From Proposing to Presenting: Tips for Success

**MARIJEAN BUHSE,
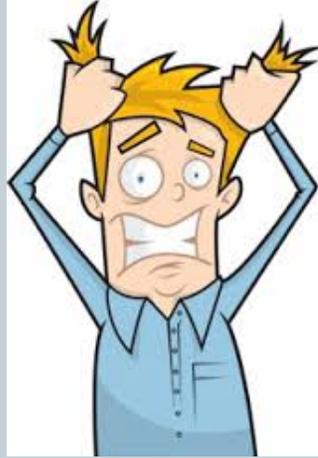PHD, NP-C, RN, MSCN**

Objectives

- Tips for
- Developing a research proposal
- Writing a manuscript
- Developing a poster
- Creating a presentation

Developing a Research Question

- What is bothering you in practice?
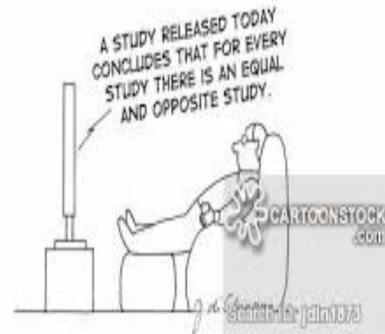- Is there no answer for what you see?
- Can be overwhelming

What is a research proposal?

- A research proposal is your plan
  - It describes in detail your study
  - What/who are you studying and whhy
- Background/clinical significance
- Research Question/Aim/Purpose
- Methods

Background and Significance

- Why is your study important?
- Describe the clinical significance of the research question or clinical problem
- Answer the "so what?" question

A STUDY RELEASED TODAY CONCLUDES THAT FOR EVERY STUDY THERE IS AN EQUAL AND OPPOSITE STUDY.

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Literature review

- State of the science on this problem? Gaps?
  - Synthesize recent literature (within the past 5 years)
- Identify simply what you plan to do in your study
- The purpose can be framed as a research question or an aim
- Examples:
  - What is the impact of education on medication adherence?
  - The purpose of this study is to show the impact of educational series on medication adherence in persons with MS on DMT's

Methods

- This section of your proposal has multiple parts
  - Design
  - Sample/Sample size
  - Setting
  - Protocol
  - Analysis Plan
- Detailed enough so that the reviewers could conduct the study

Methods - Design

- Describe your study design
- Design examples
  - Prospective vs. Retrospective
  - Descriptive
  - Observation
  - Intervention clinical trial
  - Surveys, interviews, questionnaires
  - Focus groups, field studies
  - Others
- Example
  - The purpose of this study is to determine the difference between adherence to oral and injectable DMTs

Methods – Sample/Sample Size

- Who are the study participants?
- How will participants be recruited?
- How many participants do you need?
- Is there a comparison group?

Setting

- Describe the place where plan to conduct the study
- Do you have support from the clinic or unit to conduct the study?
  - Letters of support from site or unit
- Describe how long it will take to do your study
- Provide timeline benchmarks

Protocol and Analysis

- What are you going to do to study participants?
- How are you going to analyze what you do?

IRB

- Submit to your favorite IRB
- Generally nursing studies are either expedited or exempt
- Get approval and start data collection!

Data - YIKES!!!

- Use some form of Excel, SPSS, or another statistical package to enter your data
- May need to find a statistician or someone who likes stats to assist you
- Use appropriate statistical tests for your study

Results and Discussion

- Write up your results
- Include tables ie. Demographics, graphs
- Compare your results with other research findings
- Discuss the nursing implications of your findings
- Submit to your favorite journal!!

Writing for publication

Getting Started: What do you read?

- **How do you make your decision?**
  - Very few journals are read cover to cover
  - A newspaper or internet article
  - Or based on
    - Title
    - Author
    - Journal
    - Abstract

Consider the Publication Types

- Books/Book Chapters
- Peer reviewed article
  - Clinical focus
  - Research report
- Clinical tip/anecdote/case study
- Newsletter
  - National
  - Local chapter

Journal Article, Books & Book Chapters

- Select the journal before you begin writing
- Read articles in the journal you are considering
- Get the author guidelines before you begin writing
  - Style, format, references are important
- http://www.biosemantics.org/jane/

Researching Your Topic

- Organized approach
- Journal articles easiest, most accessible, current source of information
- http://www.nlm.nih.gov/sitemap.html
- MEDLINE
- PUBMED
- Cumulative Index of Nursing and Allied Health Literature www.cinahl.com

Researching Your Topic (cont.)

- Don't just read the abstracts
- Primary source, secondary source, or review
- All types of publications have a format

Getting Started

- What do you have to say?
- Where is the most appropriate place to say it?

Start Writing!

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- Just do it!
- Use an outline to start OR to finish
- Can start in the middle if needed
- Title and abstract are last
- Finish the draft, leave it for a few days, read again

General Writing Advice

- Have someone else read it
- Get advise
- Be concise
- Short sentences and paragraphs
- One paragraph = one thought
- Transition sentences
- Write in logical order
- Paraphrase and cite!

General Writing Advice (cont.)

- Minimize jargon
- No conversational writing
- Define abbreviations early – use less than 5 in the paper
- Use the simpler word – *use* not *utilize* or *in* not *within*
- Don't say the same thing over and over again

References

- Cite references correctly – don't rely on someone else's reference list
- Use the reference format that the journal uses
- Proper format (Reference Manager, EndNote)
- References are not needed for factual information in the public domain and commonly held knowledge
  - e.g. The National MS Society is located in NYC
  - MS is a progressive neurological disease

References (cont.)

- Internet resources include title, url, and date accessed
- References – should be $\leq$ 5 years unless a classic
- Primary versus secondary references
- Always try to find the primary reference

Use of other's information

- Try not to use reproductions of tables
- Create your own tables
- Used with permission or adapted require written permission
- Contact author of the item you wish to use

Submission to Journal

- Two to three peer reviewers are given the manuscript
  - Content experts
  - Experienced authors
- Blinded peer review
- Editor makes final decision

Publication Process

- Feedback sent to author

- Don't take it personally!

Production Process

- Editor assigns a publication date
- Questions may remain even when final acceptance is given
- Galleys are sent for final approval; you are checking only for accuracy, not changing the content
- If new information is available, talk with the editor before making substantive changes.

Writing with Others

- Choose a team wisely
- Authorship credit based on substantial contributions
- Decide first who is lead author and order of names of multiple authors
  - Lead author takes the lead

Effective Posters:
The Basics

Effective Communication?

Goals of Poster
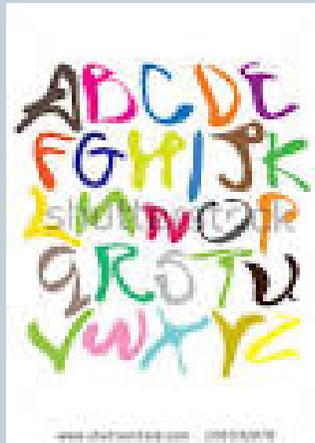
- Attract casual onlookers as they stroll by = Appearance

- Communicate your findings = Content

Effective Posters

- Poster presents overview of work
- Visual representation - Should look good
- Easy to read
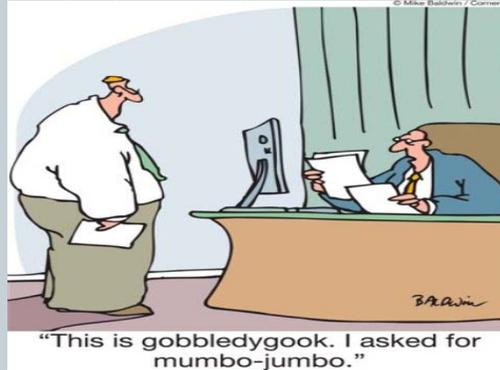- Organize in sections

Posters must be readable

- Use common fonts
- Size of title
- Body of poster
- Color schemes

Concepts of Effective Messaging

- Punch line comes first
- Easy to understand: NO jargon
- Concise
- One big point
- Sum it up

"This is gobbledygook. I asked for mumbo-jumbo."

Punch Line Comes First

- Safety net hospital systems provide health care to a high volume of underserved patients, including uninsured and low-income patients, racial/ethnic minorities and those with chronic conditions. Compared with other health care providers, safety net hospitals provide comparably high quality care to patients with diabetes, despite serving higher volumes of underserved patients.

Punch Line Comes First

- The nation's public hospitals provide high quality care to patients with diabetes, despite providing care to a high volume of underserved patients.

Jargon

- Recently, researchers at Massachusetts General Hospital reported anatomical connections between neurons that innervate homologous right and left body parts. Some patients with unilateral injuries develop bilateral abnormalities.

No Jargon

- Researchers from MGH report physical evidence of a previously unknown communication between nerves on opposite sides of the body.

Tricks of the trade

- Know the rules
- Put the findings in your title
- Majority of text reserved for results
- Move important message to <u>beginning</u> of sentences
- Use tables judiciously

Planning for your poster

- Who is your audience?
- What is allotted size of poster?
- What is your message?

Designing your poster

- Highlight message and key points
- List authors and affiliations
- Edit the text
- Let your figures do the talking
- Practice

Designing your poster continued

- Logical sequence
- Clear and concise
- Content understood in less than 10 minutes
- Use of powerpoint

Posters: More details

- It's not a mini paper
- It is about dialogue
- Highlight your findings
- Make it accessible to everyone
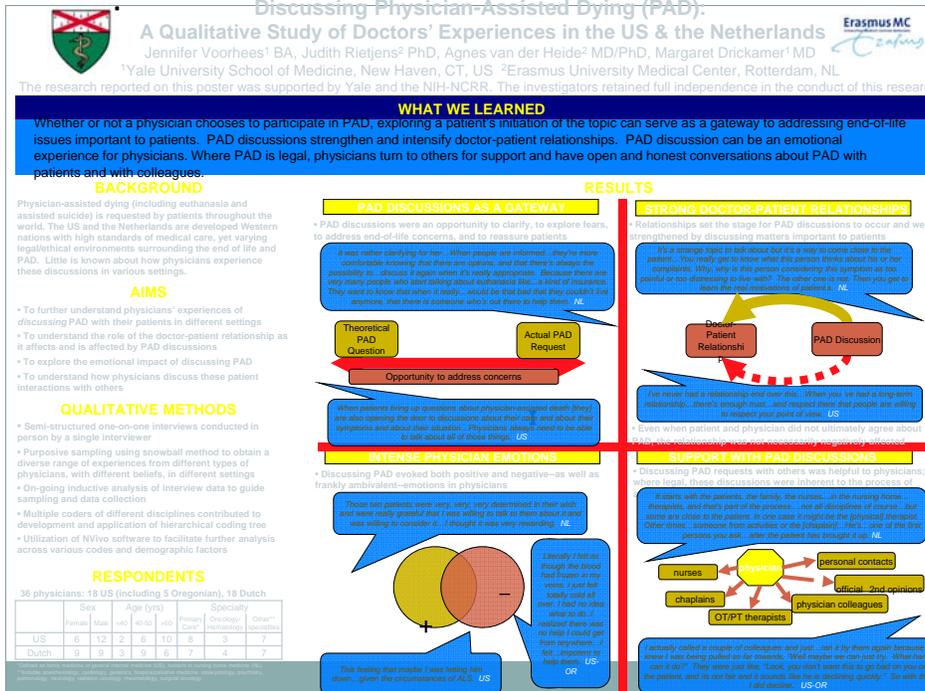- Demonstrate your skills

General Format

- Title
- Background/Introduction/Purpose
- Methods/Instruments
- Results
- Discussion/Implications

Discussing Physician-Assisted Dying (PAD):
A Qualitative Study of Doctors' Experiences in the US & the Netherlands

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WHAT WE LEARNED

Whether or not a physician chooses to participate in PAD, exploring a patient's initiation of the topic can serve as a gateway to addressing end-of-life issues important to patients. PAD discussions strengthen and intensify doctor-patient relationships. PAD discussion can be an emotional experience for physicians. Where PAD is legal, physicians turn to others for support and have open and honest conversations about PAD with patients and with colleagues.

BACKGROUND

Physician-assisted dying (including euthanasia and assisted suicide) is requested by patients throughout the world. The US and the Netherlands are developed Western nations with high standards of medical care, yet varying legal/ethical environments surrounding the end of life and PAD. Little is known about how physicians experience these discussions in various settings.

AIMS

• To further understand physicians' experiences of *discussing* PAD with their patients in different settings
• To understand the role of the doctor-patient relationship as it affects and is affected by PAD discussions
• To explore the emotional impact of discussing PAD
• To understand how physicians discuss these patient interactions with others

QUALITATIVE METHODS

• Semi-structured one-on-one interviews conducted in person by a single interviewer
• Purposive sampling using snowball method to obtain a diverse range of experiences from different types of physicians, with different beliefs, in different settings
• On-going inductive analysis of interview data to guide sampling and data collection
• Multiple coders of different disciplines contributed to development and application of hierarchical coding tree
• Utilization of NVivo software to facilitate further analysis across various codes and demographic factors

RESPONDENTS

36 physicians: 18 US (including 5 Oregonian), 18 Dutch

	Sex		Age (yrs)			Specialty		
	Female	Male	<40	40-59	>59	Primary Care*	Oncology/ Hematology	Other** specialties
US	6	12	2	6	10	8	3	7
Dutch	9	9	3	9	6	7	4	7

RESULTS

PAD DISCUSSIONS AS A GATEWAY

• PAD discussions were an opportunity to clarify, to explore fears, to address end-of-life concerns, and to reassure patients

STRONG DOCTOR-PATIENT RELATIONSHIPS

• Relationships set the stage for PAD discussions to occur and were strengthened by discussing matters important to patients

INTENSE PHYSICIAN EMOTIONS

• Discussing PAD evoked both positive and negative—as well as frankly ambivalent—emotions in physicians

SUPPORT WITH PAD DISCUSSIONS

• Discussing PAD requests with others was helpful to physicians; where legal, these discussions were inherent to the process of

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Multiple Sclerosis, Natalizumab Therapy, Bullous Pemphigoid

Marijean Buhse RN, NP, PhD[1,2], Barbara Bumstead ANP[1], Myassar Zarif MD[1], Lori Fafard RN[1], Mark Gudesblatt MD[1]
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Objective:

To describe the appearance of bullous pemphigoid that occurred during Natalizumab infusions and could be mistaken for an allergic or infusion reaction.

Background:

Natalizumab discontinuations can occur due to allergic reactions manifest as skin eruptions.

Case Report:

❖ 51 year old female with RRMS complained of skin itching and then developed a multiple skin urticaria after the 73rd natalizumab infusion.
❖ This was initially considered to be an allergic reaction related to medication.
❖ Oral medications were discontinued and the skin eruptions persisted and evolved to appear as blistering bullae.
❖ Despite discontinuation of Natalizumab the skin eruptions persisted and further evolved. Dermatological consultation with biopsy confirmed a diagnosis of bullous pemphigoid.

Discussion:

❖ Bullous pemphigoid is an uncommon autoimmune skin disorder seen in <0.001% of the population.
❖ Autoantibodies may be seen directed against the cell surface of keratinocytes, producing acantholysis that in turn leads to intraepithelial blisters in the skin and/or mucous membranes.
❖ This disorder has been related to medications, autoimmune dis-

Conclusion:

❖ Not all skin reactions that oc
sion are allergic and related to
❖ Some skin reactions can be
py discontinuation due to the r
❖ Vigilance and accurate ident
during or thought to be related
the appropriate course of treat
❖ Differentiating serious skin r
ed reactions are important so

What This Presentation Is About

- What makes a good oral presentation
- Tips on preparing a presentation
- Delivery of a presentation

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Preparing and Delivering An Effective Oral Presentation

A QUICK GUIDE

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Questions You Need To Ask

- To whom are you presenting?
- How much do they know about the topic?
- How educated and/or sophisticated are they?
- How large is the audience?

More Questions To Ask

- How long is the presentation?
- What is the purpose of the presentation?
  - Inform?
  - Persuade?
  - Entertain?
- What do you want to convey?

Know Your Subject

- Have something of substance to say.
- Learn more than you will say.
- The more you know, the more enthusiastic you will be.

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"My topic is 'How To Give A Presentation Without Losing Your Audience's Attention'. The End. Thank you for coming."

The brain starts working the moment you're born and never stops until you get up to speak in public.
- Anonymous

Fear Is Good

ᕲFear of failing

ᕲFear of audience

ᕲYou should be nervous the first few times

Audience Fears Allayed

- The audience doesn't know what you intended to say or to do.

- You know more about the topic than anyone in the audience.

Elements of a Good Presentation

- Clear purpose or objective
- Sufficient, but not too much, information
- Organized
- Meets needs of audience
- For the ear to hear as well as the eye to see
- Stories and examples

"My presentation has live web links, full-screen HD video clips, animated fonts, thundering surround-sound audio, and awesome 3-D special effects. Now all I need is a topic."

Opening

- Crucial, sets the tone, need to grab audience

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"Always start your presentation with a joke, but be careful not to offend anyone! Don't mention religion, politics, race, age, money, technology, men, women, children, plants, animals, food...."

Types of Openings

- Preview
- Ask a question
- Ask a rhetorical question
- Pose a hypothetical situation
- Describe something new or dramatic
- Make a joke, tell a story

Delivery of a Good Presentation

- Be enthusiastic
- Use body language
- Talk to the audience
- Dress appropriately
- Don't read from the slide

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"OK, I'm now going to read out loud every single slide to you, word for word, until you all wish you'd just die."

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Closing the Presentation

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- Too important to wing it
  - A speech is like a love affair; any fool can start one but to end it requires considerable skill. - Lord Mancraft (1914-1987)
- Last chance to tell what to know and do
- Direct, brief, and strong

Closing Styles

- Summarize
- Call to action
- Anecdote or story
- Rhetorical question
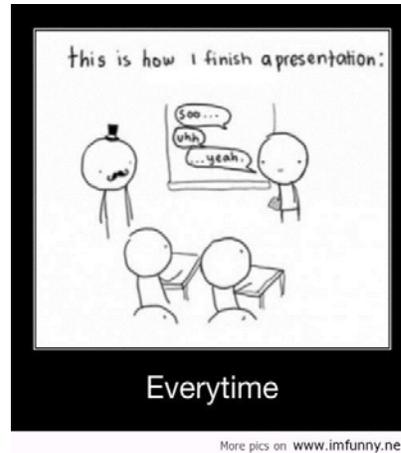
Summary
Elements of a good presentation

- Be clear about its purpose.
- Prepare.
- Have an attention-getting opening.
- Make the content organized and interesting.
- Be enthusiastic.
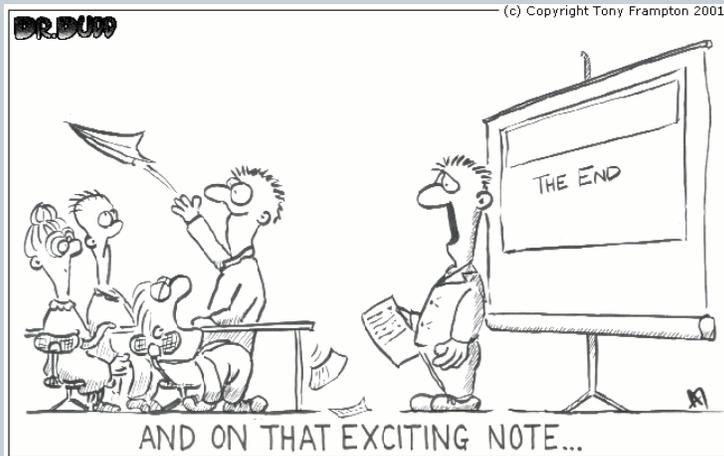- Talk to the audience.
- Have a memorable closing.

Questions???