PennState
College of Nursing

NIDUS

Career Development Webinar Series
Disseminating Delirium Research

TIPS ON POSTER & PRESENTATION DESIGN

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

Visual appeal and relevance of topic are key

1

LESS IS MORE

LESS IS MORE

Check list for clutter:

- ❑ Is the poster trying to be a mini paper?
  - o 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

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

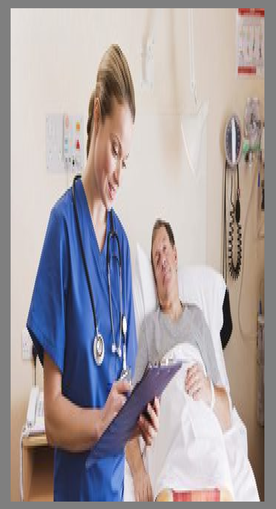
IMAGES

IMAGES

Check list for images:

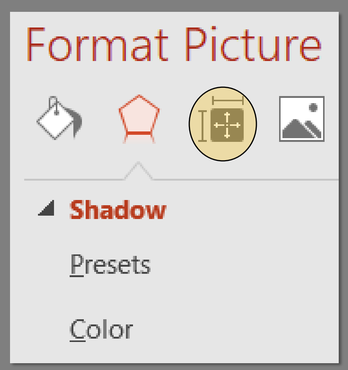
- ❑ Does the image help illustrate the point?
- ❑ Pixilated at 100% zoom?
- ❑ Skewed?
- ❑ Needs cropping?
- ❑ Uniform style with other images?
- ❑ Layout aligns well with the other images?
- ❑ Needs transparent background?

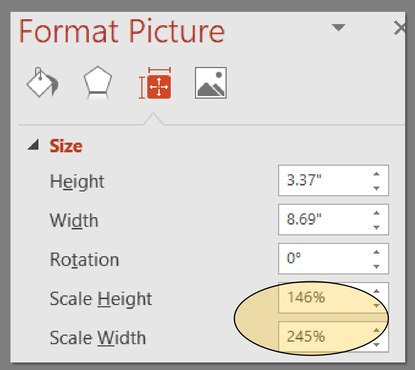
IMAGES



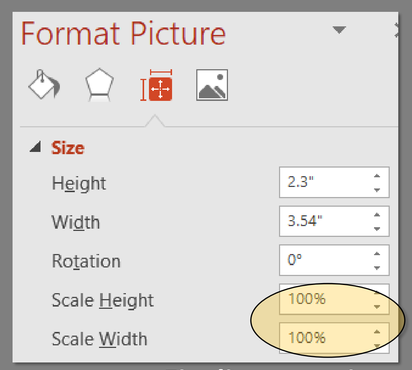
Yikes!
First revert to original size, then resize again

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





Notice disproportion



Fix disproportion

To resize correctly: drag original picture by corner, then zoom to 100% to check for pixilation.

IMAGES

European Economic Review 56 (2012) 691–710

Contents lists available at SciVerse ScienceDirect

European Economic Review

journal homepage: www.elsevier.com/locate/eer

Ageing, cognitive abilities and retirement

Fabrizio Mazzonna [a], Franco Peracchi [b,c,*]

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ARTICLE INFO

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Received 6 October 2010
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Keywords:
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Retirement
Education
SHARE

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.

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4

ALIGNMENT

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

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 camptions have large enough text?

6

COLOR

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

VISUAL MEMORY

Sometimes a graphic tells it better *than a bullet list*

- Font
- *Colors*
- *Resources*
- *Content*
- *Image Sizes*
- *Templates*
- *Alignment*

VISUAL MEMORY

"Visual memory is stronger that 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

8

REFERENCES

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

ACKNOWLEDGMENTS

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

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

The main point is illustrated using a picture instead of text

NEW DESIGN STYLE

Title

Authors

Intro

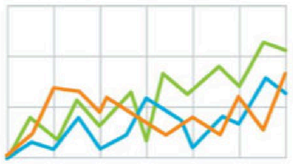
H1

H2

Methods

1.
2.
3.
4.

Results



Discussion

More research is needed, but...

Main finding goes here, translated into **plain english**. **Emphasize** the important words.

Take a picture to download the **full paper**

Extra Tables & Figures

New trend in [poster design](), developed by Mike Morrison, while a PhD candidate in organizational psychology at Michigan State University.

DELIRIUM READI (Researching Efficient Approaches for Delirium Identification): Clinician experiences and Perspectives when Screening for Delirium in Persons with Dementia

DM. Fick[1]; M Boltz[1]; EK Husser[1]; HN Long[2]; P Shrestha[1]; SK Inouye[3]; ER Marcantonio[4]

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

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

INTRODUCTION

- Less than half of all delirium in persons with dementia is identified.
- By 2050, 14 million older persons in the United States will have dementia.
- Older [illegible] hospit[illegible] during hospitalization.
- Delirium may accelerate the clinical course and trajectory of cognitive decline, and is associated with worse outcomes and suffering including increased LOS, death, and a decline in function.
- We kn[illegible] about[illegible] on dementia (DSD).
- Better understanding of the clinician perspective should assist in improving detection in DSD.

STUDY PURPOSE

- Inform implementation of hospital-wide systematic delirium identification.
- Explore clinician knowledge and experience with DSD.

METHODS

- PARTICIPANTS: 14 clinicians (6 physicians, 4 registered nurses, and 4 certified nursing assistants)
- LOCATIONS: Beth Israel Deaconess Medical Center (academic medical center); Mount Nittany Medical Center (community teaching hospital).
- DATA: In-depth qualitative interviews in person and over the phone as a part of a larger mixed methods study of N=934 (535 older adults and 399 clinicians) that tested a two-step process for delirium identification using the Ultra-brief two item delirium screen (UB-2) and 3D-CAM.

ANALYSIS

Thematic analysis of interviews with clinicians who had screen[illegible]

Are the bullets in bulleted items aligned and uniform?

Are all elements aligned vertically and horizontally?

RESULTS

THEMES	QUOTES
	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) [illegible]ery helpful because people with dementia will always answer no and if they had delirium on top of the dementia they'll probably also answer no. (MD)
BIAS AND LOW EXPECTATIONS	Many of my patients with dementia don't even know who they are..... I think they don't know (answers) to begin with. (CNA) Clinicians rationalize dementia and those with and DSD... many times I think healthcare providers, whether [illegible] the hospital, "Oh, they're demented. They have [illegible]fused, they get up and they fall. (MD)
STAGE OF DEMENTIA AS IMPORTANT	I think the challenge is I don't know if a person who's demented will necessarily be able to recite 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) I think you have to look at the progression, not just the question. (CNA)
ROLE OF FAMILY IN SCREENING	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)
NON-VERBAL COMMUNICATION AND CUES	You got 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)
KNOWING THE PERSON	A lot of times the nursing assistants know the patients better than the nurses do, or the doctors. We are the ones that spend real time with them. (CNA) I also thought it would be a good idea to talk with family and find out some really minor things, about their personal life like what they did for a living..... Those are the kinds of questions, when I'm going in to give people a bath, that I ask. Just to make conversation and it also seems to help bring them to reality, I think. (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.

Is there an acknowledgement?

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

Items checked and confirmed: alignment, bullets, acknowledgements

Facilitating Person-Centered Care For The Prevention Of Delirium In Hospitalized Persons With Dementia

DM Fick[1]; A LeViere[2]; B DiMeglio[3]; LC Mion[4]; AM Kolonowski[5]; E Kitt-Lewis[6]; TB Monroe[7]; JA McDowell[8]; SK Inouye[9]

[1,2,3,5,6,8]Penn State University; [4,7]Vanderbilt University; [3,9]Division of Gerontology, Department of Medicine, Beth Israel Deaconess Medical Center; [1,9]Aging Brain Center, Institute for Aging Research, Hebrew SeniorLife; [9]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 of 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; Doty, 2008; McCormack, 2004); and 3) Promotes a life-affirming, satisfying, humane, and meaningful experience (adapted from Kitwood, 1993, 1997 and the *www.nursinghometoolkit.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 (40–89%) populations.
- The few prospec… demonstrate poo… compared to deli…
- 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 Detection (and management) of Delirium Superimposed on Dementia (END-DSD) trial.

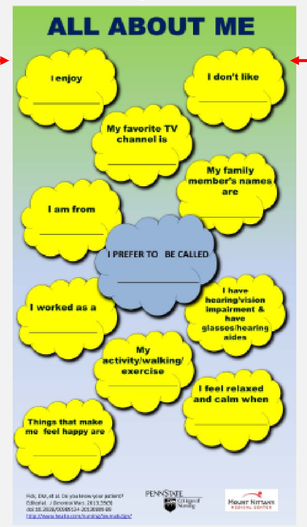
METHODS

- 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 analysis using the Krueger & Casey (2000) method was used.

Figure 1

Themes		
Behavioral & Non-Drug Approaches to Comfort & Sleep		Nurse stated, "I have a patient on Haldol PRN, but I am not giving it and am using other techniques to handle her behaviors."
Stimulation		…whom he lives with, keeping his mind & body active while in hospital.
Enhancing Communication		"We went into the patient's room and gave her an amplified hearing device. It made the patient very happy and the CNA noted how much better they could communicate." RN will do MMSE later in shift using the hearing device.
Knowing the Patient's Interests & Values		Nurse stated she is getting a whiteboard and will write down patient's interests – country music, writing letters, and her grandchildren.
Knowing the Patient's Baseline Function & Cognition		Nurse called SNF the patient has been living in and spoke to nurse there. She obtained the patient's baseline functional status and was able to determine a change from her baseline.
Cultural Shift		RN volunteered to do MMSE & initiate screens. The staff appears very engaged and thoughtful. RN called MD with MMSE results.

Figure 2



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, geriatricians, aides).
- QUANTITATIVE analyses of areas discussed included: Delirium Assessment, 549/750 (75%); Mobility, 441/750 (60%); Sleep, 392/750 (53%); Electrolytes/Hydration, 321/750 (43.6%); Cognitive Stimulation, 289/750 (39%); Infections, 283/750 (39%); Discharge Teaching, 288/750 (39%) and Pain, 254/750 (35%). Discussion of potential psychoactive drugs was documented in 445/750 (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 & 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.
- An overall theme of a "Cultural Shift" was also evidenced by nursing staff providing non-prompted PCC on non-study patients.
- In summary, delirium rounds focused on addressing individual preferences and unmet needs by encouraging family involvement, enhancing communication and focusing on the individual's capabilities, interests and values (Figure 2).

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.

"This work was supported by the National Institute of Nursing Research (NINR) grant number R01 NR011042 to Dr's. Fick, Mion, Kolanowski & Inouye. Dr. Inouye's time was also supported in part by grants P01AG031720 and K07AG041835 from the National Institute on Aging. The funding agencies had no role in the preparation of this abstract and the authors retained full autonomy in the preparation of this poster."

Are the white spaces around elements uniform?

Items checked and confirmed: uniform white spaces

What are the Best Screening Items for Delirium Detection at the Bedside?

DM Fick[1]; SK Inouye[2]; LH Ngo[3]; J Guess[4]; RN Jones[5]; ER Marcantonio[6]

[3,4,6]Division of General Medicine and Primary Care, Department of Medicine, Beth Israel Deaconess Medical Center;
[2,6]Division of Gerontology, Department of Medicine, Beth Israel Deaconess Medical Center; [1] Penn State
[1,2,5,6]Aging Brain Center, Institute for Aging Research, Hebrew SeniorLife; [2,3,6] Harvard Medical School, [5]Brown University

WHAT WE LEARNED: "A brief (less than one minute) 2 item screening can detect delirium with 93% sensitivity"

INTRODUCTION

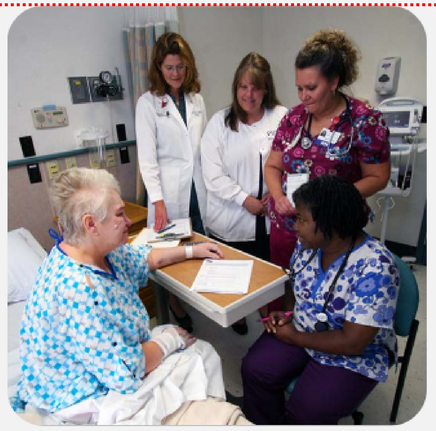
- Delirium, an acute state of confusion with impaired attention, cognition, and consciousness, is common in older adults and leads to poor clinical outcomes.
- Delirium is extremely costly, with estimates ranging from $38 to $152 billion annually.
- Yet, delirium is often under-detected at the bedside.
- 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 spans, 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 was 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 84, 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 83% and specificity of 69%**. 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 screener, if either item was positive, the screen was positive.
- When stratified by baseline cognition (dementia vs. MCI + normal) '***What is the day of the week?***' and '***months of the year backwards***' had **sensitivity of 96%** and **specificity of 43%** in persons with dementia. Table 4 shows the results for the dementia strata only.

Table 1. Sample Characteristics (N=201)

Characteristic	
Age, mean (SD)	84 (5.4)
Sex, n (%) female	125 (62)
White, n (%)	177 (88)
*Education, n (%)	
Less than High School	20 (10)
High School Graduate	75 (38)
Any College	100 (49)
Vision interfered with interview, n (%)	5 (2)
Hearing interfered with interview, n (%)	18 (9)
English as second language n (%)	10 (5)

*Education missing in 6 (3%) of participants

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

Screen Item	Screen Positive (%)[a]	Sensitivity (95% C.I.[b])	Specificity (95% C.I.[b])
Months backwards	**42**	**0.83 (0.69,0.93)**	**0.69 (0.61,0.76)**
Four digits backwards	56	0.83 (0.69,0.93)	0.52 (0.44,0.60)
What is the day of the week?	21	0.71 (0.55,0.84)	0.92 (0.87,0.96)
What is the year?	16	0.55 (0.39,0.70)	0.94 (0.9,0.97)
Have you felt confused during the past day?	14	0.50 (0.34,0.66)	0.95 (0.9,0.98)

Number of patients with Delirium = 42
[a] Screen Positive: Error, don't know, or no response
[b] C. I., Confidence interval

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

Screen Item 1	Screen Item 2	Screen Positive (%)[a]	Sensitivity (95% C.I.[b])	Specificity (95% C.I.[b])
What is the day of the week?	**Months backwards**	**48**	**0.93 (0.81,0.99)**	**0.64 (0.56,0.70)**
What is the day of the week?	Four digits backwards	60	0.93 (0.81,0.99)	0.48 (0.4,0.56)
Four digits backwards	Months backwards	65	0.93 (0.81,0.99)	0.42 (0.34,0.50)
What type of place is this?	Four digits backwards	58	0.90 (0.77,0.97)	0.51 (0.43,0.50)
What is the year?	Four digits backwards	59	0.90 (0.77,0.97)	0.50 (0.42,0.5)

Number of patients with Delirium = 42
[a] Screen Positive: Error, don't know, or no response on either question
[b]C.I., Confidence Interval

Table 4. Two Item Screen for Delirium In Persons with Dementia (N=56)**

Screen Item 1	Screen Item 2	Screen Positive (%)[a]	Sensitivity (95% C.I.[b])	Specificity (95% C.I.[b])
What is the day of the week?	**Months backwards**	**77**	**0.96 (0.82,1.00)**	**0.43 (0.24,0.63)**
What is the day of the week?	Four digits backwards	77	0.93 (0.76,0.99)	0.39 (0.22,0.59)
Four digits backwards	Months backwards	77	0.93 (0.76,0.99)	0.39 (0.22,0.59)

** 1 Participant with learning problems grouped with Dementia
Number of patients with Delirium = 28
[a] Screen Positive: Error, don't know, or no response on either question
[b]C.I., Confidence Interval

CONCLUSIONS

- We were able to identify single screening items with greater than 80% sensitivity and pairs of items with greater than 90% 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%. The best single screening item) is 'months of the year backwards' with a sensitivity of 83%.
- 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.

This work was supported by the National Institute of Aging grant number R01AG030618 and K24AG035075 to Dr. Marcantonio. Dr. Inouye's time was supported in part by grants P01AG031720 and K07AG041835 from the National Institute on Aging. Dr. Inouye holds the Milton and Shirley F. Levy Family Chair (Hebrew SeniorLife/Harvard Medical School). Dr. Fick is partially supported from NINR grant number R01 NR011042. The funding agencies had no role in the preparation of this abstract and the authors retained full autonomy in the preparation of this poster.

Items checked and confirmed: table alignment, and image alignment

PennState College of Nursing

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

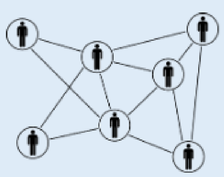
PURPOSE

- 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

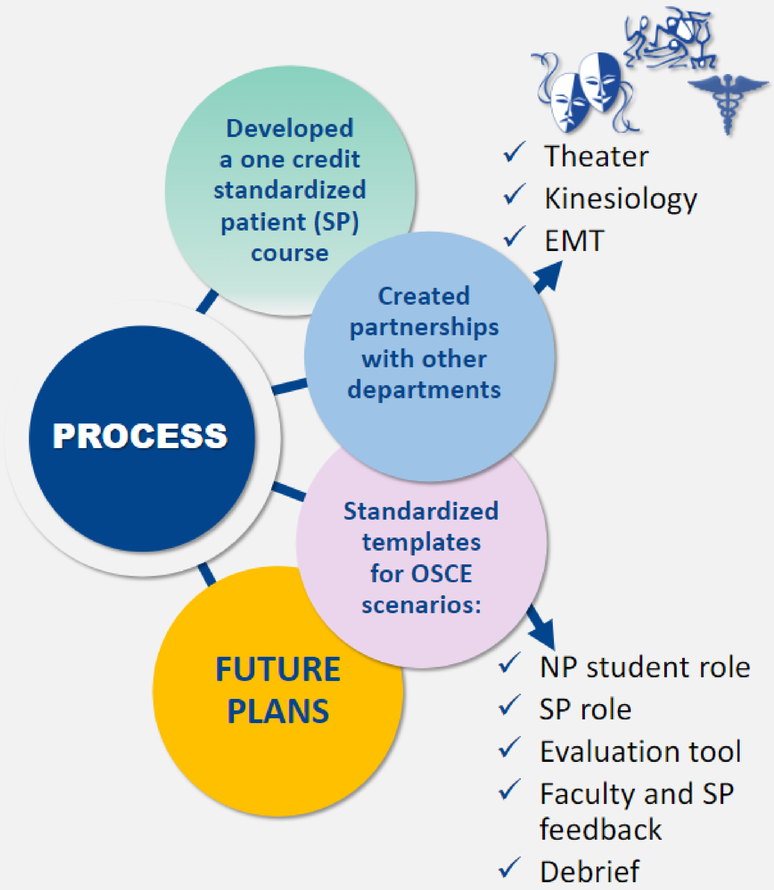
- Interdepartmentally and inter-professionally
- Inclusive of all campuses

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

PennState College of Nursing

Palliative Care in Persons with Severe and Persistent Mental Illness: A Systematic Review

Names omitted to protect privacy
The Pennsylvania State University, College of Nursing

Little High-quality Evidence Exists About Palliative Care for Persons with Severe and Persistent Mental Illness

BACKGROUND

- Persons with a severe and persistent mental illness (SPMI) experience complex symptomatology & complicated medical disparities
- Palliative care, while appropriate for this population, is often not integrated into treatments at end of life (EOL)

PURPOSE

- Conduct a systematic review to determine what primary research and knowledge exists about palliative care & persons with SPMI
- Critical appraisal of current literature within this topic

RESULTS

Palliative Care

QUANTITATIVE

- Butler & O'Brien (2018) showed persons with SPMI3.5x less likely to receive palliative care referrals (New Zealand)
- Trachsel et al. (2019) found that that 75% of psychiatrists included in survey were in approval of palliative care for persons with SPMI (Switzerland)

QUALITATIVE

- Toor (2019) presented two case studies highlighting issues with access of palliative care in persons with mental illness (Canada)

Hospice/EOL Care

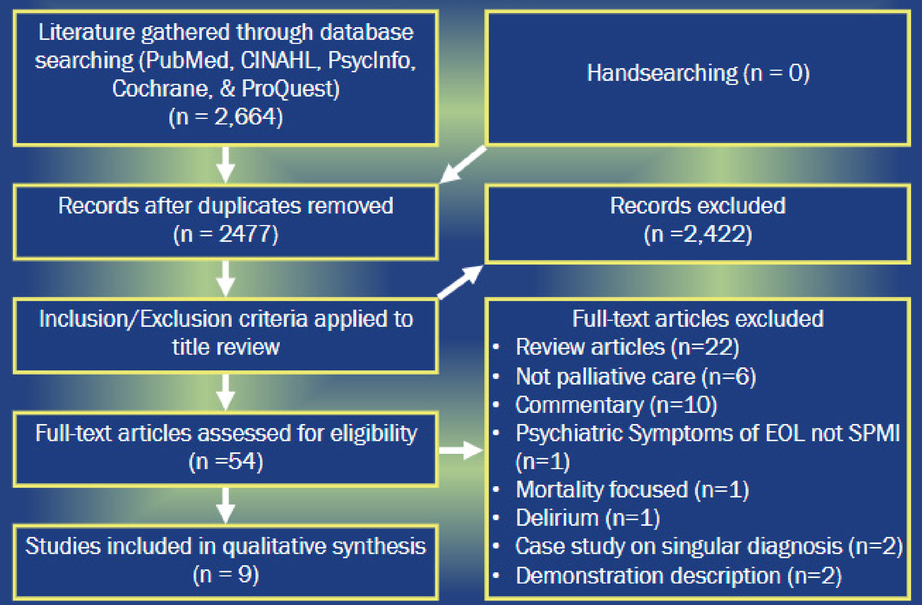
QUANTITATIVE

- Elie et al.(2018) found persons with SPMI can voice EOL care preferences at the same rate as chronically ill (Canada)
- Foti et al. (2005) found that persons with mental illness could designate preferences in EOL treatment (U.S.)
- Lavin et al. (2017) assessed hospitalization usage rates among persons with psychiatric illness at the EOL (U.S.)

QUALITATIVE

- McGrath & Forrester (2006) assessed ethico-legal issues in institutionalized mental health and EOL scenarios (Australia)
- Morgan (2016) assessed hospice, palliative care, and mental health nurses' attitudes of EOL care for persons with mental illness (U.S)
- Jerwood et al. (2018) assessed "clinical staff" views of EOL care for persons with mental illness (United Kingdom)

METHODS



CRITICAL APPRAISAL

- Hawker's Tool Disparate Data
- Two researchers applied scores
- Low score: 0
  High score: 27

Range (n=9)	4-26
Mean (n=9)	20.1

DISCUSSION

- Use of keyword "SPMI" was utilized in search as opposed to specific diagnoses to avoid over-generalization
- Varying definitions of SPMI
- Very few studies completed in U.S., despite unique health care system

SYNTHESIS

- Barriers to care identified include stigmatization, broken trust, chaotic support systems, clinical confidence and lack of training, and issues of legality
- Despite psychiatrist support and ability to take part in EOL care, persons with SPMI are less likely to receive it

CONCLUSIONS

- While some high-quality evidence exists, there are still large gaps in the literature
- Need solid conceptual definition of SPMI to unite literature
- Exploration of care settings, needs of persons with SPMI in a palliative context, clinical staff, patient, and family insight are needed

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

LOGO

5ft x 3ft Poster Setup: 30in x 18in (all elements will be doubled when printed)

40pt

Title Should Be ~1 inch High and Start Lower Than Top of Logo

LOGO

A. FirstAuthor[1]; B. SecondAuthor[2] 28 pt

[1]Institutional Affiliation; [2]Institutional Affiliation 24 pt

32 pt

Guidelines for Designing a Basic 5ft Wide x 3ft High Poster

This background can be any color to match your images

INTRODUCTION

28pt (will be 56 when printed)

- **Poster Size**: this 30" x 18" template is for a poster that will be 5 foot wide by 3 foot high when printed at 200% magnification.
- **What will it *really* look like?** To see what the individual elements will look like when printed, please zoom in at 200% magnification.
- **Font size used in this template**: 24pt in all text boxes. Will print at 48 pt. This is large enough text to easily read from 6 feet away. If you need more space, reduce font to 18pt (printed size will be 36pt).
- **Consistency**: Font type and size in **all text boxes** should be the same. You can use smaller font in **tables** but not smaller than 14 pt.
- **Reducing verbiage:** Instead of making the font smaller in some of the text boxes to fit more text, think of ways to distill the essence of what you want to convey with only a few well chosen words.

ADDITIONAL HEADING

- Apart from the main headings, Introduction, Methods, Results, Conclusions, you may need to include another heading.
- If you do not need an additional heading, you can add a picture to use up white space, or expand the content of the previous text box.

METHODS

No background heading

- **Guides**: use guides to align all text boxes and images vertically and horizontally. To turn on guides, click "View" and check "Guides".
- **Resizing Images proportionally**: hold down "**Shift**" key while dragging corner handle. Avoid dragging width and height handles separately.

- **Examples** of sites offering **free images**:
  - https://www.google.com/advanced_image_search
  - https://www.cleanpng.com/
  - https://pixabay.com
- **Tables:** Use as large, sans-serif font as possible. Font size smaller than 14pt will be too small to read when viewed from 6 feet away.

Turn on Guides

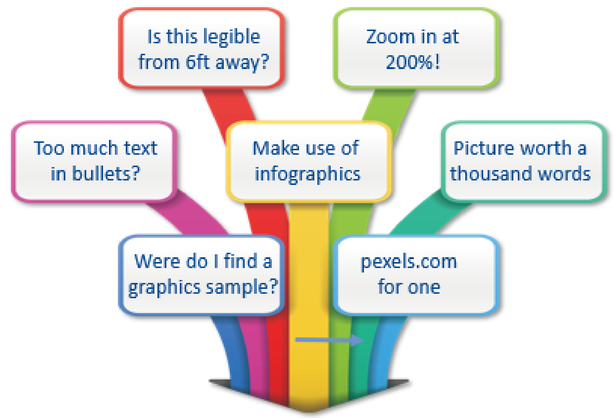
Table 1. Title of Table (18 pt font)		
	HEADING	18 pt font
Heading	16 pt font	16 pt font
16 pt font	16 pt font	16 pt font

Results

Sentence case heading

White background

- Break up the bullets with infographics, icons, tables, diagrams or pictures:



Conclusions

This layout is aimed at helping you determine the amount of text that will fit into a 5ft x 3ft poster while leaving enough white space and using font size comfortable enough to read from 6 feet away.

References can have smaller font – here 18pt (36 when printed)

References:

1. References should use the AMA style, meaning abbreviated journal names and no commas to conserve space.
2. Sample reference: Domingo J. Influence of cooking processes on the concentrations of toxic metals and various organic environmental pollutants in food: A review of the published literature. Crit Rev Food Sci Nutr. 2011;51(1):29-37.
3. If you have many refs, omit the title: Domingo J. Crit Rev Food Sci Nutr. 2011;51(1):29-37.

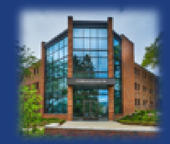
Insert Your Acknowledgements Here | You can also place references here | This template can be requested by email: esz3@psu.edu

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

[1] College of Nursing, The Pennsylvania State University, State College, PA



Background

- Binge drinking within a period
- Binge drinking is **common** among college students[2].
  - 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 effects** students' **health** and **educational** outcomes[3].
  - 1, 519 student **deaths each year**
  - 696, 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.

Not enough white space

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*=96) was collected via online survey and semi-
- A **mixed methods study**
  - Integrated quantitative and qualitative data

Bullet style and alignment issues

➢ Quantitative data

- Data analyzed with R 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.
- Identified themes were compared among the two groups (binge drinkers and non-binge drinkers).

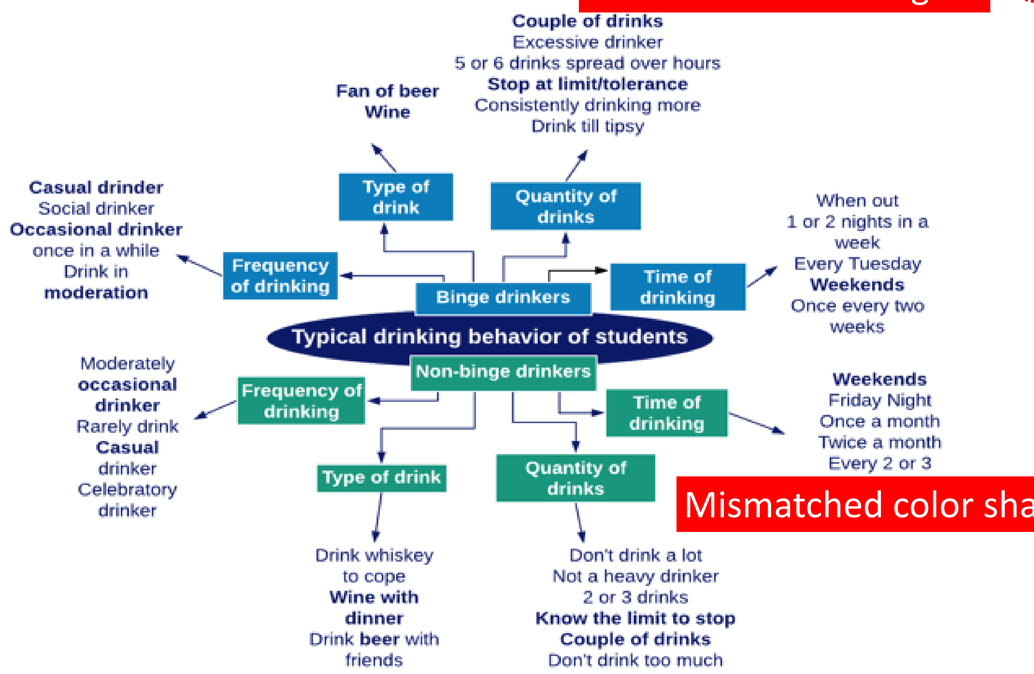
Results

rticipant Demographics

(n=96)	n (%)
Year in school	
1st year	22 (22.9)
2nd year	31 (32.3)
3rd year	22 (22.9)
4th year	15 (15.6)
5th year + grad students	5 (5.2)
Gender	
Female	75 (78.1)
Male	20 (20.8)
Trans/Nonbinary	1 (1.0)
Age	
18	15 (16.3)
19	26 (28.3)
20	25 (27.1)
21	15 (16.3)
22	9 (9.8)
23	2(2.2)
Race/Ethnicity	
AA/Black	12 (12.5)
Asian American	1 (1.0)
Caucasian/White	72 (75)
Multiracial/Other	11 (11.5)
Current residence	
Campus residence	55 (57.3)
Fraternity/sorority	3 (3.1)
Other campus housing	4 (4.2)
Off campus housing	33(34.4)

%s may not total 100 because of missing data

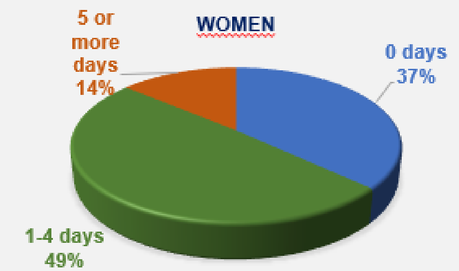
Students' description of their typical drinking behavior

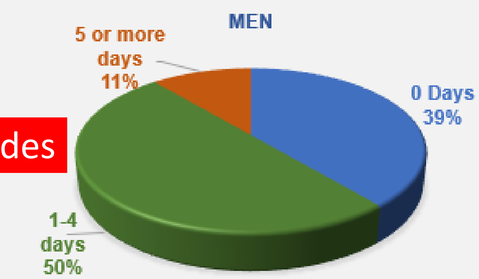


Different header heights

Mismatched color shades

Number of binge drinking days (past 30 days)





Students' description of too much drinking

BINGE DRINKERS	NON-BINGE DRINKERS
Negative symptoms of alcohol "*Like **blacking out, stumbling around, like throwing up**. I just never really get to that point.*"	**Negative symptoms of alcohol** "I went to a big party and I got seriously wasted. I couldn't even see straight…. I walked outside, I started **throwin' up**. That was the one time I was like, "I overdid **it.**"
Frequent drinking "*I was drinking **every weekend**. Friday, Saturday, sometimes Thursdays. De*	**Frequent drinking** "*Before I turned 21, it was maybe once every two or three … is too*
Loss of control/ function "*Drinking in excess for me would be drinking **too much to drive.***"	**Loss of control/function** "*To me, drunk is **I'm completely lost**. I don't know what's going on. I'm just doing random things that I wouldn't typically do.*"
Number of drinks "*.. I'd usually drink between **15 and 25 drinks**.*"	**Number of drinks** "*I had I think three drinks. **Three**. I don't drink often. That was a lot*".

Different line widths, uneven white spaces

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.

Icons have white borders

Omitted

Skewed image
Logo was squeezed to fit

Problem with edges
Bottom pink box was dragged too far up

Allignment issues

Caring for an Opioid Addicted Patient in a Medical Surgical Setting: Best Practice Recommendations

PennState College of Nursing

Names removed to protect privacy

The Pennsylvania State University, College of Nursing

Are the photos resized in proportion?

PRACTICES

- An opioid epidemic has been declared by the Department of Health and Human Services[1]
- 11.5 million persons suspected to abuse opioids in 2016 alone[1]
- Acute care facilities are not immune to the influx of opioid addicted patients following the opioid epidemic[1]
- Approximately 40% of hospital admissions have substance abuse disorders[1]
- Opioid addiction can be identified when a patient has a compulsive urge to continue using opiates after they are no longer required medically to treat the patient[2]

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[3]	Aggressive nature of withdrawal symptoms[3*]
Stigma against opioid addicted population[4]	Shortage of best practice recommendations[4]

BARRIERS TO CARE

* Possible withdrawal symptoms include: agitation, tachycardia, chills, flushing, muscle aches, rhinorrhea, tremors, sweating, anxiety, insomnia, diarrhea, abdominal cramping, nausea, and vomiting[3]

Utilize compassion[5]

Nurses found to be among most judgmental healthcare professionals[4]	Recognize addiction as a neurochemical imbalance [5]	Nurse attitudes will affect patient willingness to seek care[5]

Educate on harm reduction practices[7]

Intervention when abstinence is not possible[7]	Can be taught upon discharge with regular teaching[7]

Utilize a collaborative approach[8]

Addiction patients often have multifocal health profile[8]	Interprofessional approach can be more comprehensive[8]

Provide information on local resources[5]

Include in discharge teaching	Hotlines, community groups, resource options for patients and caregivers

Address the family[9]

Family should be considered a "stakeholder"[9]	Suffering may be present within families as well[9]

The bottom box is protruding

Assess treatment readiness[10]

Problems with references?

REFERENCES

- Chang, Y. & Compton, P. (2016). Opioid Misuse/Abuse and quality persistent pain management in older adults. *Journal of Gerontological Nursing, 42*(12), 21-30. doi:http://dx.doi.org.ezaccess.libraries.psu.edu/10.3928/00989134-20161110-06
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- Rapp, R.C., Jansman, X., Carr, C., Lane, D.T., Redko, C., Wang, J., & Carlson, R. (2007). Understanding treatment readiness in recently assessed, pre-treatment substance users. *Substance Abuse, 28*(1), 11-13. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2174269/

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.

Could some of the text be presented as graphics or as infographics?

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:

- Leslie, D. L., & Inouye, S. K. (2011). The importance of delirium: economic and societal costs. *Journal of the American Geriatrics Society*, *59*, S241-S243.
- Fick, D. M., Agostini, J. V., & Inouye, S. K. (2002). Delirium superimposed on dementia: a systematic review. *Journal of the American Geriatrics Society*, *50*(10), 1723-1732.
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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.cleanpng.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=PLgi7I1UZ9AFVjI9tcLEHUl8kCr_foJEYA
- NIDUS Delirium Network website: https://deliriumnetwork.org/career-development/
- Twitter: @NIDUS_Delirium

Thank You