TIPS ON POSTER & PRESENTATION DESIGN

Eva S. Zeisky
Penn State College of Nursing | esz3@psu.edu

Visual appeal and relevance of topic are key
LESS IS MORE
LESS IS MORE

Check list for clutter:

- Is the poster trying to be a mini paper?
  - Are the bullet items actually paragraphs?
- Could anything be expressed graphically?
- Too many pictures squeezed in?
- References taking up too much space?
- Too many mismatched colors and font sizes?
- What is essential, and what can be eliminated?
2 TABLES
Check list for tables:

- Large enough font to be legible?
- Headings bolded?
- Decimal numbers aligned to the right?
- Side by side tables aligned vertically / horizontally?
- Table captions large enough?
- Colors in table match the overall color scheme?
3 IMAGES
Check list for images:

- Does the image help illustrate the point?
- Pixilated at 100% zoom?
- Skewed?
- Needs cropping?
- Uniform style with other images?
- Layout aligns well with the other images?
- Needs transparent background?
To resize correctly:
drag original picture by corner, then zoom to 100% to check for pixilation.

Yikes!
First revert to original size, then resize again

To revert to original size:
right-click pic -> format picture

Do not drag here

Drag here

Notice disproportion
Fix disproportion
Ageing, cognitive abilities and retirement

Fabrizio Mazzonna\textsuperscript{a}, Franco Peracchi\textsuperscript{b,c,*}

\textsuperscript{a} Munich Center for the Economics of Ageing at Max Planck Institute for Social Law and Social Policy, Germany
\textsuperscript{b} Department of Economics and Finance, For Vergata University, Rome, Italy
\textsuperscript{c} IEES, Rome, Italy

\textbf{ARTICLE INFO}

Article history:
Received 6 October 2010
Accepted 22 March 2012
Available online 3 April 2012

JEL classifications:
J14
J24

Keywords:
Ageing
Cognitive abilities
Retirement
Education
SHARE

\textbf{ABSTRACT}

We investigate the relationship between ageing, cognitive abilities and retirement using the Survey on Health, Ageing and Retirement in Europe (SHARE), a household panel that offers the possibility of comparing several European countries using nationally representative samples of the population aged 50+. The human capital framework suggests that retirement may cause an increase in cognitive decline, since after retirement individuals lose the market incentive to invest in cognitive repair activities. Our empirical results, based on an instrumental variable strategy to deal with the potential endogeneity of retirement, confirm this key prediction. They also indicate that education plays a fundamental role in explaining heterogeneity in the level of cognitive abilities.

© 2012 Elsevier B.V. All rights reserved.
Ageing, cognitive abilities and retirement

Fabrizio Mazzonna\textsuperscript{a}, Franco Peracchi\textsuperscript{b,c,*}

\textsuperscript{a} Munich Center for the Economics of Ageing at Max Planck Institute for Social Law and Social Policy, Germany
\textsuperscript{b} Department of Economics and Finance, Tor Vergata University, Rome, Italy
\textsuperscript{c} IEEF, Rome, Italy

\section*{Abstract}
We investigate the relationship between ageing, cognitive abilities and retirement using the Survey on Health, Ageing and Retirement in Europe (SHARE), a household panel that offers the possibility of comparing several European countries using nationally representative samples of the population aged 50+. The human capital framework suggests that retirement may cause an increase in cognitive decline, since after retirement individuals lose the market incentive to invest in cognitive repair activities. Our empirical results, based on an instrumental variable strategy to deal with the potential endogeneity of retirement, confirm this key prediction. They also indicate that education plays a fundamental role in explaining heterogeneity in the level of cognitive abilities.

\copyright 2012 Elsevier B.V. All rights reserved.
4
ALIGNMENT
Check list for alignment:

- Bullets aligned and uniform?
- Heading background widths equal?
- All elements aligned vertically and horizontally?
- All line widths equal and lines aligned?
- White spaces around elements uniform?
5

SIZE
Check list for size:

- All bullet hierarchies the same size and style?
- Text in all text boxes the same size and style?
- Any elements look like they were squeezed in?
- Side by side pictures the same height?
- Tables and captions have large enough text?
6 COLOR
Check list for color:

- Is there a color scheme of no more than 3 colors?
- Different shade mismatches?
- Font colors match the color scheme?
  - Bullets the same color and style?
7

VISUAL MEMORY
Sometimes a graphic tells it better than a bullet list

- Font
- Colors
- Resources
- Content
- Image Sizes
- Templates
- Alignment
“Visual memory is stronger than the ability to recall spoken and written text.

Ideas presented graphically are easier to remember than those represented as words.

Takes 1/10 second to understand a good visual, vs much longer to read even a short paragraph”

Siedlecki SL. How to create a poster that attracts an audience. AJN. 2017;117(3):48-54 | https://doi.org/10.1097/01.NAJ.0000513287.29624.7e

This paper is an excellent source of tips on poster design and lists many other references on the topic
REFERENCES
Check list for references:

- Do the references look like an afterthought?
- Do they have tiny font in order to fit?
- Checked for accuracy?
- Accounted for text?
- AMA style?
- Long titles omitted due to space constraints?
9

ACKNOWLEDGEMENTS
Check list for acknowledgments

- If acknowledging a grant, is the grant number correct?
- If acknowledging a mentee, is the name correct?
- Font legible?
- Centered well at bottom?
10
NEW DESIGN STYLE
NEW DESIGN STYLE

Assertion-Evidence Framework:
New trend is presentation design

A “less is more” type of **presentation design** where pictures rather than text deliver the message
NEW DESIGN STYLE

Temperatures in urban centers are often much warmer than in surrounding rural areas.

Example of what an Assertion-Evidence style slide may look like.

The main point is illustrated using a picture instead of text.
Main finding goes here, translated into plain english. Emphasize the important words.
Are the bullets in bulleted items aligned and uniform?

- Are all elements aligned vertically and horizontally?

**INTRODUCTION**

Research Efficient Approaches for Delirium Identification:
Clinician experiences and Perspectives when Screening for Delirium in Persons with Dementia

DM. Fick; M Boltz; EK Husser; HN Long; P Shrestha; SK Inouye; ER Marcantonio

1Penn State College of Nursing; 2Harvard Medical School; 3Marcus Institute for Aging Research, Hebrew Senior Life; and 4Beth Israel Deaconess Medical Center

“...we just chalk up behavior in the hospital, “Oh, they’re demented. They have dementia. You expect this [confusion].” MD

**RESULTS**

<table>
<thead>
<tr>
<th>THEMES</th>
<th>QUOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the bullets in bulleted items aligned and uniform?</td>
<td>I think you’re gonna still be disabled in someone who has fairly progressive dementia. They’re going to fail those questions whether they’re delirious or not. (MD)</td>
</tr>
<tr>
<td>Are all elements aligned vertically and horizontally?</td>
<td>Many of my patients with dementia don’t even know who they are...... I think they don’t know (answers) to begin with. (CNA)</td>
</tr>
</tbody>
</table>

**STAGE OF DELIRIUM AS IMPORTANT**

I think the challenge is I don’t know if a person who’s demented will necessarily be able to recall the months of the year backwards. So, dementia does limit people’s awareness of the current date and time. So, I think, I don’t know, I don’t know how comfortable I feel that it’s going to always be in alignment that baseline dementia may fail these questions. (MD)

**VALUE OF SCREENING FOR CHANGES OVER TIME**

It’s really hard to tease out when you’re just meeting a patient who has dementia that you don’t know, the delirium versus the dementia. I feel like it’s the consistency of asking these questions that can help point you in a better direction as well, just like day after day, and seeing if those change. That can help it a little bit more. (RN)

**ROLE OF FAMILY IN SCREENING**

I think you have to look at the progression, not just the question. (CNA)

**NON-VERBAL COMMUNICATION AND CUES**

The families are the ones that typically pick up on the delirium before anybody else because they know their loved ones better than somebody else. (MD)

**KNOWING THE PERSON**

You get to go very nicely, calmly with a smile and you take your time, you look at the patient, have the focus on them with a nice smile and then you start talking to them. (CNA)

**SUMMARY & IMPLICATIONS**

Clinicians lack knowledge and confidence in assessing for and managing DSD.

Clinicians may still consider DSD to be “normal” in hospitalized patients with dementia.

Future implementation studies should also address attitudes and knowledge regarding delirium assessment, management and prevention in DSD.

**ANALYSIS**

Research support: National Institute on Aging (NIA) R01AG030618 and K24AG035075 [E.R.M.] and R24AG054259, P01AG031720, R01AG044518; and the National Institute of Nursing Research (NINR) R01NR01104...
Facilitating Person-Centered Care For The Prevention Of Delirium In Hospitalized Persons With Dementia

DM Fick1; A LeViere2; B DiMeglio2; LC Mion1; AM Kolonowski5; E Kitt-Lewis6; TB Monroe7; JA McDowell8; SK Inouye9

12,3,5-6;2,3,9;4,6-8;5,6,8;3,9;1,4,5-7;1,9
Penn State University; Vanderbilt University; Division of Gerontology, Department of Medicine, Beth Israel Deaconess Medical Center; Aging Brain Center, Institute for Aging Research, Hebrew SeniorLife; Harvard Medical School

WHAT WE LEARNED: Interdisciplinary rounds are an opportunity to facilitate person-centered care

Our definition of Person Centered Care (PCC) centers on knowing the person and: 1) Refocuses care to the choices, goals for care, and preferences of the "person" rather than on efficiencies of the provider or services or supports; 2) Emphasizes and recognizes the individual person’s self-determination, choices, worth, and unique set of values, views, histories and interests (Koren, 2010; Dwyer, 2008, McCormack, 2004); and 3) Promotes a life-affirming, satisfying, humane, and meaningful experience (adapted from Kittwood, 1993, 1997 and the www.nursinghomeworkhelp.com)

INTRODUCTION
• Despite the poor outcomes of delirium superimposed on dementia (DSD), intervention studies often exclude or underrepresent persons with dementia, even though the prevalence of DSD is extremely high in both community (13-19%) and hospital (40-59%) populations.
• The few prospective studies are difficult to compare to dates.
• Since dementia increases vulnerability to delirium, understanding the role of person-centered care in the prevention of delirium in this vulnerable group is critical.

STUDY PURPOSE
• The purpose of this study was to describe how we facilitated PCC in the first 4 years of the 5-year Early Nurse Detective (and management) of Delirium Supersied on Dementia (END-DSD) program.

METHODS
• The present study was nested within an ongoing 5-year, cluster-randomized, NIH-funded clinical trial of multidimensional strategies to improve early detection and management of DSD.
• Intervention consisted of four elements: 1) nursing education; 2) computerized decision support embedded within the electronic health record; 3) a designated unit champion; and 4) weekly rounding sessions facilitated by an advanced practice geriatric nurse.
• For this study, we conducted qualitative and quantitative analyses of 750 nurse rounding session forms regarding PCC activities.
• Thematic line-by-line coding using the Krueger & Casey (2000) method was used.

RESULTS
• There were a total of 750 rounds at 3 sites. Average rounding time was 24 minutes with 3 nursing staff attending rounds (primarily RNs but also pharmacists, occupational therapists, etc).
• QUANTITATIVE analyses of areas discussed included: Delirium Assessment, 549/70 (75%), Mobility; 441/70 (68%) Sleep; 392/70 (53%) Electrolytes/Hydration; 321/70 (46%) Cognitive Status; 289/70 (39%) Infections; 283/70 (39%); Discharge Teaching, 289/70 (39%) and Pain, 254/70 (36%). Discussion of potential pharmacological drugs was documented in 445/70 (61%) of rounding forms.
• QUALITATIVE analyses of the narrative notes (Figure 1) revealed 4 major themes in patient centered care (PCC): 1) Behavioral and Non-Drug Approaches to Comfort and Sleep; 2) Individualizing Cognitive Stimulation; 3) Enhancing Communication; 4a) Knowing the Patient’s Interests and Values; and 4b) Knowing the Patient’s Baseline Function & Cognition. Many of the quotes included a focus on minimizing the use of psychoactive medications and utilizing behavioral and non-drug approaches to care.

CONCLUSIONS
• This study demonstrated successful facilitation and real-world examples of person-centered care in hospitalized older adults with DSD.
• Person-centered care is an important goal in designing interventions for Alzheimer’s and related dementias, but lacks a strong evidence base.
• Increased understanding of this approach may lead to better quality of care and improved management of delirium in persons with dementia.

Figure 1

Are the white spaces around elements uniform?

Figure 2

Items checked and confirmed: uniform white spaces
WHAT WE LEARNED: “A brief (less than one minute) 2 item screening can detect delirium with 93% sensitivity”

INTRODUCTION
Delirium, an acute state of confusion with impaired attention, cognition, and consciousness, is common in older adults and leads to poor clinical outcomes.

Delirium is extremely costly, with estimates ranging from $50 to $122 billion annually.

Delirium screening in clinical practice can be labor-intensive and challenging to apply at the bedside.

Thus, our aim was to identify one or two simple bedside tests that could be used to quickly screen for delirium.

STUDY AIMS
To determine the best-performing single and two item pairs of cognitive screening items to identify delirium by a clinical reference (gold) standard.

METHODS
We utilized the 3D-CAM study cohort of 201 patients. Participants were age 75 or older, admitted to the general medicine service of a large teaching hospital.

Patients underwent cognitive screening (items such as orientation, word recall, digits, span, days of the week and months of the year backwards) by trained interviewers.

Independently, patients underwent clinical assessment for delirium and dementia involving a patient interview, medical record review, and interviews with family members. The clinical reference standard based delirium and dementia diagnoses were determined by an expert panel.

Individual items from the cognitive screening were compared to the clinical reference standard delirium diagnosis to determine their sensitivity (percent of reference standard positive cases identified) and specificity (percent of reference standard negative cases identified).

Sensitivity and specificity were calculated, along with 95% exact confidence intervals for the items.

RESULTS
Of the 201 participants (mean age 64, 27% with baseline dementia), 42 (21%) had delirium based on the clinical reference standard.

The best single screening item with the highest sensitivity is “months of the year backwards” with a sensitivity of 82% and specificity of 65%.

The best two-item screen was the combination of “months of the year backwards” and “What is the day of the week?” with sensitivity of 93% and specificity of 64%.

A positive screen was an error, “don’t know,” response or no response. For the two-item screen, if either item was positive, the screen was positive.

When stratified by baseline cognition (dementia vs. no dementia), “What is the day of the week?” had 96% sensitivity and specificity of 43% in persons with dementia.

Table 1: Sample Characteristics (N=201)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Screen</th>
<th>Sensitivity (95% CI)</th>
<th>Specificity (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, mean (SD)</td>
<td>84 (5.4)</td>
<td>0.93 (0.87-0.95)</td>
<td>0.63 (0.51-0.71)</td>
</tr>
<tr>
<td>Sex, n (%) female</td>
<td>125 (62)</td>
<td>0.96 (0.89-0.98)</td>
<td>0.89 (0.78-0.95)</td>
</tr>
<tr>
<td>White, n (%)</td>
<td>177 (88)</td>
<td>0.93 (0.88-0.96)</td>
<td>0.69 (0.56-0.80)</td>
</tr>
<tr>
<td>Education, n (%)</td>
<td>20 (10)</td>
<td>0.93 (0.88-0.96)</td>
<td>0.69 (0.56-0.80)</td>
</tr>
<tr>
<td>Less than High School</td>
<td>75 (38)</td>
<td>0.93 (0.88-0.96)</td>
<td>0.69 (0.56-0.80)</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>106 (49)</td>
<td>0.93 (0.88-0.96)</td>
<td>0.69 (0.56-0.80)</td>
</tr>
<tr>
<td>Vision interfered with interview, n (%)</td>
<td>5 (2)</td>
<td>0.93 (0.88-0.96)</td>
<td>0.69 (0.56-0.80)</td>
</tr>
<tr>
<td>Hearing interfered with interview, n (%)</td>
<td>18 (9)</td>
<td>0.93 (0.88-0.96)</td>
<td>0.69 (0.56-0.80)</td>
</tr>
<tr>
<td>English as second language, n (%)</td>
<td>16 (5)</td>
<td>0.93 (0.88-0.96)</td>
<td>0.69 (0.56-0.80)</td>
</tr>
<tr>
<td>Education missing in 6 (3%) of participants</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Single Item Screen for Delirium (N=201)

<table>
<thead>
<tr>
<th>Screen item</th>
<th>Screen Positive</th>
<th>Sensitivity (95% CI)</th>
<th>Specificity (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Months backwards</td>
<td>42</td>
<td>0.83 (0.69-0.93)</td>
<td>0.69 (0.54-0.80)</td>
</tr>
<tr>
<td>Four digits backwards</td>
<td>56</td>
<td>0.83 (0.69-0.93)</td>
<td>0.69 (0.54-0.80)</td>
</tr>
<tr>
<td>What is the day of the week?</td>
<td>21</td>
<td>0.71 (0.57-0.81)</td>
<td>0.92 (0.81-0.96)</td>
</tr>
<tr>
<td>What is the year?</td>
<td>77</td>
<td>0.96 (0.81-1.00)</td>
<td>0.43 (0.24-0.63)</td>
</tr>
</tbody>
</table>

Table 3: Best Two Item Screen for Delirium (N=201)

<table>
<thead>
<tr>
<th>Screen item 1</th>
<th>Screen Positive</th>
<th>Sensitivity (95% CI)</th>
<th>Specificity (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Months backwards</td>
<td>48</td>
<td>0.93 (0.81-0.99)</td>
<td>0.64 (0.55-0.73)</td>
</tr>
<tr>
<td>Four digits backwards</td>
<td>60</td>
<td>0.93 (0.81-0.99)</td>
<td>0.64 (0.55-0.73)</td>
</tr>
<tr>
<td>What is the day of the week?</td>
<td>4</td>
<td>0.93 (0.81-0.99)</td>
<td>0.64 (0.55-0.73)</td>
</tr>
<tr>
<td>What is the year?</td>
<td>5</td>
<td>0.93 (0.81-0.99)</td>
<td>0.64 (0.55-0.73)</td>
</tr>
</tbody>
</table>

Table 4: Two Item Screen for Delirium in Persons with Dementia (N=58)

<table>
<thead>
<tr>
<th>Screen item 1</th>
<th>Screen Positive</th>
<th>Sensitivity (95% CI)</th>
<th>Specificity (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Months backwards</td>
<td>18</td>
<td>0.83 (0.69-0.93)</td>
<td>0.69 (0.54-0.80)</td>
</tr>
<tr>
<td>Four digits backwards</td>
<td>41</td>
<td>0.83 (0.69-0.93)</td>
<td>0.69 (0.54-0.80)</td>
</tr>
<tr>
<td>What is the day of the week?</td>
<td>21</td>
<td>0.71 (0.57-0.81)</td>
<td>0.92 (0.81-0.96)</td>
</tr>
<tr>
<td>What is the year?</td>
<td>47</td>
<td>0.96 (0.81-1.00)</td>
<td>0.43 (0.24-0.63)</td>
</tr>
</tbody>
</table>

CONCLUSIONS
We were able to identify single screening items with greater than 95% sensitivity and pairs of items with greater than 95% sensitivity relative to a clinical reference standard delirium.

The best two-item screen was the combination of “months of the year backwards” and “What is the day of the week?” with a sensitivity of 93%.

Administering these items might be an important first step in systematic methods for delirium bedside case identification (combined screening and subsequent diagnosis using the CAM algorithm) in hospitalized older adults.

Future work should test the best screening items across different settings and providers to determine the most cost efficient and timely manner to screen for delirium at the bedside and improve patient outcomes.
Creative and Collaborative Partnerships for Innovative OSCEs Across 5 Rural Campuses with Limited Resources

Names omitted to protect privacy
Penn State College of Nursing

CREATE PARTNERSHIPS  ↔  COLLABORATE WITH FACULTY  ↔  INNOVATE TEACHING

INTRODUCTION
- F/INP and AGPCNP program offered at six rural campuses in medically underserved communities.
- Faculty identified lack of consistency in evaluation of mid-semester clinical cases within clinical sites due to variety of patients on any given day

PURPOSE
- Optimize resources
- Collaborate with multiple stakeholders to ensure equivalent OSCE experiences for all students
- Improve interprofessional skills to enhance working partnerships among the students of different departments.

BARRIERS
- Limited resources/financial constraints
- Five rural campuses without nearby local medical center
- Scheduling issues—students, SPs, faculty
- Program's medical center and main simulation center average 200 miles from the campuses

OBJECTIVES

Create partnerships
- Interdepartmentally and inter-professionally
- Inclusive of all campuses

Collaborate with faculty
- Support student learning
- Provide methods to manage resources

Innovate teaching
- Develop OSCEs
- Offer experiences to validate competence

This work was supported by: Penn State College of Nursing

Items checked and confirmed: color scheme
Items checked and confirmed:

- uniform spaces,
- alignment of all elements

No pictures, but color scheme and gradient with proper alignment are enough to make the poster stand out.
This instructional template is available to download:
https://sites.psu.edu/esz3/?page_id=947
How much is too much?  
A mixed-methods analysis of college students’ perception of too much drinking.

Names omitted to protect privacy

College of Nursing, The Pennsylvania State University, State College, PA

Background

- Binge drinking is common among college students.
  - 55% of college students (18-22 years) drank alcohol
  - 37% engaged in binge drinking on a single occasion
  - 10% engaged in binge drinking on 5 or more days

- Binge drinking negatively affects students’ health and educational outcomes.
  - 1,619 student deaths each year
  - 996,000 assaults due to drinking
  - 97,000 cases of sexual assault due to drinking.

- Students’ perception of what constitutes “too much drinking” versus medical definitions of binge drinking are a factor to consider when designing and implementing interventions.

Purpose

To describe college students’ perceptions of “typical” drinking and drinking “too much” in relationship to their reported drinking patterns.

Methods

- As part of a parent RCT data on alcohol use habits of college students (n=98) was collected via online survey and semi
- Integrated qualitative and quantitative data
  - Quantitative data
    - Data analyzed with SPSS programming
    - Respondents grouped into binge drinkers or non-binge drinkers based on their responses from the survey.
- Qualitative data
  - Interviews were audio-recorded, transcribed, and de-identified for analysis.
  - Data was coded using Dedoose and analyzed to identify key themes.
  - Identical themes were compared among the two groups (binge drinkers and non-binge drinkers).

Results

- Students’ description of their typical drinking behavior
  - Frequency of drinking
  - Type of drink
  - Quantity of drinks

Number of binge drinking days (past 30 days)

- Students’ description of too much drinking
  - Negative symptoms of alcohol
    - “I felt blacking out, stumbling around, like throwing up. I just never really felt too good.”
  - Frequent drinking
    - “I was drinking every weekend, Friday and Saturday sometimes Tuesdays.”
  - Loss of control function
    - “Drinking in excess for me would be drinking too much to drink.”

Conclusions and implications

- Students’ perception of typical and too much drinking appear to vary greatly among individuals and from the standard definition of binge drinking.
- Changing students’ perception of drinking norms may lower the proportion of students who engage in binge drinking.
- Given the associated positive social aspects students perceive from drinking, it is important to identify ways to clearly articulate the risks of binge drinking, identify opportunities to engage students in harm reduction, and create positive social alternatives to drinking.
Are the photos resized in proportion?

**METHODOLOGY**

- Literature review for appropriate and relevant articles
- Utilization of scholarly databases
- Eight articles included for creation of best practice recommendations

**BARRIERS TO CARE**

- Time constraints of medical surgical setting
- Aggressive nature of withdrawal symptoms
- Stigma against opioid addicted population
- Shortage of heat practice recommendations

**REFERENCES**

- [Name removed to protect privacy]
- [Name removed to protect privacy]
- [Name removed to protect privacy]
- [Name removed to protect privacy]
- [Name removed to protect privacy]
- [Name removed to protect privacy]
- [Name removed to protect privacy]
- [Name removed to protect privacy]
- [Name removed to protect privacy]
Could some of the text be presented as graphics or as infographics?

Background:
- Delirium is a common neuropsychiatric illness among hospitalized older adults that may result in longer stay in the hospital or critical care, increased incidence of dementia, and higher risk of having hospital-acquired complications.
- However, the impact of delirium extends beyond the patient and involves the family caregivers as they are in most frequent and intimate contact and have an important role in caring for and comforting them.

Aim:
- The purpose of this paper is to advance understanding of the experiences of family caregivers caring for a loved one with delirium or DSD in different care settings to highlight issues for practice and future research.

Methods:
- A systematic literature review was conducted in various databases per the Preferred Reporting Items for Systematic Reviews and Meta-Analyses criteria.
- Studies were included if qualitative or quantitative data regarding the impact on family caregivers while caring for an older adult with (non-terminal) delirium or DSD was addressed.
- Mixed Methods Appraisal Tool (MMAT) was selected for the quality assessment of the studies as it allows for appraisal of studies with different designs i.e. qualitative, quantitative, and mixed method studies.

Conclusion
- Caring for a delirious loved one was viewed as overwhelming, and frustrating by the family caregivers due to their limited knowledge about the condition. However, willingness to be involved in the care being provided to their delirious patient was evident.
- There is a need to provide education for family members about delirium, its symptoms, the importance of the older person seeking medical care, and ways of responding to the behaviors associated with delirium.

Implication for practice and research
- Health care professionals should have an understanding of the family caregivers experiences to respond with compassion, provide meaningful support, and appropriately include family in their loved ones care after understanding their preferences for care involvement.
- Future research should focus on developing care interventions for family caregivers to better cope with the situation.
- Longitudinal studies that examine outcomes for Family caregivers following an episode of delirium might be helpful in ascertaining long term effects.

References:
RESOURCES

Poster Samples and Download Instructional Template:
https://sites.psu.edu/esz3/?page_id=947

Free Images:
- https://www.google.com/advanced_image_search
- https://www.cleannpg.com/
- https://pixabay.com
- https://icons8.com/ (icons, photos, vectors)

Font Size Chart:
https://www.posterpresentations.com/how-to-determine-poster-font-sizes.html

Scientific paper on presentation design:
Siedlecki SL. How to create a poster that attracts an audience. AJN. 2017;117(3):48-54
https://doi.org/10.1097/01.NAJ.0000513287.29624.7e

NIDUS Career Development Resources:
- YouTube channel webinar playlist: https://www.youtube.com/playlist?list=PLgi7I1UZ9AFVjI9tcLEHUI8kCr_foJEYA
- NIDUS Delirium Network website: https://deliriumnetwork.org/career-development/
- Twitter: @NIDUS_Delirium
Thank You