Preparing and presenting a poster at a Conference

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The case for doing a poster!

- Interactive way to disseminate your findings
- Quick compared to publication in a peer-reviewed journal
- Good first step – gets message out about your research
- Information or findings will be exposed to a larger number of delegates
Different types of poster presentations

Posters at Conferences have different aims and possibly different target audience

- Service overview

- Quality Improvement ‘how we did it’
Different types of poster presentations

Aim and target audience

– Proposed research
  &
next steps

Exploring the Educational Pathways & Transitions of Adult Care Leavers: Developing a PhD Research Project

Student: Eavan Brady, PhD Student  ||  Supervisor: Prof. Robbie Gilligan

A life course study of the educational pathways and transitions of adult care leavers (aged 25-35) in Ireland.

Research Questions

1. What is the nature of the educational pathways and transitions that care leavers (aged 25-35) have followed over their life course, and expect to take in the future?

2. What are the critical experiences in the life course that shaped and influenced the educational pathways and transitions of care leavers?

Study Design

Life Course Perspective (Elder, 1994; 2008)

Biographical Narrative Interviews focused on Educational History

Sample: 25-30 Care Leavers

The Life Course

1. Historical Context
2. Timing of Lives
3. Linked Lives
4. Individual Agency

Educational Experiences

Primary to
state, private
Experiences

Educational Pathway

Background to Study

1. Education is associated with positive outcomes in adult life (Hammond & Feinstein, 2008).
2. Poor educational outcomes are one of the primary determinants of future life chances of care leavers (Berlin et al., 2011).
3. The majority of care leavers have low educational attainment (e.g. Courtney & Dworsky, 2006; Vinterløg & Sallnäs, 2008).
4. We know very little about the long-term influences on educational pathways/transition from childhood to adulthood.
5. This area appears not to have been explored from a life course perspective.

Potential Contribution of Study

1. Facilitate an understanding of the ways care & education experiences interact over the life course.
2. Facilitate exploration of disruptive/supporters of care leavers’ education.
3. Contribute to scholarship informing policy & practice responses to educational needs of adult care leavers & children in care today.
4. Resonate with experiences of other at-risk groups & inform related scholarship.

Key Challenges

Recruitment; Data collection.

Next Steps

Ethical Approval; Advisory Committee Formation; Recruitment; Data Collection.
Different types of poster presentations

Aim and target audience

– Completed Research & Recommendations

“On my terms”: LGBT People’s Well-being through Interest Sharing

Ms. Nerilee Catha and Dr. Paula Mayock

The research is about being able to engage with my own creativity on my terms.

The benefits are immense... I am a much more person... a much happier person... (a) tiny bit more flexible... happier me flexible... gives me time to reflect... that’s the private mediation and processing part.

The trouble is about being able to engage with my own creativity on my terms.

Recommendations

Policy and practice frameworks promoting diversity can impact positively on LGBT well-being by:

Building Healthy Public Policy

The ODIHOP Declaration of Intent should be implemented to ‘diversity proof’ legislation.

Creating supportive environments

- Leadership at national, local and community level should promote attitudes that foster diversity and ensure LGBT inclusivity.

- Strengthening community action

- The cultural and social capital embedded within LGBT networks should be recognised.

- Stakeholders should work in partnership with LGBT communities to identify LGBT-specific solutions promoting health-enhancing choices.

- Organisations should move beyond tolerance to promote diversity and difference.

- Developing personal skills

- The benefits of interest sharing with like-minded peers in master classes should be promoted with LGBT communities and beyond.

- Identifying services

- Services should promote holistic models and the breadth of LGBT experience rather than the dominant at-risk representation.

Methods

- Aligning itself with emergent research trends, the study positions itself within the small body of research investigating LGBT social well-being and positive mental health.

- Qualitative methods in exploratory studies are considered particularly effective in researching areas that are under-researched or subject to misconceptions.

- Ten in-depth interviews were conducted with 11 people who self-identified as lesbian (5), gay (4), bisexual (1) or transgender (1).

- Diversity was prioritised regarding the breadth of LGBT sourcing, creative, and social interests, within and outside the LGBT communities.

- Interviews were transcribed and coded using thematic analysis.

I think it’s important... as a part of a sense of self... to be a fully-rounded person... as part of your identity.

Aim and target audience

Just make me happy... look quite relaxing... calming... and sort of cooling as well... just being able to achieve something even small.

Discussion

- LGBT people are active agents in masterclass wellness on their own terms.

- Interests shared within and outside LGBT groups promote creativity and vitality.

- Participants simultaneously challenge the stigmatising representation of LGBT-identities and mental health as binary constructs of normal/abnormal.

- The discourse of tolerance within society constrains LGBT agency with the potential to negatively impact on well-being.

It’s only been in the last few years... I’ve really felt good... told of mental health... when I learned I was gay. When I started getting into my identity... learned a lot and met new people.

Sunday... I call my mental health day... the day out for clearing my head... I deeply need that counterbalance.

Acknowledgements: Thanks to the 11 participants and the LGBT communities for your support, enthusiasm and encouragement with the discussion for my Master of Science in Applied Social Research.

Contact: support@聊城
Different types of poster presentations

Aim and target audience

- Service Provision / Clinical Practice

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Effective Family Centred Care: Behavioural Family Therapy in an Early Intervention Programme.
Co-facilitated by professionals from Nursing and Social Work Disciplines

Mr. Derry Houlihan, Community Mental Health Nurse, HSE Dublin North City
Mr. Brian Donnelly, Mental Health Social Worker, HSE Dublin North City

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Back ground:
Family centred care or family work has become an expected intervention in the early intervention of psychosis. The Vision for Change Document (DoH&C, 2006) articulates the need for evidence-based practices that are easily accessible, which are recovery focused, and involve family. The impact of serious mental illness on families has been well documented, the National Institute for Health and Care Excellence (NICE, 2014) guidelines for treatment of psychosis and schizophrenia recommends supporting families across all phases of treatment. Research on mental health care in Ireland has called for an increased emphasis on family centered practice and greater collaborative working amongst the health disciplines in particular nursing and social work to achieve this (Somers, 2007 & Houlihan et al, 2012). Behavioural Family Therapy (BFT) has been shown to enhance family coping and significantly reduce relapse rates amongst service users (Thorolf et al, 2006). The Health Service Executive’s national clinical program has identified Behavioural Family Therapy (BFT) as a key evidenced based intervention to offer effective early treatment in psychosis. BFT is a psycho-educational and behavioral model of family work which aims to improve a family’s ability to problem solve and support each other in times of stress. It aims to challenge the loss in personal coping when distress occurs by reinforcing positive communication skills to develop greater empathy towards each other. It also motivates greater self-management through a goal orientated approach. The authors of this poster were recipients of initial BFT training in 2014 with Meridian [NHS UK] and subsequently have been involved in a train the trainer program. Having being trained, Behavioural Family Therapy has been offered to twelve families in our sector area. The response to this intervention was very positive, families felt supported, learned skills and reported their levels of coping had increased. The multi-disciplinary team have also been referring service users with enduring illnesses and their families for BFT who are in distress or have problem solving difficulties. The BFT model is described below together with feedback from families having received the programme.

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The BFT Model:
- Individual assessments of all family members.
- Assessment of family communication & problem solving.
- Formulations of family of resources, goals & problems.
- Information sharing and relapse prevention.
- Communication skills training.
  - Expressing Present Feelings.
  - Making a Positive Request.
  - Expressing Unpleasant Feelings.
  - Attentive or Active Listening.
- Problem solving.
- Booster sessions.
- Disengagement.

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“I didn’t know any different”
- “The first time I saw myself as separate from the illness”
- “Up till now I just reacted”
  - “I felt supported”
  - “Before I Just felt so responsible, now I have to watch for that”
- “I felt great after the session”

“Improved my communication skills”
- “Becoming more sympathetic”
- “Somebody actually cared about me”
- “Motivated me to make time for myself”
- “I felt there was a shared sense of care”
- “Only for it, I don’t know where I’d be”

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Nursing and Social Work perspectives on co-facilitation of Behavioural Family Therapy

Mental Health Nursing
- “Collaborative working increases access and speed of assessment”
- “Enhances explanation of communication skills through role play”
- “Co working is helpful when faced with heightened family distress”
- “Each discipline has something different to offer in problem solving”
- “Health information needs are met more efficiently having two different disciplines involved”

Mental Health Social Work
- “As someone who is new to social work in mental health, it was very helpful to participate in the information sharing session with an Mental Health Nurse who had considerable experience of early warning signs work”
- “Co-facilitation allowed the BFT sessions to become very interactive”
- “Communication skills could be demonstrated in a safe informal way”
- “It was a more natural way of encouraging helpful communication, among the family members”

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Plans for the future
The authors together with a national panel of trainers are about to roll out a strategy of training and supervision to meet the needs of the early intervention for psychosis programme nationwide. It is hoped that in the next two years every Adult Mental Health Team and Child and Adolescent Mental Health Team will have two trained BFT practitioners. BFT has been shown to reduce the risk of relapse by supporting service users and their families in learning how to cope with the demands of serious mental health problems. It provides a forum to engage collaboratively with families, enhance problem solving skills and develop more empathic communication.

References:
Available on request from: derry.houlihan@hse.ie
Different types of poster presentations

Aim and target audience

– Literature Review / Clinical Practice

Determining Access Arrangements for Children in Long Term Care

Eoin O’Mahony, Tusla

Summary

- A significant number of children in care display insecure attachment patterns
- The purposes of access are intended to resolve feelings of separation, loss and rejection, to support the child’s identity, but the primary role of access for children in long-term care is to establish a secure attachment with the foster carers (Hall & Howe 2004)
- The aim of access is to reduce anxiety and promote security for the child
- Some parents engage in undermining behaviour on access visits which can overwhelm children and cause placement breakdown
- Where undermining behaviour continues, despite intervention, consideration should be given to stopping access until the issue is resolved
- Access plans should take into account the needs of the child, their responses to access, the attitude of the parents and the quality of access
- Foster carers are in a good position to observe the effects of access on the child
- Access plans should be subject to review

Introduction

- Access can be defined as the intentional communication between Children in Care and their parents.
- It is a significant issue for Social Workers as it involves bringing together children with primary carers who may have abused or neglected them in the past.
- It can, therefore, create a risk of re-traumatization.
- Access decisions are made every year in courts and there is a need for a coherent, robust approach to help Social Workers to decide these arrangements.

Methodology

- Literature Review

Purpose of Access

1. To resolve feelings of separation, loss and rejection (it can reduce children’s often felt anxiety about their parents’ health and welfare
2. To support the child to form a coherent sense of self, identity and communication with their natural parents biological and social backgrounds
3. However, the primary role of access in Long Term Care is to establish a secure attachment with the foster carers, and so, to allow children to benefit from the advantages that come from a secure attachment including positive self-view, emotional regulation, future relationship patterns, healthy brain development and so many others.

Underscoring Behaviours - Examples

- Just accepting or supporting hard placements and acting to undermine them
- Isolating on occupying the role of primary and sighted care
- Drug use and mental health problems can impede parents’ capacity to maintain helpful contact

Underscoring Behaviours - Consequences

- They can overwhelmed children – for example, it can exacerbate attachment difficulties, controlling and defiant behaviour, withdrawal, hyperactivity, sleep problems, bed-wetting, overeating, food hoarding (Bent & Schriffler 2003)
- They are a predictor of placement breakdowns (Moyers 2005)
- An emphasis on family integrity can lead to an unscrupulous acceptance of the value of access (Abrams 2011)

Access Planning

- Determine:
  - The Purpose of Access
  - Age, Needs and Wishes of the Child
  - Assess Children’s Responses to Access – Social worker, access worker and foster carers are in good position to observe the effects of Access
  - Family History and Relationship Quality
  - Birth Parents’ Attitude towards the Care Plan and Placement
  - Quality of Access
  - Management of Access
  - Review of Access

References:


Different types of poster presentations

Aim and target audience

– Influencing policy makers

& myth busting

Background

The increasing recognition of the impact of delays in discharge from acute hospitals has led to a rise in the examination of processes and systems for supporting older persons following an admission to an acute hospital. The growth in the population over 65 and the corresponding requirement for increased supports both in primary and residential care has created extra financial demands on the health service. Funding allocations within the primary and social care divisions have a direct impact on the services available to older persons within the acute sector.

Methods

An analysis of trends in delayed discharges being reported to the Health Service Executive Business Intelligence Unit from 2012 to 2016 was mapped against external factors to examine any causal links and the impact of these changes on the number of patients awaiting discharge from the acute hospital setting.

RESULTS

A direct correlation was found between external factors such as seasonal demands, funding allocations and withdrawals and availability of nursing home placements within the catchment area of a large urban adult hospital.

A (Q1-2013): Highest peak recorded reflecting winter surge 2012-2013. This point also marked the beginning of review of internal processes and weekly delayed discharge meetings.

B (Q3-2014): Although at lower levels, this point also reflects winter surge 2013-2014.

C (Q3-2014): This surge reflects the lack of Fair Deal Funding at the end of 2014 and the waiting time of approx. 10 weeks.

D (Q2-2013): April 2015 saw the introduction of Intensive HVs for the acute hospitals and this funding stream represented a real alternative to LTC for many patients and families. It is also worth noting that 2015 was the first year that the winter surge was somewhat mitigated by the introduction of daily medical hubs.

E (Q4-2015): The continued increase in numbers in the latter part of 2015 and into Q1 and Q2 of 2016 can be explained by increased capacity in nursing home beds in the MMUH catchment area.

F (Q3-2016): Curtailment of HCP funding nationally has prevented the continued downward trend witnessed earlier in 2016.

CONCLUSION

Although internal process factors are essential to the flow of older patients within the acute hospital, external factors are equally influential and consistent engagement with primary and social care partners, both at local and national level are key to optimising appropriate care for older patients and facilitating the best use of acute hospital beds.
1\textsuperscript{st} steps in poster design

- Check conference criteria…
- Size and Orientation (AO, Portrait or Landscape Format)
- Has your agency / department / colleagues a template for posters?
- If not check out: *Designing Conference Posters by Karen Mc Creesh* (IASW 2014- see link in ref’s)
- Download *free PowerPoint poster template*
- Visual appeal – key to all good posters (e.g. colour)
Instructions for poster presentations

Poster presentation guidelines
Please note the following when preparing your poster:
- Poster dimensions should be 1380 mm high and 960 mm wide (portrait orientation)
- State the title and the authors at the top of your poster in easily readable bold letters
- Indicate the presenting author if different from the first author
- The text and the illustrations should be readable from a distance of 2 meters
- Material for setting up the poster will be available at the venue

The presence of authors at their posters
The presence of authors at their posters will be required during the coffee breaks, in order to permit presenters to visit and discuss the work of others. Please take advantage of this unique opportunity to present your research.
Elements of a good poster..

• Sections should flow logically
  – top to bottom
  – from left to right

• Use of Headings Helps
  – Introduction / Background
  – Aim
  – Methods
  – Results / Discussion
  – Conclusion
  – References

(Ranse, J., & Aitken, C. 2008)
A good poster..

- Limit sentences on your poster—create empty space!

- Exceptions to this: Introduction/background & discussion.

- Ideally, sections should be formatted into bullet points or short sentences.

- The poster should be concise and easy to understand in the absence of the author/s

Helpful Tips...

Charts, Photos etc..

- ‘A picture (chart, graph) paints a thousand words’

- Need to fit with posters key message

- Avoid duplicating info in graph & text

- Images need to be 300 dpi

- Insert rather than copy photos / graphs
Presenting your Poster at a conference

- Great opportunity to ‘present’ & network
- Allow time to read before initiating discussion
- Introduce - give key messages
- Time for questions
- Provide poster handouts (A4)
- Authors details and contacts
EAPC Poster Top Tips

1. Good study
   - *You should report an original, important and topical study*

2. Punchy title
   - *This should be the bait or an appetizer* (e.g. “Room to Improve” or “Enhancing the environment for patients and their families through the creation of palliative care suites in an acute hospital setting”)

3. Authorship with contact details
   - *Who did the study, and how can they be contacted*

4. Succinct background
   - *Why did you do the study, what was the motivation or the evidence gap?*

5. Clear aim
   - *State what you aimed to achieve in 1-2 sentences*
EAPC Poster Top Tips

6. Clear methods explained simply
   □ *What did you do and how did you do it?*

7. Results presented simply, relating to aim and methods
   □ *What did you find? Simply report the data without your interpretation*

8. Brief discussion of meaning
   □ *What do the results mean, why are they important, any limitations?*

9. Clear conclusion
   □ *What is the take home message in one line?*

10. Check you have followed the instructions
    □ *Make sure its easy to read (from 2m)*
Voices that Matter...
Bereaved Relatives and their experience of care

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1 Background & aim

43% of all deaths in Ireland occur in acute hospitals. Several studies have reported an excellent end of life care provided in acute hospital settings in Ireland, however, others have found deficiencies.

The aim of this study was to assess quality of care and family support, as perceived by bereaved relatives, using Voices Matter, an adapted version of the VOICES validated survey tool.

2 Methodology

A 39-item post-bereavement questionnaire was administered to bereaved relatives of people who died in two adult acute hospitals.

Family members were invited to complete the questionnaire 3-9 months following the death of the person.

The qualitative component of the study is based on three open-ended questions that gathered descriptive data.

The coding frame used in the management of the qualitative data is based on current end of life and palliative care literature.

Qualitative data were analysed thematically using a template analysis framework.

Data were coded using NVivo data management software. Inter-rater reliability tests were conducted with results indicating a kappa score of 0.62.

3 Results

Eight key themes emerged from the comments made by bereaved relatives, these are presented here.

4 Relatives told us

- 366 bereaved relatives (46% response rate) completed the VOICES Matter questionnaire
- Three quarters of respondents answered one or more of the open-ended questions

Examples of comments made by relatives under three of the themes are outlined here:

- She died on the ward at 2am so as we gathered we had to be fairly quiet so as not to disturb the nursing and ancillary staff. It would be helpful if we could be seen in a room on our own.
- I cannot speak highly enough about the care the nursing staff gave to my relative. Unfortunately the lack of availability of a single room was an issue. I was with my relative when she died and I stayed all through the night. I wasResponsible for the bed to my mum when she died. We were fortunate that she was sharing with a lovely lady who was V/H understanding of the constant visiting.
- We were able to visit dad outside visiting hours without difficulty. I was able to appreciate the 30 minute notice given that this would be his last visit.

5 Conclusions

Findings highlight the crucial importance of getting qualitative feedback from bereaved relatives on their experiences of end of life care to give a greater understanding of the quality of that care. The data confirms the need to further invest in end of life care in acute hospitals.

The study offers both hospitals the potential to enhance end of life care for future patients and their relatives.

The VOICES Matter survey of bereaved relatives is a useful tool in ascertaining the quality of care at end of life in an acute hospital setting.

Acknowledgements: We are grateful to the Irish Hospice Foundation and the Health Service Executive for their support.

Thanks for sharing your great work....

- Eavan Brady
- Amanda Casey
- Louise Casey
- Nerilee Ceatha
- Sarah Donnelly
- Brian Donnelly
- Eoin O’Mahony
- Louise Casey
- Nerilee Ceatha
References


• Prof. Sheila Payne 2012 "How to prepare a conference poster", which can be downloaded http://www.eapcnet.eu/LinkClick.aspx?fileticket=-1KArU31xwQ%3d&tabid=66


• Designing Conference Posters by Karen Mc Creesh (IASW 2014) https://www.iaw.ie/.../9c66564a-6a91-44a8-9046-0a19ed9ba340.PDF