

Creative Services

Research Poster Tips

in PowerPoint



Albert Einstein College of Medicine

Montefiore

We're here to help!

At **Einstein's Creative Services** we are all about making Einstein look good. That means **YOU** too!

Whether you are attending a virtual or in-person event these tips will help you with formatting and organizing a successful research poster.

Let's Begin!

Gather



Plan Before You Begin

Here is a Research Poster checklist :

- ✓ Poster Size/Orientation
- ✓ Select you colors and fonts
- ✓ Graphs and Charts
- ✓ Research Content
- ✓ High Quality Images and Logos
- ✓ Title
- ✓ Introduction
- ✓ Abstract
- ✓ Materials & Methods
- ✓ Results
- ✓ Discussion
- ✓ Acknowledgements
- ✓ References



Create

Here are some helpful steps to properly format your document in PowerPoint:



1 Open Power Point

4 Go to Design – Slide Design

2 Go to File – New

5 Click “Page Set Up” and set appropriate dimensions
(1/2 of final size if larger than 56”)

3 Double Click on
“Blank Presentation”

If you still need help with formatting, there are templates available on our [website](#).



Organize

Now that you've got your document set up, it's time to organize all your content.

Here are some things to look out for:

- ✓ Choose a legible font
- ✓ Be sure to leave enough space between each section so your work is easy to read
- ✓ Keep track of your content so there are no repeats
- ✓ Make sure nothing gets left behind
- ✓ Add a QR code for additional information and for downloading your poster as a pdf.



Fonts

It's important to make sure your text is clear

- ✓ Choose a standard font like Arial, Helvetica or Times
Not Something Like This
- ✓ Your Title should be Title Case or UPPERCASE
- ✓ Title font size should be 72-96pt
- ✓ Author's and affiliations should be approximately 36-48pt
- ✓ Section headers can be the same size as authors
- ✓ Body copy can be approximately 20-28pt



Images

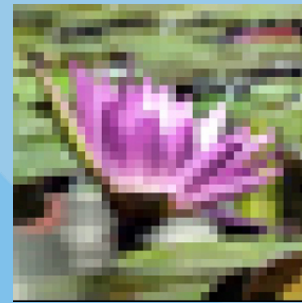
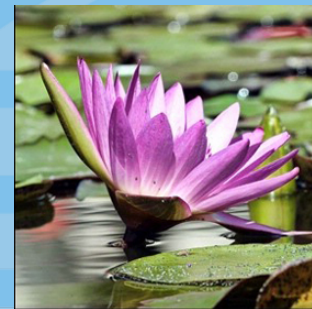
It's important to have good quality images and graphics to emphasize your research:

- ✓ Import your charts, graphics, photos & illustrations
- ✓ Use vector art or high-quality JPG and PNG files
- ✓ Remember to hold the shift key when resizing images to keep them in proportion
- ✓ Use the proper logos

Proportion:



Resolution:



Example of a Research Poster:

Use proper logos.

All section headers between 36-48pt. and all body text is between 20-28pt.

All images, graphs and charts are high quality or vector art.



Your Title Here



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Introduction

- Racial and ethnic disparities in quality of end of life (EOL) care have been well documented.¹
- The quality of communication between healthcare providers and patients and families plays an instrumental role in improving quality of care at EOL.²
- Despite the known relationship between quality of communication and quality of EOL care, and the known racial disparities in quality of EOL care, racial disparities in quality of communication for seriously ill patients in the acute care setting, particularly in the ICU, have not been adequately measured.

Objectives

- To measure racial and ethnic differences in family satisfaction with communication in the ICU in a large, urban academic medical center serving a racial and ethnic minority population.

Methods

- The Family Satisfaction in the Intensive Care Unit (FS-ICU) scale was administered to family members and/or friends of adult medical and surgical ICU patients.
- No more than two friends or family members were surveyed per patient. Health care proxies and first-degree relatives were prioritized.
- Race, ethnicity, age, gender, comorbid conditions of the patients were recorded.

Inclusion Criteria:

- Patient was expected to remain in the ICU for at least 2 days
- Patient was not able to make their own decisions at some point during their ICU admission
- Family member or friend was involved in care

Exclusion Criteria:

- Patient was admitted after elective surgery.
- Family member or friend was less than 18 years old
- Friend or family member did not speak English

Table 1: Patient Characteristics

	Total (N=96)
Age (mean, SD)	63.8 (14.3)
Gender, Male (%)	51
Deceased at Discharge (%)	41.5
Had a palliative Care Consult (%)	52.1
Race, Ethnicity (%)	
White, Non-Hispanic	18.8
Black, Non-Hispanic	34.4
Hispanic	31.3
Other	15.6
Code Status (%)	
Full Code	53.1
DNR	8.3
DNI	0
DNR/DNI	38.5
Insurance (%)	
Medicare	26.0
Medicaid	18.8
Private	18.8
Self-Pay	0
Multiple	36.5
Charlson Comorbidity Index (mean, SD)	4.7 (3.0)

Table 2: Survey Respondent Characteristics

	Total (N=100)
Age (mean, SD)	52.5 (13.6)
Gender, Male (%)	30
Previously involved in care of ICU patient (%)	66
How often the respondent sees the patient (%)	
Lives with the patient	46
More than Weekly	27
Weekly	7
Monthly	12
Yearly	8
Relationship to Patient (%)	
Spouse	23
Sibling	20
Child	39
Parent	7
Other Relative	10
Friend	1

Results

- 100 family members or friends of 96 ICU patients were interviewed from July-October, 2016.
- Characteristics of patients and respondents are shown in tables 1 and 2.
- There were no significant differences in satisfaction with communication between patients groups non-Hispanic Black (mean FS-ICU = 83.0, SD = 16.4), non-Hispanic White (mean FS-ICU = 84.0, SD 20.6), Hispanic (mean FS-ICU = 82.5, SD 19.0), and patients of other racial and ethnic groups (mean FS-ICU = 80.7, SD = 19.0) [Kruskal-Wallis, p>0.05].
- These differences remained insignificant after controlling for respondent gender and patient age, gender comorbidity and socio-economic status using general linear modeling.
- Most respondents (71%) reported that clinicians did not speak to them about how long the patient was expected to live.

Discussion

Family members and friends of ICU patients at Montefiore Medical Center reported high satisfaction with communication with little variation by race and ethnicity. However, despite a high in-patient mortality rate and high comorbidity, most family members and friends did not recall a discussion around prognosis at the time of interview. The uniformly high rating of quality of communication may be influenced by inappropriately optimistic information given by the ICU clinicians. Alternatively, it is also possible that physicians are delaying communication of prognostic information until later in the ICU admission or hospitalization, as suggested by the high percentage of patients receiving palliative care services at some point in their hospital course. Prognostic awareness is a crucial component of effective end of life care planning and prognostic communication should be further explored.

Conclusion

While quality of communication appears high in the critical care setting at Montefiore, improvements in delivery and timing of prognostic communication are warranted.

References

- Muni S, Engelberg RA, Trease PD, Detole D, Curtis JR. The influence of race/ethnicity and socioeconomic status on end-of-life care in the ICU. Chest. 2011;139(5):1025-33.
- Bernacki RE, Block SD. Communication about serious illness care goals: a review and synthesis of best practices. JAMA Intern Med 2014;174:1994-2003.

Figure 1. Percentage Patients Discussed Prognosis with Physician



Clinician Discussed Prognosis

■ Yes ■ No

Figure 2. FS-ICU Score by Race and Ethnicity



FS-ICU Score by Race & Ethnicity

Title between 72-96pt.

Example of QR code as a helpful tool.

Scan the QR code to get more info and download a pdf of the poster



You Did It !

Now you are on your way to creating a fantastic research poster!

If you still need a little help, you can always come to us at **Creative Services**. We are more than happy to help you with your research poster or any other creative service needs!

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