



Developing Yourself Professionally: Academic Poster Creation

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GOAL of the Poster Creation Presentation

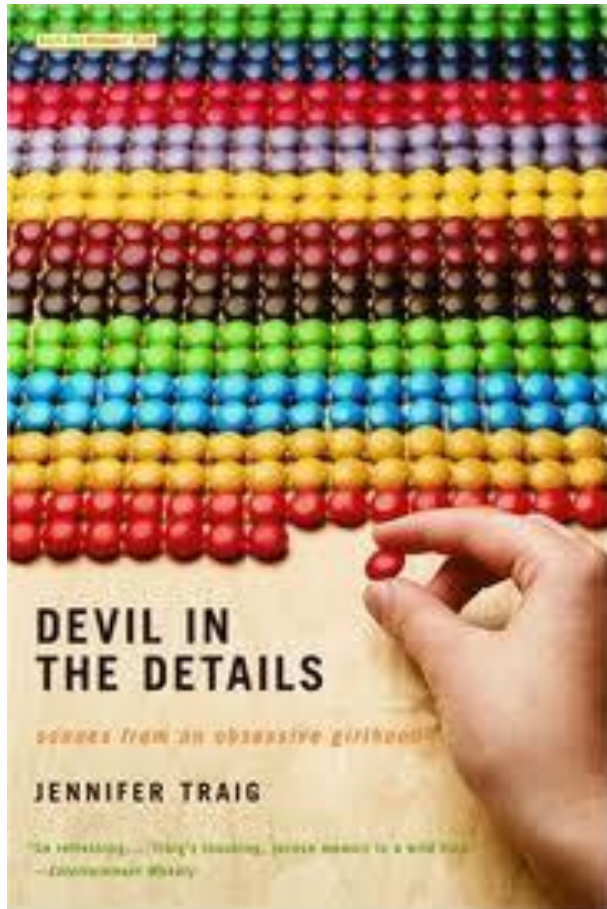
**To add to your academic tool chest a
professional development skill set**

Objectives: Poster Creation

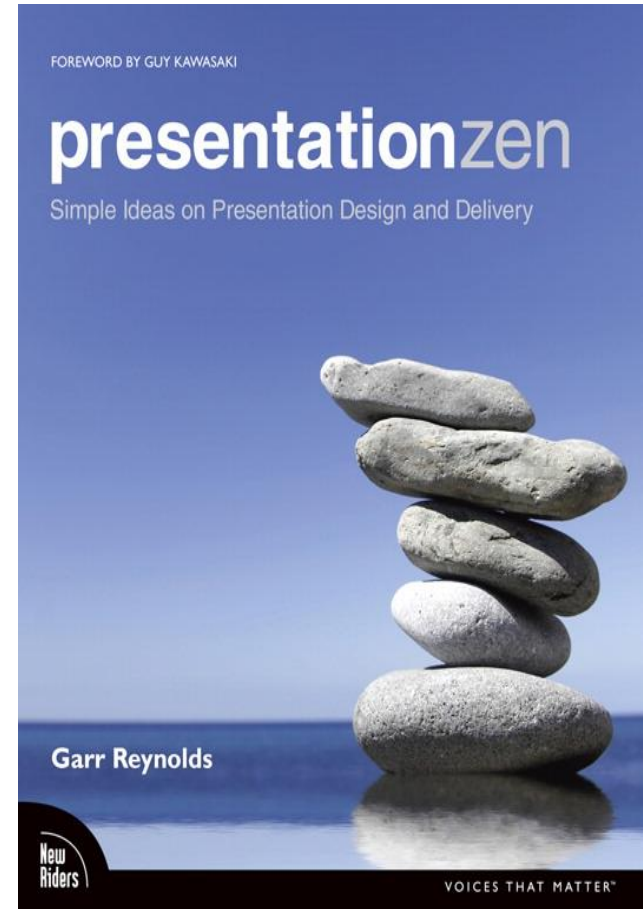
- ❑ Identify and review development tips (content, delivery) for an academic poster presentation
- ❑ Analyze sample posters to determine how to create a poster with quality content and have eye-appeal to the viewer

Purpose: Posters as a Presentation Tool

- ▣ Engage in conversation with like-minded people
- ▣ Convey main point of project to large/diverse audience
- ▣ Advertise work & institution & discipline
- ▣ Instantaneous feedback & networking with colleagues



**Which
book do
you
want to
open?**



Steps to Creating Posters

1. Plan
 1. Size-follow requirements
 2. Words-fonts
 3. Color scheme
 4. Images and graphics
 5. Decide on poster framework (research vs. education)
2. Assemble
 1. In PowerPoint or Publisher
 2. Proof and Edit.....Edit.....Edit
3. Print
4. Transport

What to Mount it on?

- ▣ Conferences: 4'high x 6' wide cork boards, pushpins (review requirements)
- ▣ Foam Boards Sizes (requires easels)
 - ▣ 40x60
 - ▣ 30x40
 - ▣ 24x36
 - ▣ 20x30
 - ▣ Trifold 36x48, center panel 24x36
- ▣ Poster Board 22x28

Types of Poster Formats

- ▣ Research Posters
- ▣ Educational Posters
- ▣ Colloquial Posters

Research Language

- ▣ Research Question
- ▣ Introduction
- ▣ Methods
- ▣ Results
- ▣ Conclusions
- ▣ Limitations
- ▣ Future Research Questions
- ▣ Background
- ▣ Research Question
- ▣ Hypothesis
- ▣ Methods/Materials
- ▣ Results
- ▣ Discussion
- ▣ Conclusions/Future Research
- ▣ References

Education Language

- ▣ Objective
- ▣ Background
- ▣ Design
- ▣ Intervention
- ▣ Outcomes: short & long term
- ▣ Interpretation of outcomes, based on goals & objectives
- ▣ Challenges
- ▣ Future Steps/Teaching Point

Colloquial Language

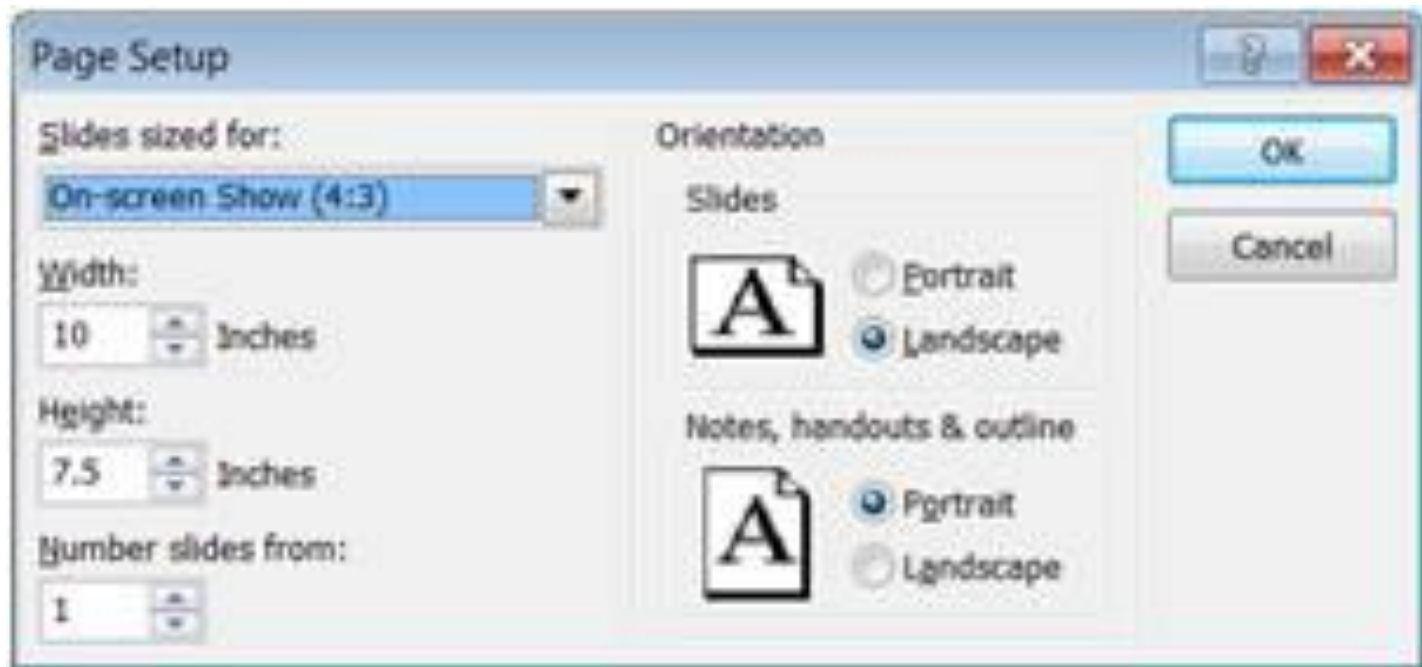
- ▣ What is the question?
- ▣ What is the significance?
- ▣ How did you address the problem? What did you do?
- ▣ What did you find?
- ▣ What do you think it means?
- ▣ Any reservations?
- ▣ Where do you go from here?

Tricks

- ❑ Make a PowerPoint presentation
 - ❑ Custom: 1 slide with size for the poster
- ❑ Rule of 6 lines
- ❑ Identify and convey your message
 - ❑ Starts with the title of the poster
- ❑ Sequence logically/headings/bulleted text
- ❑ Use copy & paste for words, charts, images into a poster

Set size of poster on PowerPoint

PP/File Menu/Page Setup/Custom/Insert Width/Height/1 slide/landscape



Steps for Creating From Scratch

1. Start with new, blank page in PowerPoint
2. Set size of poster in page setup-check requirements
3. Select # of Columns: 3 vs. 4 (VERTICAL OR HORIZONTAL)
4. Add Title banner with words and images
5. Add Headers
6. Add text boxes (bullets or numbers)
7. Add images, charts, photos, graphs, lines, borders to text boxes
8. Edit, Edit, Edit

Rules of Consistency

- ❑ **Pick 2-3 fonts.** Use the same Font for all... (size, color, capitalization, alignment)
- ❑ **Headings** (i.e. 60 pt Goody Old Style, Bold, Shadowed, Garnet, Centered)
- ❑ **Body Text** (i.e. 32 pt Verdana, Black, Left justified)
- ❑ **Labels** (i.e. 20 pt Arial, black, centered)
- ❑ **Pick two or three colors,** use throughout poster

Rules of Readability

- ❑ Title banner read from 20 ft
- ❑ Body text read from 6 ft
- ❑ Suggested **font sizes** (depends on font)
 - ❑ Title of poster 96-120 pt
 - ❑ Author(s) and institution 60-72 pt
 - ❑ Headings 60-72 pt
 - ❑ Body Text 32-48 pt
 - ❑ Labels 20-32 pt
- ❑ Test of readability – print 8.5 x 14 copy
 - ❑ Can you still read it?



Rules of Consistency

- ☐ Keep shading same (color and fade)
- ☐ Keep borders same (color, style and thickness)
- ☐ Keep objects (text boxes, headings) aligned to guidelines (vertically and horizontally)
- ☐ Keep margins and gutters consistent
- ☐ Keep line spacing consistent, adjust for readability

Working With Text

- Use bulleted lists if possible-be consistent with selected bullets
- Align text boxes with guidelines
- Keep font size as large as possible, but be consistent
- Edit ruthlessly -- there is always too much text and errors

Example Fonts – All 46pt

☐ Verdana

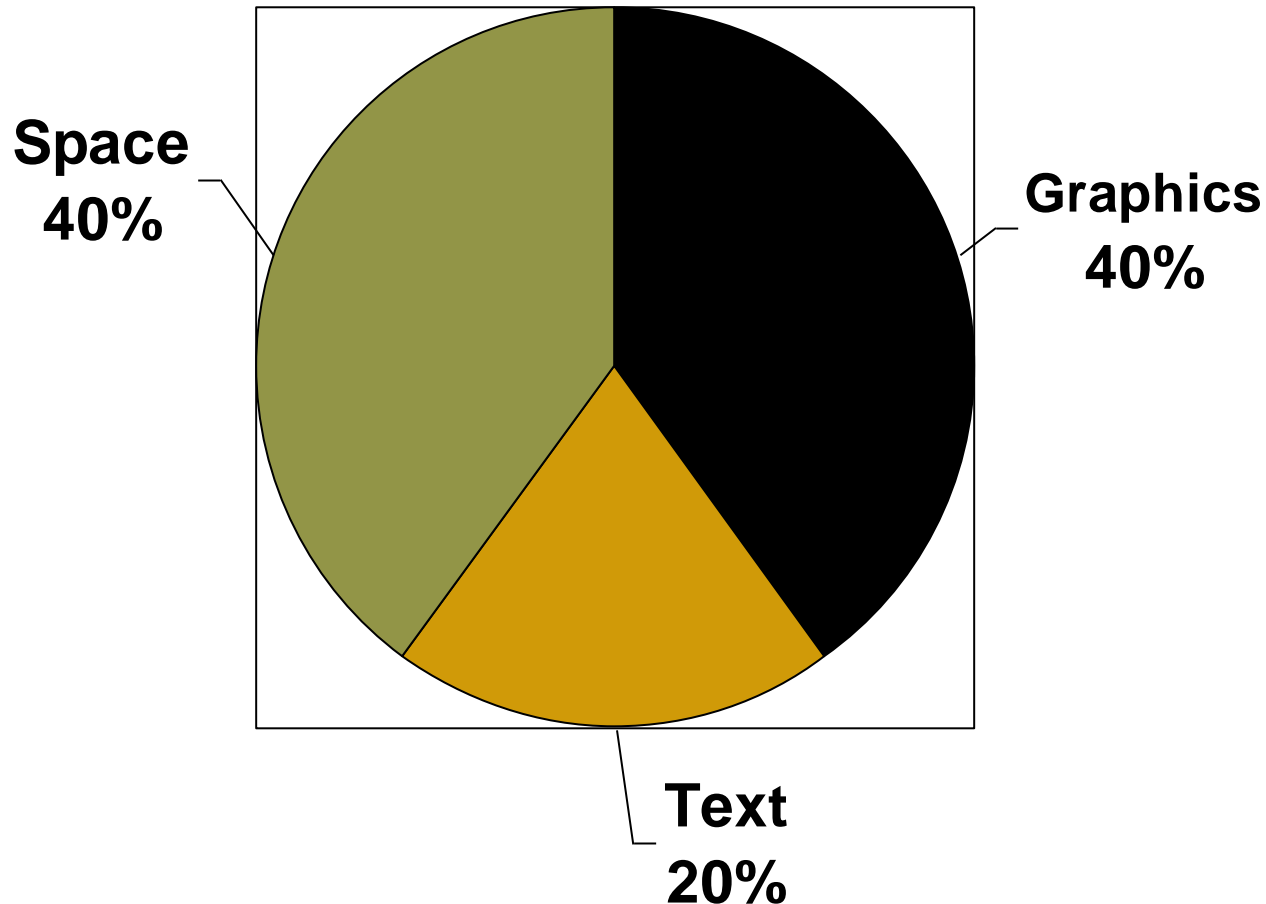
☐ Arial

☐ Times New Roman

☐ Goudy Old Style

There is always too much text!

20% Text, 40% Graphics, 40% Empty Space





Working With Images

- ☐ Screen shot the image/insert/crop
- ☐ Copy/paste from another document
- ☐ Insert an image/excel file
 - ☐ web: public domain only or personal image file
- ☐ Before printing assure resolution is readable for poster size

What Images Do You Need?

☐ **Photographs: Resolution**

- ☐ 72 DPI computer screen (too low)
- ☐ 150-300+ DPI print
- ☐ Web images won't work unless 1200 x 1000
- ☐ Find original digital pictures 1+ M pixels
- ☐ Scan at 600+ DPI

☐ **Charts and Graphs**

- ☐ What data can be best illustrated?
- ☐ Use existing Excel graphs and tables



Planning & Printing Your Poster

<http://www.postersession.com>

<http://www.posterpresentations.com>



Conservation of Ink

- ❑ No solid dark color backgrounds
 - ❑ Use white or gradient of light color/shaded
- ❑ Compensate with decorative graphics, small areas of solid color

Conclusions

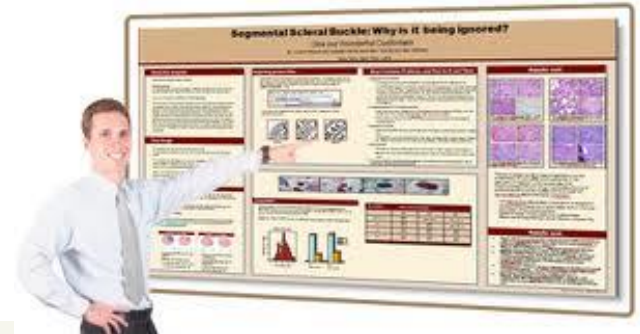
Conclusions

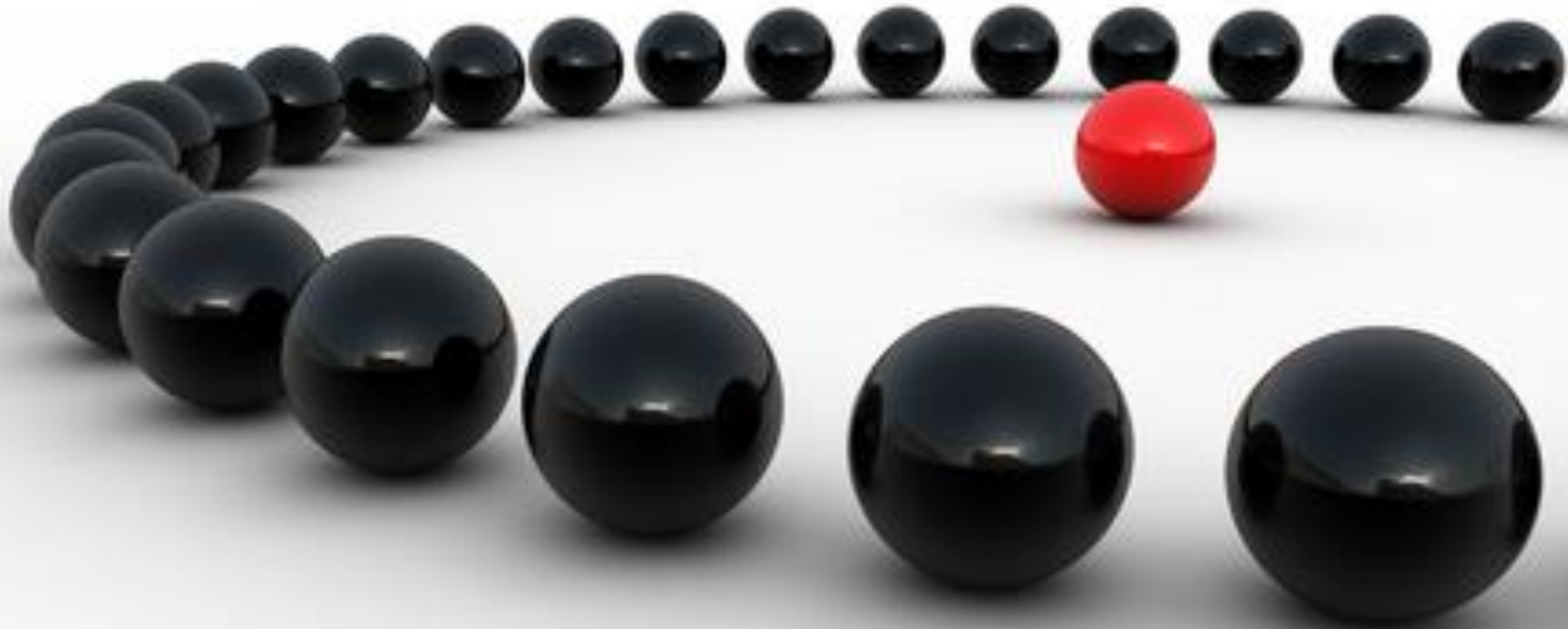
Basic Poster Guidelines

- ☐ **Develop a short, results-oriented title with key words from abstract**
- ☐ **Use visual elements whenever possible**
- ☐ **Minimize text-use bullets and no paragraphs**
- ☐ **Select section headings**
- ☐ **Maintain large, easy-to-read font**

What to Bring to a Poster Session

- ❑ Put details in Handout (e.g. references, surveys/questionnaires)
- ❑ Contact Information (business cards)
- ❑ Small version of poster to distribute
- ❑ Think about where you can place handouts





Average is no longer good enough



Summary

Description of
the problem,
clear statement
of goals

Sample Posters to Critique

What do you like?

What do you dislike?

How clear is the title?

Where do you see the text is readable? White space?

Where do you see the use of bullets or numbering is useful?

Where do you see the insertion of images is additive to the poster story?

How is data reported? Summarized?

Introduction and Objectives

- Medical student attitudes towards psychiatry influence their choice of future specialty and form the foundation of their later actions as medical doctors
- The psychiatry clerkship has been shown to strongly influence medical student attitudes and perceptions towards psychiatry
- Even though medical student attitudes are improving, the proportion of students choosing psychiatry as a field remains low
- Very few studies have evaluated the specific components of clerkships which impact these outcomes
- The aim of our study was to directly and systematically compare student satisfaction and attitudes toward psychiatry between a novel clerkship design and a more traditional approach
- This represents the first study to evaluate the impact of two different clerkship designs simultaneously on medical student satisfaction
- Our study is an initial effort at answering the question of breadth versus depth of experience in a clinical clerkship in psychiatry



Intervention

- Students from three medical schools (AECOM, NYIT-COM, SUNY Downstate SOM) were assigned to a more traditional clerkship experience
- Students from the Hofstra North Shore-LIJ School of Medicine rotated through a novel clerkship design
- All students in rotations ending between July 2013 and March 2014 were asked to complete a voluntary and anonymous 10-item online survey at the completion of their rotation
- Questions were presented in multiple-choice format, with a scale ranging from minimal or no satisfaction to a high degree of satisfaction

Traditional Clerkship Experience

	Primary Clinical Experience	Additional Clinical Experiences
5/6 weeks	Adult Inpatient	1 Child/Adolescent outpatient intake every other week C/L case conference weekly 3-4 evening calls in ED (4:30-9pm) One half day in ECT suite

Each week also included:
7 hours of didactics in the hospital

One school had their students return to their school for half a day each week for didactics - they had 3 hours of didactics in the hospital weekly

Novel Clerkship Experience

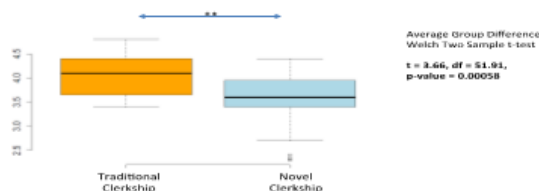
	Primary Clinical Experience	Additional Clinical Experiences
2 weeks	Adult Inpatient	1 Outpatient intake weekly
1 week	Adolescent Inpatient	2 half days in child clinic
1 week	Geriatric Inpatient	1 half day in outpatient
1 week	C/L Psychiatry	1 half day in ECT suite
1 week	3 days in addiction recovery clinic	2 days in ED

Each week also included:
One half day of didactics at their medical school.
One half day of medicine continuity clinic.
3 hours of didactics in the hospital.

Results

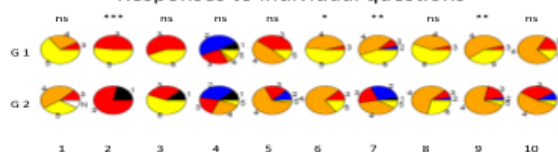
- Analyzing all ten questions together showed that there was a significantly higher overall degree of satisfaction in the traditional clerkship as compared to the novel clerkship

Overall Student Satisfaction



- Looking at individual survey questions also revealed significant differences in the following:
 - ✓ Student preference for more or less variety of clinical experience ($p < 0.0005$)
 - ✓ Rotation effectiveness in meeting its learning objectives ($p < 0.05$)
 - ✓ Making students feel like an important part of the treatment team ($p < 0.01$)
 - ✓ Rotation's influence on the student's view of psychiatry ($p < 0.01$)

Post-hoc analysis: Responses to individual questions



χ^2 (Chi-square test)
ns: not significant
*: $p < 0.05$
**: $p < 0.01$
***: $p < 0.0005$

Interpretation

- As a whole, students in the traditional clerkship had higher overall satisfaction, contrary to our expectations
- While students in the novel clerkship expressed a desire for less variety, there remained a large minority in the traditional clerkship who wished for more variety suggesting the potential utility of a more moderate degree of clinical variety
- Students in the traditional clerkship felt that they played more of an active role in the treatment team, and tended to appreciate more of an opportunity for active learning
- While both rotation structures favorably affected student attitudes towards psychiatry, students in the traditional clerkship found that the rotation itself significantly contributed towards this favorable attitude, which may reflect the value of being in one setting primarily
- Surprisingly, while attitudes towards the field were less favorable than in the traditional setting, a higher number of students in the novel clerkship expressed that they were considering psychiatry as a career choice
- Clerkships with more variety may ultimately recruit more students into the field, even at the sacrifice of overall satisfaction with the clinical rotation

From the students...

Traditional Clerkship Experience

"It was a well rounded experience with a good variety of exposure and opportunities to actively be involved in patient care."

"I had a great time and had the ability to manage patients with the supervision of the attending and resident. Great psychiatry experience and I would recommend LIJ to other students rotating through psychiatry!"

"Would have liked to rotate through different units possibly in 2 week intervals to gain more experience and knowledge."

Novel Clerkship Experience

"Thank you for a great rotation. I had no thoughts of going into psychiatry, but after the rotation, I have a much better appreciation for what psychiatrists deal with and do."

"Some of the more broken up experiences provided less feeling of being part of the care team and active learner. The weeks without as much moving around such as inpatient allowed more involvement in care."

"It was difficult to feel a part of the team when we were with the team for such a short period of time. Otherwise, this was a great experience!"



Future Directions

- Examine additional outcomes of the clerkship (ie. Shelf examination scores, demographics, match statistics, etc.)
- Include a stigma reduction program in the curriculum and evaluate its impact on student attitudes and career choices
- Evaluate which specific rotations were preferred or disfavored by students
- Assess the impact of a moderate variety of clinical experiences on student satisfaction and attitudes

Conclusion

- There is a significant student preference for a rotation which favors a more traditional experience
- The more intensive clinical experience, the better
- There may be value in considering the impact of a clerkship design with a more moderate variety of clinical exposure on medical students' satisfaction and attitudes
- Ultimately, students still expressed being satisfied in both the traditional and novel clerkships, which supports prior research indicating the essential value of strong clinical teaching, supervision, and enthusiasm for the field and practice of psychiatry

Preparing to Teach in an Integrated Curriculum

Gina M. Sorrentino, Ph.D. Department of Science Education, Hofstra North Shore-LIJ School of Medicine, Hempstead, NY.

Seven Things No One Tells You About Building a Career in the Anatomical Sciences

Many new graduates in the anatomical sciences receive their doctorate degrees from research-centered institutions, and the teaching methods of the schools to which they are applying for faculty positions may be quite different and require significant adjustment.

This poster represents a personal account of the transition from a research-centered PhD program in Anatomical Sciences to full-time Assistant Professor in a new medical school with a fully integrated curriculum.

With proper guidance, graduates of the anatomical sciences can not only ease their transition into a new institution, but prepare themselves before graduation to take advantage of the job market.

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1. Every school has a mission

“Our mission is to educate physicians and investigators in the biomedical and clinical sciences so that they are well-prepared to advance the frontiers of research, education, clinical practice and advocacy.”

“Our Five Guiding Principles: Create leaders and leadership; Students and faculty first; Facilitate education and research; Reach out and connect diverse people & ideas; We win together as a team.”

“Since 1878, Creighton has been guided by the principles of the Jesuits – service and excellence in education. The Jesuit presence at Creighton creates an atmosphere of service to humanity, one of the chief goals of a Jesuit education.”

How would teaching at these three institutions be different?

- What was the philosophy of the institution at which you trained? How does that compare to the institutions to which you are applying for jobs?
- How will these philosophies influence how you are evaluated for promotion?

2. A medical school is accredited

- The Liaison Committee on Medical Education accredits medical schools. Once accreditation has been granted, schools are evaluated every 8 years.
- Becoming familiar with the body that grants accreditation and their standards will help you understand your own role and the role of your new department within the medical school.
- If your new institution is up for accreditation renewal around the time you are hired, know that new faculty will often be interviewed by the survey team.

3. Assessment impacts teaching and student preparation

- In an integrated curriculum, your students will be evaluated on far more than how many anatomical structures they can identify; they will be expected to be able to apply that information to many other topics they are learning simultaneously.
- It is part of your responsibility to understand those connections and make them explicit in your own teaching.
- The manner in which students are assessed will have a direct influence on how anatomy is taught and how students study. If students are tested on how they apply and connect information from different disciplines and make decisions, then that is how you will be expected to teach anatomy. Both how you teach and how they are examined will directly influence how the students study.

Mission

Academic
Role

Research

4. Anatomy is a piece of a bigger picture

- In an integrated curriculum, anatomy is one facet of a much larger whole – that whole being “the practice of medicine.”
- You will not be expected to be an expert in all areas, but it is imperative that you understand how anatomy fits and be able to relate what you are teaching to the bigger picture.
- Your goal may no longer be the dissection of a human cadaver over the course of a semester. In the most extreme of integrated curricula, you will cover the entirety of the human body over two years.
- There may not be an anatomy course dedicated to all the material. Instead, the material you cover may be dictated by weekly themes, utilizing a more regional or systemic approach.

5. You will be a member of a diverse faculty

- You may teach alongside another anatomist, but your colleagues will comprise professionals of all stripes, from the expected clinicians and surgeons to the less expected medical law experts.

6. What your Ph.D. skills bring to the curriculum

- There is a reason that PhDs are needed in medical education and teach alongside MDs. Not only are you an expert in your subject, but the process of earning a doctorate has shaped the way you think.
- Your PhD has taught you how to ask questions, how to identify what kinds of data you need to make a conclusion, how to collect evidence, how to analyze information, how to think critically, and how to make decisions and assess risks. Do not underestimate what your hard work has taught you and how it has influenced the way you think.
- An integrated curriculum will give you the opportunity to teach more of your skills than what you know of human anatomy.

7. Surprise! Your research career isn't over!

- Contrary to what you might hear, your new teaching-centered institution also values research, but they may ask that you transform into an education expert as opposed to an expert on, say, the comparative anatomy of the urogenital sinus in *Xenopus*.
- Your job is now to become a renowned researcher on some aspect of medical education, perhaps in the teaching of anatomy, or perhaps in some other aspect of the curriculum, such as team-based learning. This might be an entirely new arena for you, so get yourself a good mentor, join established research groups if possible, and start digging into the MedEd literature!

¹ Stony Brook University School of Medicine, Stony Brook, NY. Excerpt from “Strategic Plan 2013-2027” (<http://medweb.stonybrookmedicine.edu/>)

² The Medical School of Medicine at Dartmouth, Hanover, NH. Excerpt from “Our Five Guiding Principles” (<http://gim.med.dartmouth.edu/>)

³ Creighton University School of Medicine, Omaha, NE. Excerpt from the Creighton University School Yearbook (<https://yearbook.creighton.edu/>)

Surface Anatomy Utility in Medical Education and Near-Peer Teaching

Shayna Carp, William Rennie, M.D.^{1,2}, Keith Metzger, Ph.D.¹

¹Department of Science Education, ²Department of Emergency Medicine, Hofstra North Shore-LIJ School of Medicine, Hempstead, NY

INTRODUCTION & PROJECT GOALS

Surface anatomy refers to anatomical features that can be seen or palpated without invasive techniques and has important implications clinically. In trauma situations, a clear understanding of anatomical locations and relationships is key for managing patient care. Performing clinical procedures relies on knowledge of surface anatomical landmarks that allow access to deeper structures. In surgery, surface anatomy knowledge is essential. Surface anatomy can also guide physical examination in many medical specialties; understanding where to place the stethoscope and why a physician auscultates at a particular point leads to more effective physical examination.

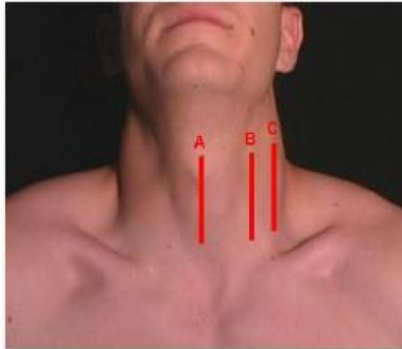
The goals of this project were 1) to assess the utility of a focused surface anatomy learning module and 2) to examine how that additional instruction affects student understanding of anatomical landmarks and their ability to apply that knowledge in a clinical setting. Additionally, this project aimed to assess the impact of near-peer teaching in medical education from both the teacher and learner viewpoints.

METHODS

- A series of modules relating surface anatomy to clinical scenarios was developed by an MS2, guided by faculty members.
- Presented to a subset of MS1 at Hofstra North Shore-LIJ SOM on a weekly basis.
- Each of the modules was developed around a specific goal and students were guided through activities using Socratic questioning by the near-peer.

Sample Clinical Scenario

A patient presents in the Emergency Department with a stab wound to the neck. At each location (A, B and C), what structures are you most concerned about managing? Which of the three locations is the most concerning from a standpoint of patient survival?



HYPOTHESIS AND CURRENT ANALYSIS

Current MS1s [intervention group] performance on surface anatomy-focused questions and ultrasound competency stations were compared to prior students [control group] who did not have the extra modules on surface anatomy

- Intervention group exam scores were equal to or greater than the control group for questions involving surface anatomy.
- In particular, they performed substantially better on question topics that were directly discussed in a module (i.e. targeted anatomy & terminology).
- Near-peer teaching had no measured negative effect on performance, and appears to have improved the understanding of particularly difficult topics



HOFSTRA NORTH SHORE-LIJ
SCHOOL of MEDICINE
AT HOFSTRA UNIVERSITY

Abstract #: A341
Program #: 960.40





A Case of Sarcoidosis Disseminated to Skeletal Tissues

Edon Rabinowitz, MD, Chinwe Ogedegbe MD, MPH, FACEP, Joseph Feldman, MD
Hackensack University Medical Center, St George's University SOM



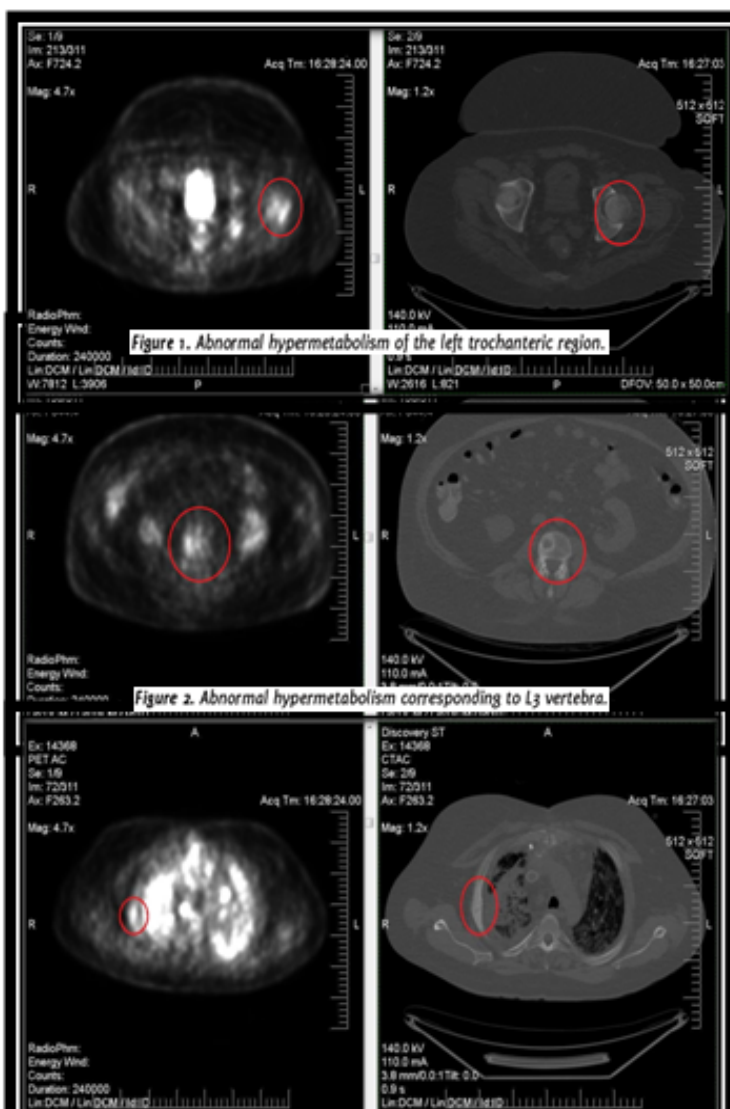
Rabinowitz E, Ogedegbe C, Feldman J. A Case of Sarcoidosis Disseminated to Skeletal Tissues. *Int J Med Students* 2013;1(1):43-5.

Introduction

Sarcoidosis is a chronic inflammatory disease characterized by noncaseating granulomas. 90% have pulmonary, cutaneous or ocular involvement but any organ can be affected. In the US, Peaks 3rd & 4th decade with predilection toward African American Women. diagnosis of exclusion. Difficult to assess incidence of skeletal involvement.

The Case

33 year old Caucasian male with mediastinal Germ Cell Tumor (GCT) diagnosed and treated 3 years prior. Presents to ED with 2 months of worsening exertional dyspnea. Found to be in moderate respiratory distress and Hypoxemic. CAT scan reveals large anterior mediastinal mass. Subsequent biopsy consistent with Sarcoidosis. Failed to improve with systemic steroid treatment and presented to ED 6 months later with SVC syndrome secondary to enlarging mediastinal mass. Required debulking mediastinal surgery, pathology of specimen reported mature teratoma. Failure to improve, continued fatigue and respiratory symptoms raised suspicion of GCT dissemination. PET/CT evaluation revealed hypermetabolic foci of multiple lymph nodes and bone. Left iliac bone biopsy consistent with Sarcoidosis.



Discussion

Multiple well documented painless bone lesions on imaging studies related to our patient's GCT. Ddx: metastatic GCT, multiple myeloma, brown tumors of hyperparathyroidism, lymphoma, histiocytosis, osteomyelitis, Paget's disease, fibrous dysplasia. Skeletal sarcoidosis speculated prevalence is 3-38%. More often in phalanges as compared to long bones, vertebra, pelvic bones, ribs. Rarely isolated skeletal disease documented. Certainty that pulmonary sarcoidosis preceded skeletal involvement in our patient. Greater correlation of ACE levels and inflammatory markers but underlying GCT confounds lab data. Treatment of disseminated sarcoidosis is clinical challenge as traditional steroid and second line Methotrexate treatments may be unsuitable with underlying GCT. Limited data on long term prognosis. Limited radiographic findings to diagnose skeletal sarcoidosis. Some correlation with absence of periostitis on conventional radiography. PET scan may play role in the future.

References:

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Academic Detailing: The P.I.V.O.T.¹ Initiative, Part I

D. Blitz, J. Mallen, J. Rabin, T. Kwiatkowski, Y. Dlugacz, R.A. Silverman

Hofstra North Shore-LIJ School of Medicine, North Shore-LIJ Health System, Department of Obstetrics and Gynecology, Krasnoff Quality Management Institute, Department of Emergency Medicine

Introduction

- Pharmaceutical detailing has been used for decades to influence physician practice.
- This pilot project utilized a spin on this method called "academic detailing" in order to influence vaccination rates of pregnant women against influenza.
- Many studies indicate that too few pregnant women are vaccinated.
- Obstetricians frequently do not carry the vaccine, a key impediment to vaccination.

By piloting an office-based academic detailing program conducted by Hofstra medical students, we seek to increase the frequency of obstetricians that carry and administer influenza vaccine for pregnant patients during the 2012-2013 influenza season.

Methods

- Summer of 2012: 44 NSLIJ associated obstetricians from offices staffing over 100 obstetricians were contacted by email, letter, and phone to meet with 2 Hofstra medical students (DB and JM)
- Structured interviews were conducted with each obstetrician which also included a student presentation on vaccination during pregnancy, a questionnaire, and a survey regarding the interaction.

*ONLY 47% OF PRACTICES INTERVIEWED REPORT CARRYING INFLUENZA VACCINE

Table 1: Characterization of Obstetricians

	All	Carriers	Non-Carriers	P-Value
Age	52.51	52.48	52.54	0.98
Gender (%M:%F)	51.1%; 48.9%	42.9%; 57.1%	58.3%; 41.7%	0.31
Location by county				
(Nassau (N), Queens (Q), Suffolk (S))	N: 31 Q: 11 S: 3	N: 15 Q: 5 S: 1	N: 16 Q: 6 S: 2	

Figure 1: Reasons Cited for Carrying Vaccine

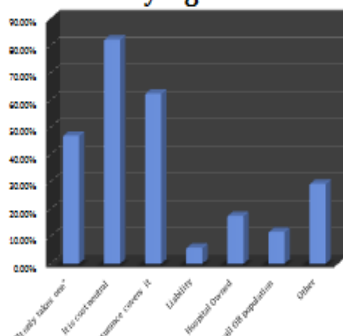


Figure 2: Reasons Cited for Not Carrying Vaccine

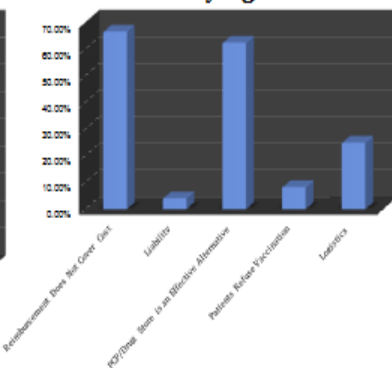
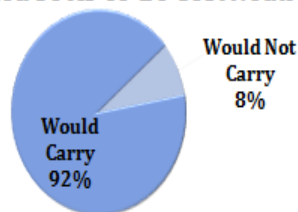


Figure 3: If The Vaccine Was Provided So As To Be Cost Neutral



¹ Pregnant patient Influenza Vaccine Optimization Team

Discussion

- It appears from the interviews that carrying the vaccine was in large part dictated by perceived economic impact on the practice.
- Providers who carry the vaccine indicated they can breakeven on cost, an incentive to carry.
- Providers who do not carry the vaccine believe they will not be adequately reimbursed.
- In addition, providers highly rated the student interactions, welcoming the opportunity to participate in the academic detailing program.

Limitations

Extensive interviews necessitated a relatively smaller sample size. Part II will be conducted in the winter to determine if academic detailing ultimately improved carrying and administering vaccine in the office.

Conclusion

- Medical students are able to gain access to providers to promote changes in practice.
- Among providers who did not carry, cost appears to be the most substantial barrier.
- Preliminary data suggests that affording offices with vaccine may be a potential solution to improve vaccination rates.
- January 2013: Part II of this study purports to establish if academic detailing alters practice.

Innovations in a Learning Environment by “Rounding for Outcomes” in a GME Program

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INTRODUCTION

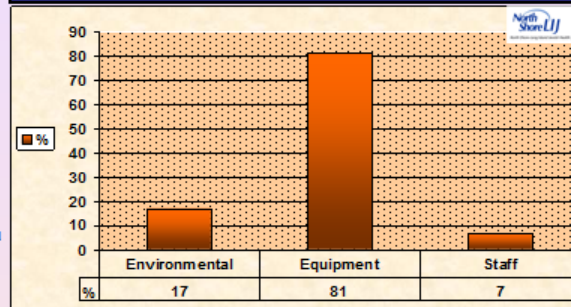
- In 2007, the NSLIJHS provided in-service training to its leadership on “Rounding for Outcomes”. The source of the training was a Studer Group (Gulf Breeze, FL) video along with the LIJ Director of Service Excellence as facilitator.
- Management implemented this project in every department and up on the patient floors.
- Using this “communication and relationships tool” with the Pathology House Staff may be the first attempt at “Rounding for Outcomes” (RFO) in a GME Program.

MATERIALS AND METHODS

- Definition: RFO is proactively engaging, listening to, communicating with, building relationships with and supporting your most important asset . . . your staff.
- A “Leadership ‘Rounding for Outcomes’ Log was created to assist leaders in developing skills and leadership competencies necessary to attain desired results.
- The feedback sought was under standardized headings: What is going right? Who should be recognized and rewarded? What systems and processes can be improved? Do you have the tools and equipment needed to do your job?
- Follow-up actions included sending thank you notes listing the specific behavior/action being recognized. Staff is rewarded with a small gift.
- Follow-up e-mail is sent to notify responsible individuals of an issue raised in order to achieve resolution.
- A three-year analysis (2007-2010) was done on comments submitted at monthly “Rounding Sessions” with the Pathology House Staff at NSLIJHS.

Measurable results was key to this innovative project that changed the environment of our GME programs.

OUTCOMES OF “ROUNDING” IN A GME PROGRAM: Oct. 2007 – Oct. 2010



DISTRIBUTION OF TYPES OF OUTCOMES

TYPE	NUMBERS	PERCENTAGE
Environmental issues (departmental, hospital, patient/visitors)	7/42	17%
Tools/equipment/furniture/room renovations	34/42	81%
Staff issues	3/42	7%

DISCUSSION

Several of the environmental issues addressed led to significant outcomes for the department, the hospital and the residency program. Collectively, these were resolved with tools/equipment/furniture and/or room renovations, as follows:

- A completely renovated and equipped Grossing Room, Autopsy Room and two Residents’ Rooms among 3 sites.
- Space adequacy maintains case integrity, thus preventing specimen mix-ups. This is key to patient safety.

These accomplishments were deemed *necessary* by the Administration, even in a time of budgetary constraints, to show its investment in and support of GME.

CONCLUSIONS

A confidential evaluation form provided House Staff feedback on the RFO process and its outcomes.

- “It’s a non-threatening way to get things done.”
- “RFO is a great way for the programs to assess what is going right.”
- “A great platform to bring current issues and new ideas for helping the programs run more effectively.”
- “I feel that RFO works with our program because our program coordinator and director are receptive to what we have to say.”
- 100% of the House Staff believe that other GME programs would benefit from using the RFO process.

The rapport with the House Staff is wonderful and the outcomes have been excellent improvements to the work environment of a very busy academic department. The House Staff are sure to showcase RFO during recruitment season.

PART OF THE TEAM IN ACTION



Introduction

- Activities on the first day of gross anatomy courses vary widely across different curricula
- Represents a crucial formative experience for medical students
- How can we best utilize this valuable time?

What Have Anatomists Done?

Laboratory Fundamentals:

- Laboratory safety and protocols
- Basic use of dissection tools and dissection technique training
- Chemical hygiene and proper use of personal protective equipment



Anatomical Instruction:

- Learning to differentiate between different tissue types (e.g., muscle, fat, fascia)
- Basic gross anatomy knowledge
- Cadavers often prone, hands and faces covered



Patient-Centered Approach:

- Professionalism & transformation a common theme
- Cadaver has sometimes been introduced as "first patient".
- Considering transition in many curricula to early clinical experiences, is "first patient" approach still meaningful?



Day 1 at Hofstra North Shore-LIJ SOM

Goal of "Observation and Correlation" Lab:

"Through observational, tactile, and dissection activities, students will begin the process of focusing their clinical eye. Additionally, they will start to understand the correlation between structures that are seen on the surface of the body, those lying deeper and physical findings, through exploration using gross dissection."

Part I: Observation & Inference (90 minutes)

- Small groups of students make observations and inferences about external morphology of cadaver
- Facilitator (course faculty) present with each group but intentionally stands back and lets group lead process of exploration

Part II: Dissection & Correlation (90 minutes)

- Students identify pulse points and dissect down to artery
- Goals are to correlate surface to deep anatomy and to identify different types of tissue
- Followed by peer instruction of different pulse points to each other

Part III: Reflection (60 minutes)

- Next day, students meet in small groups and conduct a reflective exercise related to their experiences on the first day of lab
- Open-ended reflective exercise

"Describe your experience in the Structure Laboratory during the Observation & Correlation session."



Students conducting observation of the cadaver during the "Observation & Correlation" laboratory.

Faculty question students regarding their inferences about their observations.

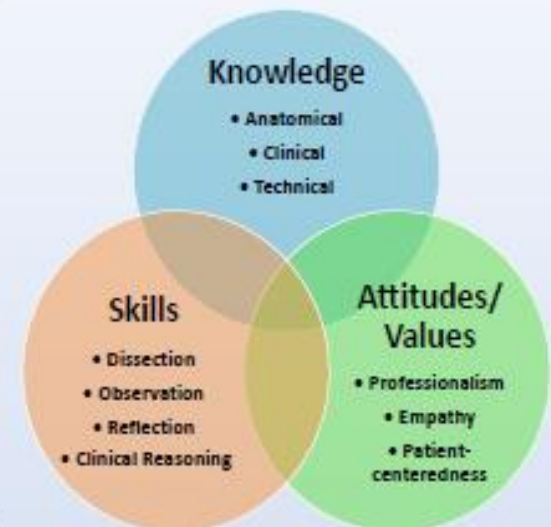
Let students reach their own conclusions and use questioning to guide thoughts

Specific observations can elicit many questions:

- Was this pre-, peri- or post-mortem?
- What pathologic process (e.g., inflammation, neoplasia, hyperplasia) is seen?
- What does this represent medially?
- Does this observation give any indications regarding systemic disease or cause of death?
- What does this tell us about how this individual lived their life?



Measurable Outcomes



Assessment & Outcomes

- Can develop assessments grounded in competency-based medical education
- Integrates with other portions of curriculum, including clinical skills (i.e., physical diagnosis, communications, reflection)
- How does this experience impact students?

Patient-centered Explorations in Active Reasoning Learning and Synthesis (PEARLS): A pedagogy fostering early skills in leadership, teams, and problem solving



HOFSTRA NORTH SHORE-LIJ
SCHOOL of MEDICINE
AT HOFSTRA UNIVERSITY

Hofstra North Shore-LIJ School of Medicine

S. Ginzburg, MD, A. Fornari, EdD, RD, D. Elkowitz, DO, J. Brenner, MD, C. Bates, MPH

Purpose

As healthcare evolves, physicians must lead teams to solve complex, system-wide problems. Education programs must address this shift to a team approach in patient care and health care delivery and incorporate learning strategies that develop leadership, management, and problem-solving skills to enable future physicians to practice effective medical care.

The learning and application of these skills is the pedagogical basis of PEARLS, a hybrid CBL-PBL design.

Description

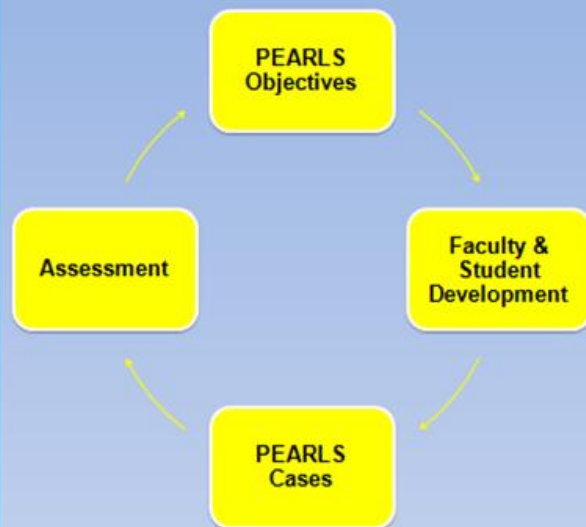
PEARLS pedagogy is comprised of three pillars that can map to physician effectiveness skills:

- 1) PEARLS Process = Systems/Teams
- 2) Group Dynamics = Leadership/Management
- 3) Higher Order Thinking = Problem Solving

Each component has dedicated learning objectives which form the basis for an intense faculty and student development program. This development program introduces both groups to the knowledge and foundational skills essential for acquisition of these skills, and is matched with a rigorous observation process of small groups in action.

Goal

Students will synthesize material with peers through higher order learning conversations in groups that will function in an equivalent and interchangeable fashion.



Logistics

- Five groups of 8 students
- One faculty facilitator per group
- Two prepared cases per week
- Each course is 12 weeks

Monday

- "Check-in"
 - Both cases are presented and learning objectives are identified by students
 - Role of faculty facilitator is less active; to ensure that desired group process is occurring via direct observation

Wednesday/ Friday

- Higher order discussions
 - Faculty member can facilitate using questions to probe critical thinking

Assessment & Evaluation

- Wrap-up
- Forms
 - 1) Assessment of PEARLS Group by Student
 - 2) Assessment of Student by PEARLS Faculty
- Formative and summative essay questions
- Student feedback to faculty (Friday)

Challenges

- Aligning assessment with PEARLS pillars
- Requires faculty development to assure facilitation is reliable and valid to the process
- Requires student development to assure students understand expectations and outcomes
- Evolution of complexity of cases
- Aligning additional course content with PEARLS curriculum

How can PEARLS be implemented elsewhere?

Educators could incorporate these skills into current PBL groups through student and faculty development.



Door-to-Balloon Times in Interfacility Transports of STEMI Patients

Larson, J; McFarlane, L; Kwiatkowski, T; Fornari, A; Ward, M.

Hofstra North Shore-LIJ School of Medicine, North Shore-LIJ Health System



Background

- ST-segment-elevation myocardial infarction (STEMI) patients should receive PCI less than 90 minutes after the initial patient contact with the health system¹.
- If a Door-to-Balloon time under 90 minutes is not possible fibrinolytic therapy within 30 minutes of contact is indicated².
- Patients who present to an ED at a hospital without PCI capabilities must be transferred to a PCI-capable facility but still must strive to meet the 90-minute Door-to-Balloon time recommendation.

Study Phases

Phase I

- Retrospective study

Phase II:

- Focus group and intervention design

Phase III:

- Intervention implementation and prospective study

Looking Back

Summer 2012

- Retrospective chart review of patients transported from five community hospitals to two tertiary care centers within the North Shore-LIJ Health System in the years 2010 and 2011.

Analysis

- There are opportunities for improvement for STEMI patients who require interfacility transport to a STEMI center.



Purpose of Phase II Study

Describe the steps, successes and challenges involved in the process of identifying and transferring STEMI patients to the tertiary hospital for cardiac catheterization.

Objectives

1. Determine areas for improvement and areas of success in the transfer of STEMI patients to tertiary hospital for PCI.
2. Determine how the process of transfer of STEMI patients be streamlined to occur in less than 90-120 minutes.

Methods: Focus groups will be conducted at all facilities

Selection of Participants

Recruit representatives from all aspects of STEMI care and transfer

Any member of the patient care team should be considered for participation in the focus group

6 to 8 members in each group including: physicians, nurses, nursing assistants, EKG technicians and ward clerks

Formation of Focus Groups

Researchers pre-determined need for seven interprofessional focus groups

Prepared questions to ensure we met the purpose & objectives of our study

Questions are specific for each interprofessional group

Sample Questions

Emergency Department

- What is the process for obtaining an EKG once the patient is triaged?
- Describe what happens between the time the EKG is read and when cardiology is contacted at the tertiary care hospital.
- What type of preparation do you do before EMS arrives at the hospital?

Center for EMS

- What is the process to receive and act on phone calls to transfer STEMI patient from a community hospital to a tertiary cath lab?
- What is your impression of what happens upon arrival to the community hospital to pick up the transfer patient?

Cardiac Catheterization Lab

- Describe what process is in place from the time of phone contact with the community hospital to the decision to transfer a patient to the tertiary care hospital catheterization lab.
- Describe the catheterization lab role from the time of the transfer decision to arrival of the patient at the cath lab.

Initial Impressions

- Conducted three focus groups
- Four focus groups are pending completion
- There is room to achieve STEMI goal of less than 90 minutes with small modifications to the current systems

Next Steps

- Determine the major themes from each group discussion
- Develop hospital-specific and health system-wide interventions
- Implement interventions
- Evaluate impact of interventions on Door-to-Balloon Time

Bibliography

1. ACC/AHA Guidelines for the Management of Patients with ST-Elevation Myocardial Infarction – Executive Summary: A Report of the ACC/AHA Task Force on Practice Guidelines. *Circulation*. 2004;110:588-636.

Focus



Clarity

Restraint



Delivery

Visuals

Message



Make the
message Stick