Creating Professional Posters

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Objectives

- Attendees will create posters that are
  - Attractive
  - Readable
  - Professional looking
  - Display rules of consistency
  - Effectively convey idea, messages, etc.
Interdisciplinary Graduate Training at the Nation's Newest Medical School
Florida State University College of Medicine
Ph.D. in Biomedical Sciences

The Ph.D. Program in Biomedical Sciences at the Florida State University College of Medicine is designed to train modern biomedical scientists who will be able to think of genetics, proteomics, microbiology, and other contemporary approaches to address questions of developmental, cell, and molecular biology related to human health. The Program is appropriate for students with interests in biochemistry, biology, or other health-related fields.

The local area of research is emphasized: development, neuroscience, and the molecular basis of disease.

Research activities during the first year allow students to make an informed choice of the research area and research professor with whom they will conduct their Ph.D. work. A core curriculum of the fundamentals, the choice of topics from different perspectives and intellectual interactions with faculty and peer researchers, encourages graduate students to make independent scientific judgments.

The Biomedical Sciences program will prepare graduates to obtain an increasingly interdisciplinary scientific background in both academic and nonacademic environments.

Mission
A community of scholars who EDUCATE future scientists and who ADVANCE KNOWLEDGE through discovery

To Apply:
http://www.med.fsu.edu/admissions/PhD

Campus Map: http://www.med.fsu.edu/campus_map

P.O. Box 1110, Tallahassee, FL 32304-1131
(850) 644-6420

The following describes required coursework, research and teaching requirements:

Course Requirements: The required coursework is designed to equip the graduate student with a broad range of knowledge in related topics and provide an in-depth foundation in molecular and cell biology. The courses include training in bioinformatics and methods.

Advanced Molecular Biology: 3 credit hours
Bioinformatics: 3 credit hours
Health Sciences Seminar: 1 credit hours, meets once a term
Biology: 1 credit hour
Biostatistics: 3 credit hours
Advanced Cell Biology: 3 credit hours
Research Techniques in Biomedical Sciences: 4 credit hours
Advanced Topics in Biomedical Sciences (1-2, C/W grade only)
Special Topics in Biomedical Sciences (1-2, C/W grade only)
Electives: 9 credit hours, Electives will be selected in consultation with the faculty advisor and the committee.

Research Requirements: Students will begin research training in their first year of study through rotation in faculty research laboratories. At the end of the first year, faculty members will be determined and an independent research project developed under their guidance.

Teaching Requirements: All students will be required to teach a minimum of two semesters during their graduate training. In addition, the teaching requirements will be required Teacher Training courses to aid in the development of effective teaching skills.
Interdisciplinary Graduate Training at the Nation’s Newest Medical School
Florida State University College of Medicine
Ph.D. in Biomedical Sciences

History
- College of Medicine Created in 2000
- Fully Accredited by LCME in 2005
- Graduated First M.D. Class in 2005
- FirstGraduate Program Implemented in 2004

Environment
- Interdisciplinary Department of Biomedical Sciences
- Interdisciplinary Programs in Biomedical Sciences
- Interdisciplinary Centers
- Interdisciplinary Center of Laboratories and Core Facilities
- Training for an Interdisciplinary Scientific Workforce

Three Major Research Areas
- Core Facilities: Home of state-of-the-art equipment in microscopy, genomics, proteomics, and flow cytometry. Facilitate the ongoing research in the College of Medicine.
- Neuroscience
- Development
- Molecular Basis of Human Diseases

The Ph.D. Program in Biomedical Sciences at the Florida State University College of Medicine is designed to train modern biomedical scientists who take advantage of genomics, proteomics, bioinformatics, and other contemporary approaches to address questions of developmental, cellular, and molecular biology related to human health. The program is appropriate for a student with interests in biochemistry, biology, or other health-related fields.

Three broad areas of research emphasized:
- Development, neurosciences, and the molecular basis of human diseases. Research initiatives during the first year allow students to make an informed choice of the research area and mentor professor with whom they will continue their Ph.D. work. A core curriculum of the University, the choice of electives from other departments and interactions with local and national institutions, encourage graduate students to be independent scholars.

The Biomedical Sciences program will prepare graduates to join an increasingly interdisciplinary scientific workforce in both academic and nonacademic environments.

Mission
A community of scholars who
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through discovery

To Apply:
http://www.med.fsu.edu/admissions/bio
FSU College of Medicine
1156 West Call Street
Tallahassee, FL 32306-4800
(850) 644-6420
Health Disparities Faculty Scholars Program
Janet Townsend, MD, Sherenne Simon, MPH & Alice Fornari, EdD

Department of Family and Social Medicine, Montefiore Medical Center and Albert Einstein College of Medicine

BACKGROUND
Clinician-Educators face many challenges regarding their ability to produce Educational Scholarship:
- Lack of Skills and Experience
- Lack of Resources and Mentoring
- Limited Dedicated Time

TARGET AUDIENCE
Clinician-Educators in the Department of Family & Social Medicine

THE MAIN QUESTION
How can a family medicine department support busy clinician-educator faculty in overcoming barriers to producing written educational scholarship?

INTERVENTION
Health Disparities Faculty Scholars Program created in 2005 to enhance faculty knowledge and skills in educational scholarship and to increase publications in educational research among clinician educators at an urban family medicine department.

ASSESSMENT
How do we assess the progress, outcome, and impact of the Health Disparities Faculty Scholars Program?

LOGIC MODEL FOR FOSTERING & PROMOTING SCHOLARSHIP
THE HEALTH DISPARITIES FACULTY SCHOLARS PROGRAM

RESOURCES
- Department faculty buy-in & support
- Past scholars
- HRSA grant support
- Faculty leadership and support staff (MD, EdD, MPH)
- Program coordinator
- Individual faculty project coordination
- Expertise in care of the underserved and cultural competency
- Faculty mentors from the Community, Clinical, Education and Research Divisions
- Faculty protected time – 26 half-days for 1 year
- National organizations and experts supporting scholars interests

ACTIVITIES
- Recruit/Select scholars
- Small group meetings
  - Project updates with group feedback
  - Manuscript drafts presented in segments
- Individual meetings
  - Organization & logistic meetings
  - Project specific content meetings
  - Individual communication and follow-up on project progress
- Skills needing support:
  - Consultation and guidance from an external educational expert
  - Structured project work time

SHORT TERM OUTCOMES
- Increased confidence, comfort, and ability with various aspects of the research process & scholarship skills: ie. Educational research methods
  - IRB submission
  - Creating a scholarly poster
- Scholars will develop and implement an educational project idea
  - Educational product to share with regional and national colleagues
  - i.e. a practice management curriculum
  - i.e. online magazine
  - Submission of the project as a manuscript for publication
  - Submission to a Digital Resource Library, if applicable
  - Presentation or poster presentation at a professional meeting
  - Moving from 0-1 publication
  - Expanding a network of colleagues with similar interests or professional activities
  - Defining a “Line of Scholarship”

MEDIUM TERM OUTCOMES
- Increase the quality and quantity of faculty educational scholarship in the Department of Family and Social Medicine (DFSM)
  - AND
  - Recognition of the quality of educational scholarship in DFSM by national colleagues

IMPACT
- Projects will support the mission of the department, especially health disparities
  - Faculty will need time, mentoring, and skill development
  - Healthy People 2010 Objectives
  - Standards from Peer-Reviewed Educational Research
  - Lack of written scholarship a barrier to promotion for clinician-educator faculty
  - Scholarships will be able to follow through with their projects without in-depth individual consultations
  - Faculty are inexperienced with educational publication and research
  - Barriers to Sustainability - Grant funding, faculty turnover
  - Barriers to Education – Uneven skill level of scholars based on previous experience
  - Barriers to Productivity – Clinical and teaching demands; lack of insight by the scholar regarding skill level needed to achieve success
Steps to Creating Posters

- Plan
  - Size
  - Words
  - Images and graphics
- Assemble
  - In PowerPoint
  - Proof and Edit
- Print
- Transport
Planning Your Poster

http://www.postersession.com

http://www.posterpresentations.com
What Size Do You Need?

Plotter Paper Sizes Available

- Paper Roll Sizes
- Photo Gloss, Matte Finish and Canvas Finish

Finish?

- 24 inches
- 36 inches
- 42 inches

Inches
What to Mount it on?

- Conferences: 3.5 – 4’ x 8’ cork boards, pushpins, (read requirements)
- Foam Boards Sizes (easels)
  - 40x60
  - 30x40
  - 24x36
  - 20x30
  - Trifold 36x48, center panel 24x36
- Poster Board 22x28
How Many Columns?

- [ ] Three?
- [ ] Four?

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Research Language

- Research Question
- Introduction
- Methods
- Results
- Conclusions
- Caveats/Limitations
- Future Research Questions
- Background
- Hypothesis
- Methods/Materials
- Results
- Conclusions
- Discussion/Future research
- References
Education Language

- Objective
- Background
- Design
- Intervention
- Results
- Interpretation
- Challenges
- Future Steps
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
- Rule of 6 lines
- Identify and convey your message
- Sequence logically
- Use copy and paste for words, charts, images into poster
There is always too much text

20% Text, 40% Graphics, 40% Empty Space
Make a Handout

- Put details in Handout (e.g. references)
- Contact Information
- The Paper
- Small version of poster
- Brochure
- Think about where you can put them
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
Hints on Charts and Graphs

- Avoid sensory overload – *too much information on one chart*
- Avoid artistry gone wrong – while 3D is pretty, hard to interpret
- Avoid distortion – *adjusting scale to give appearance of greater effect*
- Avoid huge tables of raw data
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 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
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
  ■ Can you still read it?
Example Fonts – All 46pt

- Verdana
- Arial
- Times New Roman
- Goudy Old Style
Conservation of Ink

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

Conclusions
Evaluate Some Posters

Actual posters presented at Professional Conferences
A Description of Ambulatory Chronic Care from the National Ambulatory Medical Care Survey

Erik J. Lindbloom, MD, MSPH; Robin L. Kruse, PhD, MSPH; Joseph W. LeMaster, MD, MPH; Wei-Chih Lin, PhD; George E. Fronc, Jr., PhD

University of Missouri-Columbia Family and Community Medicine, and The Robert Graham Center: Policy Studies in Family Practice and Primary Care

INTRODUCTION

- As the population ages, chronic illness is becoming increasingly prevalent.
- However, little information has been reported about ambulatory care for chronic illness.
- This study uses data from the federal National Ambulatory Care Survey (NAMCS) to examine visits for chronic conditions to family medicine, general practice (FM/FP), and general internal medicine (GIM), comparing them to visits to non-generalists.

METHODS

- Source: NAMCS 2000. Multi-stage probability sampling design of 3,000 physicians selected from the AMA and AOA master files. 2,049 were providing office-based patient care and were eligible to participate.
- Response rate = 67.7% (27,369 patient visits).
- The item, “major reason for this visit,” was combined into 3 categories: “chronic problem” (including both routine care and flare-ups of chronic problems), “acute problem,” and “other problem” (including pre-/post-surgery, injury, follow-up, non-illness care, and unrecorded reasons).

Statistical Analysis: Weighted estimates from SAS (Version 8) and SUDAAN software; all differences are statistically significant (p<.05).

RESULTS: WHERE PATIENTS GO

- Among visits for chronic illness to the patient’s primary care physician, over 40% were to family physicians, and over 30% were to general internists.
- Among chronic illness visits not involving the patient’s primary care physician, 30% were to family physicians, and slightly less were to general internists.

RESULTS: WHAT DOCTORS SEE

- Psychiatric diagnosis is the highest percentage of the chronic care visits to family physicians and GPs compared to general internists and cardiovascular diagnosis is the highest percentage of the chronic care visits to general internists.

RESULTS: HOW LONG DO VISITS TAKE?

- The percentage of all office visits for common chronic diagnoses for family physicians and GPs: hypertension 39.9%, hyperlipidemia 35.9%, diabetes mellitus 33.6%, back problems 24.4%, and asthma 11.3%.

- In other words, 39.9% of all visits for hypertension were to family physicians and GPs.

DISCUSSION

- Family physicians, who are responsible for 40% of all physician visits, see 39.9% of all hypertension visits, compared to 19.1% of all visits to family physicians.
- Consider the impact of these chronic care visits on the physician's practice, the population's health, and the costs associated with long-term care.
- Generalists may see chronic care visits more often, as they deal with continuous patient care.
- Consider these visit patterns when planning for the present and future practice needs.

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- Generalists may see chronic care visits more often, as they deal with continuous patient care.
- Consider these visit patterns when planning for the present and future practice needs.
Patients' Perceptions of Non-Physician Providers in Primary Care

Terrence E. Steyer, MD, Endia Johnson, BS³, Arch G. Malinous III, PhD

Department of Family Medicine, Medical University of South Carolina
Third Year Medical Student, Medical University of South Carolina

Background

Patients are most comfortable receiving primary care services from physicians trained in primary care.

Patients were least comfortable with "emerging primary care providers."

Non-whites and persons with lower income were more comfortable receiving primary care from non-physician providers than whites and persons with higher incomes.

Methods

Results

Discussion

Limitations

Conclusions

Locations of survey collection

- Family Medicine Training
- Alternative Medicine Training

Female

- Male
- Female

Age

- 18-34
- 35-49
- 50-64
- 65+

Race

- White
- Black
- Other

Health insurance

- Insured
- Uninsured

Table: Patient's Perceptions of Non-Physician Providers in Primary Care
The Use of Cadaver Dissection in Musculoskeletal Education

Todd M. Shepard MD, Scott W. Eathorne, MD, Kendra L. Schwartz, MD, MSPH, and Kent J. Sheets, PhD.

Discussion

> Providence Hospital’s Sports Medicine anatomy curriculum was associated with improvement in scores on a knowledge assessment test (p = 0.022).

> In this pilot study, performance on a standardized clinical knee exam was associated with a non-significant trend toward improvement after completion of the curriculum (p=0.097).

> Paradoxically, learners reported a significantly decreased likelihood of performing knee aspiration (p = 0.025) and trend toward decreased likelihood knee injection (p=0.102) after completing the dissection curriculum.

> Finally, overall confidence in management of selected musculoskeletal conditions and performance of physical exam tests showed a non-significant trend toward improvement (p=0.465).

> Future research plans include validating the testing instruments used in this pilot study and adding a control group. The number of subjects will be increased to help detect if Providence Hospital’s Sports Medicine anatomy curriculum can affect learner’s confidence in the musculoskeletal exam, performance of clinical exam, and likelihood of performing selected musculoskeletal procedures.

Selected References/Acknowledgments


The authors appreciate the assistance of Providence Hospital’s research Department: David Smirniot PhD, Catherine Lobocki, MA, Dia Harrison Sports Medicine fellow, Katrina Parmalee-Peters, MD (photography).
Lane Training in a Disaster Scenario: Bringing Public Health to Life
Bruce M. LeClair, MD, MPH and Peggy J. Wagner, PhD
Medical College of Georgia, Department of Family Medicine

The Scenario – A tornado has touched down in west Augusta with hundreds of casualties and mass chaos!

Recently, with the terrorist events of September 11, 2001, the anthrax poisoning and other events, the role of public health in prevention and response to disasters has come to the foreground. In Georgia, we developed a series of lectures and a field exercise for first year medical students to “bring to life” public health in response to disasters.

The challenge: Run 180 medical students through a meaningful exercise in four hours.

Objectives:
- Increase awareness of the expanding roles of public health, especially in disaster management.
- Raise awareness of the levels of response and training necessary to respond to a disaster from first responder, to incident command, to hospital care, to local emergency operations center to state and federal response as needed.
- Introduce some basic first aid techniques in the field.
- Discuss the mental health aspects of disasters and critical incident stress.
- Get out of the classroom and have some fun.

Methods:
- Lectures and handouts
  - GA Emergency Preparedness Process (GEOPP)
  - Critical Incident Stress
  - Triage and Primary Survey
  - Basic field First Aid
    - Controlling bleeding
    - Dressing a sucking chest wound
    - Splinting a fracture
    - Basic litter carry

- Field Exercise
  - Regional Training Site – Medical (RTS-Med) Ft. Gordon, GA
  - Stations were 15-30 min. in length
  - 7 Stations (see diagram below)

Student Evaluation and Comments:
- The exercise to real life possibilities of disasters was very helpful.
- Finally let us get hands-on.
- Field training kept us interested. Also seeing that there is more than just field exercise, but an operations center as well.
- The mass casualty really made me think about how I would & should react to a situation like this.
- “Seeing Ft. Gordon, learning about the structure behind emergency situations.”

Methods:
- Intangible Factors:
  - Students got out of the classroom, participation may increase the impact.
  - Students who otherwise may have been in the background in disasters were able to acquire teamwork and leadership opportunities.
  - Interactive with RTS Med personal increased the bonds between RTG and Ft. Gordon.
  - Students were exposed topositive Family Medicine realism in hospitals.
  - The exercise modeled an interest by dictating the training in basic and field.
  - The exercise integrated resources from the military, public health, and private sectors.

Potential Future Directions:
- Develop an interactive live scenario that incorporates modern scenarios, the emergency response and the public.
- Develop a curriculum for basic field training in the first year of medical school.
Improving the Education and Management of Migraine Treatment

Brenda Pinkerman, M.S., M.A.1,2 and Kenneth A. Holroyd, Ph.D.1

1Ohio University, Athens, OH; 2James H. Quillen VAMC, Mountain Home, TN

Purpose
To propose a chronic disease, systems model for changing family medicine residents’ behavior in migraine management in the primary care setting.

The Problem
The treatment of migraine occurs primarily in the primary practice setting, where the prevalence of migraine may be as high as 29%.2,3 Both population-based and clinic studies, however, suggest migraines are often ineffectively managed in primary practice settings. Problems4,5,6,7,8,9,10 include the:

- failure to identify or to correctly diagnose migraine;
- failure to implement nonpharmacological aspects of migraine care;
- overuse of non-specific pain medications;
- under use of migraine specific and preventive medications;
- failure to assure follow-up care.

Medical school education about headaches has been scanty until recently11.

- Only 30% Neurology Chairs and Residency Directors believed education adequate.12
- Traditional CME not effective.13
- Effective change occurs within systems and addresses barriers to change.14

Models of Care
Migraine is a chronic, disabling disorder. Because primary care is focused mainly for management of acute acute illness, the monitoring of chronic illness, and the provision of preventive services.1,5 The competing demands model15 emphasizes that competing demands on and patient responses to demands shape each clinical encounter.

Program
We propose that the family medicine resident participates in a Competing Demands model

References
Figure 3. Specific elements of Competing Demands Model. Kliman, 1997

Figure 1. Overview of the Chronic Care Model. RWJ Foundation. Wagner, 1996

Components of the Complexity Model include:
- History and social conditions;
- Particular agents;
- Pattern of continual interaction among agents;
- Local fitness landscape;
- Regional and global influences.
Saying Ah – An Oral Health Curriculum For Family Medicine Residents

Russell Maier, MD, Sara Kim, PhD, Nancy Stevens, MD, MPH
Department of Family Medicine, University of Washington, Seattle, WA 98195
Central Washington Family Medicine, Yakima, WA 98902

Curricular Module Descriptions

Module 6 - Facilitating Change
- Facilitate staff development to promote successful organizational change

Module 1 - Public Health Overview; Oral Health Promotion and Practice
- Covers the health issues, public health concerns, and evidence

Module 2 - Normal Dental Development Pathology
- Covers normal tooth development, variants, anticipatory guidance, and community care pathology

Module 3 - Dental Caries; Collaborating with Dentists
- Covers microbiology of caries, role of fluoride, mechanisms of applying dental varnish

Module 4 - Dental Trauma and Emergencies
- Covers injuries and emergency, classification and treatment of common injuries

Module 5 - Oral Systemic Health Interactions
- Discusses the role of children with special health needs, interaction between oral health and systemic health

Module 6 - Adolescents
- Covers special issues and needs of adolescent patients

Module 7 - Pregnancy
- Covers special issues during pregnancy and dental care for the pregnant patient

Implementation and Evaluation

--- Implementation ---
- Evaluation: site faculty rate two case sites from one to three times per month
- Care plan sites are scored by faculty from the dental clinic

--- Knowledge Level (Pre- & Post-Tests) ---
- At least two multiple choice questions covering the module
- Multiple choice questions are part of the examination
- Higher pass rates in training programs, met criteria, patient feedback, risk assessment

--- Attitudes and Self-Efficacy ---
- Attitudes: 50% of pre/post-attitudes related to oral health care
- Self-Efficacy: 50% of pre/post-self-efficacy related to oral health care

Barriers and Future Directions

--- Barriers ---
1. Professional
2. Clinical Care
3. Reimbursement
4. System Issues

--- Future Directions ---
1. Integration of Adult Modules
2. Implementation of Additional Residencies (DI, Peds, FM)
3. Continuous Oral Health Education for Physicians
4. Improved Collaboration of Dentists, Hygienists and Physicians
E-Curriculum: A Comprehensive, Integrated Approach to Technology in UGME


Virginia Commonwealth University • School of Medicine • Medical College of Virginia Campus, Richmond, Virginia

As computer technology has become increasingly important in undergraduate medical education over the last decade, faculty and staff in the dean's office at the VCU School of Medicine have responded with a broad array of innovations, buoyed by leadership from the Dean. From the World Wide Web to Personal Digital Assistants (PDAs), the exhibit provides an overview of our principal methods of computer technology integration.

Our collection of Computer-Based Instruction programs numbers more than 60 applications. A number of the programs developed in CBI are included on a CD-ROM that is given annually to medical students, free of charge. Digital Histology, an atlas on CD-ROM, is also developed in-house and distributed to students.

The Online Web Syllabus offers an easily accessible central location for students to locate course schedules, as well as electronic versions of faculty lectures with objectives linked to content, images, PowerPoints, video, audio, a bulletin board for online discussions, glossary, links, and a compilation of other related resources.

Computer exams and online surveys include Testing for Medicine and Flash Quiz, both of which are VCU-created templates for administering computerized examinations and self-assessments, and are marketed by newMentor Corporation. MEDLINE searching assignments in M 1, 2, and 3, coursework assignments, and various topics are evaluated through the exam websites developed in-house, test item bank, and numerous additional applications.

Facilities and Hardware for CBI within the VCU computer network are available on computer lab/student lounge, and are part of the campus-wide program. Online resources include Medical Resources on the Internet, a genetic education Web site, medical student records, grading system, litigation medicine website, student online page, and training for the hospital information systems.

Distance Education/Video Applications include the VCU/VAMC satellite campuses, pre-admission interview, and real-time videoconferencing of grand rounds and lectures to a remote family practice training site, as well as asynchronous grand rounds on the Web.

Computer Based Instruction (CBI)

Annual student eCurriculum CD-ROM
Digital histology CD-ROM
Cases in embryology, EM, FP
Pediatric core lectures CD-ROM and Web
Other applications: B-595

Online Web Syllabus
Course schedule
- objectives linked to content
- images
- video clips
- glossary
- heart and breath sounds
- links
- PowerPoint presentations
- bulletin board (CBI)
- compilation of related resources

Online Resources
- Medical treatments on the Internet
- Access to education Web site (e.g., referrer.com)
- Medical student records
- Grades
- M.D.'s Electronic Catalog
- Handout materials Web site
- http://www.vcu.edu/biomedical/index.html
- Student online page
- http://www.vcu.edu/biomedical/index.html
- Hospital information system
- Online admissions
- Online medical resources
- OME
- http://vcu-ome.org/

Distance Education/Video Applications

VAMC: Northern Virginia campus (2005)
- Pre-admission medical school interview
- Internship
- Real-time videoconferencing
- Cross-site family practice lectures and patient consultations
- Community patient contacts (VAMC)

Handout materials
- Handout materials
- VAMC handout materials
- Grand rounds
- VAMC handout materials
- Grand rounds
- Reynolds grand rounds
- Video teaching vignettes

VCU Commonwealth University
Background

Breaking Bad News: Identifying Key Aspects of the Medical Encounter that are Associated with Effective Communication

Background

Abstract

Study Goals

Data

Standardized Patient Questionnaire

Results

Summary

Conclusions

Problem

Experimental Methods

- Palliative care and care at the end-of-life (EOL) are two topics that traditionally have not been well addressed in undergraduate medical curricula.

- We have previously described an innovative curriculum to teach aspects of EOL care to medical students (Acad Med 2002; 77:292-98).

- One objective in our EOL curriculum was to show students examples of how to “break bad news.” There is no consensus as to what physician attitudes and behaviors are critical to breaking bad news successfully.

- Second-year medical students (N=43) completed a half-day workshop in EOL care.

- Within 4 weeks of the workshop and without advance warning, students were expected to deliver bad news (that a patient had tested positive for HIV) during a standardized patient (SP) encounter.

- The overall effectiveness of the student was judged by the SP using a 5-point scale. Each student also rated his/her own effectiveness.

- Specific behaviors of student behavior were also rated by the SP.

- The distributions of the effectiveness scores for students who did versus did not deliver bad news were compared using the Wilcoxon-Mann-Whitney procedure.
Training Rural Health Professionals to Access NLM Data

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University of Illinois at Chicago College of Medicine • Department of Medical Education • Chicago, Illinois

Participating Units & Preceptors
- Local County Health Departments
  - Boone (5)
  - Bureau & Putnam (12)
  - Kankakee (10)
  - LaSalle (14)
  - Lee (8)
  - Livingston (24)
  - Logan (28)
  - McDonough (16)
  - Mason (19)
  - Mercer (10)
  - Ogle (8)
  - Peoria & Marshall (21)
  - Southern Illinois (32)
  - Stephenson (2)
  - Tazewell (22)
  - Woodford (23)

Project Description
The project was designed to: a) establish connections to the Internet and the UIC Academic Computer Center for rural physician preceptors in the UI College of Medicine Rural Medicine Education (RME) program; b) train RME preceptors, students, and public health professionals in rural Illinois Department of Public Health offices to access and search an assortment of National Library of Medicine databases; and c) train preceptors, students and public health professionals to locate websites related to their work.

Internet Use by Rural Public Health Departments in Response to Inquiries About Bioterrorism
Philip D. Johnson, Shannon Kenney, Joseph York, Geneva Elliott, Chad Bunker, Leslie J. Sandlow
University of Illinois at Chicago College of Medicine • Illinois State University

Abstract
Purpose: On October 4, 2001 national media reported the first incident of anthrax bioterrorism. Media reports through late November questioned the preparedness of America’s public health infrastructure in urban areas. This study describes how rural public health departments gathered information and distributed it to local residents in the aftermath of the 9/11 attacks.

Method: The study was part of a National Library of Medicine (NLM) project to train rural health department staff to use Internet-based NLM databases. Rural health departments serving 90 rural counties in Illinois (average population density 51.6 persons per square mile, range 11.9 to 112.5) were surveyed regarding their use of Medline, on-line searching, and information dissemination methods.

Results: Most rural health departments reported 17 to 30 inquiries about Bioterrorism existing five days after first media-reported incident; inquiries continued for thirty days. Most inquiries were about anthrax; then were about bioterrorism. All rural health departments using the Department of Public Health (DPC) Internet and Internet sites (which included CDC reports) reported an increase in searches for non-health topics, as well as searches for information on the internet by other departments and the public in small communities (n = 3,000; p < 0.001). Survey respondents indicated that rural health departments connected with rural health regions or with local health regions reported increased information requests.

Recommendations: Rural health departments successfully obtained scientific information on the internet, which was widely disseminated and sometimes used to keep rural communities informed.

An Online CME Program for Rural Physicians
Joseph W. York, David R. Stapleton, Leslie J. Sandlow
University of Illinois at Chicago College of Medicine

Abstract
Purpose: As part of a National Library of Medicine grant to train rural health professionals in the use of the Internet for medical information gathering, we presented two online CME courses to rural public health department professionals plus one additional physician who volunteered to participate. Because a number of the physicians live both on and off the farm, the total participant count was 12.

Method: At the outset, we selected Contemporary and Commercial Canine as topics drawn from the LEC (recently published in the UC “Specialty Needs of the Practicing Physician” CME series. Each course is coterminous with three hours of CME, and includes:
- An interactive, computerized 60-slide lecture by a content expert. For the online presentation, lectures were developed and presented with a web-based authoring program using Mimomatic PowerPoint. The lectures are available for viewing at any time by participants.
- Three case presentations to participants in a searchable over a 16-week period. Each case includes a sequenced list of case-related findings and recommendations, and follow-up data. These cases are designed to be used for small group discussions, using a computer program and monitored by a faculty member or fellow at UC.

Results: Evaluations completed by participants indicated the following:
- The content and level of the material was appropriate to their individual learning needs.
- The asynchronous case discussions were valuable and interaction was an important part of the experience.
- The lecture was well-presented and worthwhile.
- Technical aspects were not a hindrance for most. Some participants noted the nice pace of the video discussions had unexpected problems with the audio. However, all were able to complete the exercises.

Conclusions: This project demonstrates that the presentation of continuing medical education via the Internet is an effective and feasible educational tool for rural physicians who might otherwise not have access to interactive educational programs and conferences.

The online group discussion was important to my understanding of the topic.

The technological aspects were an impediment to my learning experience.
Curricular Innovation, Research and Creativity in the Learning Environment (CIRCLE)

Georgetown University School of Medicine

Shared Values...
Guided by the Jesuit tradition of cura personalis, Georgetown University School of Medicine will educate, in an integrated way, knowledgeable, ethical, skillful, and compassionate physicians and biomedical scientists dedicated to the care of others and the health needs of our society.

Faculty Development Grants: Previous Work
Others have tackled creation of faculty development grants in medical education.
- Limiting factors: faculty time, money
- Outcomes have been variable measured
- Incremental curricular reform may result, but may not be an explicit goal of such programs
- Sustainability is also variable

Goals of the CIRCLE Program
- Recognize, encourage and mentor a growing community of educators
- Improve care among the community
- Provide energy for faculty driven curricular improvement
- Use required for proposal to address areas of curricular need

Introduction
- Concept is an intensive self-study for an accreditation visit
- Resulted in integration of a strategic planning process
- Mission Statement for the School of Medicine sets a standard for curricular and clinical delivery of our academic product
- Unquestionably the driver for success in this project must be the faculty
- If we will faculty, we must provide them the energy for curricular creativity
- This project was prepared to incite curricular innovation

We Value the Faculty
Strategic Directions
We must:
- Have the best candidates for clinical and basic science faculty
- Provide a supportive environment for their growth, advancement and retention
- Balance incentives for teaching, research, and clinical activities for our future and their

Actions
- Have faculty identify goals for a comprehensive faculty development initiative
- Implement a comprehensive program to monitor and develop young educators and researchers

The CIRCLE process
- Innovative learning techniques
- Innovative student, faculty evaluation methods
- Methods to enhance student-directed learning
- Methods to enhance small group, seminar-based teaching

Finances
- Faculty identified above the budget in OHE
- Support to faculty development initiative
- Project budgets currently approved
- Percentage of budget approved
- Costs for each phase

CIRCLE Grant Awards
- CIRCLE 2005-2006
- CIRCLE 2006-2007
- CIRCLE 2007-2008

CIRCLE Advisory Committee
- Awards
- Policy
- Communication
- Budget
- Educational
- Evaluation
- Quality
-客车
- Policy
- Communication
- Budget
- Educational
- Evaluation
- Quality

Conclusions
- Noncompetitive process has succeeded
- Applicants for CIRLE II is for a funded
- Applicants for CIRLE III is for a funded
- A limited number of awards
- 50% success grants were woven into existing departments
- New hires were expected
- Building the community of educators
- Set CIRLE-II timeline for 2002
# Scaling Dimensions for PPT

<table>
<thead>
<tr>
<th>Actual Final Poster Size</th>
<th>PPT Page Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>42x72</td>
<td>32x56</td>
</tr>
<tr>
<td>40x60</td>
<td>37x56</td>
</tr>
<tr>
<td>Smaller than 56” (24x36)</td>
<td>Actual size</td>
</tr>
</tbody>
</table>
Create Your Poster
Options

☐ Start from scratch

☐ Use Templates
  ■ Google Search “poster templates”
  ■ Get someone to share their poster file
  ■ Adjust to fit your need
    ☐ Size
    ☐ # Columns
    ☐ Guidelines
Steps for Creating From Scratch

- Start with new, blank page
- Set size of poster
- Create guidelines
- Add Title banner words and images
- Add Headers
- Add text boxes
- Add images, charts, photos, graphs, lines, borders
- Edit
Set size of poster

- File Menu > Page Setup

PowerPoint
Working With Text

- Use bulleted lists if possible
- Align text boxes with guidelines
- Indent first line of paragraphs
- Keep font size as large as possible, but be consistent
- Edit ruthlessly -- there is always too much text
Working With Images
Institutional Logos

- Official Logos Only

Obey Institutional Regulations
Photographs

- Find originals in 3 M-pixel
- Ask PR people
- Do Not use web page photos—too small
Resizing

- Maintain Aspect Ratio (Shift-Corners)
- Do not distort photographs

Grab Here and drag

Not Here
Cropping

- Crop to fit space. Do Not Distort Picture. Put a border around photos.
Adjusting

- Color, Contrast, Brightness
Proof and Edit and Print

- If PPT, print (scale to fit) letter/legal paper
- **1-2 Weeks notice**
- Check local printing services, institutional printing services
- Tell date needed, size, & paper to use
Transporting

- Cardboard box carriers
  48x4x4
- Cardboard mailing tubes
  2x24, 3x36, 3x48
- Purchase fancy carrying cases