A "How-To" Guide in Preparing Abstracts and Poster Presentations

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What is This?
A “How-To” Guide in Preparing Abstracts and Poster Presentations

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ABSTRACT: The preparation of an abstract or poster to share information from a project or case report with colleagues is a professional goal for many nutrition support practitioners. This paper provides an approach to help practitioners prepare an abstract for submission and subsequently a poster for presentation at a meeting.

A nutrition support question that required collecting and evaluating information, or a unique patient case or case series, can serve as the focus of an abstract and subsequent poster. The professional meeting selected should be appropriate for the abstract topic, and the authors should closely adhere to the organization’s abstract submission guidelines. The well-prepared abstract will then serve as the outline for the poster content; the visual aspect of the poster is also important to effectively communicate the information to colleagues at the meeting. Adequate time is required to prepare both the abstract and the poster in order to fittingly reflect the value of the information. Efforts in preparing the abstract will be worthwhile once the abstract has been accepted by reviewers for a poster session at the meeting. Likewise, the effort in preparing the poster in advance allows the presenter to enjoy the poster session and discuss the project with colleagues.

Getting Started

Of course, this assumes that a nutrition support–related question was asked, investigated, and answered. The first step is to reduce to writing what it was that you did. What was the question? How did you go about answering the question? What were the findings? How will this change your practice or that of others? Who was involved? The decision to prepare an abstract of your work should include all individuals involved in the project.

The Abstract

In nutrition support practice, questions arise on a regular basis that may require collecting information, evaluating the information, and formulating a decision. This could be a specific patient case that requires unique management, a group of patients in which a common situation needs to be addressed, or a more global nutrition support problem that is identified and corrected, perhaps even as a quality improvement project. Although part of the daily job, this work should be shared with others in the field, an essential professional goal for nutrition support practitioners. The preparation of an abstract or poster is usually additional work on top of day-to-day responsibilities; therefore, persistence is required to meet that goal. This paper will provide an approach to allow even the newest practitioners to prepare an abstract for submission and subsequently a poster for presentation.

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of the abstract until the last few days before the
deadline is not the best approach to a project that
you value. The time spent putting the abstract
together should pay off later when it comes to
preparing a poster or manuscript.

The abstract should be carefully structured, even
if not required by the organization. The title should
be concise and represent your main message. Each
author listed should accept public responsibility for
the integrity and content of the abstract. Determin-
ing authorship should be based on contributions to
the conception, design, implementation, or data
acquisition and interpretation of the project. It is
difficult to imagine a project in which only a sole
author is involved. The remainder of the abstract
may differ, depending on the type of work involved
in the project. According to a survey of nurses
presenting posters at 2 conferences, Moore and col-
leagues reported that 69% of the respondents dis-
played posters that described a clinical project, with
many of the remainder describing clinical interven-
tions (case reports). The differences in abstract
structure between a project and case report are
described below. The preparation of scientific
research abstracts differ, as discussed elsewhere in
this issue.

Project

If the abstract will describe a project, it may
contain 5 sections: background, aim (or objective),
methods, results, and conclusion (Figure 1). The
background provides a brief introductory statement
to your topic, identifies what is currently known,
and explains what led you to carry out the project.
The aim succinctly describes the purpose of the
project. A concise description of how you addressed
the aim is included in the methods section. Then the
pertinent results are presented briefly in the text or
a table or figure. The conclusion will specifically
focus on the response to your aim (or objective) and
how it fits in with ongoing or future practice.

Case Report

If the abstract describes a case report or case
series, it may contain 4 sections: introduction (or
objective), case presentation, discussion, and conclu-
sion (see Figure 2). The introduction presents the
subject matter or defines the problem. The case
presentation section is a succinct description of the
case (totally deidentified), beginning with pertinent
patient demographics, history, complaints, and pre-
sentation. The history may include allergies, medi-
cations, organ function, surgical procedures, ana-
tomic landmarks, and biochemical or functional
markers, as applicable to the case. The discussion
provides a comparison of your case(s) with what is
(or is not) already available in the literature. This is
also the place to emphasize, objectively if possible,
the temporal or cause-effect relationship, if one

Background: Drug administration through enteral access
devices is common practice in acute and chronic care
settings. Variability in the practice between institutions as
well as among healthcare providers within an institution
can be great. Prior to finalizing an up-to-date medication
administration protocol as part of a practice guideline for
our inpatient setting, we sought to describe the current
practice within our institution.

Aims: To identify existing practices in drug
administration through feeding tubes in a teaching
hospital and how well they reflect currently recognized
best practices.

Methods: A one-page survey containing ten statements
describing best practices for drug administration through
feeding tubes was shared with a cohort of 230 practicing
registered nurses. They represented all adult units, all
shifts, and a spectrum of practice experiences within our
hospital. The nurses were asked to respond by
independently agreeing or disagreeing with each
statement.

Results: A total of 115 surveys were returned, for a 50% response rate. All data will be presented at the meeting.
The items in Table 1 represent those statements with the
greatest deviation in agreement from best practices.

Conclusions: The practice of administering medications
via enteral access devices was not uniform across our
hospital prior to the implementation of a medication
administration protocol. Furthermore, several of the
existing practices may interfere with appropriate
medication delivery. An educational effort is underway
to address the discrepancy between practice and the new
guidelines.

Table 1

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only immediate-release meds can be crushed</td>
<td>83%</td>
</tr>
<tr>
<td>Water is used to flush tube pre/post med administration</td>
<td>73%</td>
</tr>
<tr>
<td>Liquid meds are diluted prior to administration</td>
<td>56%</td>
</tr>
<tr>
<td>Enteral feeds are held for the dosing of levofloxacin</td>
<td>36%</td>
</tr>
<tr>
<td>Received education on this topic within the last 2 years</td>
<td>34%</td>
</tr>
</tbody>
</table>

Figure 1. Example of an abstract for a project. Reprinted from Boullata et al.
OBJECTION: To report a case of anaphylaxis resulting from the use of a willow bark-containing dietary supplement in a patient with a history of an aspirin allergy.

CASE SUMMARY: A 25-year-old white woman presented to the emergency department of a community teaching hospital with anaphylaxis requiring epinephrine, diphenhydramine, methylprednisolone, and volume resuscitation to which she responded favorably. Medication history revealed that she had ingested 2 capsules of Stacker 2 (NVE Pharmaceuticals, Newton, NJ), a dietary supplement promoted for weight loss, prior to experiencing her initial symptoms. Among other active ingredients, this product contains willow bark. Of significance is that this patient also reported a history of allergy to acetylsalicylic acid. No other causes for anaphylaxis were identified. She continued to receive routine supportive care and the remaining hospital course was uncomplicated.

DISCUSSION: Dietary supplements, including herbal products, are used by many individuals who consider them to be inherently safe despite limited regulatory oversight by the Food and Drug Administration. While there may be value to specific botanical ingredients, a potential for adverse effects also exists. The popular product consumed by our patient is used for weight loss and contains willow bark, a source of salicylates. Based on the Naranjo probability scale, it is probable that this case of anaphylaxis was due to this dietary supplement.

CONCLUSIONS: The use of any willow bark–containing dietary supplement may present a risk of anaphylactic reaction to patients with a history of allergy to salicylates. Clinicians need to recognize the potential for adverse effects from dietary supplements.

Figure 2. Example of an abstract for a case report. Reprinted with permission from Annals of Pharmacotherapy.
The preparation of an abstract or poster is a professional goal for many nutrition support practitioners. This allows for dissemination of information from a project or a case report with colleagues. To provide an approach that helps practitioners prepare an abstract for submission and subsequently a poster for presentation at a professional meeting, identify a nutrition support question requiring collection and evaluation of information, or a unique patient case or case series. Closely stick to the organization’s abstract submission guidelines. The well-prepared abstract serves as the outline for the poster content. The visual aspect of the poster is also important for effectively communicating the information.

Adequate time is required to prepare both the abstract and the poster in order to fittingly reflect the value of the information. The efforts in preparing the abstract will be worthwhile once the abstract has been accepted for a session at the meeting. Likewise, the effort in preparing the poster in advance allows the presenter to enjoy the poster session and discuss the project with colleagues.

There is every reason to expect that any nutrition support practitioner can prepare an abstract for submission to a professional meeting.
Two photgraphs could also be mounted on these boards if they contribute to the main message you are trying to convey. Be sure to select high-resolution images for printing so that graphics do not seem too grainy. Most people will make the effort to be environmentally friendly with their choice of materials. Production of a 1-piece, all-encompassing, glossy, multicolored print according to your individual computer-derived elements is the most expensive approach, generally costing at least $100. Regardless of which method you choose, always ask the organization about the minimum and maximum size requirements for the poster, and lean toward the latter if possible.

Given that most people are drawn to the upper center portion of a poster, this is the ideal spot for a concise, yet professionally attractive, title. The title, along with author names, author affiliations, and possibly an institutional logo, make up the heading of the poster. Any relevant figures and legends are best placed centrally. Because the English language reads left to right and tracks downward, it makes the most sense to set the flow of the poster beginning at the upper left and ending at the lower right portion. The poster layout often resembles 3–5 columns of information (Figure 3). The convention is to have the audience read the poster in columns as you would a journal article. Have at least 1 other person unfamiliar with your work go over the text to identify any problems with content and clarity. Consider using uppercase letters, bolded font, or underlining to give emphasis only where you feel it is necessary. The font of the text on the poster should be sufficient to give emphasis only where you feel it is necessary. Be sure to select high-resolution images so that it best fits the specified poster dimensions. Additionally, keep the number of different colors to a minimum and use complimentary colors within the text so as not to detract from the message of your work.

While it may be exhilarating to prepare the poster in the final day or two before you attend the meeting, it is best to plan on completing the product at least 1 week in advance to account for any unforeseen events. Be sure to have at least 1 additional person unfamiliar with your work go over the poster before the final print. This will allow you to identify typographical errors, as well as problems with layout. During transit, make sure that your poster is with you at all times; the rest of your luggage is always replaceable. Now that it is more common to have professional companies prepare the large 1-piece posters, it may be a challenge to transport your poster to a distant meeting. If the poster is large, some airlines may require that it be checked with your luggage. It is wise to call the airline ahead of time and find out their policies. Sometimes the poster can be stored in the overhead compartment, or you may have to reserve a spot in the front closet of the airplane. This will help you to determine how to design your poster. Another option is to send the poster by overnight carrier to your destination hotel or conference center. In this case, be sure to carry either a backup 8 1/2-inch-x-11-inch copy of the poster or of each element in the poster.

Finally, be sure to take pushpins and tape with you, regardless of whether these will purportedly be supplied at the meeting site. Display (and remove) the poster according to the instructions for the meeting. Consider making a concise handout available. By providing supplemental handouts, you may be more likely to generate ongoing discussion and even future collaboration while reducing simple requests for further information. It is also helpful to have your business cards available so that you can exchange them as you network with colleagues. If someone does request additional information and you offer to contact them directly, jot down a reminder of the question on the back of their card and make sure to follow up in a timely manner. In 1 study, only 29% of presenters replied to requests for additional information and took over 30 days to respond. E-mailing information is the most efficient method to contact individuals who had questions. Although it is important to make eye contact with visitors to your poster and engage in discussion, do not badger them while they are reading. In keeping with the rules of 10, a list of 10 simple rules for a good overall poster presentation has been suggested (Table 1). Additionally, enjoy the poster session and be prepared to discuss your project with your colleagues; after all, that was the purpose of all your effort!

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References