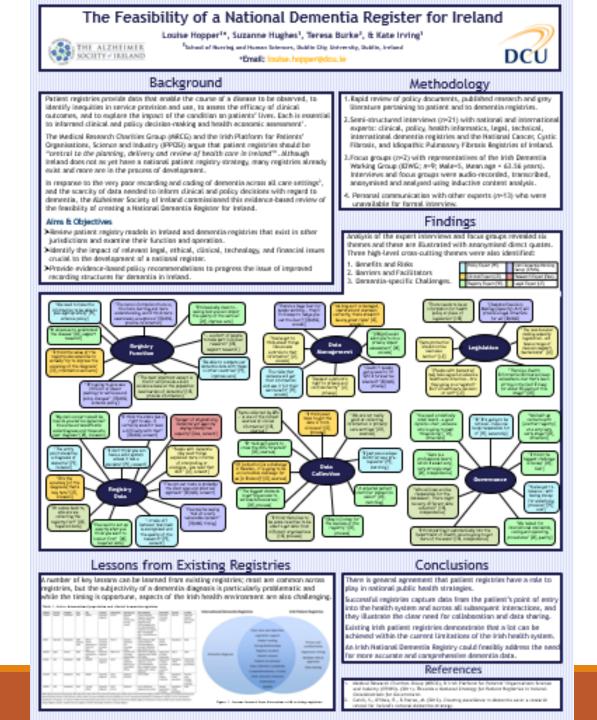
Five different posters

All provided by authors and presented at conferences

40 seconds to view each

Feedback at the end







Narratives of Irish Based African mothers living with HIV. Dr Denise Proudfost, School of Narsing and

Vening parate by

and places - Junior

Tell Tou

References available on concern

Human Sciences.

HIV & women in Ireland

Annually women represent approx, a quarter of those newly diagnosed with HIV in Incland. Many are under 40 and have difficult social orcumstances.

The largest group of newly diagnosed women in Ireland are of African origin. Ireland has the fifth highest proportion of newly diagnosed migrants out of the twenty three countries. Ireland has the fifth highest proportion of newly diagnosed migrants in Europe (ECDC, 2015).

Within the narratives from African mothers it was evident that;

- Upox diagnostic reary thought that HIV was life limiting despite the treatment adiabase in HEV treatment.
- Bony anticipatival that they would incoparise on HEV related stipmar/judgessent. This effected has the dealt with their slopestic and who they tall.
- Some expressed conservations that the carbonized from their extended from provide the their home countries. They reported that if these from their home countries countries of the second the second their their home could be explained to a state their tangles could be explained to a state the stopen by winter a fitted to account in an interval the stopen by winter a fitted to account in the stopen by winter a fitted to account in an interval the stopen by winter a fitted to account in the stopen by winter a fitted to account interval.

The Study

These findings are from a study with Irish based HEV positive mothers. 11 mothers were interviewed about lives. This study revealed that mothers with HEV;

- Worry about the possibility that their children are also infected
- Struggle with psychosocial challenges.
- Minimize the impact HIV so that they could care for their children.

Conclusion

African origin mothers previous knowledge of HTV/AIDS, which includes the lass of close family members to AIDS, appeared to have a lasting legacy on how they responded to and dealt with being HIV positive. Research Expo

2018

WHO USE STATINS AND WHY?

A cross-sectional analysis of statin utilisation in the context of cardiovascular risk and socio-demographic factors from The Irish Longitudinal Study on Ageing (TLDA)

Paula Byrne (NUIG), John Cullinan (NUIG) Catriona Murphy (DCU) and Susan M Smith (RCS)

Background	Aitn	Methods
Statins are widely prescribed for primary and secondary prevention of cardiovascular disease (CVD) and	To describe (i) the prevalence of statin utilisation by people aged over 50 and (ii) the factors associated with the	

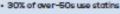
prim of co command a large share of drug expenditure. / The evidence base in various diagnostic categories varies, and therefore, so do the benefit-risk ratios.²

likelihood of using a statin.

276 from tatin utilisation was calculate a according to age, gender and diagnosis. The likelihood of statin utilisation was estimate d using multivariate logistic regression models.

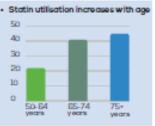
Primary or secondary prevention?

Results





Those with hyperlipidge mig as their only reported CVD diagnosis were more likely to receive statins (OR 0.58, CI 0.40 to 0.83) than those with diabetes (OR 0.49, CI 0.32 to 0.75). potential atheroscle rotic conditions (OR 0.27, CI 0.18 to 0.39) and hypertension (OR 0.28, CI 0.20 to 0.40). Reference category comprises those with myocardial inforction.



Polypharmacy was significantly associate d with statin utilisation (OR 3.53; CI 2.84 to 4.39), as were living with a spouse or partner and frequency of GP visits.



asceins do so for primary prevention

Discussion

Heald

Research

Given the ongoing debate on the appropriateness of statin use in primary prevention, 9 it is notable that a large proportion of Irish users fall into this category, particularly women.⁴ The possible focus on hypertipidaemia instead of overall CVD risk, as a reason for prescribing statins, may indicate an overemphasis on this single risk factor.⁵ Polypharmacy, controlling for indication, was strongly associated with statin use.

VUI Gabea

<u>DÉ Gaillini</u>

Conclusion

SPHeRE

This study leads us to question if the widespread use of statins in some low-risk diagnostic categories represents the best use of scorce resources.

There may be an overemphasis on single risk factors rather than overall risk of CVD. The association between polypharmacy and statin usage warrants further investigation.



Study on Ageing

References

1 HSE Primary Care Reimburgement Service: Statistical Analysis of Claims and Poymenta 2013.

2 Wallach Kildsmars H, Stavring H, Holme Honsen E, Howse K, Péturason H. Statin prescribing according to gender, age and indication what about the benefit-risk balance? Journal of Evaluation in Clinical Practice 2015.

3 Abromaon, J. D., Rosenberg, H. G., Jewell, N & Wright, J. M. 2013. Should people at low risk of cardiovascular disease take a statin? BMJ 347, 6123

4 Goldsone B & Smeeth L 2014 Mass treatment with statins BMJ, 349, 4745. 5 Wu J, Zhu S, Yao GL, Mohammed MA, Marshall T. Patient factors influencing the prescribing of lipid lawering drugs for primary prevention of cardiovascular disease in UK general practice: a national retrospective cohort study, PLoS One, 2013-8(7) 67611.

WHAT IS MENTAL HEALTH NURSES KNOWLEDGE OF CLOZAPINE?

Sujatha Sanjeevi, Clinical Nurse Specialist, Heath Service Executive, Dublin & Dr Angela Cocoman, Dublin City University.

Background: Clozapine, sold under the brand name Clozaril, is an antipsychotic medication prescribed since the 1970's as an effective treatment for individuals with treatment resistive schizophrenia. The literature suggests that there is need for close monitoring as this medication which can cause life threatening adverse effects. Mental health nurses play a vital role in the management of clozapine, however to date just one study (De Hert et al, 2016) specifically examined psychiatric/mental health nurse's knowledge of this medication.



Adverse effects: Commonly reported adverse effects of clozapine include: hypotension, fever, tachycardia, constipation, claziness, headache, nausea, sedated state, vomiting, and weight gain. Clozapine can also cause seizures, especially in higher doses and can cause a serious decrease of a certain type of white blood cells (neutropenia). It may also cause an inflammation of the heart muscle (report additional cells) of the series of the se

Method:

This study used a survey questionnaire. A clozapine knowledge questionnaire with 18 questions was developed by De Hert et al (2016) to explore psychiatric/mental health nurse's knowledge on the adverse effects of clozapine. We distributed a shortened version of this knowledge questionnaire (12multi-choice questions) to 209 mental health nurses working within one linish Mental Health Service

Results:

One hundred and twenty-nine (n=129) nurses completed the questionnaire with a response rate of 62%. Our results indicated that over 40% of mental nurses had not received sufficient education on clozapine medication during their formal education. We found that just 50% of participants scored over six correct questions out of 12 questions on various areas of knowledge related to clozapine medication. We identified gaps in knowledge on clozapine medication in relation to on

myocarditis (95% incorrect) , epilepsy (70%-

		Correct answers		Incorrect answers	
	Scores on individual questions by topic	11m	5	n=	%
	What type of compound is clorapine (Q 1)	127	201.4%	2	1.6%
	Constipution (Q 2)	97	75.2%	32	24.8%
	Epilepsy (Q3)	38	29.5%	91	70.5%
	Agranulocytosis symptoms (Q,4)	GII	52.7%	61	47.1%
	Agranulocytosis monitoring (Q.6)	69	53.5%	60	46.5%
	Intextcation smaking (Q.S)	300	77.5%	29	22.5%
	Intextcation correspondele and catterine (Q,8)	46	15.7%	83	64.1%
	Metabolic synchrome risk of diabetes (Q.7)	59	45.7%	70	54.1%
10	Metabolic syndrome closapine risks [Q 11]	45	14.9%	м	65.1%
5	Monitoring first 18 weeks (Q 9)	122	94.6%	7	5.4%
	Monitoring yearly (Q10)	89	60.0%	-00	31.0%
_	Myocarditis risk (0,12)	6	4.7%	123	95.1%

Discussion: Recovery-oriented services that offer person-centred care and empowers the person accessing the service is central to contemporary mental health care. Bülow et al (2016) study showed that clients make their own rational decisions based on their understanding on how to manage their own health, reinforcing the need for health professionals to ensure ongoing psychoeducation. Mahone et al (2016) propose that nurses and other health professionals should "educate their clients about the purpose, anticipated benefits, risks, options, potential side effects, and client responsibility for symptom and side effect self-monitoring as standard practice p378.

We suggest that gaps or under preparedness on the nurses knowledge needs to be urgently addressed and targeted both at undergraduate nursing education and with continuing in-service education, to include a detailed educational package on all aspects of clozapine medication. Nurses need to upskill themselves in the adverse effects of clozapine discussions and the service effects of clozapine and the servic

References: De Hert, M. et al. (2018) 'Streethedge of Psychiatric Surves: Alexanthe Partentially Lethal Side-Iffects of Coccapies' Archives of Psychiatric Surving, 30(1), pp. 39–63 Reference: Nation, P., Andersson, G., Denhav, A., Tapor, A. (2018) 'Imperience of Popularization Medication -An Interview Heady of Persons with Populasis', case in Meetal Headth Running, 37(11), 500–509 Reference: Malsone, I.H., Maphie, C.F., Incor, D.E. (2014): "Hochies frantegies: firm Nances Improvering Clience With Schlophmenia: Medication Use acc. Thol in Hocowey", Issues in Medication Use acc. Thol in Hocowey", Issues in Medication Use acc. Thol in Hocowey, Issues in Medication Use acc. Thol in Hocowey, Issues in

What is a Research Poster?

Posters are widely used in the academic community, and most conferences include poster presentations in their program.

Research posters summarize information or research concisely and attractively to help publicize it and generate discussion with the conference audience.

Content: Focus on what you want to convey

What is the most important/interesting finding from my research project? Or, what information do you want readers to take away?

Who are my audience?

How best can I visually share my research with conference attendees (charts, graphs, photos, images)?

Should closely mirror your submitted abstract

What makes a good poster?

- •Aim for a short concise title
- Structure that is easy to follow
- Summary information
- •Effective use of graphics to tell the story
- •Reader should quickly get a sense of the information being presented
- •Signposts to enable follow up or further reading

What makes a good poster?

- Important information should be readable from about 6-10 feet away
- •If text is kept to a minimum, a person could fully read your poster in 5-7 minutes.
- Text is clear and succinct
- Use of bullets, numbering, and headlines make it easy to read
- •Effective use of colour and fonts
- •Consistent and clean (not busy) layout

Structure

Divide your information into sections

Introduction -background to the issue/problem

Problem-statement of the problem

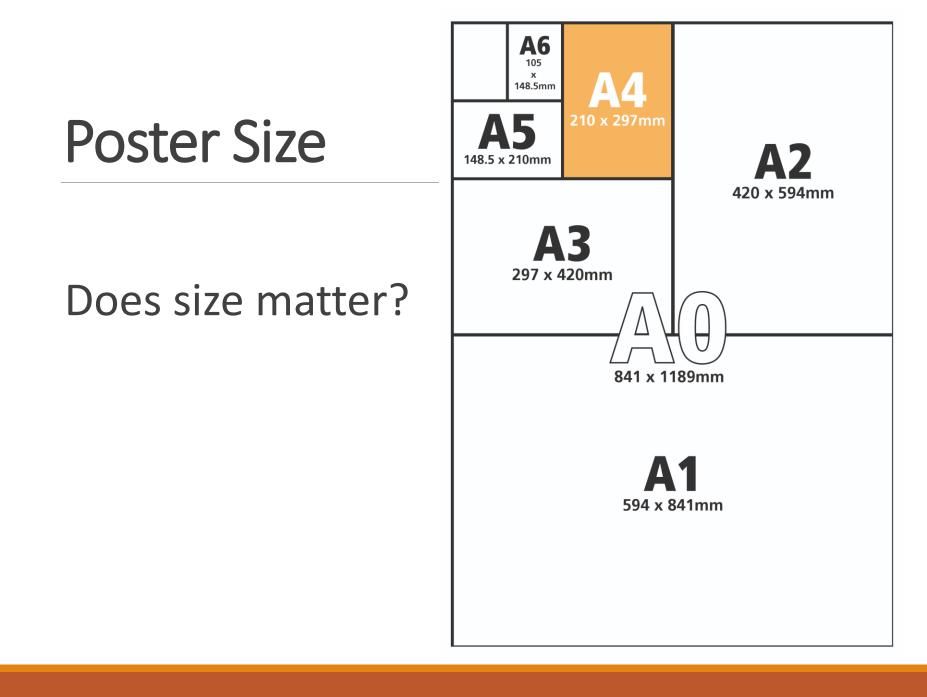
Methods -brief description of the processes and procedures

Results -outcomes, findings, data

Conclusions-summary, discussion of significance of results, a few easily remembered key conclusions

Other information to include

Author list- Surname, initial Institutional affiliations- link to authors Logos- institutions or funders References- only where necessary Contact information- First author



Follow the guidelines: preparing your abstract for submission

This years Irish Gerontological Society abstract submission requires......

- Title maximum 20 words and body of text maximum 300 words.
- Abstracts are divided into four inbuilt headings Background, Method, Results and Conclusion. Do not include additional subheadings.
- Do not include identifiers such as Connolly Hospital or CHO 5, names of people, institutions or geographical areas in your abstract to ensure that your obstract is blind reviewed.
- The use of the word "elderly" is prohibited in the title and body of abstract. Inclusion of this word will result in automatic rejection of work.

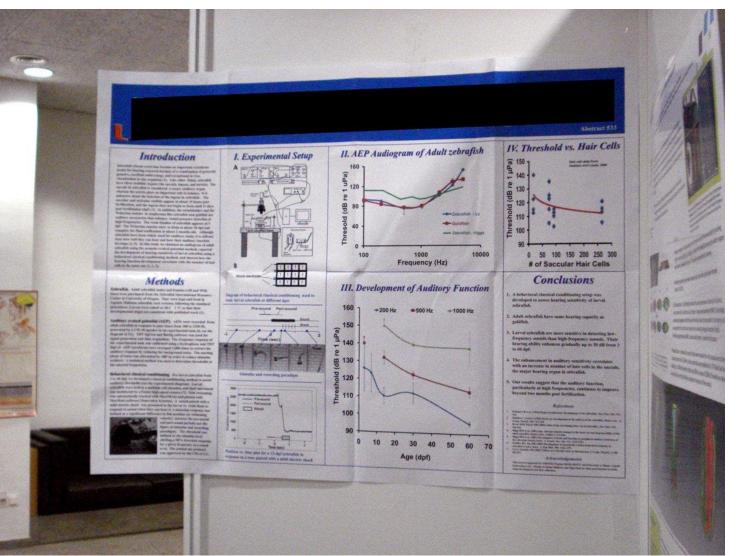
Orientation: Portrait v landscape



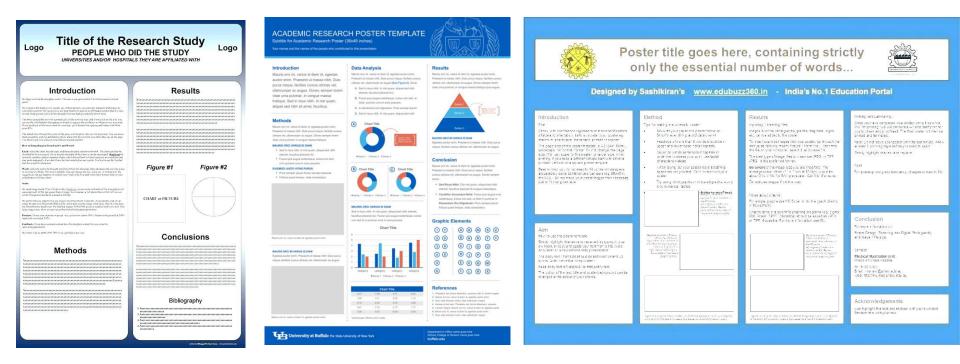


Where will you display the poster?

Avoid this!



Column structure, 2,3 or 4



Title

Authors

Intro

-	
	_
	_

Methods

1	Manufacture and American	
2.		
1		
4		

Results



Discussion







Take a picture in download the full paper

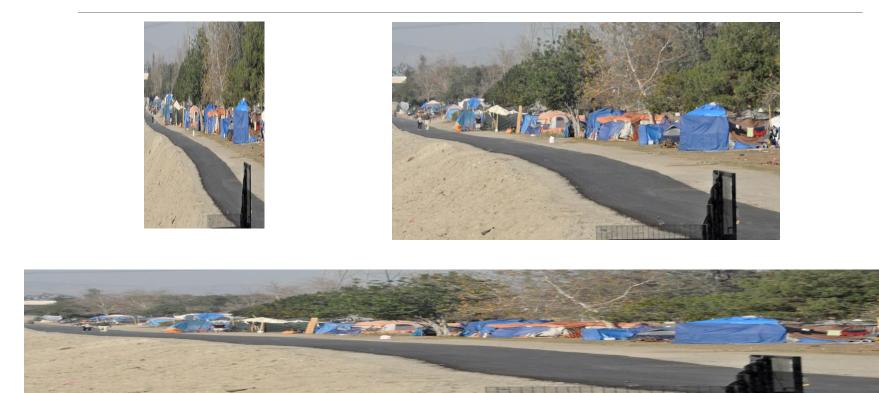
Extra Tables & Figures





https://www.youtube.com/watch?v=SYk29tnxASs

Using images



Resize images using the top or bottom corners to avoid distortion

Avoid Logo distortion





Aligning text and text boxes

Using PowerPoint to create a poster is quick and easy

Use grid lines to check that text boxes are aligned

Review all text to ensure that it is visible and not hidden behind other text boxes (a very common error)

Presentation of the final draft

Print a copy

Proof read

Spell check

Punctuation check

Alignment check

Get another person to read through

Convert to PDF before forwarding to printer

Prepare your pitch for presentation at the conference or alternatively prepare a short video presentation to accompany an electronic submission

Ideas for future posters

Review student submissions

Any questions before the practical session?

Short video (summary of main points)

https://www.youtube.com/watch?v=AwMFhyH7_5g

<u>(3 mins 50 Sec)</u>

Better poster design video

https://www.youtube.com/watch?v=SYk29tnxASs

10 minute break: check all have sample template, institutional logo, a picture and the worksheet (sent by email before the session).

Thanks to all

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