



Presentaciones poster IADR: Cómo lograr excelencia visual y oral.



IADR Poster Presentations: Making the Visual and Verbal Excellent



Apresentação de painéis IADR: Como atingir excelência visual e oral.

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LAR-IADR

RIGHT DRUG, RIGHT DOSE, RIGHT DURATION?

Audit of Dental Foundation Training Year 1 (DF1) antimicrobial prescribing practice

Emma Barnes, Paul Bartley, Jonathan Cowpe, Myrhyll Lewis, Ann Buckley, Alison Bullock and Lisa Howells

Background

Antibiotics in general dentistry are grossly overused often with no rationale for their use and little proven benefit for the patient.

Dwyer, M., A. P. Johnson, et al. (2011). "Using antibiotics responsibly: right drug, right dose, right duration." *Journal of Antimicrobial Chemotherapy* 68(11): 2441-2443.

Aims & Objectives

- To explore:
 - Appropriateness of DF1 antimicrobial prescribing in dental practice
 - Are current guidelines being followed in general dental practice?

- Examples of misuse of antibiotics
- Prescribing antibiotics unnecessarily
 - Delaying administration of antibiotics in orally fit patients
 - Spectrum of antibiotic therapy too narrow or too broad
 - Dose of antibiotic too low or too high relative to that indicated for the patient
 - Duration of antibiotic treatment in too short or too long
 - Failure to consider antibiotic treatment when

Weight of evidence

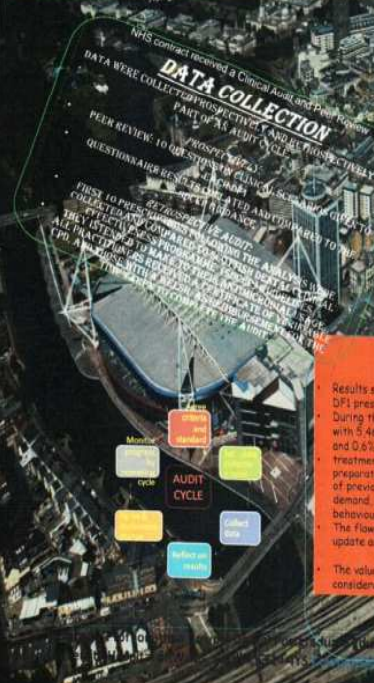


All DF1s practice improved post-audit, but were still less than 100% appropriate.

The increase in interventions carried out post-audit suggests DF1s were using local measures to address the problem rather than inappropriate prescribing of antibiotics.

Conclusions

- Results suggest that the peer discussion and reference to the SDCPE guidelines helped inform DF1 prescribing patterns as practice improved post-audit.
- During the data collection period 5,782 antimicrobials were prescribed in clinical encounters with 5,440 patients. Of these 95.3% were antibiotic preparations, 2.7% were antifungal agents, and 0.6% were antivirals. Of all patients prescribed antibiotics, only 37.1% had signs/treatment. In total, 79.2% of antibiotic, 69.4% of antifungal, and 57.6% of antiviral preparations met audit standards for dose, frequency, and duration. GDFs identified that failure of previous local measures, patient unwillingness or inability to receive treatment, patient demand, time pressures, and patients' medical history may influence their prescribing behaviours.
- The flaws in current prescribing patterns highlight the need for continuing education in order to update and refresh knowledge.
- The value of inter-professional education to update and refresh such knowledge should be considered.



SCHOOL OF DENTISTRY

Critical Analysis of 2017 Poster Design and Presentation Errors

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POSTER #

ABSTRACT

OBJECTIVE: To evaluate the quality of poster presentations at the 2017 American Dental Association (ADA) meeting. The purpose of this study was to identify common errors in poster design and presentation and to provide feedback to improve the quality of future poster presentations.

RESULTS: A total of 1,000 posters were evaluated. The most common errors identified were: 1) missing or incomplete information, 2) poor layout design, 3) unclear or illegible text, and 4) inconsistent formatting. The majority of errors were related to the design and presentation of the poster, rather than the content itself.

CONCLUSIONS: The results of this study indicate that there is a need for improved poster design and presentation standards. The most common errors identified were related to the design and presentation of the poster, rather than the content itself.

METHODS & RESULTS

Quality Factor	Mean Quality Score (1-5)
Factor 1	3.0 ± 0.5
Factor 2	2.9 ± 0.5
Factor 3	3.9 ± 0.8
Factor 4	1.9 ± 0.8
Factor 5	1.5 ± 2.1
Factor 6	2.8 ± 0.7
Factor 7	3.2 ± 0.5

INTRODUCTION

Poster presentations are an important part of the dental profession. They provide a platform for dental professionals to share their research and findings with their peers. However, the quality of poster presentations has been declining in recent years. This study aims to identify common errors in poster design and presentation and to provide feedback to improve the quality of future poster presentations.

1. Missing or incomplete information
2. Poor layout design
3. Unclear or illegible text
4. Inconsistent formatting
5. Missing or incomplete information
6. Poor layout design
7. Unclear or illegible text
8. Inconsistent formatting

DISCUSSION

The results of this study indicate that there is a need for improved poster design and presentation standards. The most common errors identified were related to the design and presentation of the poster, rather than the content itself. This suggests that dental professionals should focus on improving their poster design and presentation skills, rather than just the content of their research.

SUMMARY

This study evaluated the quality of poster presentations at the 2017 ADA meeting. The most common errors identified were: 1) missing or incomplete information, 2) poor layout design, 3) unclear or illegible text, and 4) inconsistent formatting. The majority of errors were related to the design and presentation of the poster, rather than the content itself.



Objetivos/ Goals/ Propósitos

- Confeccionar posters bien diseñados y de buen impacto
- Adquirir habilidades para una presentación oral de 5 minutos
- Construct well-designed posters with greater impact
- Develop skills in summarizing key points for 5-minute verbal presentations
- Confeccionar painéis bem concebidos para um bom impacto.
- Adquirir habilidades para apresentação oral em 5 minutos



Póster: Qué es?/ Poster: What is it/

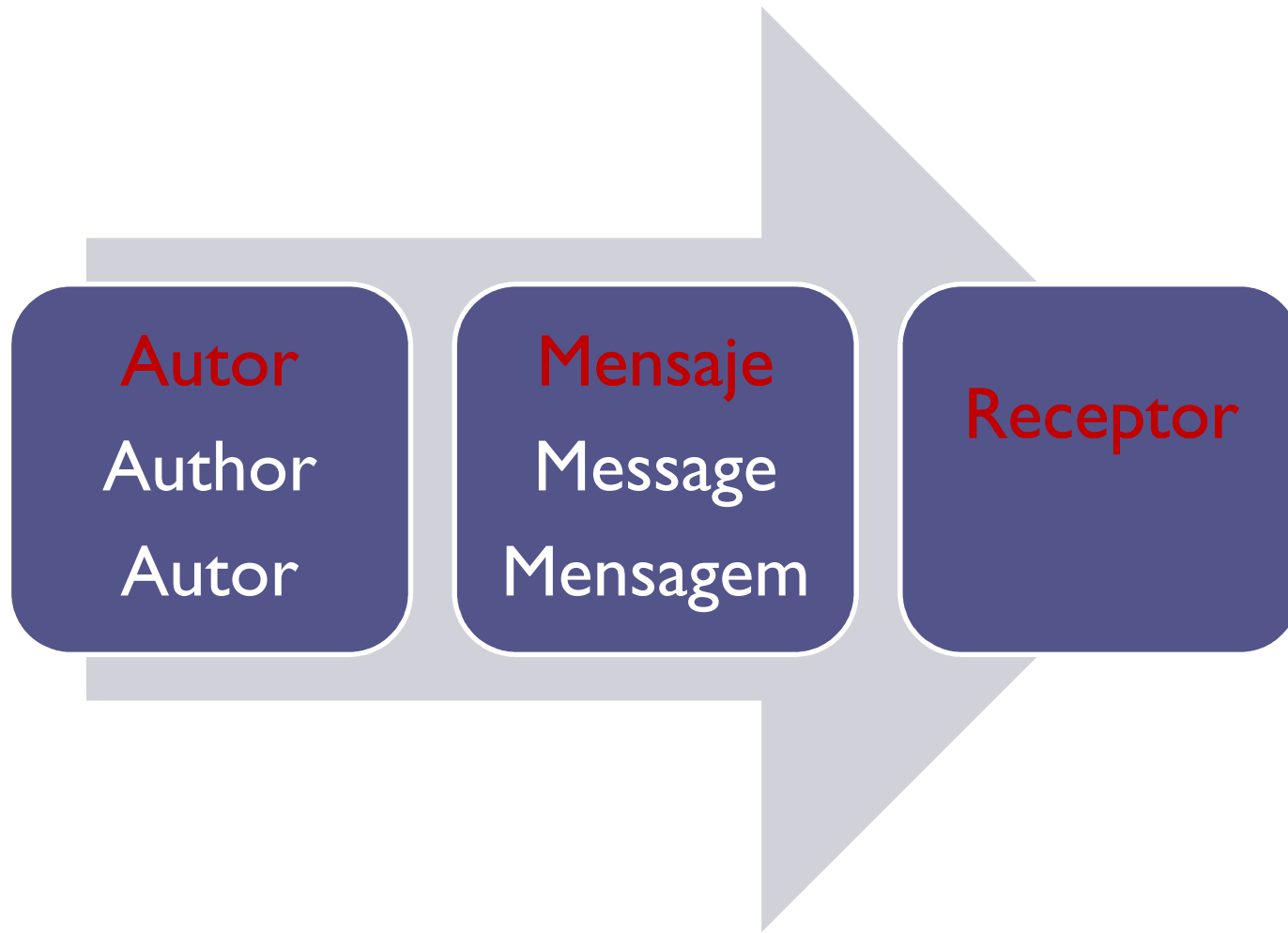
O Painél: O que é que é?

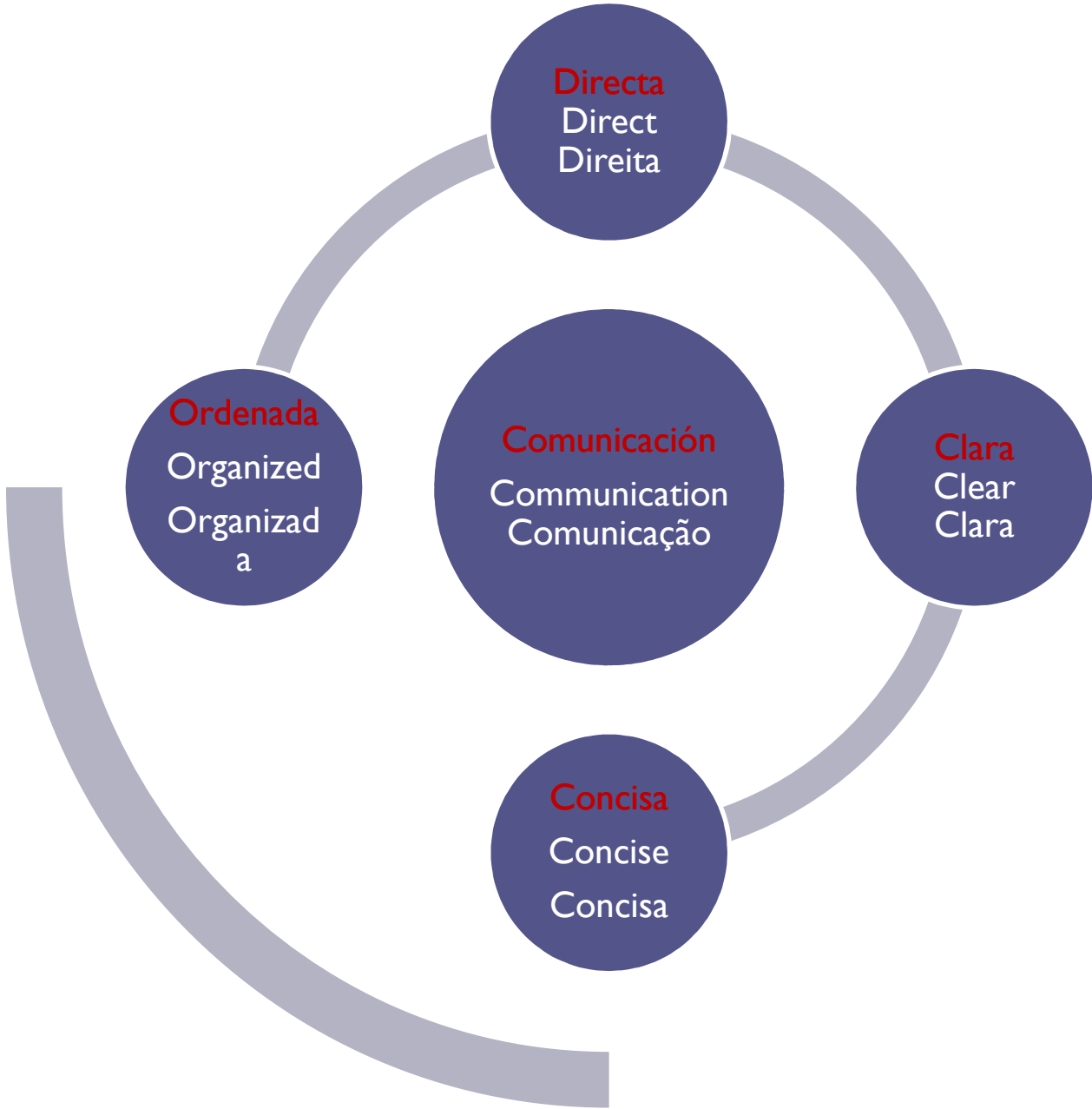
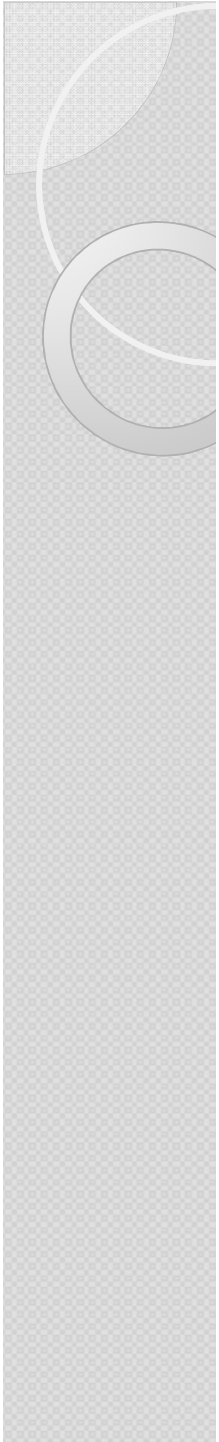
- **cartel que se fija en la pared sin finalidad publicitaria o habiendo perdido ese carácter**
- **large printed picture mounted on the wall with no advertising purpose**
- **cartaz montado na parede sem finalidade publicitária.**



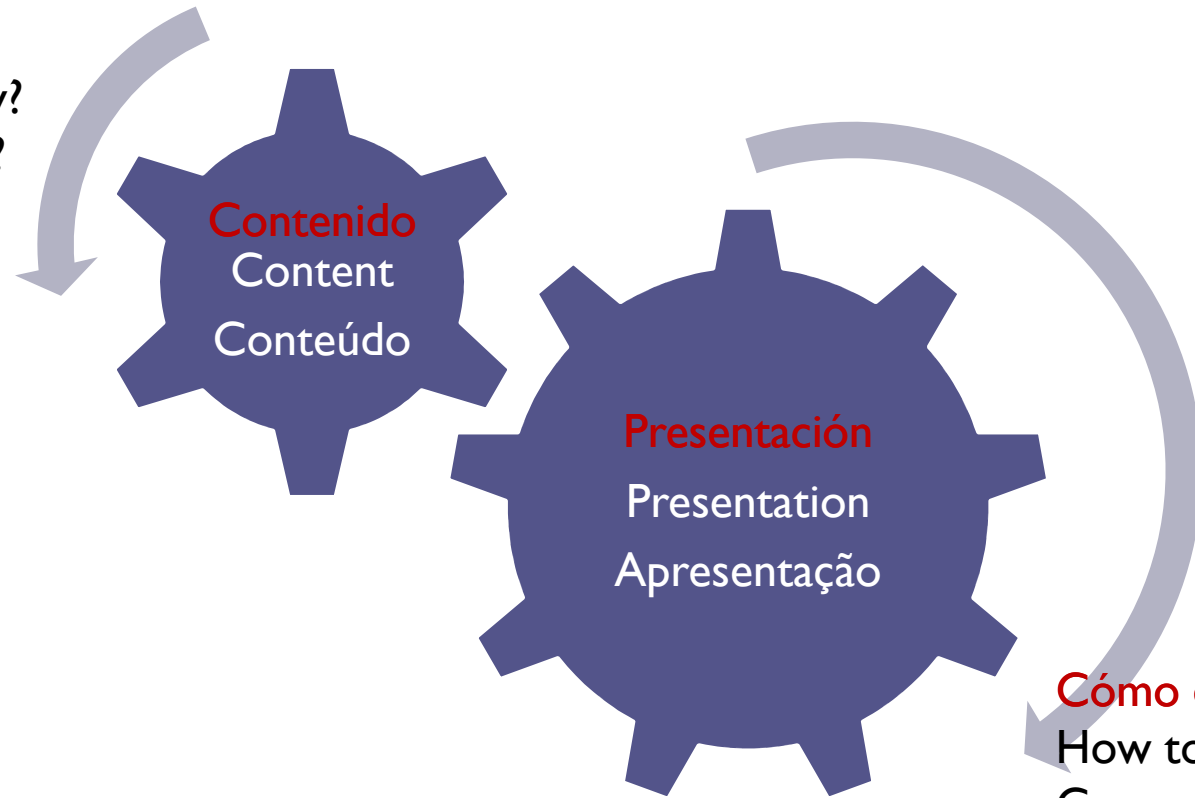
Qué es?/ What is it/ O que é que é?

- no debe ser considerado como un tipo de comunicación de segunda fila
- It shouldn't be considered as a second row type of communication
- não deve considerar-se comunicação de segunda categoria





Qué decir?
What to say?
O que falar?



Cómo decirlo?
How to say it?
Como falar?

Modelo de póster para presentar en un congreso

Nombre y apellidos de los autores
Centros / Instituciones de los autores

Introducción

Resultados

Métodos

Conclusión

Bibliografía (opcional)

Conflictos de interés

Qué decir?
What to say?
O que falar?



Cómo decirlo?
How to say it?
Como falar?

Tipo y tamaño de letra
Font type & size
Tipo e tamanho de fonte



Plantillas/ Templates/ Templates

- PosterPresentations.com

http://www.posterpresentations.com/html/free_poster_templates.html

- PosterSession.com

<http://www.postersession.com/templates.php>



Software/ Software/ Software

- QuarkXPress
- Adobe InDesign
- Adobe Illustrator
- CorelDRAW
- Omnigraffle
- Macromedia Freehand
- Power Point

Evaluación del poster/ Evaluation of poster/ Avaliação do painel

- A-Elementos de diseño
 - Título
 - Resumen no incluido
 - Títulos de sección
 - Texto mínimo
 - Gráficos, fotos, diagramas
 - Tipología de letra
 - Colores
- A-Key Design Elements
 - Banner
 - Excluded Abstract
 - Research Headers
 - Minimize Text
 - Graphics, images, diagrams
 - Fonts
 - Colors
- A-Elementos de Desenho
 - Título
 - Resumo excluído
 - Títulos de seção
 - Texto mínimo
 - Gráficos, imagens, diagramas
 - Tipo de fonte
 - Cores

Evaluación del poster/ Evaluation of poster/ Avaliação do painel

- **B-Elementos clave de Presentación**
- **Presentador bien posicionado**
- **Incluir secciones clave**
- **Guionada**
- **Ensayada previamente**
- **Buena tasa de P/R**
- **Conexión con el auditorio**
- B-Key Presentation Elements
- Positioned for presentation
- Key sections presented
- Scripted presentation
- Well-practiced
- Good Q/A responses
- Connected to audience
- B-Principais elementos de apresentação
- Apresentador bem posicionado
- Incluir principais seções
- Roteirada
- Ensayada previamente
- Boa taxa de P/R
- Conexão com o auditório

Evaluación del poster/ Evaluation of poster/ Avaliação do paínel

- C-Elementos de puntuación (1-5)
 - Diseño de la investigación
 - Análisis de datos
 - Conclusiones
 - Relevancia
 - Presentación
- C-Key Rating (1-5) Elements
 - Research design
 - Analysis
 - Conclusions
 - Significance
 - Presentation
- C-Elementos de pontuação (1-5)
 - Desenho da pesquisa
 - Análise de dados
 - Conclusões
 - Relevância
 - Apresentação

Mal poster/ Bad poster/ Mau painel

Wales Deanery Deonïeth Cymru CARDIFF UNIVERSITY PRIFYSGOL CARDYFF

RIGHT DRUG, RIGHT DOSE, RIGHT DURATION?

Audit of Dental Foundation Training Year 1 (DF1) antimicrobial prescribing practice

Emma Barnes, Paul Bartley, Jonathan Cowpe, Michael Lewis, Ann Rockey, Alison Bullock and Lisa Howells

Background

Antibiotics in general dentistry are grossly overused often with no rationale for their use and little proven benefit for the patient.¹

Dryden, M. A., P. Johnson, et al. (2011). "Using antibiotic responsibly: right drug, right dose, right duration." *Journal of Antimicrobial Chemotherapy* 66(11): 2441-2446.

Aims & Objectives


To explore:

- Appropriateness of DF1 antimicrobial prescribing in dental practice
- Are current guidelines being followed in general dental practice?

Examples of misuse of antibiotics

- Prescribing antibiotics unnecessarily
- Delaying administration of antibiotics in critically ill patients
- Spectrum of antibiotic therapy too narrow or too broad
- Dose of antibiotic too low or too high relative to that indicated for the patient
- Duration of antibiotic treatment is too short or too long
- Failure to review antibiotic treatment when

Weight of evidence



NHS contract received a Clinical Audit and Peer Review
DATA WERE COLLECTED PROSPECTIVELY (ANALYTICALLY) AS PART OF AN AUDIT CYCLE
PEER REVIEW: 10 QUESTIONS ON CLINICAL SCENARIOS GIVEN TO EACH PARTICIPANT
QUESTIONNAIRE RESULTS COLLATED AND COMPARED TO GUIDELINES
FIRST 20 PRESCRIPTIONS COMPARED TO GUIDELINES (n=5460 PRESCRIPTIONS)
COLLECTED DATA WERE COMPARED TO THE AMPLIFY GUIDELINES
ALL PRACTITIONERS RECEIVED A LETTER WITH FEEDBACK ON THEIR PRESCRIBING PRACTICE

All DF1s' practice improved post-audit, but were still less than 100% appropriate.

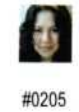
The increase in interventions carried out post-audit suggests DF1s were using local measures to address the problem rather than inappropriate prescribing of antibiotics.

Conclusions

- Results suggest that the peer discussion and reference to the SDCP guidelines helped inform DF1 prescribing patterns as practice improved post-audit.
- During the data collection period 5,781 antimicrobials were prescribed in clinical encounters with 5,460 patients. Of these 98.3% were antibiotic preparations, 2.7% were antifungal agents, and 0.6% were antivirals. Of all patients prescribed antibiotics, only 27.1% had signs of infection. In total, 79.2% of antibiotic, 69.4% of antifungal, and 97.6% of antiviral preparations met audit standards for dose, frequency, and duration. 60% identified that failure of previous local measures, patient unwillingness or inability to receive treatment, patient demand, time pressures, and patients' medical history may influence their prescribing behaviours.
- The flaws in current prescribing patterns highlight the need for continuing education in order to update and refresh knowledge.
- The value of inter-professional education to update and refresh such knowledge should be considered.



Buen poster/ Good poster/ Bom painel



Right Drug, Right Dose, Right Duration?

Audit of antimicrobial prescribing practice

Emma Barnes, Paul Bartley, Jonathan Cowpe, Michael Lewis, Ann Rockey, Alison Bullock and Lisa Howells

Background

"Antibiotics in general dentistry are grossly overused often with no rationale for their use and little proven benefit for the patient".¹

Antimicrobial resistance represents a serious threat to public health. In 2014, dentists in England prescribed 3.7 million antimicrobial preparations.² Evidence suggests that some general dental practitioners (GDPs) prescribe antimicrobials (a) when they are not indicated (e.g. for management of irreversible pulpitis or alveolar osteitis -dry socket)³ and (b) at doses, frequencies or duration that fall outside clinical guidelines.⁴

Aims & Objectives

To explore within general dental practice:

- the appropriateness of antimicrobial prescribing
- whether current guidelines being followed

Data collection

Data were collected from 279 GDPs prospectively and retrospectively as part of an audit cycle.

Prospective

- Peer Review: 10 questions on clinical scenarios given to each participant
- Questionnaire results collated and compared to guidelines⁵

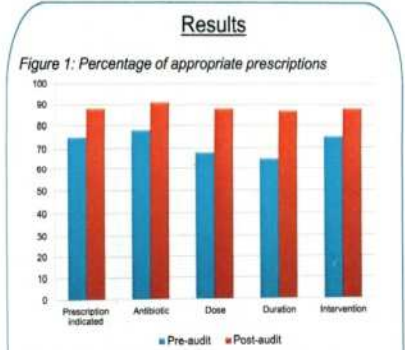
Retrospective

- First 20 prescriptions compared to guidelines⁵ (n=5460 prescriptions)



Examples of misuse of antibiotics

- Prescribing antibiotics unnecessarily
- Delaying administration of antibiotics in critically ill patients
- Spectrum of antibiotic therapy too narrow or too broad
- Dose of antibiotic too low or too high
- Duration of antibiotic treatment too short or too long
- Failure to review antibiotic treatment when microbiological culture data become available



Prescribing practice improved post-audit, although prescribing practice did not meet guidelines in about 10% of cases.

The increase in interventions carried out post-audit suggests dentists were making greater use of local measures to address problems.

Conclusions

- Reference to guidelines within an audit cycle improved prescribing patterns.
- The flaws in current prescribing patterns highlight the need for continuing education.

References

- 1 Dryden M et al. Using antibiotic responsibly: right drug, right time, right dose, right duration. *J Antimicrob Chemother* 2011; 66(11): 2441-2446.
- 2 Prescribing and Medicines Team, Health and Social Care Information Centre. Prescribing by Dentists. England, 2014. Leeds: Health and Social Care Information Centre; 2016.
- 3 Doherty V M, Martin M V. Are antibiotics being used appropriately for emergency dental treatment? *Br Dent J* 2001; 190: 301-3.
- 4 Cowpe J A C et al. The impact of clinical audit on antibiotic prescribing in general dental practice. *Br Dent J* 2008; 205: 835-4.
- 5 Scottish Dental Clinical Effectiveness Programme. Drug prescribing for dentistry. dental clinical guidelines. 2nd ed. Dundee: Scottish Dental Clinical Effectiveness Programme; 2011.



Presentaciones poster IADR: Cómo lograr excelencia visual y oral.



IADR Poster Presentations: Making the Visual and Verbal Excellent



Apresentação de painéis IADR: Como atingir excelência visual e oral.

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