GUIDE TO CREATING POSTER PRESENTATIONS

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Jefferson Health Northeast
Philadelphia, PA
NO DISCLOSURES
GOALS

- Review scientific research and clinically academic poster design

- Teach residents how to create scientific research and clinically academic posters
OBJECTIVES

Why?
Purpose of scientific research and clinically academic posters

Who/When?
Rules and requirements

What?
Components of a poster

How?
Conception and creation
WHY: PURPOSE

- Convey research and clinical cases to an audience using visuals and text
- Meet and speak informally with viewers allowing for idea exchange and networking
- Prepare for publication in peer-reviewed journals
- Create a safe environment of inquiry
WHO AND WHEN:
RULES AND REQUIREMENTS

• Audience, Judging Criteria, Word Limits

• Poster Size, Display Requirements

• Date and Time of Presentation
WHAT: COMPONENTS OF A POSTER

Research Study

Clinical Vignette
RESEARCH STUDY: FORMAT

“IMRAD”
- Introduction
- Methods
- Research
- Discussion
RESEARCH STUDY: FORMAT

“IMRAD”
- Introduction
- Methods
- Research
- Discussion
CLINICAL VIGNETTE: FORMAT

• Introduction
• Case Description
• Discussion
CLINICAL VIGNETTE: FORMAT

- Introduction
- Case Description
- Discussion
Case Description

History

Physical Exam

Investigative Studies

Patient Progress

Outcome
Case Discussion

■ What **clinical decisions** were made?
■ What **can be learned** from this case?
■ Make a few **key points** and explain them clearly and succinctly.
ABSTRACT vs. CONCLUSION/DISCUSSION
(not the same/prevent redundancy)

- **Abstract**
  - Written for the potentially interested reader
  - Give an impression of what the paper will be about
  - No jargon or abbreviation use
  - Answer the Question “WHAT?”
  - Understandable for specialists and people from all fields

- **Discussion/Conclusion/Summary**
  - Conclude the research or case
  - Written for the reader who has already read the poster
  - Answer the Question “SO WHAT?”
1. Click on the design tab
TEMPLATES
RESEARCH STUDY
POSTER
“IMRAD”
Introduction

We hope you find this template useful. This comes out to yield a 36x48” (full) horizontal poster when we print it at 200%.

We’ve put in the boxes we usually use in these posters, you can copy and paste and change by your hearts content! We suggest you use your own font but again a light background so that it is easy to read. Background color can be changed in format-background-drop down menu.

The boxes around the text will automatically shift the text type, unless you use the tool. You can use the ruled lines to outline or separate text. Ruled lines can be whatever size you want. If you need just a little more room for your type, go to format-line spacing and decrease to 16 pt or even 12 pt.

The dotted lines through the center of the box will not print, they are for alignment. You can move them around by clicking and dragging them, and a little box will tell you where they are on the page. Use these to get your pictures or text boxes aligned together.

**How to bring things from Excel and Word**

Excel: select the chart, hit edit-copy, and then paste content into PowerPoint. The chart can then be stretched to fit as required. If you need rows or columns of the chart, it can be ungrouped. First set the scientific symbols and then import charts which cannot be recognized as text and then paint appropriately. If you use fewer than the font installed on your system, this text looks like the font used for scientific characters.

Word: first the text has to be imported into PowerPoint, hit edit-copy, then edit-paste; the text is now a rich text block. The text is editable, you can change the size, color, font, etc. in Rich-Text. We suggest you use standard text; click with Alt and then Times New Roman and your collaborators will love us.

**Scans**

We need images ob 272 to 100 dpi in their final size, or a rule of thumb is 2 to 1 megabytes per square foot of image. No exceptions, 200 dpi photos are better to 300 dpi.

We prefer that your images go into PowerPoint. Generally, if you double click on an image to open it in Microsoft Photo Editor, until this tool the images too large, then it is too large for PowerPoint to handle too. We find images 1200x1000 pixels or smaller work very well. Very large images may slow down your screen but PowerPoint cannot print them.

**Preview**

To see your poster in actual size, go to view-zone: 100%. Posters to be printed at 200%, need to be viewed at 100%.

**Feedback**

If you have comments about how the template worked for you, email to sales@megaprints.com

We will not call you at 800-596-7880 if you can help in any way.
Title of the Research Study

PEOPLE WHO DID THE STUDY

UNIVERSITIES AND/OR HOSPITALS THEY ARE AFFILIATED WITH

Introduction

We hope you find this template useful. This one is set up to yield a 10×15 cm study poster when printed at 300 dpi. The page is divided into two sections: 7 cm wide on the left and 8 cm wide on the right. The section width can be changed in the setup of your PowerPoint template.

Methods

Results

Conclusions

Bibliography

1. Title of the Research Study
2. People Who Did the Study
3. Universities and/or Hospitals They Are Affiliated With
4. Introduction
5. Methods
6. Results
7. Conclusions
8. Bibliography

Figure #1

Figure #2

Chart of Picture

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# Title of the Research Study

**PEOPLE WHO DID THE STUDY**

**UNIVERSITIES AND/OR HOSPITALS THEY ARE AFFILIATED WITH**

## Introduction

We hope you find this template useful. This one is set up to yield a 10 x 15” (25 x 38 cm) horizontal poster when you print it at 300%

You can paste the headings we normally use in these templates, or you can copy and paste and change to your heart's content! We suggest you use Deep Black text against a light background or a black background against a light text. Background color can be changed to black or a light shade of gray if desired.

The boxes around the text will almost always fit the text type you use, and if you click on the text, you can drag the little handles that appear to stretch or shrink the text box to whatever size you want. If you need just a little more room for your type, go to format line spacing and choose 1.50 or even 1.65.

The dotted lines through the center of the page will not print, they are for alignment. You can move them around by deleting and reinserting them, and little boxes will tell you where they are on the page. You cannot get your paragraphs and text boxes aligned together.

How to bring things in from Excel and Word:

Excel- select the chart, hit edit-copy, and then edit-paste into PowerPoint. If you have just a few parts of the chart, it can be ungrouped. Right-click for sizing, the expanded text is the chart. PowerPoint will not recognize any external graphics properly if you don’t have the font installed on your system. It is best to use the font that is most similar. Word- select the text to be brought into PowerPoint, hit edit-copy, then edit-paste into the Word format or collections and similar. Word will not import. You can change the size, color, etc. in the text. You cannot get Excel or Word tables into a single PowerPoint slide, but if you are really close, you may be able to get them together.

Figure

**Figure #1**

**Figure #2**

### Chart or Picture

<table>
<thead>
<tr>
<th>Chart or Picture</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="chart.png" alt="Chart or Picture" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bibliography</th>
</tr>
</thead>
</table>
Title of the Research Study

INTRODUCTION

We hope you find this template useful. This one is set up to yield a 3x3 chart. Its horizontal layout will allow you to fit it into a 33% page. The text in this section is for guidance purposes, you can copy and paste and change to your heart’s content. We suggest you use black text against a light background so that it’s easy to read. Background color can be changed in front-end presentation software menus.

The boxed around the text will automatically fit the text type, and if you click on the text, you can use the little handles that appear to stretch or shrink the text to whatever you need. A little more room for your type, go to insert line spacing under text or even 148%

The dotted lines through the center of this page will not print, they are for alignment. Use them to align your text and headings, and little line will tell you where they are on the page. Use them to get your captions or table lines aligned together.

Font: Arial

TEAM

1. First author
2. Second author
3. Third author
4. Fourth author

Figure 1

CHART OR PICTURE

Figure 2

BIBLIOGRAPHY
1. First reference
2. Second reference
3. Third reference
4. Fourth reference
Title of the Research Study

PEOPLE WHO DID THE STUDY

UNIVERSITIES AND/OR HOSPITALS THEY ARE AFFILIATED WITH

Introduction

We hope you find this template useful! This one is set up to yield a 10x7" Chip’s horizontal file when you print it at 300%

With this flowchart you can easily insert these objects, as you copy and paste and change to your heart's content. We support your own logos when you insert a 10x7" Chip's. Background color can be changed to any color you want. Background color can be changed to any color you want.

The boxes around the text will attempt only fit the text you type, and if you click on the text, you can move the boxes. Some text appears to stretch to improve the text boxes to fit the box you are in.

You can move the boxes, change the text and their size, and the little box will fit you wherever you are on the page. Use buttons to get your picture or text lines aligned together.

Figure #1

Figure #2

Legend

CHART or PICTURE

Bibliography

1. XXXXXXXXXXXXXXXXXXXXXXX
2. XXXXXXXXXXXXXXXXXXXXXXX
3. XXXXXXXXXXXXXXXXXXXXXXX
4. XXXXXXXXXXXXXXXXXXXXXXX

Feedback: If you have comments about how this flowchart worked for you, email to sales@megaprint.com

We're glad you liked it. 300-380-7231 if we can help in any way.
Title of the Research Study

PEOPLE WHO DID THE STUDY

UNIVERSITIES AND/OR HOSPITALS THEY ARE AFFILIATED WITH

Introduction

Methods

Results

Conclusions

Bibliography

1. Methodology: A comprehensive overview of the research design and methodology.
2. Data Collection: Details on how data was collected, including sampling methods.
3. Data Analysis: Description of statistical tools and techniques used.
4. Findings: Presentation of the research findings based on the data analysis.

Methods

We hope you find this template useful! This piece is set up to be filled in as needed by U.S. and/or horizontal research when published in 2009.

We've put the heading (usually see in these positions), you can copy and paste and change to your hearts content. We suggest you use Block Text against a light background so that it is easy to read. Background color can be changed in formatting/editing share menu.

The box around the text will automatically fit the text you type, until you click on the text, you can use the left border to define text. On the design below as much as you want. If you expand it a little more room for your type, but format type moving until you click on it, you can edit.

The dotted lines through the center of the page will not print, they are for alignment. You can move them around by clicking and moving them, and the little box will tell you where they are on the page. You can get your picture or text boxes of good together.

How to bring things in from Excel and Word

Check out the chart, hit edit-copy, and then paste into PowerPoint. The chart sections will be re-sized as required. If you need to edit parts of the chart, it can be expanded. Right and left is a great way to make important data stand out.

Word should be used to be inserted into PowerPoint. Copy-paste, then call it up in the text, a new or existing text block. This text is editable. You can change the size, color, etc, in formatted text. You can get your picture or text boxes of good together.

Figure #1

Results

Conclusions

Figure #2

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Title of the Research Study

PEOPLE WHO DID THE STUDY

UNIVERSITIES AND/OR HOSPITALS THEY ARE AFFILIATED WITH

Introduction

We hope you find this template useful. This slide is set up to fill a 360° (90°) horizontal format when you print it at 200%.

We've put the heading properly in one of these places, your page may look different and if you print it in portrait, you can copy and paste it to your text content. We've included a blank text box against a white background so that if you want to add background color, you can change it manually using a design element.

To fill up the text box, simply fill the text box, and if you don't like the text, you can use the File menu to delete or replace the text box. To whatever extent you want. If you need to add a little more room for your text, go to the layout tab and reduce the size of your text.

The dotted lines through the center of the page will not print, so they are not aligned. You can see these lines by clicking on and holding them, and they will tell you where they are on the page. Once you get your picture or text position as good as you can.

How to bring things in from Excel and Word

Excel: click the chart, hit Ctrl+e, and then select paste special. The chart option is already set to required. If you need to edit any of the chart, it can be ungrouped. Right click for some quick mouse-clicked important chart, which you may not remember on a menu that nothing prints properly if we don't have the first mistake in your system. It's hard to see the important line for scientific characters.

Word: select the text to be imported in Word, then click the chart icon in the bottom left corner of the page. This text is editable. You can change the text, add a text box, etc. in Word text. We suggest you get plenty of smaller text. Click with Alt and then From Position limit to your specifications will have them.

Scans

We used images to be 72 to 100 dpi in the highest size, or a scan of the color to 4 megabytes of uncompressed. All the pre-separated form or image, for instance, a test photo that will be 650 to 720 on the final paper should be scanned at 200 dpi.

We prefer that you import it in the appropriate PowerPoint. Generally, if you should click on Scan to print it in Microsoft Paint, this will help you be consistent with the size of your text. We should import images at 600dpi or small from very well. Very large images may throw errors on your screen but PowerPoint cannot print them.

Perspectives: we can print this in our own, 600 dpi to view something with 300dpi. Pictures to be printed at 300dpi and be viewed at 150dpi.

Feedback: if you have concerns about how the template is used for you, email us@support.com.

We're open at 800-597-7200 if we can help at any.

Figure #1

Figure #2

RESULTS

2.

3.

4.
Title of the Research Study

People Who Did the Study

Introduction

We hope you find this template useful! This page is set up to print on half size 8.5" x 11" horizontal paper when you print it at 200%.

We've put the headings manually into the document, you can copy and paste these headings and change to your heart content. We suggest you use lines black text against a light background so that it is easy to read. Background color can be changed in formatting applying theme menu.

The box around the text will automatically fit the text you type. If you click on the text, you can use the format tool to adjust the font size, style, or color. The text is automatically formatted when you save it or change it.

The dotted lines through the center of the page will not print, they are for alignment. You can move them around by clicking and dragging them, and little box will tell you where they are on the page. You should get your pictures or text boxes of good quality.

How to bring things in from Excel and Word:

Excel: select the chart, hit copy, and then paste it onto PowerPoint. The chart should be placed for the required. If you need to edit parts of the chart, it can be ungrouped. Excel and Word and Crystalgraphics imported data, which PowerPoint will not recognize as a need that nothing print properly. If you don't have the font installed on your system, it is best to use the symbol fonts for scientific characters.

Word: select the text to be imported into PowerPoint. Copy, paste into the document a new or existing text block. This text is editable. You can change the size, color, etc., in forms text. You should not get shadows on smaller text. Text with Arial and Times New Roman from your documents will have them.

Charts

We need images to be 75 to 100 dpi in their original size, or one size of the cells of 4 to 8 megabytes each accompanied. If you prepare the image for PowerPoint, for instance, a test photo that will be 600 dpi will not be printed properly. The font size should be as small as 18. Text larger than 12 fonts will not be printed properly.

We prefer that you import the images into PowerPoint. Generally, if you save the text in one image to print at 100 dpi, it will look fine for PowerPoint to handle. We suggest images at least 1024 x 768 pixels or small text very well. Very large images may show on your screen but PowerPoint could print them.

Please: To see your poster in actual size, you should view it from 100%. Fonts need to be printed at 100% and will be viewed at 100%.

Feedback: If you have comments about how this template works for you, email to sales@megaprinter.com.

We're open! Call us at 800-590-7856 if you can help any way.

Figure #1

Figure #2

Bibliography

CLINICAL VIGNETTE

POSTER
My Clinical Vignette: A Fascinating Case

Type your poster title here

Author’s Name(s) Here
Department or Lab name, Hospital Name, Summa Health System, Akron, OH

Abstract

Here is the abstract text here.

Presenting History

Here is the presenting history text here.

Diagnostic Tests and Clinical Course

Here is the diagnostic tests and clinical course text here.

Conclusions

Here is the conclusions text here.

Case Relevance

Here is the case relevance text here.

Patient Examination

Here is the patient examination text here.

Discussion

Here is the discussion text here.

Figure 1

![Graph](image1.png)

Figure 2

![Digital or scanned image](image2.png)

References

1. Source1
2. Source2
3. Source3
4. Source4
5. Source5

Acknowledgements

Thank you to everyone who helped with this project. Also acknowledge grants or other financial contributions regarding this research.
# My Clinical Vignette: A Fascinating Case

**Type your poster title here**

**Author’s Name(s) Here**

Department or Lab name, Hospital Name, Summa Health System, Akron, OH

---

## Abstract

Here is an example text.

**Case Relevance**

Tips for making a scientific poster.

- Banner: Your paper and your poster in general, should be printed on a standard 8.5 x 11 inch paper.
- Title: Should stand out and be in a larger font size.
- Number of pages: The title should be on a single page, but can be split over multiple pages.
- Purpose: Clearly state the purpose of your poster.
- Methods: Describe the methods used in your research.
- Results: Present your results and any relevant data.
- Discussion: Interpret your results and discuss potential implications.
- References: Cite all references used in your research.

---

## Presenting History

**Diagnosing Low Back Pain**

**Imaging:** Use only photographs, graphs, and tables.
**Diagnosis:** To accompany your presentation.

---

## Diagnostic Tests and Clinical Course

**Figure 1**

[Graph showing data]

---

## Case Relevance

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---

## Conclusions

Please highlight the key points and replace with your own text. Replace this with your text. Replace this with your text. Replace this with your text. Replace this with your text.

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## References

1. Review paper: detailed overview of a specific topic, includes references.
2. Peer-reviewed journal article: detailed, peer-reviewed article that is published in a scientific journal.
5. Peer-reviewed conference proceeding: detailed, peer-reviewed article that is published in a conference proceeding.

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## Acknowledgements

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Here's the text for the patient examination section.

Figure 1

Here's the text for the figure 1 section.

Figure 2

Here's the text for the figure 2 section.

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Abstract

To see the poster images...

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Presenting History

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Diagnostic Tests and Clinical Course

Your highlight here and replace with your own text, using any graphics you've created.

Conclusions

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References

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5. Nam suscipit est laoreet, viverra massa eget, varius mi.
6. Aliquam erat volutpat.

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Author’s Name(s) Here
Department or Lab name, Hospital Name, Summa Health System, Akron, OH

Abstract

Case Relevance

Tips for making a successful poster:
- Bring your poster slides as hard copies.
- Have enough text but make it engaging.
- Make it informative and easy to understand.
- Have clear and concise statements.
- Use large text for key points.
- Use visuals, such as graphs and images, to support your points.
- Keep your poster size appropriate for your audience.

Presenting History

Introducing: Background... When you look at the data, you can see the trends. This is important for understanding the underlying patterns and relationships. It is crucial to have a clear and concise introduction that sets the stage for the rest of the presentation.

Diagnostic Tests and Clinical Course

In this section, you should highlight the key diagnostic tests and clinical course of the patient. This includes the relevant tests and procedures that were performed, as well as any clinical course or interventions that were undertaken. Make sure to include all relevant details, such as dates, results, and outcomes.

Patient Examination

Highlighting the patient examination is crucial for understanding the physical and clinical status of the patient. It includes the pertinent physical examination findings, such as vital signs, skin and mucous membrane assessment, and any abnormal findings. It is important to have a clear and concise description of the patient examination.

Conclusions

Discussing the conclusions is important for summarizing the key findings and implications of the case. It should include a discussion of the clinical relevance, as well as any implications for future research or practice. Make sure to emphasize the significance and impact of the case.

References


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INTRODUCTION

Abstract

Here is the empty template...

Case RELEVANCE

Patients with treatment...

Presenting History

Irritable, swelling, fatigue...

Diagnosis and Tests

Increased liver function...

Conclusions

You should enumerate...

References

1. Literature review
2. Tools and methods...
3. Results and discussion...
4. Limitations
5. Future research

Acknowledgements

I would like to thank...

Figure 1

Patient Examination

Painful lesions

Figure 2

Digital or scanned image:

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Discussion

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Figure 1

Patient Examination

Painless.

Figure 2

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Discussion

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My Clinical Vignette: A Fascinating Case

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Department or Lab name, Hospital Name, Summa Health System, Akron, OH

Abstract

Here is the abstract text...

Presentation History

Here is the presentation history text...

Diagnostic Tests and Clinical Course

Here is the diagnostic tests and clinical course text...

Figure 1

Here is the figure 1 text...

Figure 2

Here is the figure 2 text...

Conclusions

Here is the conclusions text...

Case Relevance

Here is the case relevance text...

Patient Examination

Here is the patient examination text...

Discussion

Here is the discussion text...

References

1. Lorem ipsum dolor sit amet, consectetur adipiscing elit.
2. Aliquam erat volutpat.
3. Suspendisse varius sapien, nec cursus orci.
4. Nulla ac leo, cursus in.

Acknowledgements

Thank you to everyone who helped with this project.
Also acknowledge grants or other financial contributions regarding this research.
CONCLUSION, DISCUSSION

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Abstract


Presenting History


Diagnostic Tests and Clinical Course


Figure 2


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Conclusions


Figure 1


References


Acknowledgements

Thank everyone who helped with this project. Also acknowledge grants or other financial contributions regarding this research.
TIPS

• Avoid Clutter
• Left to Right
• Top to Bottom
• Emphasize important points
  • lines, frames, boxes, arrows
• Ensure font is smaller throughout
• Use no more than three font sizes
• Not overly dense
• Easy to read
- Short title to draw interest/attention getter
- Concise information
- Graphics communicate data
- Content can be absorbed in 10 minutes or less
VISUALS

- Pictures
- Charts
- Figures
- Graphs
- Pie Charts
- Photographs

YOUR VISUAL CONTENT TOOL KIT

Photos  Typography  Charts/ graphs  Color  Symbols/ icons  Videos

... AND INFOGRAPHICS, OF COURSE!
COLOR USE

- Too much color can be distracting
- Too little color can be boring and lifeless
- Use color to highlight important elements
“TEN SIMPLE RULES FOR A GOOD POSTER PRESENTATION”

Rule 1: Define a Purpose
Rule 2: Sell your work in 10 seconds
Rule 3: The Title is important
Rule 4: Poster acceptance means nothing

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“TEN SIMPLE RULES FOR A GOOD POSTER PRESENTATION”

Rule 5: Similar rules to writing a paper
   - Identify Audience
   - Succinct Summary of Information

Rule 6: Distill information, don’t lose the core message

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Rule 7: Layout and Format are critical
Rule 8: Content is important, be concise
Rule 9: Posters should show your personality
Rule 10: Ensure presenter and audience interaction

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1876493/
RESEARCH STUDY:
POSTER EXAMPLES
Incidence of Repeat Emergency Department Visits in Patients with or without Primary Care Physician Follow-Up

Marcel Dela Cruz, DO, MPH, Julia Todd, DO, Rebekah Varzally, DO, Aekata Shah, DO, Robert Danoff, DO, FACOFP, FAAFP

Aria Jefferson Health, Department of Family Medicine

ABSTRACT

Preventing avoidable readmissions is paramount and leads to improved quality of care as well as decreases in health costs. Studies have shown that primary care follow-up after emergency department discharge decreases repeat visits to the hospital. It is our belief that patients with documented primary care providers have less repeat emergency department visits relative to their counterparts without primary care providers. In particular, resident teaching offices fare better than non-teaching primary care offices. A retrospective observational study was conducted using Sunrise inpatient data from January 2015 to December 2015 at two affiliated community hospitals in Pennsylvania. Individual records were retrieved from emergency department visits and screened for repeat hospital visits in patients with and without primary care follow-up as well as teaching versus non-teaching offices. A comparison of repeat hospital visits was made between the two populations.

BACKGROUND

In 2010, over 35 million hospital discharges occurred in the United States and roughly 20 percent of Medicare patients were readmitted within 30 days. The cost of these events reach $17 billion annually. Preventing avoidable readmissions is paramount and leads to improved quality of care as well as decreases in health costs. Studies have shown that primary care follow-up after emergency department discharge decreases repeat visits to the hospital. Multidisciplinary systems have shown that early primary care follow-up leads to decreased admission rates.

HYPOTHESIS

It is our belief that patients with documented primary care providers have less repeat emergency department visits relative to their counterparts without primary care providers. In particular, resident teaching offices fare better than non-teaching primary care offices.

METHOD

A retrospective observational study was conducted using Sunrise inpatient data from January 2015 to December 2015 at two affiliated community hospitals in Pennsylvania. Individual records were retrieved from emergency department visits and screened for repeat hospital visits in patients with and without primary care follow-up as well as teaching versus non-teaching offices. A comparison of repeat hospital visits was made between the two populations.

RESULTS

Among 2,007 visits reviewed there was a combined readmission rate of 27.72%. Of those who were readmitted, 7.55% did not have a primary care physician listed while 92.45% of readmits did. Of those readmits who did have a primary care physician, 22.4% were from a teaching office compared to 77.59% from non-teaching offices (Figure).

CONCLUSION

One third of 65.5 million emergency department visits from 2006-2007 had repeat visits—the absence of a primary care provider was one factor associated with revisits. This data analysis revealed that our readmission and repeat emergency department visits were similar to national averages. Teaching offices, which consist of resident providers, had lower readmission rates. This may be attributed to continuity of care in that resident physicians often participate in including inpatient, outpatient, and emergency medicine care. Further research is warranted to determine barriers to care and differences between teaching and non-teaching primary care offices. Bridging these gaps with a strong transition of care between outpatient and inpatient teams will be vital in the future of reducing readmission rates.

ACKNOWLEDGEMENT

This was a retrospective observational study and permission was granted for data collection and analysis by Aria Jefferson Health.

REFERENCES

Incidence of Delayed Intracranial Hemorrhage in Patients Taking Warfarin that Sustain Head Trauma

Lauren Segal DO, Brian Collins DO, Marcel Dela Cruz DO, Michael Baier DO, Scott Plasner DO

Aria Jefferson Health, Department of Emergency Medicine, Philadelphia, PA, United States

INTRODUCTION

With an aging United States population, individuals taking anticoagulant medications, specifically warfarin, are common. A large proportion of the elderly and those in lower socioeconomic classes utilize warfarin due to its affordability. Emergency medicine physicians are challenged in treating these patients after they sustain head trauma. It is agreed that the overall mortality in anticoagulated patients is significantly higher in patients on warfarin versus non-anticoagulated patients (6, 12). Of particular interest is the incidence of delayed intracranial hemorrhage in patients with blunt head trauma while on warfarin. To date, there is limited data on this matter.

MATERIALS AND METHODS

A retrospective observational study was conducted using the following software: Wellssoft ED charts, Allscripts Inpatient data and radiographic studies on PACS from January 2009 to January 2012 at a Level I trauma center, Aria Health Torresdale in Philadelphia, Pennsylvania. The Aria Health IRB approved this study. Participants included individuals admitted to the trauma service that were taking warfarin, suffered blunt head trauma, and had an initially negative CT Brain. Patients had to be 18 years or older to be eligible. There were no interventions performed, as this was a retrospective analysis.

OBJECTIVES

The objective of this study was to determine the incidence of delayed intracranial hemorrhage by computed tomography in individuals taking warfarin. It is hypothesized that the incidence of delayed intracranial hemorrhage in this specific population is low. As a result, this data can potentially prevent unnecessary admissions to the hospital, decrease radiation exposure, and reduce costs.

RESULTS

The primary outcome of this study was to determine the incidence of delayed intracranial hemorrhage in patients sustaining blunt head trauma while anticoagulated on warfarin from 2009 to 2012. In this chart review study, there were several thousand patients admitted to the trauma service during the time span of interest. Of those, 73 patients were admitted to the trauma service that satisfied this study’s inclusion criteria. There were a multitude of blunt traumatic mechanisms of injury, including but not limited to, accidental falls, syncope, assaults, and MVCs. These patients were anticoagulated on warfarin for a variety of reasons, most commonly for atrial fibrillation. In this cohort, there were three patients who had an initially negative CT Brain that then developed an intracranial hemorrhage as demonstrated upon a 6-hour follow-up CT scan. The remaining 70 patients had negative imaging on a 6-hour follow-up CT Brain.

CONCLUSIONS

There is a risk of delayed intracranial hemorrhage in individuals using warfarin. This study found that none of the three patients with delayed intracranial hemorrhage had a significant change in their clinical status. No neurosurgical intervention was required. While there is a slight risk of delayed hemorrhage in this patient population, the most appropriate management may be to monitor these patients for clinical status change and only then could the decision for repeat imaging be made. On a systems-wide scale, this has the potential to decrease spending on imaging and reduce unnecessary radiation exposure.

REFERENCES


5. The authors of this presentation do not have any disclosures.
CLINICAL VIGNETTE:
POSTER EXAMPLES
Bisphosphonates are a mainstay treatment for osteoporosis. Rarely, bisphosphonates may lead to the detrimental side effect of unsatisfactory repair of the bony matrix. This case describes the paradoxical adverse effect of atypical femur fracture with prolonged alendronate use in an eighty-one year-old female. Atypical fractures are a subtype of pathologic fractures that result from normal activity or falls from standing. Family physicians should also be cognizant of the difference between simple fragility fractures versus the wider spectrum of pathologic fractures.

AN INTRODUCTION

Oral bisphosphonates are a mainstay treatment for osteoporosis. Bisphosphonates inhibit osteoclast activity, reduce bone resorption and turnover, and sometimes, lead to the detrimental side effect of unsatisfactory repair of the bony matrix. Bisphosphonates are often used in postmenopausal women to decrease the risk, and potentially prevent, hip and vertebral bone fractures. This case describes the paradoxical adverse effect of atypical femur fracture with prolonged alendronate use.

CASE SUMMARY

An eighty-one year-old female presented to the emergency department for right leg pain after a mechanical fall. She denied chest pain, shortness of breath, loss of consciousness, or head injury. The patient had a past medical history of osteoporosis, hypertension, hypercholesterolemia, and gastroesophageal reflux disease. Medications included daily carvevadil, lansoprazole, and simvastatin, as well as a nearly five-year use of weekly oral alendronate. Vital signs were normal and the remainder of review of systems was negative. Examination revealed an obvious deformity to the right mid-thigh.

OUTCOME

The diagnosis was a simple fragility fracture secondary to a history of osteoporosis and fall from standing. Subsequently, the patient underwent open reduction and internal fixation and was discharged on alendronate. It was not until the patient was evaluated by her family physician that she was instructed to discontinue alendronate, which likely lead to her atypical fracture.

REFERENCES

1. Maricel Dela Cruz, DO, MPH and Robert Danoff, DO, MS, FACOPF, FAAFP

Aria Jefferson Health, Department of Family Medicine
Putting a Strain on my Heart

Maricel dela Cruz, DO, MPH1, Jeremy Seldinger-Devey2
Aria Jefferson Health1, Gallup Indian Medical Center2

CHIEF COMPLAINT
Shortness of breath.

HISTORY OF PRESENT ILLNESS
A 58-year-old Native American female presented to the emergency department (ED) with a 3-month history of progressive shortness of breath, orthopnea, and dyspnea upon exertion. Initially, the patient experienced only mild exercise intolerance, but by the time of her presentation to the ED, she noted that she was becoming winded after only a few steps. The patient’s orthopnea had become so intolerable that she now slept upright in a recliner every night.

Associated symptoms included paroxysmal nocturnal dyspnea and a non-productive cough. The patient denied chest pain, lower extremity edema, weight loss, or episodes of syncope. The patient had seen her primary care provider several times for these symptoms. Her outpatient doctor performed a chest x-ray, diagnosed bronchitis, and arranged a sleep study that had not yet been performed. The patient’s only known medical problem was gastroesophageal reflux disease for which she was taking omeprazole. The patient had no surgical history, medication allergies, drank no alcohol and did not smoke or use illicit substances.

PHYSICAL EXAM
Upon examination, the patient was not in acute distress. Vital signs including blood pressure, temperature, heart rate, respiratory rate, and pulse oximetry were all within normal limits. The cardiovascular exam demonstrated a regular rate and rhythm with no audible murmurs, gallops, or rubs. There was no jugular venous distension. There was trace lower extremity edema at the right pretibial region. Lung sounds were clear bilaterally, and there was no respiratory distress. The remainder of the physical exam was normal.

INVESTIGATIVE STUDIES
Laboratory workup included a metabolic panel and a complete blood count that were unremarkable, as well as a D-Dimer which was elevated at 1,345 ng/ml. The patient’s electrocardiogram revealed T-wave inversions in leads V1 through V3 with extreme right axis deviation. Chest X-Ray demonstrated a small right pleural effusion.

QUESTIONS
1. What are the abnormalities visualized in Figures 1 and 2.
2. What are T-wave inversions in the precordial leads (V1-V3) and right axis deviation on EKG indication of?

ANSWERS
1. Figure 1: Gently dilated right ventricle and bowing of the intraventricular septum into the left ventricle. RV = Right Ventricle, LV = Left Ventricle

2. T-wave inversions of the precordial leads (V1-V3), as noted in this case as well as right axis deviation are indicative of right heart strain. Right heart strain is caused by increased pulmonary artery pressures. Causes of right heart strain include, but are not limited to: primary or secondary pulmonary hypertension, pulmonary embolism, chronic right ventricular hypertrophy or dilation, chronic lung disease, congenital heart disease, etc.

DISCUSSION
As with many conditions, pulmonary hypertension (PH) has both primary and secondary causes. Secondary causes include pulmonary thromboembolic disease, congestive heart failure, chronic obstructive pulmonary disease, obstructive sleep apnea, pulmonary fibrosis, connective tissue disease, congenital heart disease, cardiomyopathy, portal hypertension, certain toxins, human immunodeficiency virus, and other infectious causes. Primary cardiac tumors, such as that responsible for our patient’s pulmonary hypertension, are extremely rare, often presenting with symptoms that can mimic common diseases that are regularly encountered in the emergency department.

Long-term survival in patients with PH varies according to its etiology. Five-year survival for congenital heart disease with PH approaches 80%, while HIV patient with PH demonstrate only 20% survival at 3 years. The treatment of PH in the emergency department is focused on the underlying etiology and may include afterload reduction for congestive heart failure, emergent thrombolysis for pulmonary embolism, or admission for further evaluation and medical treatment of other forms of PH. For primary cardiac tumors causing PH, surgical resection, and when appropriate, adjuvant chemotherapy have been shown to be the treatments with the best long-term outcomes.

CONCLUSION
The patient was placed on oxygen therapy and admitted to the intensive care unit for close monitoring. She was evaluated by a cardiologist who confirmed PH by formal echocardiography and recommended transfer to a cardiology specialty hospital. The patient was transferred to the operating room for resection of the left atrial mass. Pathological findings from the mass were consistent with sarcoma, a malignant primary cardiac tumor with an incidence of 0.0001%. The patient underwent post-operative chemotherapy and several months after the surgery had experienced significant improvement in her symptoms.

PEARLS
1. On EKG, right heart strain can be visualized by T-wave inversions in the precordial leads and right axis deviation.
2. ED bedside ultrasound can be vital in recognizing increase in pulmonary artery pressure, further directing physicians towards workup, management and definitive treatment.
3. The ED physician should be cognizant of the wide array of differential diagnoses that cause right heart strain. Prompt recognition is important in the direction of care.

REFERENCES
RESOURCES

- Preparing a poster presentation. American College of Physicians. [https://www.acponline.org/membership/residents/competitions-awards/abstracts/preparing/poster](https://www.acponline.org/membership/residents/competitions-awards/abstracts/preparing/poster).
