



Poster Preparation & Presentation



The Pediatric Delirium Dilemma
Mary Hamilton-Chestnut, RN, FNP-C, Elizabeth Card, RN, CPAN, CCRP
DEPARTMENT OF ANESTHESIOLOGY

BACKGROUND

- Delirium is a fluctuating state of altered consciousness, attention, and cognition that develops over a short period of time.
- Delirium is a common complication of critical illness in the pediatric population.
- Delirium is associated with increased mortality and morbidity.
- Delirium is associated with increased length of stay and healthcare costs.
- Delirium is associated with increased risk of long-term cognitive impairment.
- Delirium is associated with increased risk of long-term behavioral problems.
- Delirium is associated with increased risk of long-term academic difficulties.
- Delirium is associated with increased risk of long-term social difficulties.
- Delirium is associated with increased risk of long-term emotional difficulties.
- Delirium is associated with increased risk of long-term physical difficulties.
- Delirium is associated with increased risk of long-term psychological difficulties.
- Delirium is associated with increased risk of long-term developmental difficulties.
- Delirium is associated with increased risk of long-term functional difficulties.
- Delirium is associated with increased risk of long-term quality of life difficulties.
- Delirium is associated with increased risk of long-term survival difficulties.

TREATMENT MODEL

Future Delirium Model

RESULTS

- The incidence of delirium in the pediatric ED was reported at 22.8%, depending on pediatric population.
- Delirium by delirium in children is associated with male gender, degree of physical illness, and preceding cerebral pathology.
- Delirium in children is associated with increased mortality, morbidity, and healthcare costs.
- Delirium in children is associated with increased risk of long-term cognitive impairment.
- Delirium in children is associated with increased risk of long-term behavioral problems.
- Delirium in children is associated with increased risk of long-term academic difficulties.
- Delirium in children is associated with increased risk of long-term social difficulties.
- Delirium in children is associated with increased risk of long-term emotional difficulties.
- Delirium in children is associated with increased risk of long-term physical difficulties.
- Delirium in children is associated with increased risk of long-term psychological difficulties.
- Delirium in children is associated with increased risk of long-term developmental difficulties.
- Delirium in children is associated with increased risk of long-term functional difficulties.
- Delirium in children is associated with increased risk of long-term quality of life difficulties.
- Delirium in children is associated with increased risk of long-term survival difficulties.

CONCLUSION

- Delirium in children is a common complication of critical illness.
- Delirium in children is associated with increased mortality, morbidity, and healthcare costs.
- Delirium in children is associated with increased risk of long-term cognitive impairment.
- Delirium in children is associated with increased risk of long-term behavioral problems.
- Delirium in children is associated with increased risk of long-term academic difficulties.
- Delirium in children is associated with increased risk of long-term social difficulties.
- Delirium in children is associated with increased risk of long-term emotional difficulties.
- Delirium in children is associated with increased risk of long-term physical difficulties.
- Delirium in children is associated with increased risk of long-term psychological difficulties.
- Delirium in children is associated with increased risk of long-term developmental difficulties.
- Delirium in children is associated with increased risk of long-term functional difficulties.
- Delirium in children is associated with increased risk of long-term quality of life difficulties.
- Delirium in children is associated with increased risk of long-term survival difficulties.

Clinical Question

What is the best way to manage pediatric delirium?

METHODS

- We conducted an integrative review of the literature. We search was completed using Medline Plus, Embase, Scopus, Google Scholar and PubMed. The following key words were used: "delirium", "pediatric delirium", "delirium in children", "delirium in the ED", "delirium in the ICU", "delirium in the PICU".
- We included in our review all articles that discussed the management of pediatric delirium. The following articles were included.

What Makes a Great Poster?

Meets TWO goals:

- 1) **Attracts attention** so passersby **STOP** for a second look
- 2) Concisely **communicates** the research/case

Concise:

A poster is not a journal article. A viewer should get your message in **3-5 minutes** and be able to read **every word in no more than 10 minutes**.
Good rule of thumb: word count of ALL text should be about **1,000 words**.

Communicates Visually:

Even if the poster only consists of text, it needs to be uncluttered and evenly spaced. Graphics should be CRISP, not distracting and clearly supportive of conclusions. Don't include "throw-away" graphics just to have visuals.



Make Sure Your Poster Isn't Lost



Plan Your Poster



- PLEASE read & follow **ALL** meeting instructions regarding poster production, size and presentation.
- If this is your **FIRST** poster, plan on **at least a week's time** for just the design. Reserve enough time for printing, if your poster needs to be printed.
- Sketch it out. Large index cards are great planning tools.
- Arrange contents in organized columns, grouped by **SHORT** headers. (Templates provided at www.VanderbiltNursingEBP.com already have headers, but you can modify them, if needed.)

Design Tips

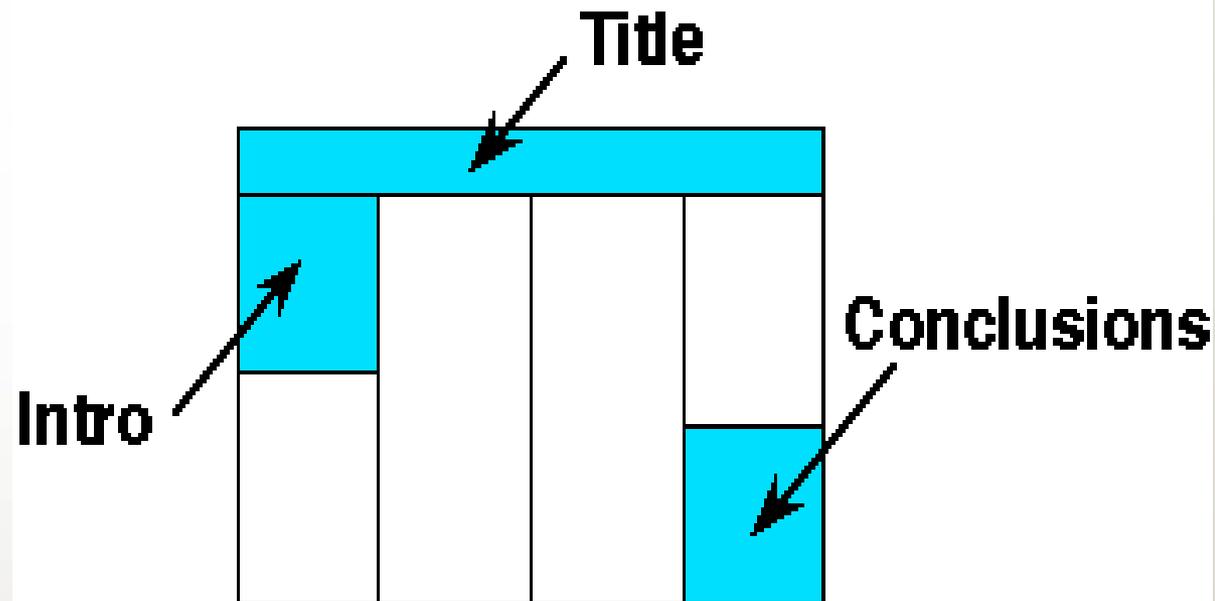
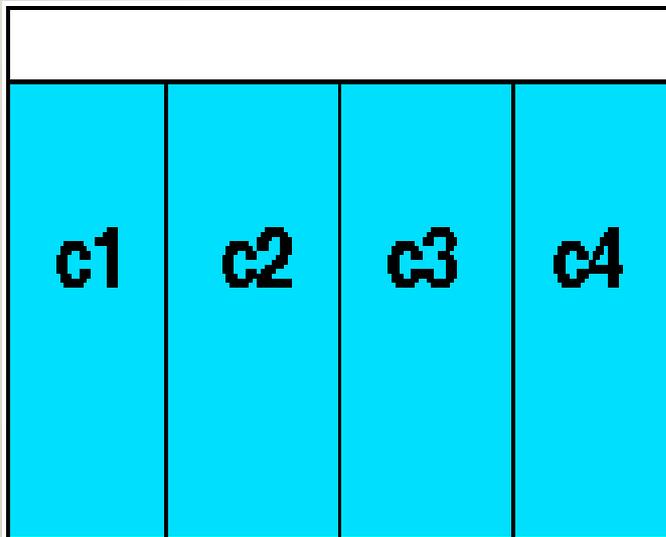
- **Don't overuse color.** It distracts from data. Colored backgrounds can *increase* print cost. If used, muted shades, not bright, are best for backgrounds.
- A single, emphasis color is best, particularly for headers.
Ideal design: **Never use more than three colors.**
- *Most poster sessions are in halls with florescent lights, which distort colors.*
Bright colors are altered MOST by florescent lighting, so keep this in mind.
- Graphics should be well-labeled, but with minimal text, and should be **easily visible from six feet away.** Test this out when you print your poster!
- Space **evenly** between different elements on your poster for a CLEAN and EASY-TO-READ design.

Design Tips

- Double-space text, using left justification. **It is easier to read. Do NOT double space after each sentence.** Your computer automatically adjusts spacing for you!
- San serif fonts (no shelves/curls on letters) are easier to read, but there are a few serif fonts that are fine. Try Helvetica, Arial, Geneva, Times Roman, Palatino or Century Schoolbook. **Do NOT use a specialty font.**
- Use one font throughout the poster. Create emphasis by using bold, underlining or limited color. Avoid italic text; it is harder to read.
- Body text should be readable **from several feet away**. Section headers should be no smaller than 32 point, Bold. Supporting text should be no smaller than 24 point.
- Narrative, if necessary, should be BRIEF and no smaller than 20 point. If you need more narrative support, provide handouts.

Design Tips: Poster Flow

Flow of information on a poster is from left to right. Don't jump around! *If, as you are practicing the presentation of poster, you find yourself moving through the content in a non-linear fashion, re-design your poster!*



Design Tips: Poster Title

The poster TITLE should be readable from 20 feet away!

Letters should be about 1 inch high. Different fonts will be take up different space, but try these minimum sizes for your title content:

72 pt BOLD for title; **54 pt** BOLD for authors' names;
36 pt BOLD for poster headers

Include in the title of the poster:

- **Title** of the work – Try to shorten this as much as possible!
- **Author(s) names** (Include first and last names and degrees. Separate each individual's information from the next individual with a semicolon.)
- **Institutional affiliations** (city or state can be dropped for space considerations)
- **Poster number** (if provided/required)



Design Tips: More to Remember

- Don't add bullets or colons to section headers. Looks too busy.
- Avoid long blocks of text! –10 sentences, maximum for a bullet. Less is better!
- When using acronyms and numbers in body text, a trick is to reduce the font size of only that text. This keeps acronyms/numbers from overpowering the rest of the text.
- *Create the entire poster in one environment (Mac or PC).* Switching between can cause lost images, botched graphs, etc.
- Don't display two-dimensional data in 3-D. Three-dimensional graphs obscure the true difference between bar heights and are usually messy.
- When you include a photo, add a thin border to the photo to avoid a “floating” effect.



Getting Started

- Download a Poster Template from www.VanderbiltNursingEBP.com Click on EBP at Vanderbilt and then Poster Presentations (highlighted below). This presentation, **Poster Prep 2015**, will also be on this website for download.

Home	*Request an Evidence Search	EBP at Vanderbilt	Education	*Submit A Project	Nursing Research Committee	*Resources
------	-----------------------------	--------------------------	-----------	-------------------	----------------------------	------------

*EBP Model

EBP Spotlights Archive

Annual Research Day

Abstracts

Podium Presentations

Poster Presentations

Sample Posters

Nurses Week Research Poster Session 2014

Nurses' Week Poster Session 2013

Nurses' Week Poster Session 2012

Nurses' Week Poster Session 2011

Nurses' Week Poster Session 2010

Research & Evidence-based Practice Award

Standard Rollout Plan Tool

Poster Presentations

There are many opportunities to showcase your research work at Vanderbilt and outside Vanderbilt. This area of our website is focusing on showcasing your work via poster presentations. We have listed some resources that will assist you in creating an exceptional poster. Also, we have provided pictures and information about posters that have been presented by nurses from VUMC.

If you need further assistance with your poster, contact our office via email at Nursing.Research@Vanderbilt.edu or Jill Clendening, jill.clendening@vanderbilt.edu.

Resources

CREATING & PRESENTING A POSTER

- Ten quick notes for designing good posters
- PowerPoint presentation on creating an effective poster
- Step-by-Step poster making tips
- Article on how to create an effective poster (Vickie Miracle)
- Article on how to create an effective poster presentation (Rose O. Sherman)
- Article on the ten steps to a successful poster presentation

VANDERBILT NURSING POSTER TEMPLATES (All templates can be re-sized)

- Nursing Research Poster template, 36 by 42 (average size)
- Nursing Research Poster template, 36 by 48 (longer horizontal size)
- Nursing Research Poster template, 48 by 48 (square)
- Nursing Research Poster template, 56 by 42 (large)



Getting Started

- Download and open a template. There are several sizes available & you can **ALWAYS** resize a template.
- When you have the template open in PowerPoint, click on **View** tab. Turn on **Gridlines, Guides and Ruler**. These will **NOT** print but will help you easily align figures, text boxes, etc.
- Text boxes are already set up on the poster templates, but you can create **new** sections (You can copy & paste the section headers and then re-name the header.) Add text boxes and resize the text boxes as needed. (Click **Insert >> Text Box**)

Getting Started

Slides with Ruler/Gridlines/Guides turned OFF & turned ON

Ruler
 Gridlines
 Guides

PREVALENCE AND RISK FACTORS for BURNOUT IN THE PERIANESTHESIA SETTING
Elizabeth Card, MSN, APRN, FNP-BC, CPAN, CCRP & Steve Hyman, MD, PhD

BACKGROUND

- Burnout is a stress syndrome characterized by
 - emotional exhaustion,
 - depersonalization and
 - diminished sense of personal accomplishment.
- Unhealthy for provider and can be hazardous to patient safety.
- Lack of research on burnout in perioperative settings.
- Higher surgical volumes related to the affordable care act makes burnout a timely subject for perioperative providers

STUDY PURPOSE

To examine the prevalence and risk-factors for burnout in the perianesthesia setting.

METHODOLOGY

- 57-item electronic survey that reflected key burnout concepts using validated instruments
 - modified Maslach-Burnout-Inventory- Human-Services-Survey
 - SF-12 and
 - Social-Support/Personal-Coping-Survey.
- Pilot tested in perioperative services in 1 medical center
- National survey of American Society of Anesthesiology (ASA) webinar participants
- All perioperative disciplines invited to participate

RESULTS

Pilot study

- Global scores indicated Nurses and CRNAs had similar scores (low risk for burnout)
- Physicians had higher scores, consistent with burn-out.
- Males had more depersonalization.

RESULTS Table

Constructs of burnout	Pilot study MD	Pilot study residents	Pilot study Nurses (CRNA and RN)
Overall burnout	p<0.05	ref	p<0.05
Male gender	NS	ref	p<0.05
Emotional Exhaustion	p<0.05	ref	p<0.05
Depersonalization	p<0.05	ref	p<0.05
Lack of Personal Accomplishment	NS	ref	NS
Personal support	NS	ref	p<0.05
Professional support	NS	ref	NS
Work satisfaction	NS	ref	p<0.05
Health component	p<0.05	ref	p<0.05

ASA Webinar

Describe of sample	Pilot study	ASA Webinar
Sample size	N=165	N=110
Male gender	63% overall	74.1% overall
MD	46.2% (22.8% were residents)	88% (5.5% residents)
CRNA / RN	43.4%	1%
Other personnel	10.3%	0.5%

Emotional Exhaustion Pie Chart

Level	Percentage
Low	8%
Middle	17%
High	24%

Ruler
 Gridlines
 Guides

PREVALENCE AND RISK FACTORS for BURNOUT IN THE PERIANESTHESIA SETTING
Elizabeth Card, MSN, APRN, FNP-BC, CPAN, CCRP & Steve Hyman, MD, PhD

BACKGROUND

- Burnout is a stress syndrome characterized by
 - emotional exhaustion,
 - depersonalization and
 - diminished sense of personal accomplishment.
- Unhealthy for provider and can be hazardous to patient safety.
- Lack of research on burnout in perioperative settings.
- Higher surgical volumes related to the affordable care act makes burnout a timely subject for perioperative providers

STUDY PURPOSE

To examine the prevalence and risk-factors for burnout in the perianesthesia setting.

METHODOLOGY

- 57-item electronic survey that reflected key burnout concepts using validated instruments
 - modified Maslach-Burnout-Inventory- Human-Services-Survey
 - SF-12 and
 - Social-Support/Personal-Coping-Survey.
- Pilot tested in perioperative services in 1 medical center
- National survey of American Society of Anesthesiology (ASA) webinar participants
- All perioperative disciplines invited to participate

RESULTS

Pilot study

- Global scores indicated Nurses and CRNAs had similar scores (low risk for burnout)
- Physicians had higher scores, consistent with burn-out.
- Males had more depersonalization.

RESULTS Table

Constructs of burnout	Pilot study MD	Pilot study residents	Pilot study Nurses (CRNA and RN)
Overall burnout	p<0.05	ref	p<0.05
Male gender	NS	ref	p<0.05
Emotional Exhaustion	p<0.05	ref	p<0.05
Depersonalization	p<0.05	ref	p<0.05
Lack of Personal Accomplishment	NS	ref	NS
Personal support	NS	ref	p<0.05
Professional support	NS	ref	NS
Work satisfaction	NS	ref	p<0.05
Health component	p<0.05	ref	p<0.05

ASA Webinar

Describe of sample	Pilot study	ASA Webinar
Sample size	N=165	N=110
Male gender	63% overall	74.1% overall
MD	46.2% (22.8% were residents)	88% (5.5% residents)
CRNA / RN	43.4%	1%
Other personnel	10.3%	0.5%

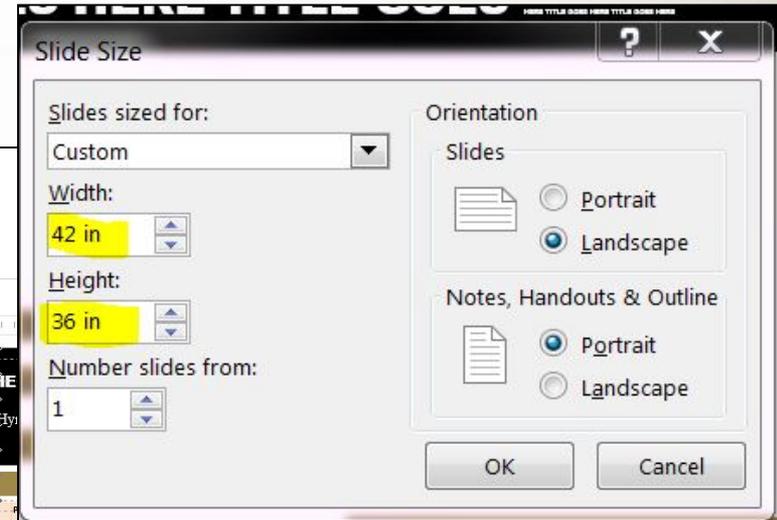
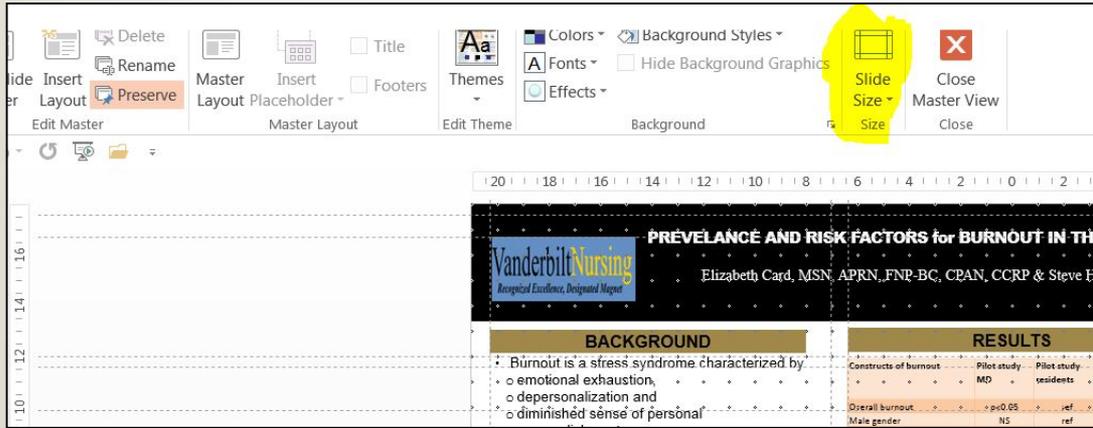
Emotional Exhaustion Pie Chart

Level	Percentage
Low	8%
Middle	17%
High	24%



Getting Started

Changing Slide Size





Why Use a Template?!

The Pediatric Delirium Dilemma

Mary Hamilton-Chestnut, RN, FNP-C, Elizabeth Card, RN, CPAN, CCRP



BACKGROUND

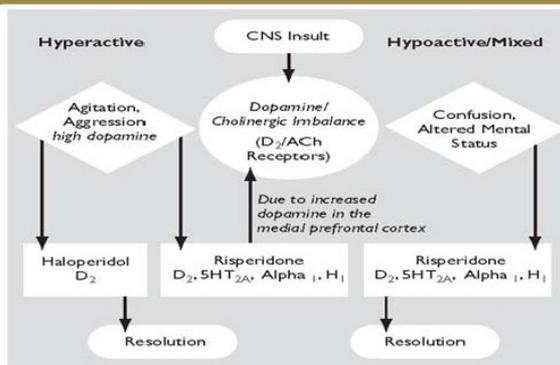
- Delirium can be defined as "a disturbance in a patient's attention, alertness, cognition, and perception that develops rapidly and fluctuates throughout the day."
- Delirium is difficult to diagnose, is associated with increased hospital stay, increased mechanical ventilator dependency, increased morbidity, and mortality.
- Delirium has been reported in the geriatric, adult, and pediatric population, with high prevalence in Intensive Care Units (ICUs).
- Psychomotor subtypes of delirium are: Hyperactive, mixed, and hypoactive; of these, the mixed subtype is associated with poorer outcomes.
- Leo Kanner was the first psychiatrist to explain delirium in the pediatric population in 1957, and in 1972 delirium was mentioned for the first time in a major pediatric journal.
- There is a dearth of delirium research studies in the pediatric population. Delirium in children is often under recognized in the ICU and left untreated in already critically ill children. Lack of information on pediatric delirium can be linked to a variety of causes, including the complexities of childhood growth and development, the inability of very young children to communicate effectively, misconceptions among intensivists and other staff, and lack of validated tools to diagnose delirium. There is a need to understand more about this condition in the pediatric population.

CLINICAL QUESTION

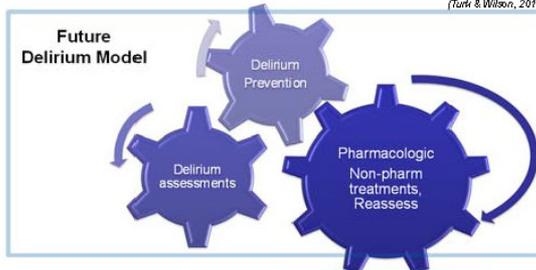
How do we recognize and treat pediatric delirium?



TREATMENT MODEL



(Turk & Wilson, 2010)



METHODS

- We completed an integrated research review of the literature, this search was completed using Medline Plus, Cochran Review, Google Scholar and OVID. The following key words were used: "delirium," "pediatric delirium," "sickness behavior," "pCAM," "PAED," "DSM-IV."
- We included 6 of the 18 articles from our review. We kept 3 for background material. The remaining articles were excluded.

RESULT

- The incidence of delirium in the pediatric ICU was reported at 10-66%, depending on specific pediatric population.
- Risk factors for delirium in children include medications, male gender, degree of physical illness, and preexisting emotional problems.
- Like in the adult population, 3 major subtypes can be differentiated; however, there are conflicting reports as to whether the hyperactive or hypoactive subtype is more common.
- There are reports of successful treatment with haloperidol and some evidence for treatment of delirium with this and other antipsychotics based on the subtypes (see accompanying figure). Non-pharmacologic treatments include decreasing environmental stimuli (dim lights, turn down/off the TV), and providing psychological comfort (presence of family, favorite toy/blanket).
- Currently, there are few tools to diagnose pediatric delirium, including the pCAM-ICU and PAED.
- Mortality rates from 10-29% have been reported in children diagnosed with delirium.

CONCLUSION

- Pediatric population will continue to be challenging due to its many limitations and the complex nature of delirium in general.
- Particularly pressing is the need to recognize and diagnose pediatric delirium, allowing for discovery of modifiable risk factors and development of additional treatment options.
- Long-term negative effects of delirium on the adult executive functioning skills have been well recognized, however it is unknown if the same is true for the growing/developing pediatric mind.
- Understanding and treating pediatric delirium will help decrease the morbidity and mortality rates in these already critically ill and medically complex children.
- Delirium prevention measures should be developed; prior research has focused potential "family centered" intervention which would hinge on the primary care givers' decreased anxiety and calming presence/reassurance for the child.
- Additional research is needed in order to fully understand pediatric delirium.

References available upon request

SAMPLE POSTER TEMPLATE: TITLE GOES HERE

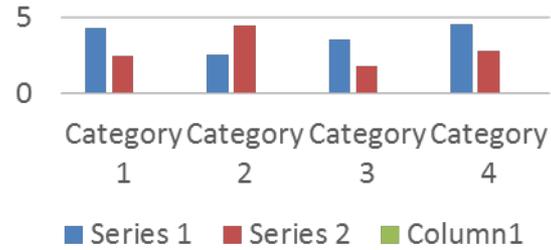
All authors go here, with full names and degree/professional designations

BACKGROUND

- Body text goes here

TABLES/FIGURES

Chart Title



CONCLUSIONS

- Body text goes here

METHODS

- Body text goes here

Sales



REFERENCES

- Body text goes here

RESULTS

- Body text goes here

PowerPoint Pointers

- Maintain a **1 to 1.5" border of white space (empty space with no text)** on all sides to accommodate printing variations & screen sizes (for E-posters). You don't want any of your hard work chopped off!
- Use **ONLY standard fonts**; specialty fonts may not print correctly.
- **Type all special characters (e.g. Greek/mathematical symbols) directly in PowerPoint** rather than copying and pasting from another document. Special characters pasted into PowerPoint can print incorrectly *even though the character displays correctly on the monitor*. Insert special characters by clicking **Insert >> Symbol >> [character]**.
- **Remember: All content should be readable from six feet away!**

PowerPoint Pointers

- **Make sure text boxes are completely on the page (slide).** Even if text appears on the page, the text box (shown by a ghosted, dotted outline) may extend beyond the slide's edge and can cause text to shift when the poster is printed or converted to a PDF.
- **Insert figures and graphs using the “Insert” function, NOT by copying and pasting the image or figure into the document.** Click **Insert >> Picture >> From file >> [filename]**.
- It is better to use a graphics program, **not PowerPoint**, to resize your images to the size you want them to appear on the poster.
- Images will look small when you view the entire poster at once. To get an idea of how the picture actually looks, **view your poster at 100%**. (Click on VIEW and then ZOOM. ***If it's blurry on the monitor, it will be blurry when it prints. Find a higher resolution image. Call the source of the original image, such as a vendor. They are typically happy to supply images when you explain the purpose.***

PowerPoint Pointers: Photos

The biggest trouble most beginning poster designers get into is having poor quality images on their posters.

- **A good resolution for printed images is 300 dots per inch (DPI), but also make sure the photo is a nice, large size to begin with.**
- **If you take a 2" X 2" image at 300 DPI and resize it to 4" X 4", you have halved the resolution to 150 DPI. It will be BLURRY!**



4 by 6 image at 300 dpi
(32 KB size file.) **This is GOOD!**



The SAME photo, pulled from a web site: approx 96 dpi. ***This is BAD!***



2 by 2 image, but at
300 dpi (17 KB size
file) **This is GOOD!!**

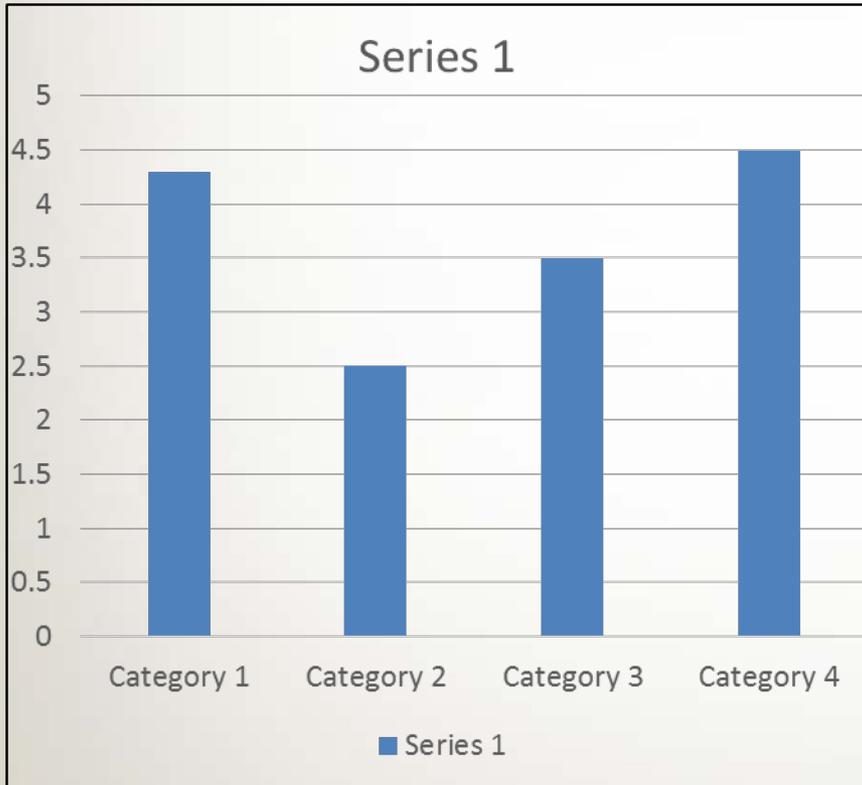


The SAME photo, pulled from a web site: approx 96 dpi. ***This is BAD!***

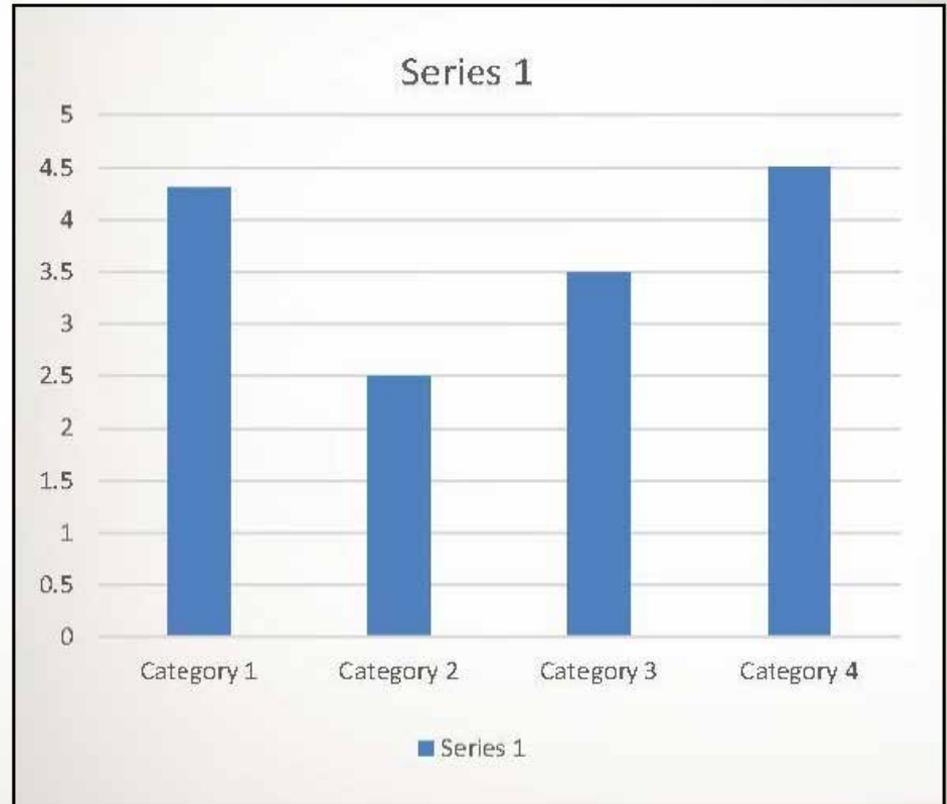
PowerPoint Pointers: Figures

It is **best** to create your charts and graphs in PowerPoint rather than scan a chart or graph from another document and then paste it into a poster.

Chart created in PowerPoint.
Very crisp, nice resolution



Created in another program, converted to an image & pasted into poster. Poor resolution.





Hang ON!!!

(Or, remember your hanglines...)



Printing Resource at VU

Biomedical Research Education & Training Poster Printing, 307 Light Hall

Note: If you use this service, please contact Karen in advance to arrange payment. **They do not accept 1180s.**

Contact: Karen Perry

Email: bret.poster@vanderbilt.edu

Phone: 322-3835

Website: http://bret.mc.vanderbilt.edu/bret/php_files/poster2.php

Hours: Typically 8:30 am – 4:30 pm (Always a good idea to call!)

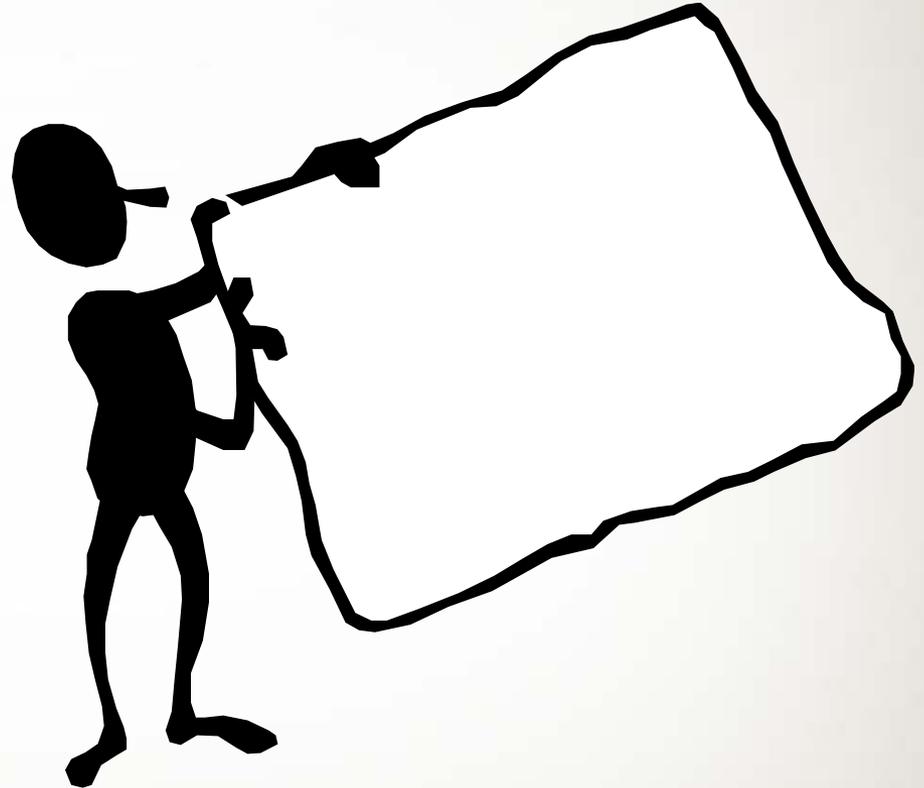
- PC and Mac formats supported.
- Posters can be submitted on CD, jump drive or emailed to bret.poster@vanderbilt.edu.
- If BRET must modify poster, cost is \$30/half hour for design time, in addition to print charge.
- Posters must be submitted **at least two business days in advance** of when needed. Allow additional time before large conferences.
- Priced by size. (See table at right.) **\$10 surcharge** for colored background.

Width (in)	Length (in)	2 Business Day Service	Rush Service
16	20	\$29	\$35
18	24	\$32	\$38
24	36	\$42	\$52
36	44	\$58	\$70
36	36	\$51	\$61
36	42	\$56	\$67
36	48	\$61	\$74
36	56	\$68	\$83
36	60	\$72	\$88
36	72	\$82	\$101
36	84	\$92	\$115
36	96	\$103	\$128
42	36	\$56	\$67
42	42	\$61	\$72
42	48	\$67	\$80
42	56	\$75	\$90
42	60	\$79	\$95
42	72	\$91	\$110
42	84	\$102	\$125
42	96	\$114	\$140
48	36	\$61	\$74
48	42	\$67	\$80
56	36	\$68	\$83
56	42	\$75	\$90
60	36	\$72	\$88
60	42	\$79	\$95
72	36	\$82	\$101
72	42	\$91	\$110
80	36	\$89	\$110
80	42	\$98	\$120
84	36	\$92	\$115
84	42	\$102	\$125
96	36	\$103	\$128
96	42	\$114	\$140

Another Printing Resource at VU

Vanderbilt Printing Services

- On-campus location
268 Rand Hall
Email: Campuscopy@vanderbilt.edu
Phone: 322-6849
- (Free pick up and delivery.)
- PDF format is preferred.
- Please specify the finished size
- Payment: 1180s accepted. Account and center number can also be included in the submission email.



Off-campus Poster Printers

If on-campus resources are overwhelmed, here are two off-campus options:

1) ProGraphics (Very close to VU)

ProGraphics Blueprint Company, Inc.

1811 Church Street, Nashville, TN 37203

ph: 615.327.0386 fax: 615.327.0389

- Approx. \$60 on semi-gloss paper; same day or next-day turnaround

Caveat: YOU MUST PICK POSTERS UP.

2) Midtown Printing <http://www.shortrunposters.com/posters.html>

- Only 18 x 24 (\$2.97 each) and 24 x 36 size posters (\$15.97 each).
- Standard production time is five business days, with express options available. Can ship via UPS.

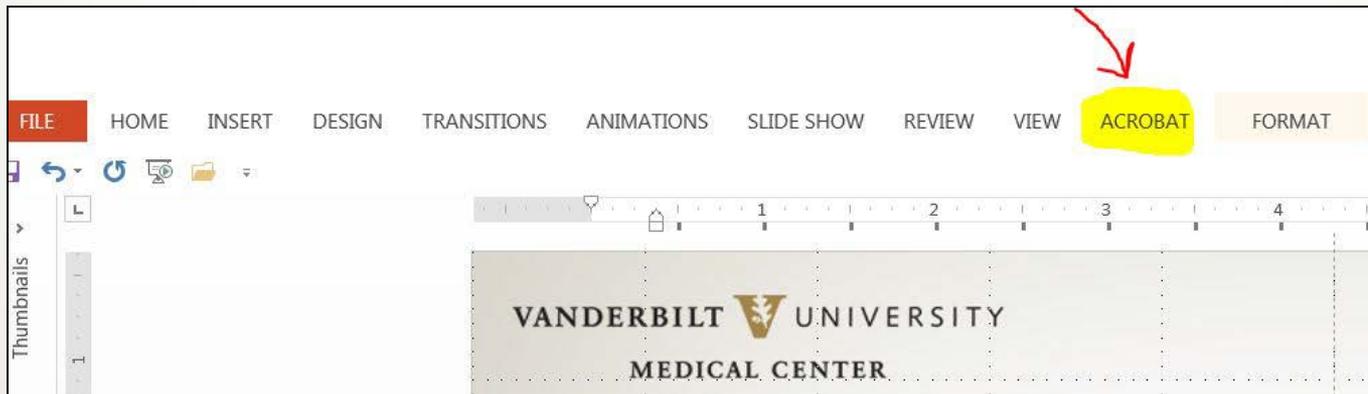
Submitting an Eposter

- If your poster is part of an **Eposter (Electronic poster)** session, you should have received instructions on how to create an Eposter.
- Read the instructions first. Ideally, do NOT download any free poster program they offer, such as PosterGenius. You can use PowerPoint & then convert your poster to a PDF.
- Make sure all content is on **ONE** page. If you have text boxes that fall outside the slide boundary (check for ghosted borders), your computer might “think” you have multiple pages. This will mess up the PDF when you print.



Easy PDF conversion

- You must have Adobe Acrobat (not *just* Adobe Reader) on your computer to be able to convert your PowerPoint poster to PDF.
- If you have Adobe Acrobat already loaded on your computer, the BEST way to convert your poster to a PDF is to select the Acrobat tab found in top menu bar while you're still in the PowerPoint program (See below). If you convert any other way, you might have to resize the PDF output.



- Select the **Acrobat** tab. Click: **Create PDF**. A PDF will be generated. Save the PDF to your Desktop.

Final Words on Design

- Don't procrastinate. Your first poster may take a week or more just to compile the content! It may take another week to complete the design. Add on the time needed for the printer to print your poster, and you could be looking at nearly 3 weeks!
- Type all content in a Word document, proof read, then have a friend proof read it as well! If you're printing your poster, the cost increases if changes continue to be made after a poster is printed.
- Sketch out a layout.
- If all else fails, and you just can't get the layout to work, get a second opinion from a colleague or call in resident experts for design assistance.
- Get a strong tube to protect your work! Weather, airlines, etc., will destroy your work.

Tips on Presenting Your Poster

- Practice! If you are expected to give a timed presentation, use a stop watch. Recruit family and friends who love you (a lot) to be your audience!
- Make eye contact, actively greet individuals, TALK to them! Conversations are **ENCOURAGED**.
- Find a way to explain your research/case study in 4-5 sentences. Make sure you cover:
 - What it's all about.
 - Why it REALLY matters.
 - How you did what you did.
 - What are the results.
 - What is the final/take-away message.

Tips on Presenting Your Poster

- **E-NUN-CI-ATE!**
- Don't talk too fast or mumble. Most of your listeners are likely meeting you for the first time. And, while YOU are VERY familiar with your research, for them, it's new.
- Great collaborations and outstanding research have resulted through networking at poster sessions. Make it easy for attendees to contact you after a meeting is over. Have business cards handy or give them a copy of a relevant paper with your email address on it.
- View your poster presentation as a chance to network, get feedback from your peers, and to learn & it WILL become FUN.

... And Last, But Not Least....

If you're stumped & need a little help, contact ME.

Jill Clendening

Program Coordinator, Nursing Research

Vanderbilt University Medical Center

1161 21st Avenue South

Medical Center North, Room S-2413

Nashville, Tennessee 37232-2424

Phone: 615-343-2992

Jill.cleending@vanderbilt.edu

Good Luck & Happy Postering!