

Guide to Presenting Audit and Research

At this year's Research Day, psychiatric trainees at all training levels are being given the opportunity to present their own audit or research projects. As this is a competition, there will be prizes for the best poster and podium presentations. The prize money is as follows:

	Podium Presentation	Poster Presentation
1 st place	£80	£50
1 st runner-up	£50	£20

The prize winners will be presented with a certificate signed by Dr Vicky Banks (Head of Wessex School of Psychiatry) at the Research Day and their names will be featured on the bimonthly Wessex Psychiatric Newsletter.

The 2010-11 organizing committee thought that it would be helpful to write an idiot's guide explaining how to go about presenting your audit or research to encourage trainees who have never presented to give it a go. What we would like to make clear from the start is that **trainees can present any audit or research projects** that they have completed in the last 3 years. Most of you will have something to present as you must have done at least 1 audit to get through your last ARCP.

We will be asking for abstracts from trainees so we can choose the best projects. Those who are selected will then be asked to make a poster of their work and present the poster during the Research Day. Authors of the very best abstracts will also be given 20 minutes each to do a podium presentation. An independent judge will decide on the winners. Don't worry if you are getting confused by the terms '*abstract*', '*poster presentation*' and '*podium presentation*'. We will explain these terms later on.

The prizes are there to be won and it must be given away to several of you by the end of the Research Day. In other words, there is a very realistic chance that you may win one of the 4 prizes up for grabs as long as you participate. Don't worry if you have not done this before. That is the reason why we put up this guide to help you get through.

Don't worry too about the quality of your abstract or if you are going to win or not. In the end of the day, it's also a learning experience and this experience will belong to you forever. In addition, this is a perfect launch pad for those who have never done this before.

This Research Day is recognised as a regional meeting and if your abstract is accepted as a poster +/- podium presentation, you can put this down on your CV as 'audit/research presented in a regional meeting'. We can assure you that we will endeavour to approve as many abstracts as possible (hopefully all) for poster presentations; as long as it meets our very basic guidance as detailed below. Part of our aim for this Research Day is to help improve your CV too. In short, there is a lot for you to gain by just participating but nothing much to lose.

Important dates to keep in mind

7th November 2011 - Last day to submit your abstract(s). There is no limit to how many abstracts you can submit

14th November 2011 – Announcement on whose abstract(s) have been accepted for poster +/- podium presentation

14th November – 5th December 2011 – Please get your poster printed. Please refer below for guidance in poster printing

28th November 2011- Deadline for artwork to be received by NHS Creative

6th December 2011 – Research Day

Abstracts

So...what is an abstract?

An abstract is a brief summary of an audit or a research which helps the reader quickly ascertain the purpose of the paper. It includes points such as why the audit or research was carried out, how it was carried out and main findings and conclusions drawn. It is short with a word limit of 250 excluding title. Submitting an abstract is your very first step in entering this competition. An independent judge will decide if your abstract will be accepted for poster presentation +/- podium presentation.

How do you write an abstract?

(The points below are just for guidance purposes only. There are no strict rules that you must follow the below headings. As long as your abstract has got a natural flow from 'top to bottom', it will be ok. You may have read many abstracts before and notice that there are several alternative headings being used. You may like to use them instead of the guidance below.)

- Start by re-reading your audit or research and then put it to one side and don't refer back to it when writing the first draft of the abstract. This is to avoid including superfluous information. You'll remember the important bits.
- Write an introduction, placing your work in context and explaining your motivation to do the project (something more sincere sounding than "for my ARCP"). This should be 2 – 3 sentences maximum.
- Write 1-2 sentences on the methodology of your project. Include details such as the setting for your research, the research, how data was collected and analysed.
- Now write a similar amount about your main findings. Don't include everything that you analysed, just the data which is most important in trying to answer your research or audit question.

- To end, summarise your project's main conclusions and recommendations in 1-2 sentences.
- Fill up the 'Research Day – Abstract submission' form which can be found on Appendix 1 and submit preferably by email to Postgraduate.Centre@southernhealth.nhs.uk
- Please see Appendix 2 for examples of abstracts.

Poster Presentations

So...what is a poster presentation?

We sincerely hope that your abstract will be accepted as a poster presentation. A poster is simply a static, visual medium (usually of the paper and board variety) which is used to communicate the purpose, methodology, results and conclusions of audit or research projects. The poster is displayed throughout a conference/event for perusal. At set times during break and lunch, the author is expected to stand by the poster and answer any questions that viewers may have. The poster is supposed to stand alone and it should still make sense and be informative when the author is unavailable. Remember that once you have the physical poster, you can submit to as many events and conferences as you can bear – An easy way to fill out your CV.

How do you do a poster presentation?

How do you do a poster presentation?

- A poster should not only contain a summary of your audit or research project, it should grab the reader's attention and keep hold of it through concise text, images or graphs.
- One of the common mistakes made when designing posters is to cram them full of text! Try to avoid doing this.
- You should think of the key points that you are trying to convey. Design the poster so that there is a logical flow of information – left to right or top to bottom. Provide a clear flow of information from introduction, through methods and results, to conclusion or discussion.
- Plan text in blocks and columns. 1-3 columns for portrait, 3-4 columns for landscape.
- Posters accepted for this presentation are required to be A0 in size. They should fit on one sheet only; multiple sheets of A4 cannot be accommodated. We recommend that posters are professionally produced – tips on this are below.
- There are many programmes you can use to design your poster. For many, the simplest way is by using Microsoft PowerPoint.
- When designing your poster in PowerPoint, set up your page dimension by clicking on File, Page Setup and typing in the appropriate figures in Slides Sized For Width and Height i.e. for A0 landscape width is 84cm, height is 119cm.

Wessex Psychiatric Trainees Day 6 December 2011

- Use a sans serif font such as Arial, Tahoma, Verdana or Calibri. Once you have chosen a font, stick with it throughout. Vary headings by using bold and italic, and a different colour to the body text
- Use an adequate font size to allow legibility from a minimum of 2 metres. Assuming your poster is size A0, the font size should be at least 40pt for paragraph text, 54pt for headings, 98pt for the title. The top line of your poster should be the title of your abstract. Immediately below this you should include the authors and their affiliations.
- Limit your colours to three or four for a more striking effect. Use contrasting colours for the text and background. Light backgrounds need a darker text and vice versa.
- Present data as bar, pie or line charts or as tables with contrasting colours
- Always leave a margin or at least 5 cm space between your text/images and the edge of your poster to allow any trimming needed by the printers.
- See Appendix 3 for example of poster
- Blu-tac / velcro pads and scissors for mounting your poster will be provided on the day
- Please note that you are responsible for collecting your poster at the end of the day. If you are unable to do this in person, we ask that you arrange for a colleague to collect the poster on your behalf.

Note on poster printing

Posters can be printed by arrangement with NHS Creative which is based in New Forest or by making your own arrangements with a print shop.

To get your poster printed, all you need to do is email Leonie Cook on leonie.cook@nhscreative.org with your finalised digital copy of your poster before the deadline of 28th November. In your email, you **MUST** state your name, workplace address, NHS trust you are working for, that this poster is for the Wessex Deanery Psychiatrists Research Day and the job number (this will be sent to those whose posters are accepted for poster/podium presentation). The poster will be printed and delivered to your workplace within 5 working days. Don't worry if you are working at the borders of Wessex Deanery, it will be delivered to you as well.

Each A0 size poster will cost around £48 from NHS Creative. The cost will be invoiced directly by NHS Creative to the postgrad centre. If you make your own arrangements for printing you will have to pay in full first before applying to have the cost reimbursed through your study budget. Remember you need your receipt for this. Information on how to apply to get your money back from the Southern Health NHSFT study budget is available on the Postgrad centre website.

www.southernhealth.nhs.uk/postgraduate/faq-how-to/study-leave. For other Trusts, follow your normal Trust study leave procedure.

Podium Presentations

So...What's a Podium Presentation?

Congratulations on reaching this stage. To be invited for podium presentation means that your abstract is one of the top 3 among all the submitted abstracts. A podium presentation is an opportunity to orally present your audit or research to an audience. The length of the presentation is 15 minutes in which PowerPoint slides can be used to assist your presentation. This is then followed by a 5-minute Question & Answer session where you will be expected to answer audiences' questions on your material at the end of your presentation.

How do you do a Podium Presentation?

You should all have presented at a journal club or case conference by now, and doing a podium presentation is really no different. The most common type of presentation is the narrated PowerPoint slide show. If you have the confidence and experience in presenting, you are more than welcome to try other forms of presentation.

A general rule of thumb is to have one slide for every minute allotted for speaking, meaning for the Research Day podium presentations you should have at most 15 slides. Any more than this and you risk the audience not having enough time to read through the material you have on each slide. For example – 1 slide for title, 1 slide for acknowledgements, 2 slides for background, 1 slide for research/audit question, 3 slides for methods, 4 slides for results, 3 slides for conclusion/discussion

When using PowerPoint, traditionally dark text works well on a white background, as does white text on a dark background. High contrast and legibility is the aim.

Perhaps the most common error when presenting using PowerPoint is to overload each slide with too many words. Short phrases, preferably in bullet points, should be used where possible. Also, using animations and transitions can be very distracting for the audience and should be avoided.

The most important part of the presentation is YOU! The presenter should stand in a place that allows the audience to see the presentation but also allows the presenter to make eye contact with the audience. Hiding behind the podium should be avoided, despite the comfort it provides when overridden with nerves! If you can, try to move around the stage to engage different parts of the audience. Project your voice to the back of the room and look out to the audience rather than in to your nerves. Above all, practice the presentation at every opportunity and try to enjoy it!

Email your presentation to (postgraduate.centre@southernhealth.nhs.uk) **at least 3 working days before the actual day**. This is to enable us to ensure smooth running of your presentation. One of the worst things that could happen is only realising on the actual day that the format of your file is not compatible with our laptops!

Good luck!
Research Day Organising committee

Appendix 1

Research Day 2011/12 – Abstract submission form

(Deadline for abstract submission is 7th November 2011. Please email completed form to **Postgraduate.Centre@southernhealth.nhs.uk**)

Name:

Training level:

Current post:

Contact email:

Type of project: please delete as appropriate

Audit

Research (including postgraduate courses)

Title of project:

Abstract:

Word count: _____

Official use only

Accepted for:

Poster presentation

Podium presentation

Not accepted

Reasons:

Completed by:

Date:

Appendix 2 – examples of abstracts

Example 1*

*Thompson, Catherine, Dogra, Nisha, McKinley, Robert. Survey of general practitioners' attitudes towards psychiatry. *The Psychiatrist* 2010 34: 525-528

Survey of general practitioners' attitudes towards psychiatry

Aims and method There is a lack of current data regarding attitudes of doctors towards psychiatry. General practitioners (GPs) are increasingly involved in teaching psychiatry, and their attitudes towards psychiatry may affect their ability to promote psychiatry. The main aim of the study is to inform on current attitudes of GPs towards psychiatry as a discipline. The Attitudes Towards Psychiatry (ATP-30) questionnaire was administered to all GPs within Shropshire.

Results The response rate was 61% ($n = 145$ from $N = 239$). The mean score for the ATP-30 was 113.9. An association was found between GP trainer status and higher ATP-30 scores. Positive associations were found between demographic data (age, length of career, postgraduate experience of psychiatry, involvement in undergraduate teaching, GP trainer status) and individual response items on the ATP-30 scale.

Clinical implications General practitioners in Shropshire have a positive attitude towards psychiatry. Associations between demographic data and ATP-30 scores indicate that GPs with more experience of psychiatry and those involved in training may have more positive attitudes. The main limitation of the study is the lack of proven validity of the scale for use in this population. The positive attitude towards psychiatry is consistent with GPs providing the role models needed if they are to be involved to a greater degree with teaching and promoting psychiatry as a career. The need for the development of a more specific tool or an update to the existing tool is discussed.

(240 words)

Example 2

Title:

Maintaining ECG interpretation competency among psychiatrists

Authors:

Drs Thomas Foong & Ray Vieweg. Hampshire Partnership NHS Foundation Trust

Background:

ECG monitoring is part of an important component in maintaining good patient care.

Aim:

To conduct an audit on ECG interpretation competency among psychiatrists in the East Hampshire locality.

Standard:

All psychiatrists should be able to interpret ECG rhythms as outlined in the ALS course designed by Resuscitation Council UK.

Setting:

Psychiatrists in Portsmouth and Southampton were invited to attend an ECG refresher course. Two identical ECG refresher courses were carried out on two separate dates in October 2008 and April 2009.

Method:

On the day of the course, each participant had to complete a pre and post course quiz. The quizzes were carried out just before and after the course and were conducted in an exam-like condition. The pre and post course quiz were both identical except for the order of questions. Even though all the quiz papers were completed anonymously by participants, I was able to pair up each individual results accordingly to their handwritings and hence able to carry out comparative analysis for results before and after the course. The 2-hour ECG refresher courses were conducted by me with support from Dr Vieweg.

Results:

27 participants ranging from Consultants to CT1 doctors attended. Their average score for the pre and post course quiz were 24% and 47% respectively. The average increase in score after the course was 23%.

Conclusion:

This ECG refresher course should be introduced at least on an annual basis to help psychiatrists maintain their ECG interpretation competency.

(244 words)

Appendix 3 – Example of a poster

Maintaining ECG Interpretation Competency Among Psychiatrists

Thomas Foong, Ray Vieweg, Hampshire Partnership NHS Foundation Trust, Hampshire

Introduction

Electrocardiogram (ECG) monitoring in mental health has always been important. Even though uncommon, those who are on antipsychotic and/or on certain antidepressants¹ have increased risks of developing arrhythmias.

Aim

To conduct an audit on ECG interpretation competency among psychiatrists in Southampton, Portsmouth and East Hampshire localities.

Standards

I have used the Advanced Life Support (ALS) competency as 'gold standard' where the featured cardiac rhythms in the ALS are assumed to be the basics that all doctors should be able to recognise. In addition, psychiatrists should also know how to identify prolonged QT rhythms.

Methods

All psychiatrists in Southampton, Portsmouth and East Hampshire locality were invited to attend a 2.5-hour ECG refresher course on two dates in October 2008 and April 2009. Both ECG courses' content were identical and participants were required to take part in a pre and post ECG course tests. All pre and post course test papers were completed anonymously and were later paired accordingly to each individual's unique hand-writing.



This enable the authors to objectively monitor progress of the attendants.

Results

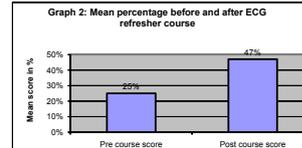
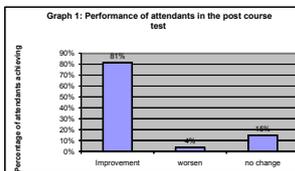
The table below shows the combined attendants for both ECG refresher courses.

	Consul tants	SpRs	Core trainees	GP trainees	Staff grade
Numb ers	6	4	14	2	1

The table below shows each individual attendant's performance at the ECG refresher course.

	Total score (maximum = 11)		Total in %		Improve ment	Absolute improve ment in %
	Pre	Post	Pre	Post		
Cons 1	5	9	45%	82%	4	36%
Cons 2	4	5	36%	45%	1	9%
Cons 3	0	5	0%	45%	5	45%
Cons 4	2	3	18%	27%	1	9%
Cons 5	2	7	18%	64%	5	45%
Cons 6	1	7	9%	64%	6	55%
SpR 1	4	4	36%	36%	0	0%
SpR 2	2	5	18%	45%	3	27%
SpR 3	1	1	9%	9%	0	0%
SpR 4	5	8	45%	73%	3	27%
Ψ 1	1	3	9%	27%	2	18%
Ψ 2	0	2	0%	18%	2	18%
Ψ 3	2	1	18%	9%	-1	-9%
Ψ 4	3	5	27%	45%	2	18%
Ψ 5	2	7	18%	64%	5	45%
Ψ 6	1	3	9%	27%	2	18%
Ψ 7	0	5	0%	45%	5	45%
Ψ 8	2	5	18%	45%	3	27%
Ψ 9	7	7	64%	64%	0	0%
Ψ 10	1	4	9%	36%	3	27%
Ψ 11	0	2	0%	18%	2	18%
Ψ 12	4	9	36%	82%	5	45%
Ψ 13	3	3	27%	27%	0	0%
Ψ 14	5	9	45%	82%	4	36%
GP 1	6	10	55%	91%	4	36%
GP 2	7	8	64%	73%	1	9%
SG 1	2	4	18%	36%	2	18%

Cons = Consultant SpR = ST4-6
Ψ = core trainee SG = Staff Grade



Discussion

Majority of the attendants showed improvements in their ECG interpretation competencies with some benefited more than the others.

It is important to bear in mind that maintaining ECG interpretation competency does not only rely on attending ECG refresher courses alone but also relies heavily on individuals' own responsibilities and initiatives in accessing self-help materials and continuous practice in clinical situations.^{2,3}

Conclusion

This ECG refresher course should be re-audited and extended to all localities within the Wessex Deanery.

References

- 1.M Fayed, S. Kingsbury, J Zada, G Simpson. Cardiac Effects of Antipsychotic Medications. *Psychiatric services*. May 2001 Vol. 52 No. 5
2. Stephen M. Salerno, Patrick C. Alguire, and Herbert S. Waxman. Competency in Interpretation of 12-Lead Electrocardiograms: A Summary and Appraisal of Published Evidence. *Ann Intern Med*. 2003;138:751-760.
3. Stephen M. Salerno, Patrick C. Alguire, and Herbert S. Waxman. Training and Competency Evaluation for Interpretation of 12-Lead Electrocardiograms: Recommendations from the American College of Physicians. *Ann Intern Med*. 2003;138:747-750.