Presenting Nursing Interventions thru Abstracts & Poster Displays

Lynelle Phillips and Dawn Farrell
Diana Fortune

Sponsored by:
The National TB Nurse Coalition
Benefits of Membership:

- Networking opportunities
- Participate in NTNC committees to support development & implementation of educational/training standards nationwide
- "NTNC Members only" Webinars
- Your NURSING VOICE will be heard!
- To Join visit the website @ http://www.tbcontrollers.org/membership/#.

NTNC Mission

To advise and support the TB control officials of state, local, and territorial governments by providing, within NTCA, a coordinated nursing perspective on issues vital to the success of TB prevention and control programs.
Why do a poster..

Posters are a hybrid form of sharing information
More detailed than a speech but less than a paper
More interactive than both

Networking opportunity professionals with similar interest
Learn as much from reviewers as they learn from you
Explain quickly and clearly why your project is important and what your findings mean.

Miller p 313
Abstracts
Drafting an abstract

Tell a simple, clear story (Miller p 313)

- Describe the problem and your innovative approach
- Summarize the outcome
- Make recommendations for your colleagues.

Start with the “W’s” (Miller p 321 – 322)

- Who
- What
- When
- Where
- Why
# Types of abstracts

<table>
<thead>
<tr>
<th>TABLE 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPES OF POSTER ABSTRACTS</td>
</tr>
</tbody>
</table>

Research posters should summarize the study, including:
- Purpose and problem
- Conceptual framework
- Method
- Data analysis
- Findings
- Conclusion and implications

Clinical posters should summarize the key points of a program or service, including:
- Description of the innovation
- Outline of the objectives
- Description of the process and possible outcomes
- Value to nursing service and practice
- Suggestions for implementation

(Keeley, image 1)
Abstract essentials I

• Intro –
  • Describe your issue, why it is important, and how your findings will contribute to TB control and prevention.

• Methods –
  • Describe what you did and how you did it. List who, when, where and how many cases/contacts/subjects were involved.

• (Miller p 322)
Abstract essentials II

Results –

- What happened? Present your findings

Conclusion/discussion –

- Restate the purpose and how your findings inform programs or policies related to the issue.

- Miller (p 322)
Unexpected Opportunities.....

Contacted by NM Pharmacists Association

● Potential rule change - pharmacists do TSTs
  ○ lack of accessible health care many areas
  ○ prescriptive authority

● Low-risk clients needing TST - school/work
● TB Program & NM BOP & NMPA collaborated
  ○ TB Staff provided TST training
Title: A New Era of Tuberculin Skin Testing: Pharmacists as Public Health Partners

Background/Statement of Problem: New Mexico has a low population density which creates barriers to providing accessible public health care services throughout the state. In addition, decreases in public health dollars and lack of nursing staff have adversely impacted the ability to provide TSTs (tuberculin skin tests) for low risk populations (i.e. school/work requirement and change of immigration status).

Methods: The NM TB program, New Mexico Pharmacist Association and the New Mexico Board of Pharmacy partnered to create a plan to train pharmacists to administer and read TSTs, and coordinate with public health. NM TB program worked with Heartland National TB Center to provide a regional webinar on September 8, 2011: "Understanding the TB Skin Test: A Primer for Non-TB staff."

Results: There were 61 registered participants in the webinar. The program provided on-site TST practicums for hands on experience for pharmacists at locations throughout the state. Three (3) sites received TST training for a total of twenty-nine (29) pharmacists. The Board of Pharmacy adopted as protocol a form recommended by the NM TB program when administering the TST (i.e. Tuberculin Skin Testing Health History and Consent Form). As of April 2012, pharmacists have placed approximately 100 TSTs with no positive tests reported. In a survey sent out by the NM Pharmacist Association participating pharmacists indicated a confidence in their ability to provide this service to the public. To further expand the collaboration, a TST practicum has been set for April 2012 to provide training for pharmacists employed by a large commercial pharmacy and others to begin placing TSTs.

Conclusion: This collaborative effort has successfully increased access to TSTs and to diagnosis and treatment of LTBI. Pharmacists have contacted the local health offices with referrals when clients presented with signs/symptoms of TB disease. In the era of declining public health dollars all avenues of collaboration to ensure sustained TB prevention efforts should be explored.
A NEW ERA OF TB SKIN TESTING: PHARMACISTS AS PUBLIC HEALTH PARTNERS

Fortune, D1; Tinker, D2; Braun, T1; Harvey, W2
New Mexico Department of Health1; New Mexico Pharmacists Association2
New Mexico Board of Pharmacy3

Background

- New Mexico has a low population density which creates barriers to providing accessible public health care services throughout the state.
- In addition, decreases in public health dollars and lack of nursing staff have adversely impacted the ability to provide TSTs (tuberculin skin tests) for low risk populations (i.e. school/work requirement and change of immigration status).

Results

- There were 61 registered participants in the webinar. The program provided on-site TST practicum for hands on experience for pharmacists at locations throughout the state. Four (4) sites received TST training for a total of thirty-nine (39) pharmacists.
- The Board of Pharmacy adopted as protocol a form recommended by the NM TB program when administering the TST (i.e. Tuberculin Skin Testing Health History and Consent Form – see below).
- In a survey sent out by the NM Pharmacist Association participating pharmacists indicated a confidence in their ability to provide this service to the public.

TST Health History and Consent Form

Limitations

- A small number (39) pharmacists have completed the TST practicum.
- A limited number of TSTs (100+) have been performed throughout the state with no positive TSTs reported.

Methods

- The NM TB program, New Mexico Pharmacist Association and the New Mexico Board of Pharmacy partnered to create a plan to train pharmacists to administer and read TSTs, and coordinate with public health.
- NM TB program worked with Heartland National TB Center to provide a regional webinar on September 8, 2011: “Understanding the TB Skin Test: A Primer for Non-TB staff.”

Recommendations and Next Steps

- The TBP will work with the NM Pharmacy association to plan future practicums as the need arises.
- Major retail commercial pharmacies typically have a high turnover of pharmacists that will require frequent TST practicums that could be challenging for the limited TB staff to accommodate.

Summary

- This collaborative effort has successfully increased access to TSTs and the diagnosis and treatment of LTBI.
- Pharmacists have contacted the local health offices with referrals when clients presented with signs or symptoms of TB disease.
- In the era of declining public health dollars all avenues of collaboration to ensure sustained TB prevention efforts should be explored.
ABSTRACT: 
(1) Descriptive title, list of authors, and affiliations 
(2) Background statement of problem or objectives 
(3) Methods 
(4) Results and findings 
(5) Conclusions, consistent with the background and findings
Submitting an Abstract

**ABSTRACT**

1. **Abstract title:** Describe the main focus of your abstract here.
2. **Background:** State the problem and objectives.
3. **Methods:** Describe the methods used.
4. **Results and findings:** Present the results and findings.
5. **Conclusion:** Relate the results and findings.

*Abstracts must be received by April 11, 2008. Use space above - limit to 350 words or less.*
"If every school had the walking school bus program it would help keep children active and can then help decrease obesity rates within the school and district; therefore each school district should start a walking school bus to help improve children’s health and improve obesity rates." (46 words)

- read sentence aloud
- acronyms (walking school bus = WSB)
- active verbs (NOT words like "occur" or "it has been shown")
Evidence shows WSB programs promote exercise and decrease childhood obesity. More schools should implement WSB. (15 words)

- 15 words - easy to read aloud
- WSB - walking school bus
- active voice - (eg "shows", "promote", "decrease", "implement")
Discussion

Intensive training based of TB control and prevention also commented favorably Texas to the Heartland.
Abstract submission

**ABSTRACT:**

1. Descriptive title, list of authors, and affiliations
2. Background statement of problem or objectives
3. Methods
4. Results and findings
5. Conclusions, consistent with the background and findings

**Background**

In 2006, the HNTC conducted a review of over 500 consultation calls which indicated an urgent loss of experienced TB clinicians and reduced capacity to manage routine TB patient issues at the regional level in TX. HNTC utilized TX DHHS human resource development funds to implement a training program to optimize clinical nursing skills and knowledge, change practice behavior, boost worker confidence, enable participants to serve as mentors for the local public health community, and identify a peer group that serves as a source of retention of TB proficiency.

**Methods**

Regional medical directors (from each of 11 regions and four metropolitan regions in TX) nominated TB nurses for a year-long commitment for intensive TB training. Fifteen nurses participated. A series of courses was developed based on results of baseline needs assessments of the targeted participants using the "Texas Human Resource Development Plan-Nurse Competency Tool (NCT)". Each participant was asked to complete an interim and final NCT, indicating whether each competency (n=154) was enhanced by training. All trainings and speakers were evaluated using Likert scale questionnaires (1 – strongly disagree to 5 – strongly agree) by participants on their success in meeting training objectives.

**Results**

Seven training courses were held in 2007, 3 on site in HNTC, 3 via conference call, and one webinar. Twelve out of 15 nurses in the target group completed the entire training. Overall, training and speaker evaluations were favorable, with almost all Likert ratings averaging over 4.5 for speakers and trainings. Webinars scored the lowest due to technological difficulties. Nine participants completed either an interim or final evaluation using the NCT. Nine participants reported a total of 761 competencies were enhanced by the training (average approximately 56 enhanced competencies per reporting participant).

**Discussion**

Intensive training based on needs assessment enhanced TB nurse ability to attain competency in numerous aspects of TB control and prevention; thereby empowering them to handle case management issues regionally. Participants also commented favorably on the networking opportunities. Plans under consideration for organization outside of Texas to the Heartland region include increased use of distance learning technology.
Example of Poster

**Human Resource Development: A Plan to Enhance the Expertise and Achieve Certification Competencies for Tuberculosis Nurse Consultants**

**Introduction**

Advocate tuberculosis case management-driven management for the state or states. Need to move from paper-based to computer-based systems. Train nurses on the new systems. Focus on improving the quality of care and patient outcomes. Increase awareness and involvement of stakeholders. Use of technology to improve communication and collaboration. Development of a centralized database for case management data.

**Methods**

- Training sessions for TB nurses on the new systems.
- Feedback from TB nurses on the new systems.
- Use of technology to improve communication and collaboration.
- Development of a centralized database for case management data.

**Results**

- Increased awareness and involvement of stakeholders.
- Improved quality of care and patient outcomes.
- Use of technology to improve communication and collaboration.
- Development of a centralized database for case management data.

**References**

- [1] N/A
- [2] N/A
- [3] N/A
- [4] N/A
- [5] N/A

**Emerging HIV Training Calendar**

- [June 2007]
- [July 2007]
- [August 2007]
- [September 2007]
- [October 2007]
Poster Tools

- Computer
- Power point
- To do/Check list
- Reviewer
- Poster Board materials
- Printing
<table>
<thead>
<tr>
<th>Poster Preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Poster topic</strong></td>
</tr>
<tr>
<td><strong>Research topic</strong></td>
</tr>
<tr>
<td><strong>Budget</strong></td>
</tr>
<tr>
<td><strong>Time line</strong></td>
</tr>
<tr>
<td><strong>Date to submit abstract</strong></td>
</tr>
<tr>
<td><strong>Draft &amp; final</strong></td>
</tr>
<tr>
<td><strong>Style or design</strong></td>
</tr>
<tr>
<td><strong>Type of medium:</strong> poster board, laminated paper, fabric, canvas</td>
</tr>
<tr>
<td><strong>Consent for photo use</strong></td>
</tr>
<tr>
<td><strong>Reference</strong></td>
</tr>
<tr>
<td><strong>Authorship</strong></td>
</tr>
</tbody>
</table>
RELEASE FORM

STATE OF TEXAS
COUNTY OF TRAVIS

I, ________________________________, hereby agree to permit the Texas Department of State Health Services to use my picture, obtained with my consent, in the form of photographs, motion pictures, and/or television pictures, and to reproduce, distribute, and disseminate such picture or pictures in whatever manner they may require for the purpose of carrying out health activities. I have not received, and I understand that I will not receive, any remuneration or other compensation for this purpose.

ADDITIONAL INFORMATION:

SIGNED: ____________________________
Poster Print Services

- Kinko’s (local)
- Vista Print: Vistaprint.com
- Staples: print.staples.com
- Poster Print shop: posterprintshop.com

Cost:
- Glossy paper: 24 X 48 $30.00
- Canvas: $8:00 / square foot  36 x 48 $100.00
- Cloth: $12.00 /square foot 36 X 48 $ 145.00
- Laminated: $12.00 / square foot 36 X 48 $145.00
References


Title and Authorship Examples

A NEW ERA OF TB SKIN TESTING: PHARMACISTS AS PUBLIC HEALTH PARTNERS

Fortune, D¹; Tinker, D²; Braun, T¹; Harvey, W³
New Mexico Department of Health¹; New Mexico Pharmacists Association²
New Mexico Board of Pharmacy³

Human Resource Development: A Plan to Enhance the Expertise and Achieve Certification Competencies for Tuberculosis Nurse Consultants

Human Resource Development: A Plan to Enhance the Expertise and Achieve Certification Competencies for Tuberculosis Nurse Consultants

Introduction

Methods continued

Conclusion
What was the question?
Poster layout - Methods

Methods:

Human Resource Development: A Plan to Enhance the Expertise and Achieve Certification Competencies for Tuberculosis Nurse Consultants

Introduction

Methods continued

Results continued

Results

References
Poster layout - Results

- Results:

Human Resource Development: A Plan to Enhance the Expertise and Achieve Certification Competencies for Tuberculosis Nurse Consultants

Introduction

Methods continued

Results

Introduction

Methods continued

Results continued
Poster layout - Discussion

- What we Learned

Human Resource Development: A Plan to Enhance the Expertise and Achieve Certification Competencies for Tuberculosis Nurse Consultants

Introduction

Methods

Results

References
Figure 3: Suggested Layout for a 4' × 8' poster.

Title in 40 point type
Authors and affiliations in 24 point type

WHAT WE LEARNED
Summary of key findings (2-3 sentences), written in plain English, 20 point type.

BACKGROUND
Short paragraph on importance of topic. All text within body of poster in 14 point type.

OBJECTIVES
Bulleted list of research questions, hypotheses, or aims of the project

VARIABLES
- Variables
- Name
- Define units- Independent variables or coding

RESULTS
Schematic diagram of relations among variables (optional)

APPLICATIONS
Two or three large simple tables or charts highlighting key findings, accompanied by bulleted annotations.

DATA & METHODS
Data source
- Study design
- When, where, who
- Sample size
- Response rate
- Type of statistical model
- Dependent variable
- Weighting

RESULTS
Summary of findings Bulleted text relating findings back to initial aims or hypotheses
Study strengths and limitations Bulleted list of implications of each strength or weakness for interpretation of findings

STUDY IMPLICATIONS
Policy implications Bulleted list, tailored to audience and likely applications
Directions for future research Bulleted list, tailored to audience
Project title
Your name and credentials

Introduction
What were the driving forces that led to the design of the project — how significant was the problem to your organization and nursing?

Project goals
Major goals and objectives you hoped to achieve with the project

Project description
Provide an overview of the design of your project, including specific initiatives implemented, staff/units involved and time frame of the study

Findings
Use graphic or pictures to present results when possible

Conclusions and implications
Impact on your organization and the implications for nursing

Evaluation strategy
What outcome measures did you use to evaluate your success?

Reference literature
Evidence-based literature to support the initiative

Acknowledgements
Acknowledge grant funding and clinical partnerships

Contact information
Who should be called for more information?
Abstract
For your poster, make sure to include a concise, well-written, and brief overview/abstract that describes and summarizes your project.

Notes on Using This Template
This is a template that gives you some ideas for laying out a 36 x 48” poster. Just replace the “tips” and “blah, blah, blah” here with actual content. You can modify any of the layout from this template to best illustrate your Capstone—and to make a visually interesting poster that gets the readers’ attention. Feel free to be creative—just make sure you cover the sections in the grading rubric.

Font
Use large type— at least 72 point font for the title, 20 point for major headings and 16 point for the text. (This is a general rule of thumb applied to Times New Roman font; if you use other fonts, remember different fonts do vary in size.) Choose a clear font (not too fancy) and use a single font type throughout the poster.

Community Partner/Agency
Provide a description of your agency (and an acknowledgement of your preceptor(s) and what they do. You can include a photo of the agency or their logo (and/or your preceptor if they are OK with this). If you do use a graphic, use the best-quality picture you can find so it looks OK when it’s blow up for the poster.

Assessment
Convince the reader that your project was needed and important. Provide relevant assessment data establishing the need for your project, for example:
- Description of the identified health issue(s) or needs related to your project;
- Relevant agency, local, national or international data establishing the public health significance of the health issue or need;
- A description of the target population for the Capstone project.

Intervention: Clinical Project
Showcase your project here!
- Summary of details of clinical project work;
- Activities accomplished such as:
  - Description of handouts and/or other materials you created (bring examples where possible)
  - Description of outcomes (any qualitative or quantitative evaluation data for your project—such as a analysis of epidemiological data, literature review, etc.)

Assurance and Next Steps
Describe your recommended next steps. For example:
- How should your work be implemented and evaluated? How would you know if it was successful or helpful to the population? And/or
- How can future nursing students build upon your work and take the capstone further?

P.S. This poster template was adapted from this great website (www.swarthmore.edu/natsci/cpurrin1)—where you can find more tips (18 pages!) on poster design.

Literature cited
Make sure any literature you cite is in APA format.

Acknowledgments
Make sure any acknowledgments you make are appropriate and complete.

For further information
Please contact emai@blahcollege.edu. More information on (community partner) and related projects can be obtained at www. (give the URL for community partner or other relevant information source).
Poster design tips

- Leave adequate white space
- Convey your message clearly
  - 300 – 500 total words on poster (Cristenbery et al)
- Use visual images
- Make it readable
- Pick fonts carefully
- Use color sparingly
- Ask colleagues for help

- Sherman p 14
Content

- Design poster to focus on two or three key points.
- Adapt materials to suit expected viewers’ knowledge of your topic and methods.
- Design questions to meet their interests and expected applications of your work.
- Paraphrase descriptions of complex statistical methods.
- Spell out acronyms if used.
- Replace large detailed tables with charts or small, simplified tables.
- Accompany tables or charts with bulleted annotations of major findings.
- Describe direction and magnitude of associations.
- Use confidence intervals, $p$-values, symbols, or formatting to denote statistical significance.
Narrative Description

- Rehearse a three to four sentence overview of your research objectives and main findings.
- Write short modular descriptions of specific elements of the poster to choose among in response to viewers’ questions.
  - Background
  - Summary of key studies and gaps in existing literature
  - Data and methods
  - Each table, chart, or set of bulleted results
  - Research, policy, and practice implications
- Write a few questions to ask viewers.
  - Solicit their input on your findings
  - Develop additional questions for later analysis
  - Identify other researchers in the field
Examples of poster revisions

Converting dense narrative to easy-to-read poster narrative
  ● bulleted statements
  ● less "academic" writing style

Communicating data through graphics
  ● let the picture tell the story
  ● attracts attention to key points
Introduction

According to the CDC, the obesity rate among children has nearly tripled (2012). Approximately 17% of children living in the United States are obese (2012). This number is even higher among children that come from families with low income. These families experience a number of barriers that prevent healthier eating habits, including the lack of availability of healthy food options in the surrounding area, the affordability of healthier food choices, the lack of transportation to stores, and markets with healthier food options. The Access to Healthy Food (AHF) program at the Columbia’s Farmer’s Market is designed to assist low-income families obtain fresh fruits and vegetables at an affordable cost. The AHF Program in Columbia, MO is designed for families who receive food stamps (EBT) and who are WIC-eligible. Families that are participants of the AHF program are able to double the value of their EBT at Columbia’s Farmer’s Market. The program is designed as a childhood obesity prevention program - helping those families who are socioeconomically disadvantaged to obtain healthier eating choices.
Introduction

Childhood Obesity Facts
- According to the CDC, the obesity rate among children has nearly tripled since 1980 (1).
- Approximately 17% of children and adolescence ages 2 to 19 are obese; this number is even higher among children that come from families with low income (1).
- 1 of 7 preschool-aged children is obese (1).
- Approximately 40% of counties in the U.S. with at least 100 records in the PedNSS have childhood obesity rates of 15% or more (1).
- 13.9% of children ages 2 to 5 years living in Missouri are overweight or at-risk of being overweight (2).

Barriers to Preventing Childhood Obesity
Low-income families experience a number of barriers that prevent healthier eating habits, including:
- The lack of availability of healthy food options in the surrounding area
- The lack of affordable healthy food options
- The lack of transportation to stores and markets with healthier food options
Our Project

- Designed to assist low-income families obtain fresh fruits and vegetables at an affordable cost
- Participant families are recipients of food stamps (EBT)
- Participant families are WIC-eligible
  - Pregnant women
  - New mothers
  - Infants and children up to age 5 years
- Participant families double the value of their EBT at the Farmer’s Market up to $25 each week ($25 → AHF → $50)

Goal: The program is designed as a childhood obesity prevention program - helping those families who are socioeconomically disadvantaged to obtain healthier eating choices.
Before: Key data.....

2011
- 55 total registered participants
- 25 active participants
- 30 non-active participants
- 45.5% active participation

2012
- 65 total registered participants
- 56 active participants
- 9 non-active participants
- 86.2% active participation
After: Graphic representation of key data…

**2011 - Participation**
- 64% active participants
- 36% non-active participants

(N = 50 registered participants)

**2012 - Participation**
- 14% active participants
- 86% non-active participants

(N = 65 registered participants)
Tips for an effective poster

**TABLE 2**

TEN TIPS FOR EFFECTIVE VISUALS

1. Use readable, consistent typeface
2. Use the largest type possible
3. Place the most important elements at eye level
4. Use phrases whenever possible
5. Emphasize major points with color and art
6. Do not use unnecessary props
7. Personalize with photos or pictures
8. Place a heading on each section
9. Number sub-elements whenever possible
10. Use graphs and charts whenever possible

(Keeley, image 2)
A NEW ERA OF TB SKIN TESTING: PHARMACISTS AS PUBLIC HEALTH PARTNERS

Fortune, D1; Tinker, D2; Braun, T1; Harvey, WP
New Mexico Department of Health1; New Mexico Pharmacists Association2
New Mexico Board of Pharmacy3

Sample of Effective Poster

Background
- New Mexico has a low population density which creates barriers to providing accessible public health care services throughout the state.
- In addition, decreases in public health dollars and lack of nursing staff have adversely impacted the ability to provide TSTs (tuberculin skin tests) for low risk populations (i.e. school/work requirement and change of immigration status).

Objectives
- Increase availability of TB skin tests for work/school requirements
- Provide quality standardized training for pharmacists to accurately place, read, and interpret the TST
- Ensure referrals to public health of high risk populations presenting for TSTs at pharmacies throughout NM

Methods
- The NM TB program, New Mexico Pharmacists Association and the New Mexico Board of Pharmacy partnered to create a plan to train pharmacists to administer and read TSTs and coordinate with public health.
- NM TB program worked with Heartland National TB Center to provide a regional webinar on September 8, 2011. “Understanding the TB Skin Test: A Primer for Non-TB staff.”

Results
- There were 61 registered participants in the webinar. The program provided on-site TST practicum for hands-on experience for pharmacists at locations throughout the state. Four (4) sites received TST training for a total of thirty-nine (39) pharmacists.
- The Board of Pharmacy adopted as protocol a form recommended by the NM TB program when administering the TST (i.e. Tuberculin Skin Testing Health History and Consent Form—see below).
- In a survey sent out by the NM Pharmacist Association participating pharmacists indicated a confidence in their ability to provide this service to the public.

TST Health History and Consent Form

Limitations
- A small number (39) pharmacists have completed the TST practicum.
- A limited number of TSTs (100+) have been performed throughout the state with no positive TSTs reported.

Summary
- This collaborative effort has successfully increased access to TSTs and the diagnosis and treatment of LTBI.
- Pharmacists have contacted the local health offices with referrals when clients presented with signs or symptoms of TB disease.
- In the era of declining public health dollars all avenues of collaboration to ensure sustained TB prevention efforts should be explored.

Recommendations and Next Steps
- The TBP will work with the NM Pharmacy association to plan future practicums as the need arises.
- Major retail commercial pharmacies typically have a high turnover of pharmacists that will require frequent TST practicums that could be challenging for the limited TB staff to accommodate.
## Table 1  Potential conference specifications for posters

<table>
<thead>
<tr>
<th>Conference specification</th>
<th>Points to consider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poster</td>
<td>• Format and size of the poster</td>
</tr>
<tr>
<td></td>
<td>• Will the poster be free-standing, or attached to a wall or cork board</td>
</tr>
<tr>
<td>Conference space</td>
<td>• Location (conference room, hotel lobby, hall)</td>
</tr>
<tr>
<td></td>
<td>• Expected number of poster presenters</td>
</tr>
<tr>
<td></td>
<td>• Expected number of conference attendees</td>
</tr>
<tr>
<td>Materials to bring</td>
<td>• Copies of abstracts</td>
</tr>
<tr>
<td></td>
<td>• Contact information</td>
</tr>
<tr>
<td></td>
<td>• Push pins</td>
</tr>
<tr>
<td></td>
<td>• Business cards</td>
</tr>
<tr>
<td>Due dates</td>
<td>• Exact dates that poster must be delivered electronically or in hard copy</td>
</tr>
</tbody>
</table>
Example of tabletop poster display
Poster handouts

Handouts

- Prepare handouts to distribute to interested viewers.
- Print slides from presentation software, several to a page.
- Or package an executive summary or abstract with a few key tables or charts.
- Include an abstract and contact information.
Poster Presentation

Networking opportunity!

Presentation of poster during "poster session"

- stand off to the side of the poster
- be prepared to "walk" them through the poster and add details of interest
- design your overview as a "sound byte"
- prepare short answers to likely questions
- engage participants into discussion with questions

Miller (2007) and Sherman (2012)
Summary

Appearance

- Display attracts viewers attention
- Words are easy to read
- Well organized, easy to follow

Content

- Purpose and importance clearly stated
- Methods systematically discussed
- Results are clear and supported by methods
- Conclusions are clear and supported by results

Presentation

- Prepared to discuss details of poster in depth
  - Christenbery (2012)
Scholarly Project Poster Presentation

Instructions to reviewer: Use these criteria to rate the poster presentation. Total the number and insert comments to help discern the top poster.

<table>
<thead>
<tr>
<th>Rating criteria</th>
<th>Absent</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Appearance:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Display attracts viewer's attention, graphics &amp; other visuals enhance presentation</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Words are easy to read from a distance (3-5 feet)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Well organized, easy to follow</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Content:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purpose of the question being addressed is stated clearly</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Importance to practice is clear</td>
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<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Methods are clear (e.g., sample, procedure, data analysis)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Results are presented clearly &amp; supported by the methods</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>The approach taken is appropriate for the problem and technically sound</td>
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<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Conclusions are stated clearly and supported by the results</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td><strong>Presentation:</strong></td>
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<tr>
<td>Presenter's response to questions demonstrated knowledge of subject matter and project</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td></td>
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</table>

Comments:
Evaluation criteria

Display attracts viewers attention
Words are easy to read
Well organized, easy to follow
E-Books in the Classroom: A Survey of Students and Faculty at a School of Pharmacy

University of Missouri-Kansas City School of Pharmacy-Columbia Satellite Program

Objectives
- To identify the availability of e-textbooks and interest in the adoption of e-textbooks by School of Pharmacy students and faculty.

Methods
- Obtained a list of required and suggested textbooks used within UMKC School of Pharmacy core courses from the pharmacy school’s Director of Student Affairs
- Researched which textbooks are available in e-textbook format
- Documented data pertaining to cost, location, and specific details about each textbook in an electronic spreadsheet
- Developed questionnaire based on initial background information that showed the included items to be relevant
- Administered anonymous questionnaires created through SurveyMonkey™ to both students and faculty via a link sent to the subjects through the university email system asking for voluntary participation
- Individuals’ responses and comments were anonymous, internet protocol (IP) addresses were not collected, and respondents were required to answer all portions of the questionnaire

Conclusions
- E-books appear to be an economical, convenient, and “greener” option when compared to their printed counterparts. E-books offer advanced features such as interactive quizzles, diagrams, and the potential for frequent updates, which are able to provide learning and teaching benefits to students and faculty.

What factors would affect your decision to use an electronic textbook to read an assigned text? Check all that apply.

<table>
<thead>
<tr>
<th>Factors</th>
<th>Faculty</th>
<th>Student</th>
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<tbody>
<tr>
<td>Readability</td>
<td>88.0%</td>
<td>28.0%</td>
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<tr>
<td>Resolution</td>
<td>74.1%</td>
<td>21.8%</td>
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<tr>
<td>Cost</td>
<td>52.0%</td>
<td>43.5%</td>
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<tr>
<td>Ability to Search</td>
<td>68.5%</td>
<td>43.5%</td>
</tr>
<tr>
<td>Other</td>
<td>28.0%</td>
<td>11.8%</td>
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</table>

For additional results from the questionnaires, please see the handout.
So, You Think You’re Smart? Student Health Literacy on a College Campus
Kate McIntyre and Annie Bastida, MPH candidates, and David Schliesman, biology undergraduate
University of Missouri

Background
Health literacy is the ability of an individual to obtain, interpret, and understand health information and services to make health decisions about health care. It has been shown to predict a variety of health outcomes. The purpose of this study was to assess the level of health literacy and the understanding of health-related information among students at the University of Missouri. The data was collected using surveys and focus groups.

Resources for Health Information

Methods
A computer-generated online survey was administered through Survey Monkey as a method of data collection and analysis. One-hundred-fifty-two participants, or 47% female, were recruited through social media, e-mail, and personal invitations, resulting in 147 participants in various organizations and by word-of-mouth. They were surveyed in the MU Student Health Survey which included questions regarding their demographics, current health behaviors, and knowledge about health care. Participants were offered an incentive during completion. They were asked to rate their level of comfort with each topic on a scale of 1-5, where 1 is none and 5 is very comfortable.

Results
The results were analyzed using descriptive statistics. The data was then graphed to show the level of comfort with each topic and the percentage of students who were comfortable with each topic. The results showed that students were most comfortable with topics related to health care (e.g., symptoms, causes, and treatments) and least comfortable with topics related to medication (e.g., side effects, dosages, and interactions).

Preparation for Health Care Appointments

Conclusions
The MU Student Health Survey reveals that while University of Missouri students are taking advantage of campus health services, they are not as informed as they could be regarding their health care. The results from the survey suggest that students need more information and education about health care, particularly regarding medication and symptoms. Therefore, the research team recommends implementing an education program to improve health literacy among students. This program could include workshops, seminars, and resources that provide students with the knowledge and skills they need to make informed decisions about their health.

Future Implications
Education is key to improving health outcomes. By increasing students' health literacy, they can make better choices about their health and prevent illnesses. Therefore, implementing an education program could have a significant impact on the overall health of the student body. This could lead to decreased healthcare costs, increased productivity, and a healthier campus community.

Limitations
The study had several limitations. First, the sample size was relatively small, which may affect the generalizability of the results. Second, the data was self-reported, which may lead to underreporting or overreporting of certain measures. Third, the survey was administered online, which may have limited access for some students. Finally, the data was collected at one point in time, which may not reflect long-term changes in health literacy.

Appendix
The appendix includes more detailed information about the methodology, data analysis, and results of the study. It also includes a list of references and acknowledgments.

Acknowledgments
This study was supported by the University of Missouri Student Health Service and the MU Student Health Board. The authors would like to thank the participants for their time and effort in completing the survey.

References
Educating a Community: Health Interventions in Rural Bolivia

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¹B.S. Biological Sciences, B.A. Anthropology, Master of Public Health – 2013, University of Missouri
²B.A. Biological Science, Master of Public Health – 2013, University of Missouri

Introduction

Bolivia is the poorest country in South America, with the majority of the population consisting of indigenous people that live in rural areas of the country. These rural communities lack access to clean water, adequate sanitation, and health care facilities. University of Missouri (UM) Master of Public Health (MPH) students accompanied Engineers without Borders (EWB) to rural Los Eucaliptos, Bolivia – a small community located approximately 30 miles outside of the nearest city in Southern Bolivia.

The MPH-EWB collaboration is unique because both programs emphasize community engagement and empowerment to create sustainable community-driven programs. We designed and implemented health interventions based on data collected from a 2011 community needs assessment by Theresa Young, MT, MPH-2013. The 10 question survey was designed to be open ended to enable the participants to voice their opinions about health problems in their community.

Quantitative Survey Results

- Flooding contributes to household mold formation.
- Concurrent, high incidence of upper respiratory infections.

Qualitative Survey Results

Requests for first aid kits and/or training to help offset health care accessibility issues.

Goals

Based on the 2011 data, we prioritized three of the community’s concerns to be the focus of our health interventions:

1. First aid supplies and training
2. Proper hand washing
3. Household mold treatment

Discussion

- The community was excited to receive first aid information and supplies.
- Benefits:
  - Fully stocked kit
  - Improved understanding of appropriate treatment
- Challenges:
  - Restocking kits (accessibility and financial means)
  - Understanding digital thermometer
- The community understands the health complications associated with active mold exposure and the importance of hand washing.
  - Recommend follow up assessment to see if mold management techniques helped reduce upper respiratory illnesses.

Sustainable Education

Health Leader
- Community nominated health leader (pictured at right with her family)

Health Education
- Monthly health education pamphlet
- Topic chosen by community
- Discussed at community meetings
- Topics covered:
  - Nutrition
  - Choosing water over sugary drinks
  - Maternal and Child Health
  - Benefits of Breast Feeding
  - Chagas’ Disease and Prevention

Conclusion

- Rural health education is effective in improving health outcomes
- Community-driven programs
  - Improve community member engagement and empowerment
  - Improve overall sustainability
- However, there are still issues the community recognizes as important:
  - Requested optometry and dental services, specifically
- Those and other health needs are beyond the scope of the EWB organization
  - Need a more comprehensive and holistic approach in Los Eucaliptos
  - Recruitment of more health service providers

Special Thanks

Acknowledgments and thanks to all the people who made this possible.

Bibliography
Walking in the Spirit: Increasing Breast Cancer Awareness Among African American Women through Faith-Based Community Events
LaShaune Johnson, PhD; Kate McIntyre; Jane McElroy, PhD
University of Missouri School of Health Professions, Master of Public Health Program, School of Medicine

Background
Missouri falls near the national average in female breast cancer incidence rates (124.2 in MO and 125.7 nationwide, per 100,000), and also roughly mirrors the national average on death rates for female breast cancer (26.2 and 22.2, per 100,000 women, respectively). However, African American women have a lower incidence rate and a higher mortality rate than white women.
- Black: incidence rate: 116.1, mortality rate: 32.4
- White: incidence rate: 125.4, mortality rate: 23.9
Of the 15 counties in the Susan G. Komen Foundation Mid-Missouri Affiliate area, Boone and Cole have a greater proportion of Blacks, though it's lower than in Missouri. Boone and Cole Counties experience a lower incidence rate than the state average, but higher mortality rates. These counties have higher average educational attainment levels and similar per capita incomes and rates of health coverage compared to Missouri.

Aims
The Walking in the Spirit program:
- dispels myths among Black women about their risk for developing breast cancer and myths that breast cancer is a "death sentence."
- alleviates fears about detection techniques and treatments,
- reduces breast cancer mortality among women through the use of early detection techniques,
- and encourages a greater widespread community understanding and support of women undergoing breast cancer screening and treatment.

The program relies on community input and strong partnerships with churches and local organizations. It is hoped that the liaisons will implement healthy lifestyle choices into more church events, such as changes in foods served or the integration of fitness activities, and will continue to host similar programming once the grant is completed.

Incidence and Mortality Rates
Missouri, 2009
(per 100,000 women)

Methods
With funds from the Mid-Missouri affiliate of Komen and by partnering with the Black church, the Walking in the Spirit team has reached more than 150 diverse community members in Columbia and Jefferson City with breast cancer and healthy lifestyle information. Staff use evidence-based outreach methods (i.e., faith-based methods that rely on “witnessing, testifying”) to engage participants in convenient and familiar places such as church halls or community centers. These resources and others are provided on a blog, which advertises events and lifestyle tips in conjunction with flyers and posters.

- May: A fitness event kicked off the program at Second Missionary Baptist Church in Columbia with testimonial from an African American breast cancer survivor from the community and instruction on simple walking techniques.
- July: "Keep It Moving: A Peace Dance Lesson by Candace" featured a praise dance lesson and pizza party for teen girls, who learned the benefits of exercise and discussed self-esteem and bullying.
- August: Program staff and Me-Wee dietitians shared simple recipes with more than 150 community members at a Jefferson City back-to-school event and in Columbia.
- September: Staff and an MU oncologist joined churches’ annual women’s events to discuss meal planning, exercise, and breast cancer prevention and treatment.
- Future events include healthy holiday meal cooking demonstrations, discussions on stress management techniques and realistic New Year’s resolutions, Zumba lessons and volunteer Day dinners.

Future Implications
While strides made state-wide and nationally in early detection and survivorship, there is still quite a lot of work to be done in mid-Missouri. The Walking in the Spirit Program addresses breast cancer disparities, which include lack of access to mammograms, lack of health literacy, provider racism/sexfeminism, poverty, obesity, lack of timely follow-up of suspicious results and cultural beliefs and attitudes. Further community involvement and growth of the program depends on church leaders and other key stakeholders, including local dietitians, oncologists and other health practitioners, to utilize services offered by the Komen Foundation, MU and additional organizations.
Putting Knowledge into Action

National TB Nurse Coalition Annual Conference
June 10, 2013 (Monday)
Atlanta, Georgia

For Nurses only:

Abstract & Poster Display

- (4) Four posters selected for
  - "lightning talks" to informally share experiences

- Looking forward to seeing YOUR poster
THANK YOU

On behalf of the National TB Nurse Coalition we thank you for your participation!

For additional questions email me @ Diana.Fortune@state.nm.us 505.827.2473
References


