How to Create a Research Poster

Perinatal Advisory Council: Leadership, Advocacy, And Consultation
Our mission is to positively impact the health of women and their families.
What is a research poster?

Posters are widely used in the academic community, and most conferences include poster presentations in their program. Research posters summarize information or research concisely and attractively to help publicize it and generate discussion.

The poster is usually a mixture of a brief text mixed with tables, graphs, pictures, and other presentation formats. At a conference, the researcher stands by the poster display while other participants can come and view the presentation and interact with the author.
What makes a good poster?

✓ Important information should be readable from about 10 feet away
✓ Title is short and draws interest
✓ Word count of about 300 to 800 words
✓ Text is clear and to the point
✓ Use of bullets, numbering, and headlines make it easy to read
✓ Effective use of graphics, color and fonts
✓ Consistent and clean layout
✓ Includes acknowledgments, your name and institutional affiliation
Where do I begin?

Answer these three questions:

I. What is the most important/interesting/astounding finding from my research project?

II. How can I visually share my research with conference attendees? Should I use charts, graphs, photos, images?

III. What kind of information can I convey during my talk that will complement my poster?
How do I design a conference poster?

A large-format poster is a big piece of paper or wall-mounted monitor featuring:

- a short title
- an introduction to your burning question
- an overview of your novel experimental approach
- your amazing results in graphical form
- some insightful discussion of aforementioned results
- a listing of previously published articles that are important to your research
- some brief acknowledgement of the tremendous assistance and financial support coned from others
- if all text is kept to a minimum (less than a 1000 words)
- a person could fully read your poster in 5-10 minutes
Saving Babies Across the Bluegrass: A Comprehensive Safe Sleep Initiative

Tabatha Biddle, MSN, RN, C-EFM and Christina Rust, DNP, MSN, RNC-OB, C-EFM
St. Elizabeth Healthcare - Edgewood, KY

ABSTRACT
- KY infant mortality rate higher than national average
- Every 5 days a KY baby dies with sleep-related risk factors
- In KY, infants are 70 times more likely to die from unsafe sleep than from a motor vehicle collision
- The most common sleep-related risk factor was placing babies on unsafe sleep surfaces (i.e. couches, recliners, or an adult bed)
- Bed sharing documented in over 50% of Kentucky sleep-related infant deaths in 2013

OBJECTIVES
- Describe innovative methods to incorporate a safe sleep program in a hospital facility
- Verbalize understanding of Maternal Child Health (MCH) staff’s role in providing family centered, safe sleep education to be used in the hospital and at home

MULTI-DISCIPLINARY TEAM

PROGRAM IMPLEMENTATION
- June 2016 – Attended “Safe Sleep” seminar at Kentucky Perinatal Association conference
- July 2016 – Discussed safe sleep initiatives with area birthing hospitals
- July 2016 - Collaborated with Social Services
- July 2016 - Met with Cradle Cincinnati®
- July 2016 - Educated MCH Management Team and received approval to establish program
- October 2016 – Became a Cribs for Kids® partner
- November 2016 – Grant funding received from St. Elizabeth Foundation-Gift of Health for $2500
- December 2016 – EPIC screening tool, flowsheet and care plan developed/implemented for use with every obstetric patient upon admission
- January 2017 – Developed a Safe Sleep CBL required for all MCH staff
- February 2017 – Received first shipment Cribs for Kids®
- March 2017 - GWN® video completed for patient viewing
- March 2017 to December 2017 - 286+ MCH nurses participated in a scenario reviewing safe sleep practices at unit skills days
- May 2017 – Grant funding received from Andrew Jergens Foundation for $10,000
- August 2017 – Interviewed by Liz Bonds, Channel 12 News

2017 DISTRIBUTION OF PACK N PLAYS

Presented at AWHONN Convention 2018
“I don’t know anything about birthing babies!”

Educating Freestanding ER Nurses on Caring for the Obstetric Patient

Jennifer Ducoring, RNC-OB, Mary Emmons, BSN, RNC-OB, Robin Winebar, MSN, RN, CNL

Background
- With the emerging prevalence of freestanding emergency rooms (ERs), obstetric (OB) patients are seeking emergent care in settings with no in-house OB support.
- Emergency Room (ER) nurses are expected to provide complex care to pregnant patients with minimal experience in obstetric care outside of nursing school (1).
- Lack of OB knowledge from ER nurse in caring for an obstetric patient presents a potentially dangerous situation to mother and fetus (3).
- Perinatal nurse expertise is a valuable resource educating ER nurses on proper OB assessment and stabilization knowledge and skills (3).

Program Content
- Didactic content from evidence-based literature includes:
  - Anatomy and physiology of pregnant patient.
  - Assessing the pregnant patient; history of care, membrane status, contractions.
  - Assessing fetal status, heart tones, movement, positioning.
  - Stages of labor, techniques to reduce pain.
  - Intrauterine resuscitation measures.
  - Obstetric emergencies:
    - Pre-eclampsia/Eclampsia
    - Hemorrhage (placenta conditions, uterine rupture, postpartum hemorrhage)
    - Prolapsed Cord
    - Precipitous delivery
    - Code Blue

- Using mannequins, ER nurses practice new OB skills with one on one instruction from a perinatal nurse.
- Simulation drills allow ER nurses to practice scenarios in their own environments helping them to uncover process, medication or equipment issues.
- Competency is assessed using teach back, return demonstration and simulation debriefing.

Planning and Implementing the Program
- Mandatory classes are held at the freestanding ER facility.
- Class is approximately 3 hours with an ideal ratio of 2 teachers to 12 ER nurses.
- Obstetric instructors are:
  - Labor & Delivery nurses with at least 5 years of experience.
  - Preferably nurses with teaching experience.
- Power Point with illustrations in which each instructor covers their assigned section.
- Handouts of algorithms for Pre-Eclampsia and Hemorrhage.
- Skill stations:
  - Assessing uterine contractions by palpation.
  - Assessing fetal heart tones with a Doppler.
  - Leopold’s maneuver.
- Example of simulations to run:
  - Precipitous delivery.
  - Newborn care immediately after delivery.
  - Esophageal seizure.
  - Postpartum hemorrhage.

References

Presented at AWHONN Convention 2018
You Got to Move It Baby! A Movement that Changed a Culture
Cynthia Sawyer, MSN, CN1, RNC-OB, CLE, Tamara Schatz, RNC-OB, and Valerie Martin, BSN, RNC-OB
PIH Health Hospital - Whittier

BACKGROUND
- The Joint Commission, in addition to the American College of Obstetricians and Gynecologists (ACOG), World Health Organization (WHO), and California Maternal Quality Care Collaborative (CMQCC) recommended PIH/WH successful primary cesarean rate (23.3%) and presented at AWHONN Convention 2018

METHODS
- A 547-bed community hospital with a 12.3 level IV labor and delivery unit delivering 2,686 births a year
- Literature search aligned with CMQCC recommendations
- Primary/secondary support teams championed in PIH/WH cesarean sections and identified trends in data, for example, scalpels (90% of time of incision)
- Name champions introduced peacemakers and motivated staff to work in support of labor process
- Education provided to staff on strategic positioning techniques, labor analgesia, diners, hemostasis, and birth rates, and the ultrasound in labor management
- Education provided to staff in identification of labor and position specific, the care of the patient, and vaginal birth, with the understanding of the process
- Education provided to nurses and physicians on emergency
- Return of patient to patient room

OBJECTIVE
- Objective: To decrease existing rate of PIH/WH primary cesarean section rate of 23.3% to 24.7% or less over the course of 27 months through teamwork and labor support

PROBLEM STATEMENT
- In January, 2015 PIH/WH had the highest PIH/WH primary cesarean rate at 23.7%

RESULTS
- Quantitative data showed primary cesarean rate decreased from 23.7% in January, 2015 to 24.7% in March, 2017
- Increase in cesarean rate decreased because of decreased incidence of blisters to progress diagnosis due to onset of labor and cesarean birth rate decreased over time
- Change in culture reflected toward preventing a cesarean section whenever possible
- Change in culture toward vaginal birth

CONCLUSIONS
- This nurse driven initiative of labor support impacted by one nurse working on the unit, the primary cesarean rate dropped from 23.7% in January, 2015 to 24.7% in March, 2017
- This change was observed in the hospital staff and physicians
- Average cost savings: $2,180.00 per patient prevented from having a cesarean section
- Total cost savings from baseline: $7,771.00 per patient. Prevented from having a cesarean section: $21,450.00
- Implementation of the plan was the first in any one of the other organizations or institutions through CMQCC in the effort to decrease their primary cesarean rate to improve patient outcomes
- Nursing staff take pride that these steps reflect nursing interventions and continuity of care opportunities for improvement

REFERENCES

LABOR SUPPORT TEAM
- Tamara Schatz, RNC-OB
- Cynthia Sawyer, MSN, CN1, RNC-OB, CLE
- Karen Proctor, MD, RNC-OB
- Dr. David Del Mar
- Dr. John Sanchez

CONTACT
Cynthia Sawyer, MSN, CN1, RNC-OB 160 North Orangethorpe Avenue, Long Beach, CA 90813 Email: csawyer@pih.org Phone: (562) 405-4740 x 3787

Presented at AWHONN Convention 2018
Example: Case Study

Uterine Arteriovenous Malformation: A rare cause for secondary PPH- A case report

L. Antoun, R. Kalkat
Good Hope Hospital NHS Foundation Trust, UK

INTRODUCTION

We discuss a case of secondary postpartum haemorrhage (PPH) diagnosed as arteriovenous malformation (AVM) of uterine artery on Doppler and angiography, and successfully managed by bilateral embolization.

Vascular malformations may be congenital or acquired and consist of true AVMs, arteriovenous fistulae and pseudaneurysms. Embolization of the pelvic vascular system is not only a well-established treatment for PPH in general, but also has been shown to be particularly useful in the context of a demonstrable discrete vascular malformation. The advantages of this procedure are that it is minimally invasive and can be performed under local anaesthesia, it preserves the uterus and if the site of hemorrhage can be accurately identified, selective embolization can be performed with minimal disruption of the normal vascular supply to the uterus.

CASE REPORT

We report a case of a 26 years old para 1 lady, who presented to the emergency department with heavy postpartum vaginal bleeding and passage of blood clots. She had C-Section 7 weeks prior to admission. On admission she had massive PPH 15L. HR levels dropped from 120/g/d to 62/g/d. She needed resuscitation with fluid and 4 units of blood, in addition to syntocinon infusion 400IU. No cause identified. Angiography of uterine vessels was performed which showed lesions of arteriovenous malformation. Bilateral uterine artery embolization was done. The patient recovered well. She had no further heavy PV bleeding episodes.

Digital subtraction arteriography of the right uterine artery (black arrow) during UAE. (A) Pre-embolization image shows numerous small vessels.

LITERATURE REVIEW

Uterine vascular malformations (UVM) leading to postpartum hemorrhage (PPH) are rare. The worldwide literature consists of case reports and small case series, and while the true incidence is unknown, it is likely to represent a very small proportion of causes of PPH. UVM can be congenital but are more commonly acquired when they tend to present with secondary PPH, although in rare instances they present with primary or even tertiary bleeding.

The recent review of 16 cases of pseudoaneurysm reported above, reported in 15 centers, were diagnosed at a mean of 18 days postpartum with a range from 3 hours to 76 days post delivery. In this clinical situation where faced with recurrent disproportionately heavy bleeding there is no response to "routine management" with no apparent underlying cause, the need for senior input and a search for a vascular malformation should be apparent.

A recent case report describes successful direct injection of embolization particles into a known lesion at laparotomy following failed endovascular embolization, though this is an one-off case.

In the rare cases where a known congenital AVM exists, PPH may be anticipated in a subsequent pregnancy or if there is the need for gynecological intervention. Unfortunately there is a paucity of evidence to guide whether expectant management or pre-pregnancy embolization is the most appropriate means to reduce the risk of future PPH.

CONCLUSIONS

- Arteriovenous malformations are a rare but important cause of PPH, usually secondary.
- AVMs are usually associated with a history of emergency lower segment cesarean section in the late stages of labor. AVMs are characterized by heavy bleeding with no other apparent cause that fails to respond to conservative and medical treatment.
- High quality transvaginal ultrasound is an excellent diagnostic tool if clinical suspicion is sufficiently high. Uterine artery embolization is the highly effective treatment of choice.

www.posterpresentations on-line

pac-lac
Perinatal Advisory Council:
Leadership, Advocacy and Consultation
Choosing and Using Color

• Are there any colors already in place that you could use?
• Maintain a color scheme
• Keep backgrounds subtle; grays and muted colors help foreground information standout
• Large amounts of red, yellow or orange can overpower your message
Using images

- Whether it's an illustration, a photograph, a chart or a graph, make sure that it supports the focus of your poster
- **Remember to get permission** to use photographs, images
- Adjust color and contrast images
- Crop or edit images so the important information is obvious
- Give photos short titles or captions
- Simplify charts and graphs
Developing the layout

- The most important things go first.
- Use a grid to keep items aligned and straight.
- Use a column format
- Try to keep 40% of the poster area empty of text and images
- Use a text hierarchy
  A text hierarchy means that you've established a convention with font sizes and styles that lets viewers easily recognize the order of importance of information in the poster
Format for a well designed poster

Title that hints at the underlying issue or question
Your name(s) here
Your address(es) here

Introduction
This template has column widths and font sizes optimized for printing a 36 x 48” poster—just replace the “Title” and “Abstract” with actual content, if you have it. Try to keep your poster’s word count under 1000. More tips can be found at “Designing conference posters” at
http://coolposter.com/tips/conference-poster-design
To see examples of how others have used this template to fit their presentation needs, perform a Google search for “coffeepatterson poster designs.”
Your main text is too small to read if you use a “narrow” font such as Palatino or Times (i.e., paneled block style used in this is too small). Use a non-serif font for your title and section headings.

Materials and methods

Results
The layout for this section should be modified from this template to best show off your graphs and other multivariate illustrations. You might want a single, large column to accommodate a big data set. This might not always be possible, however. your graphs big enough to be read from 6’ away. Paragraph format is fine, but sometimes a simple list of bullet points can communicate results more efficiently.

- a out of 12 independent runs survived (fig. no. 3).
- Control runs completed more than twice as fast (fig. 8).
- Control runs completed more than twice as fast (fig. 8: a = 3.84, df = 25, p = 0.005)

Figure 2. Illustration of important pieces of equipment, or perhaps a flow chart summarizing experimental design. Scanned, hand-drawn illustrations are usually preferable to clip art.

Figure 4. Label the lines manually (as above) and then delete the key provided by your charting software. The above figure would also be improved if I added the ability to draw lines with and without brains.

Conclusions
You can, of course, state your conclusions in column #2 if your results section is too light.

Literature cited

Acknowledgments
We thank C. Garvey for laboratory assistance, Mary Javah for help with image preparation, and M.E. Minter for statistical advice. Funding for this project was provided by the Department of Environmental and Natural History.

For further information
More information on this and related projects can be obtained at www.museums.org... (ignore the URL for laboratory with site). Provide your email, too, and if you like to sign-up online.
O6-Benzylguanine Inhibits Tamoxifen Resistant Breast Cancer Cell Growth and Resensitizes Breast Cells to Anti-Estrogen Therapy

Joshua Smith, George C Bobustuce, Rafal Madero-Visha, Jimmie Colon, Beth Isley, Jonathan Ticku, Kalkunte S. Srivengopal and Santhi Konduri

Cancer Research Institute of M.D. Anderson Cancer Center Orlando · Texas Tech University Health Sciences Center, Amarillo, TX

Abstract

Recent advances in breast cancer therapy have highlighted the need for new therapeutic strategies to improve the rate of effective treatments. We have recently developed a new method for the treatment of breast cancer, which is based on the use of a new drug, O6-benzylguanine (O6-BG). Our results show that this drug is able to inhibit the growth of breast cancer cells, as well as to sensitize them to anti-estrogen therapy.

Introduction

Breast cancer is a disease that affects millions of women worldwide. The ability to treat breast cancer is of utmost importance, as it can lead to an early death. Recent advances in breast cancer research have provided new insights into the molecular mechanisms underlying breast cancer development and progression.

Results

Prognostic Treatment of Tamoxifen Increases MGMT Expression

We developed a tamoxifen-resistant MCF-7 cell line in order to test the efficacy of O6-BG in combination with tamoxifen. Our results show that O6-BG is able to increase MGMT expression compared to the parental MCF-7 cell line.

O6-BG Enhances DNA Repair in Tamoxifen Resistant Breast Cancer Cells

We also investigated the effects of O6-BG on DNA repair in tamoxifen-resistant breast cancer cells. Our results show that O6-BG is able to enhance DNA repair, which is important for the treatment of breast cancer.

Transcriptional Regulation Between MGMT and ESR1

We also investigated the transcriptional regulation between MGMT and ESR1, which is important for the treatment of breast cancer. Our results show that O6-BG is able to increase MGMT expression in tamoxifen-resistant breast cancer cells.

Conclusions

In conclusion, our results show that O6-benzylguanine is able to inhibit the growth of breast cancer cells, as well as to sensitize them to anti-estrogen therapy. This drug has the potential to be a new therapeutic strategy for the treatment of breast cancer.

Acknowledgements

This work was supported by grants from the National Institutes of Health (Bethesda, MD) and the American Cancer Society (Atlanta, GA).
Poster Template
Examples
BACKGROUND

- Discuss previous literature here. Dignity Health has specific guidelines to their branding. Because of that, please do not change the logo shape, color, or design.
- Additionally, branding requires that you use specific fonts: Primarily, Trade Gothic LT Std as Headers, and Lyon Text Regular in the body. If you do not have access to those fonts, then use Arial in the Headings, Times New Roman in the body of the text (Shown here).
- Do not alter the colors within the poster, as they are specifically Dignity’s color pallet. You can adjust the transparency of the colors in the background or section headings.
- More info here as needed. Liaoma wien zocu klqŋ kdosn lkjfdps aclkac.

OBJECTIVES

- Discuss your objectives here.
- Here are some objectives that this study is trying to accomplish.
  - This is one of two
  - This is two of two

METHODS

Participants
- Describe your participants, present general demographic information.
- You can give age ranges, standard deviations, ethnic makeup, and any other relevant information.

Procedure
- Describe how you conducted the study. What materials were used. Doesn’t need to be extensive

Measures
- Describe what you measures are.
- And examples of questions or statements.
- Each one of these internal sections are completely optional. I would not stress about filling each portion, especially if it doesn’t relate to what study you will be presenting

RESULTS

- Here you will discuss your results, which I am sure by now you are catching on to the flow of this.
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CONCLUSIONS

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IMPLICATIONS

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Title of Poster Here: Fill in your Title

Authors Names Here, Ph.D, Additional Authors, Ph.D, M.S.S.W

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- More results here. You can shorten or lengthen each of these sections to better fit your needs.

- If results are too long for just one section, you can do a Results cont’d on the right hand side.

- Feel free to adjust everything as you need.

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CONCLUSIONS

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Submission Process
How do I submit my abstract?

The PAC/LAC 24th Annual Conference will be held on May 28, 2020 at the California Endowment in Los Angeles, CA. PAC/LAC is accepting poster abstracts that focus on innovative and creative approaches in perinatal healthcare or perinatal quality improvement.

**Focus Areas**
Academic study, research and evaluation, maternal mental health, health prevention, access to care, best practices, policy and advocacy, or quality improvement approaches
Abstract Content

Abstracts should be brief (approximately 250 words) and include:
1. Full title of Poster
2. Name(s) of presenter(s) along with credentials, job title, and contact information (phone and email)
3. Focus area
4. Background: State the problem and provide relevance.
5. Methods: Explain the design of the study/program and how it was implemented.
6. Results: Provide quantitative/qualitative data to date. Note when final results are expected.
7. Discussion: Summarize relevant findings, cost/staff implications, lessons learned and barriers
Deadline for Submission

Submit abstracts by **April 22, 2020** via email to **gpakhanyan@paclac.org**
Notification of Acceptance

Notification of acceptance will be made via email to the primary author no later than **April 30, 2020**. If your abstract is accepted for a poster presentation, you will receive detailed instructions about creating your poster. If accepted, author/authors must register for and attend the full conference. The representative will need to stand by their poster to answer questions during the poster session. All expenses associated with the conference, travel, and presentation preparation are the presenter’s responsibility.

Conference information is available at [www.paclac.org](http://www.paclac.org).
References and Resources

http://www.personal.psu.edu/drs18/postershow/

https://guides.nyu.edu/posters

http://colinpurrington.com/tips/poster-design

https://journals.plos.org/ploscompbiol/article?id=10.1371/journal.pcbi.0030102

For more information contact Gayane Pakhanyan at gpakhanyan@paclac.org
Thank-you!