# VISUALIZE THIS! Elevate Your Research

with Better Posters



Geoffrey Talmon, M.D., M.Ed., FCAP, FASCP Senior Associate Dean for Medical Education, UNMC College of Medicine



Whitney Staiger, MS
Creative Lead & Senior Operations Specialist for Academic Affairs, AAMC

## OBJECTIVES

• Describe the purpose and benefits of presenting academic posters.

• Describe methods to structure your poster based on its goals and audience.

• Apply strategies to design an effective and visually clear research poster to communicate key findings and support overall objectives.

List the important skills to effectively present a poster.



### ACADEMIC POSTERS: THE WHAT

- Visual presentations to disseminate
   academic work concisely and attractively
- Displayed during poster sessions at conferences or other academic events
- Allows presenters to:
  - Quickly communicate findings
  - Interact with a broad audience
  - Facilitate bidirectional interaction
    - Feedback
    - Ideas
    - Networking



### A COMPARISON OF METHODS OF BK VIRUS DETECTION IN POST-TRANSPLANT RENAL BIOPSIES

GA Talmon, DJ DiMaio.

Department of Pathology and Microbiology, University of Nebraska Medical Center, Omaha, NE

### Abstrac

Background: BK-virus (BKV) reropositivity can be found in 80% of the general population, resulting from an asymptomentic infection that often remains latent. In kidney consuplant patients. BKV reactivation course a rabulointeractical nephropathy. This will mendlest itself as proprective graft dysfunction, a condition with a wide differential diagnosts including graft rejection. Altegraft biopay is currently the perferred method to definitively diagnose BKV nephropathy. The sim of this study was to compare the agreement between three commonly noed method of BKV detection in paraffin embedded renal biopties: immunoperoxidate training for the related 5V40 polysons tiran (IPX), in-site sybridiantion for BKV DNA (1320), and BKV qualitative real stans PCS.

Design. Thirry-one connectative renal bioguies from February 2003 to May 2005 that were submitted for BRV descrion were selected from the files at our institution, crespective of the findings on HAR mained acclosion. Twenty-eight cares were weakned by at least case if the methods. A contral switener examined the HAE PAS., 1324, and/or IPX aximed slides from each case. When performed, the real interpretation of each method on performed via a 2 x 2 analysis wellsing Fischer's exact rest.

Resulty: Ninemen cases were identified in which IPX and IER were performed, with agreement in 18 cases (94.7%, poll 0002). The discrepant case was positive by IPX but angulors by IER IER and PCK results agreed in 9 of 10 cases (99%, pol. 967), the discrepant case being positive by PCR and negative by IER, IPX and PCK were in onecordance in 9 of 12 cases (95%, pol. II). One case was positive by IPX but negative by PCR with 2 cases being positive by PCR but IPX angustive lay PCR with 2 cases their positive by PCR but IPX angustive by the alternate, the cases that were positive by PCR and negative by the alternate method did not show epical findings of IERV nephropathy on corresponding IEE-united actions.

continuing: There was at least 1996 concurriance between ISE each and those of both IPX and PCR with a lower agreement errors IPX and PCR (1994). There was no sentistically significant difference between ISEV desection by IPX and ISE Alchough it ppears that IPX and ISE are less sentitive than PCR, discrepant CR-positive cases may represent latent ISEV infections and not ICV induced analysis of the contract of the IPX and ISEV.

### Study Aim

20K, virus (BKV) is an important cause of renal allograft dyelizaction. As biopsics are often performed to determine the cause clinical graft failure, the ability to detect BKV in towars samples is important. In addition to visualization of typical virul inclusions in standard B&E stained sections, neveral aneithey techniques can be employed to 1500ETy other BKV genomic material (in sun-hybridization (150E) and the performance (immunopercoldure (17X) cataining. The purpose of this study is to compare the agreement of results obtained using these three methods in clinical samples.

### Design

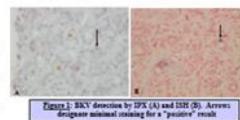
From the files at the University of Nobiaska Medical Center (LNOC), theire one consecutive result allograff biopoies were submitted for BEV detersion. These biopoies were perfectionly either as a result of new/worsening austrania, by clinician request, or as part of research protecteds. Twenty-eight were evaluated by at least two-of the previously described methods. The cases spanned a period from February 2003 to May of 2006.

To pathologists independently reviewed the cases on which IPS staining for 5V-81 polyonia visual antigen (Dako, ba., Capunita, CA) was performed. The reviewers were initially bladed to clinical information, original diagnosis, morphology on H&I-PAS stained sections, and revolts of other B&V testing. As IPX unity was considered "positive" if one or more tubule perficulal cribs demonstrated definite number staining (Figure 1A).

When applicable, identification of BKV generale material was performed at UNMC on the same formalis-fixed, paraffin embedded towar utilized for light microscopy via real time qualitative PCR with primes developed at UNMC. For each case, the fluorescence curves were reviewed to ensure DNA integrity and accuracy of the reported treads.

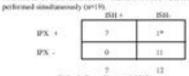
ISSI for BKV DNA was performed at a reference laboratory using the same formalias fload paraffile smbodded risase used for light microscopy. The sides were returned to UNSIG and examined by the same pathologies, minially blinded in an identical fashion. As with the instrument performance studies, a "positive" result was given if slear staining was identified in at least one tubular apribellad cell (Figure 18).

For each case, the results of the BKV detection were correlated with a 2x2 analysis utilizing Fucher's exact text. Relative constituting and specificity of the methods were calculated. In each instance in which there was disagramment, the claimed information (including quantitative BKV load via PCR from other specimene) and BAR-PKS distingly sections were examined for climospetisshopic correlation BMC and with results of potential impact of the discrepancy on potent



### Realti

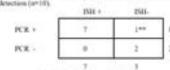
### ISH and IPX Noncom cases were identified in which ISB for BKV and IPX



(Fisher's Exact Text. p+0.0002) Cases in agreement: 18/19 = 94.7% Cases in disagreement: 1/19 = 5.7%

### ISH and PCE

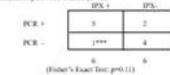
There were ten cause on which ISH and PCR were performed to BEV detection (art 10).



(Finler's Exact Test: p=0.667) Cases in agreement: 9:10 = 90.0% Cases in disagreement: 1/10 = 10.0%

### PCR and IPX

Both IPX for SV40 virus and PCR were performed simultaneously on twelve cases (n=12).



(Fisher's Exact Test: p=0.11)
Cases in agreement: 912 = 75.0%
Cases in disagreement: 1/12 = 25.0%

- In the case that had a disagreement between ISH and IPX, the biopsy was obtained as part of a research protocol. Weak staining was present in one opitheful cell. Senten-IKV viral loads by real-time PCR were undetectable.
- \*\* This biopsy was performed as a result of assummia. No dissecrable stationing was found with IAM. By BARE PAS, there was evidence of moderate to severe acute tubular injury and some orbitale rejection (Basiff Grade 18). PCR performed on serious was organise.
- \*\*\* In the case with negative HKV PCR and positive IPX, the biopsy was obtained as a result of progressive averania. The HAE-PIX staining was consistent with advanced allogad asphopulty with scattered interestind plasma cells. Serum HKV visal loads by real time PCR were anderectable and repeat PCR on the parallin-embedded times was also negative.

### Conclusions

Correlation between Old and IPX and PCR results was at least 90%. In the case would a discrepancy of results between modulition have significantly impacted patient user.

«The lowest overstation was found between PCR and IP

4PCR appears more sensitive but not necessarily more up than IPX and ISB.

PCR positivity for DKV in the absence of other morphologic directl features of HKV nephropathy may be the result of "internelicum" latest BKV infection.

«IPX may be use egrable to false positivity.



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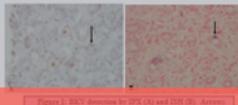
Department of Pathology and Microbiology, University of Nebraska Medical Center, Omaha, NE

### Abstract

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### Study Aim

BK virus (BKV) is an important cause of renal allograft dysfunction. As biopsies are often performed to determine the cause clinical graft failure, the ability to detect BKV in tissue samples is important. In addition to visualization of typical viral inclusions in standard H&E stained sections, several ancillary techniques can be employed to



### PCR and IPX

Both IPX for SV40 virus and PCR were performed

|      | 10.76 1 | 87.76- |   |
|------|---------|--------|---|
| PCR+ | 5       | 2      | 7 |
|      | 1***    | 4      | 3 |

Resulty: Nineteen cases were identified in which IPX and ISH were performed, with agreement in 15 cases (94.7%, pot.0002). The discorposes case was positive by IPX but negative by ISM. ISH and PCR, results agreed in 9 of 10 cases (99%, pot.66%), the discorposes case being positive by PCR and negative by ISH. IPX and PCR, were in concerdance in 9 of 12 cases (75%, pot.11). One case was positive by IPX but negative by PCR with 2 cases being positive by PCR but IPX negative. In each instance, the concess that were positive by PCR and negative by the alternate method did not those cypical findings of ISKV nephropathy on corresponding HAE-trained sections.

enclusion: There was at least 90% concordance between ISH exalts and those of both IPX and PCK with a lower agreement ecosen IPX and PCK (75%). There was no statistically significant difference between BKV detection by IPX and ISH. Although it papears that IPX and ISH are less sensitive than PCK, discrepant CK-positive cases may represent latent BKV infections and not KV-induced nephropathy.

information, original diagnoses, morphology on H&E:PAS stained sections, and results of other BKV testing. An IPX study was considered "positive" if one or more tubular epithelial cells demonstrated definite nuclear staining (Figure 1.A).

When applicable, identification of BKV genomic material was performed at UNMC on the same formalin-fixed, paraffin embedded tissue utilized for light microscopy via real time qualitative PCR with primers developed at UNMC. For each case, the fluoresoence ourves were reviewed to ensure DNA integrity and accuracy of the reported

ISH for BKV DNA was performed at a reference laboratory using the same formalin-fixed paraffin embedded tissue used for light microscopy. The slides were returned to UNMC and examined by the same pathologists, initially blinded in an identical fashion. As with the immunoperoxidase studies, a "positive" result was given if clear staining was identified in at least one tabular epithelial cell (Figure

For each case, the results of the BKV detection were correlated with a 2x2 analysis utilizing Fischer's exact test. Relative sensitivity and specificity of the methods were calculated. In each instance in which there was disagreement, the clinical information (including quantitative BKV load via PCR from other specimens) and HAS-PAS stained sections were examined for elinicopathologic correlation and an assessment of potential impact of the discrepancy on patient

(Fisher's Exact Test: p=0.0002) Cases in agreement: 18/19 = 94.7% Cases in disagreement: 1/19 = 5.3%

### ISH and PCE

There were ten cases on which ISH and PCR were performed for BKV detection (art 10).

|         | LARE 4              | 1,7111 |
|---------|---------------------|--------|
| PCR+    | 7                   | lee.   |
| PCR -   | 0                   | 2      |
| (Fisher | 's Exact Test: p=0. | 667)   |

Cases in agreement: 9/10 = 90.0% Cases in disagreement: 1/10 = 10.0%

### performed on serum was negative.

\*\*\*: In the case with negative BKV PCR and positive IPX, the biopsy was obtained as a result of progressive aretemia. The H&E-PAS staining was consistent with advanced allograft nephropathy with scattered intentitial plasma cells. Serum BKV viral leads by real time PCR were undetectable and repeat PCR on the paraffin embedded

Correlation between ISH and IPX and PCR results was at least 90%. In no case would a discrepancy of results between modalities have significantly impacted patient case.

The lowest correlation was found between PCR and IPX.

PCR appears more sensitive but not necessarily more specific

\*PCR positivity for BKV in the absence of other morphologic clinical features of BKV nephropathy may be the result of "insignificant" latent BKV infection.

«IPX may be susceptible to false positivit

Supporting Medical Students with Learning Accommodations: A Front-Line Educator's Guide

Geoffrey Talmon, M.D., M.Ed.1

Jacque Knedler, MS<sup>2</sup>

Office of Medical Education, University of Nebraska Medical Center College of Medicine

2 Accessibility Services Center, University of Nebraska Medical Center

30ffice of Admissions and Student Affairs, University of Nebraska Medical Center College of

Medicine

## ACADEMIC POSTERS: THE WHY

- Scientific/pragmatic benefits:
  - Quicker turnaround time from submission
  - Opportunity to present preliminary or incomplete studies
  - "Less strenuous" up front peer review
  - Structure for subsequent manuscript
  - Identify weaknesses, follow up studies, etc. before manuscript drafting
  - May be included in meeting proceedings (read: indexed publication)

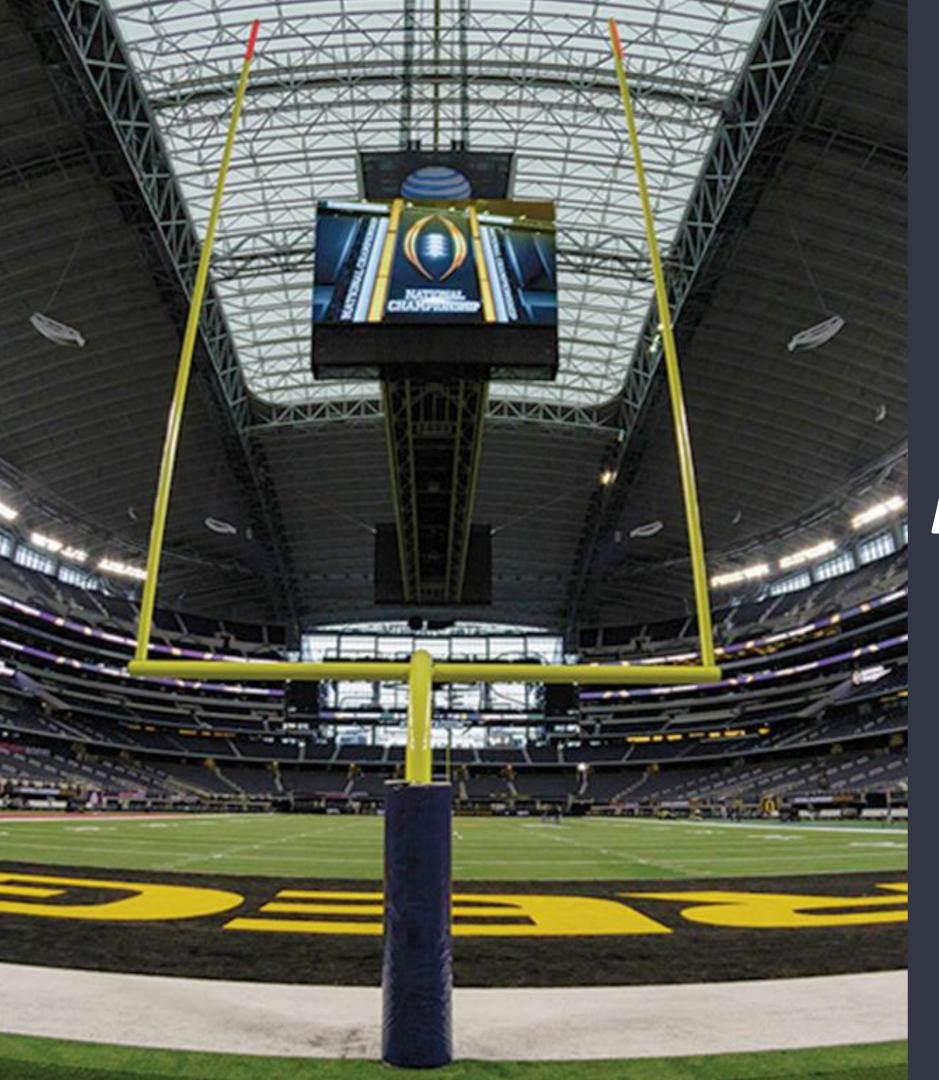


## ACADEMIC POSTERS: THE WHY

- Personal/professional benefits:
  - Learn from others
  - Gain visibility in community
  - Be "The FIRST"
  - Practice communication skills
  - Network with other investigators
  - Line on the CV







## ACADEMIC POSTERS: THE HOW

## KEYS TO SUCCESS - FOUR SKILLS

- 1. Set your goals
- 2. Define your audience
- 3.Design thoughtfully
- 4. Practice and refine presentation

### SET YOUR GOALS

- Set your goal What do I hope to accomplish?
  - Feedback for future work or manuscript?
  - Share methodology or new program?
  - Highlight a novel discovery?
  - Find collaborators?
  - Raise awareness on a topic?



### AUDIENCE

- Who are the best people to help me meet my goal(s) and will likely be present?
  - General meeting vs. specialty society?
  - Experts vs. generalists vs. novices vs. mixed?
  - Who else is going to be there?



## TITLE

- Keep goal and audience in mind
- Succinct and in line with message
- Attention grabbing
- Easy to consume in seconds

### CONSIDER THIS PROJECT....

### Objective

Examine the prevalence and sources of stress and burnout among pathology trainees.

### Methods

Cross-sectional online survey of a national sample of pathology trainees.

### Results

Job stress and burnout were prevalent, with more than a third of the respondents reporting that they were currently experiencing burnout, struggling with academics, work-life balance, and emotional well-being. Workload was the leading factor.

### Conclusions

One of the overarching implications is the need to address a range of interdependent considerations in designing resources to reduce job stress, promote work-life balance, and prevent burnout.

DESIGN OESION DESIGIN DESIGN DESIGN 

KEYS TO SUCCESS

## BASIC FUNDAMENTALS

- Emphasis
- Balance & Alignment
- Contrast
- Repetition
- Proportion
- Movement
- White Space/Negative Space

## LEAST UTILIZED

PROPORTION

Size and scale of elements to each other

CONTRAST

Highlights the differences utilizing color, size, shape, or texture

WHITE SPACE AKA 'Negative' space, provides visual clarity and organization

You'll probably read this last.

## You will read this first.

And then you'll read this second

Then this third

Titles should be 90-100 pt & BOLD

You'll probably read this last.

### You will read this first.

And then you'll read this second

Then this third

Headings should be 50-60 pt

You'll probably read this last.

Body text should be 30-36 pt

### You will read this first.

And then you'll read this second

Then this third

You'll probably read this last.

References should be NO LARGER than 20-25 pt

TRUNCATE THEM!!!!

10-15 pt is approved!

### You will read this first.

And then you'll read this second

Then this third

### Size and scale of elements to each other

### WHAT IS CIM?

CiM provides resources to help U.S. MD, U.S. DO, Canadian MD, and international medical students and graduates in choosing a specialty and applying smart to residency in the United

### **4-PHASE PROCESS**

CiM's 4-phase model is tailored for medical students and rooted in career development theory and research, designed to support future career satisfaction.



**Understand Yourself** Self-exploration is essential to a satisfying specialty choice

### **Explore Options**

Knowing about all career options that exist ensures well-informed decisions



Choose Your Spo

happy is harder than you think

### Prepare for Residency

Much is involved in a transition from applying to and arriving at residency



### WHY USE CIM?

- CiM framework supports LCME requirement 11.2 for medical school
- CiM provides 4 self-assessment tools specific to medicine:





Interests Medical Specialty Preference Inventory (MSPI)



Make your main

finding or purpose

the largest. It

should be your

TITLE!

• Values Physician Values in Practice Scale (PVIPS)



Skills Physician Skills Inventory (PSI)



• Indecision Specialty Indecision Scale (SIS)

• CiM maintains information & data for 160+ specialty profiles & 27 specialty spotlights



- Spring March/April
- Fall September/October
- · Virtual and in-person training at your institution
- Training for advisors, students, or both

### **FIND YOUR FIT WITH AAMC** CAREERS IN MEDICINE®



A person is more likely to be satisfied if their career aligns with their values, skills, & interests.

The CiM program supports medical students, and the faculty and staff who advise them, to choose a specialty and meet their career goals!



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### Size and scale of elements to each other

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Make graphics easy to see!

### Size and scale of elements to each other

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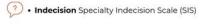


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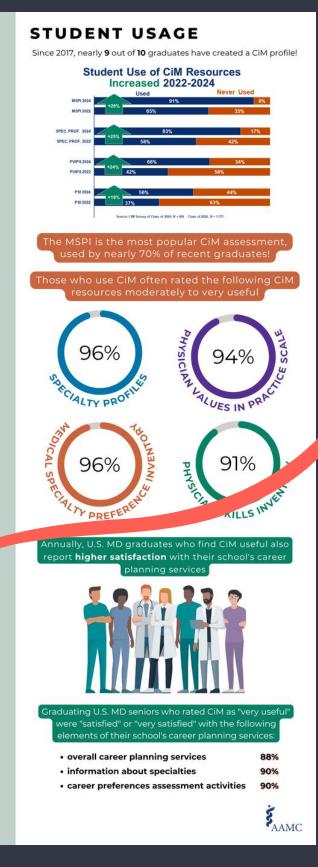
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Make actionable QR codes to main findings or surveys

### Size and scale of elements to each other

STUDENT USAGE

Since 2017, nearly 9 out of 10 graduates have created a CiM profile!

Student Use of CiM Resources

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specialty choice



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# Increased 2022-2024 ere "satisfied" or "very satisfied" with the followi ments of their school's career planning service overall career planning services

· information about specialties

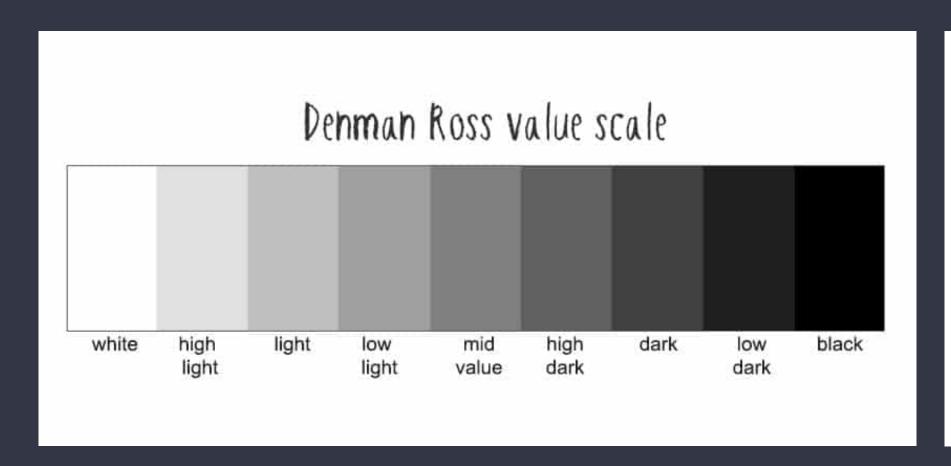
· career preferences assessment activities

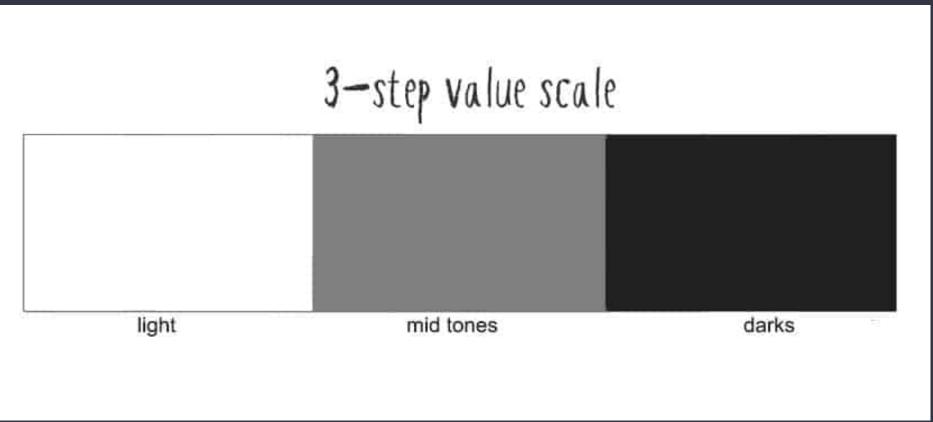
90%

90%

**Notice the** logo is the **SMALLEST** 

## Highlights the differences utilizing color, size, shape, or texture





## Highlights the differences utilizing color, size, shape, or texture

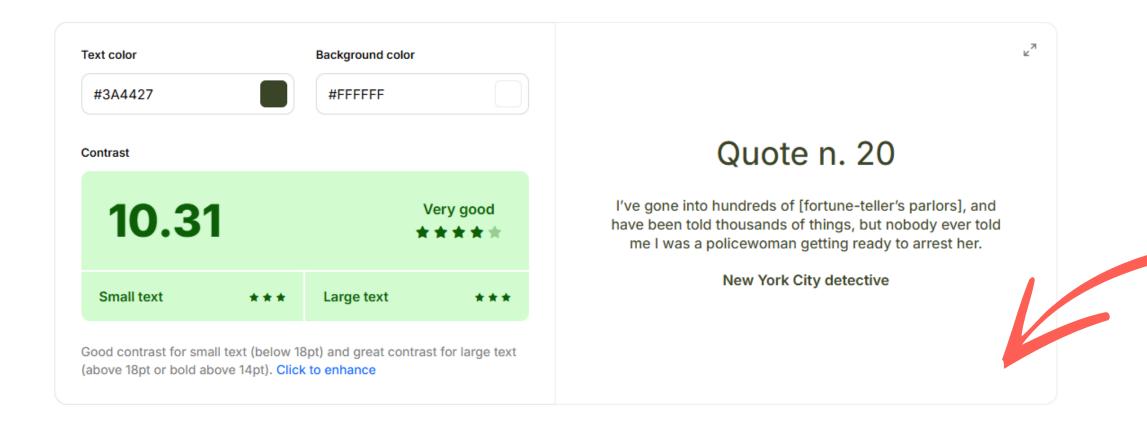
### **Color Contrast Checker** Saved to this PC Calculate the contrast ratio of text and background colors. Text color Background color #C2E282 #FFFFFF Quote n. 20 Contrast I've gone into hundreds of [fortune-teller's parlors], and 1.45 Very poor have been told thousands of things, but nobody ever told me I was a policewoman getting ready to arrest h **New York City detective** Small text Large text \* \* \* Poor contrast for all text sizes. Click to fix

The value here is white heavy, making the contrast VERY POOR

## Highlights the differences utilizing color, size, shape, or texture

### **Color Contrast Checker**

Calculate the contrast ratio of text and background colors.



The value here is black heavy, making the contrast VERY GOOD

## Highlights the differences utilizing color, size, shape, or texture

eller's parlors], and out nobody ever told ady to arrest her.

### **Color Contrast Checker**

Calculate the contrast ratio of text and background colors.

| xt color<br>#FFFFFF |     | #3A4427    | lor             |  |
|---------------------|-----|------------|-----------------|--|
| Contrast            |     |            |                 | Quote r  |
| 10.31               |     |            | Very good  ★★★★ | I've gone into hundreds of [fort<br>have been told thousands of thi<br>me I was a policewoman gett |
| Small text          | *** | Large text | ***             | New York City  |

Here it is in reverse!

## WHITE SPACE AKA 'Negative' space, provides visual clarity and organization

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 & 27 specialty spotlights

- Enhances visual hierarchy
- Improves readability
- More appealing
- CLARITY Accessibility!!!
- Emphasizes KEY information

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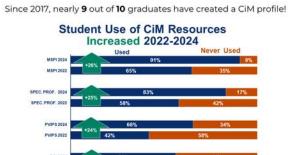
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### STUDENT USAGE



sed by nearly 70% of recent graduates







ially, U.S. MD graduates who find CiM useful also ort higher satisfaction with their school's caree



vere "satisfied" or "very satisfied" with the following ments of their school's career planning servic

- overall career planning services
- information about specialties
- career preferences assessment activities

**Even if it's** not the color white, it still **COUNTS!** 



# Which poster is more appealing?



### A COMPARISON OF METHODS OF BK VIRUS DETECTION IN POST-TRANSPLANT RENAL BIOPSIES.

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### Abstract

Background: BK virus (BKV) seropositivity can be found in 10% of the general population, resulting from an asymptometric infection that often remains latent. In hidney cransplant patients, BKV reactivation causes a subalcitateraticial aephropathy. This will manifert itself as proprective graft dyefenction, a condition with a wide differential diagnosis including graft rejection. Allograft hispay is currently the perfected method to deflatitively diagnose BKV nephropathy. The aim of this study was to compare the arresument between three commands and perhads of BKV. agreement between three commonly nord methods of BXV describes in paraffin embedded renal hispaint immunoperacidate ranking for the related SV40 polyuma virus (BX), in-tira hybridization for BXV DNA, (BR), and SXV qualitative real time

Design: Thirty-one consecutive renal bioquies from February 2003 to May 2005 that were submitted for BKV detection were selected from the files at our institution, irrespective of the findings on MAE stained accident. Threst-eight cause were evaluated by at least two of the methods. A central reviewer examined the MAE 7045-, 1324, and or IFX-stained slides from each case. When performed, the real since PCE curves were also reviewed. A comparison of each method was performed via a 2 x 2 analysis utilizing Fischer's exact out.

Resulty: Nineteen cases were identified in which IPX and ISM were performed, with agreement in 15 cases (94.7%, pod 1002). The discrepant case was positive by IFX but asquative by ISM ISM and PCK results agreed in 9 of 10 cases (90%, pod 667), the discrepant case being positive by PCK and negative by ISM IFX and PCK were in concerdance in 9 of 12 cases (95%, pod 11). One case was positive by PCK but asquative by PCK with 2 cases being positive by PCK but IFX anguives. In each instance, the cases that positive by PCK and negative by the alternates method did not show cypical findings of IsKV nephropathy on corresponding RAE-united sections.

Conclusion: There was at least 1946 concordance between ISH results and those of both IPX and PCR with a lower agreement between IPX and PCR (1946). There was no statistically significant difference between BKV detection by DX and ISH. Although it appears that DX and ISH are less sensitive than FCE, discrepant FCE-positive cases may represent latent BKV infections and cot BKV-infection are purposely.

BK virus (BKV) is an important cause of resul allograft dysfunction As biopsics are often performed to determine the cause clinical graft failure, the ability to detect BKV in tissue samples is important. In addition to visualization of typical viral inclusions in standard H&E ISOMFy other BKV genomic material (in-site hybridization (ISH) and PCR) or proteins (immunoperoxidate (IPX) caiming). The purpose of this study is to compare the agreement of results obtained using these three methods in clinical samples.

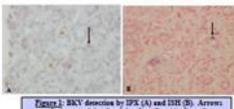
From the files at the University of Nobtaska Medical Center (UNMC), thirty one consentive rend allograft biopsies were submitted for BKV detection. These biopsies were perfected either as a result of new/worsening austensia, by clinician request, or as part of research protocols. Twenty-eight were evaluated by at least two of the previously described methods. The cases spanned a period from

Two purhologists independently reviewed the cases on which IPX staining for SV40 polyoma viral arrigen (Duke, Inc., Carpentira, CA) was performed. The reviewers were initially blinded to clinical information, original diagnoses, morphology on HEE/PAS stained sections, and results of other BKV testing. As IPX study was considered "positive" if one or name tubular epithelial cells deministrated definite maileur staining (Figure I.A).

When applicable, identification of BKV generate material was performed at UNMC on the same formules-fixed, paraffin embedded tions utilized for light microscopy via real time qualitative PCR with primers developed at UNMC. For each case, the fluorescence ourses were reviewed to ensure DNA integrity and accuracy of the reported

ISSI for BKV DNA was performed at a reference laboratory using the same formulas fixed paraffin embedded issue used for light microscopy. The slides were returned to UNMC and examined by the some purpologies, initially blinded in an identical fashion. As with the immunoperioridase studies, a "positive" result was given if clear statisting was identified in at least one tubular epithelial cell (Figure

For each case, the results of the BKV detection were correlated with a 2x2 analysis utilizing Fischer's exact test. Relative sensitivity and specificity of the methods were calculated. In each instance in which there was disagreement, the clinical information (including quantitative BKV load via PCR from other specimene) and HAS PAS stated sections were examined for climicopathologic correlation at an ambument of petrotial impact of the discrepancy on patient



### designate minimal staining for a "positive" result

### Realti

### ISH and IPX

Ninetons cases were identified in which ISB for BKV and IPX performed simultaneously (ser19).

| PX +                                |  | 1.                      |
|-------------------------------------|--|-------------------------|
| PX -                                | 0  | - 11                    |
| (Fisher<br>Cases in a<br>Cases in a | 7<br>'s Exact Text, prol<br>agreement, 1879<br>featurement, UT | 12<br>186823<br>= 94.7% |

### 15H and PCE

There were ten cases on which ISH and PCR were performed for

|       | 1516 + | 2511- | _ |
|-------|--------|-------|---|
| PCR > | 7.     | jes   |   |
| PCR - |        | 2     | 2 |
| 200   | 7.     | 0000  |   |

(Finber's Exact Test: p=0.067) Cases in agreement: 9/10 = 90,0%. Cases in disappeared: 1/10 + 10:0%

### PCR and IPX

Birth IFX for SV40 virus and PCR were performed. simultaneously on twelve cases (nº12).

|       | 187.5.+ | 17% | -   |
|-------|---------|-----|-----|
| PCR+  | . 5     | 2   | 2   |
| PCR - | 1***    | 4   | . 3 |

(Fisher's Exact Test: p=0.11) Cases in agreement: 9/12 = 75,0% Cases in disagreement: 3/12 = 25.0%

- \*: In the case that had a disagreement between ISH and IPX. the hispay was obtained as part of a research protocol. Weak staining was present to one epithelial cell. Senso-BKV viral loads by real-time PCR were undetectable.
- \*\* This biopsy was performed as a result of assuranta. No discernable statisting was found with USE. By HAE-PAS. there was evidence of moderate to severe acute tubularinjury and acute cellular rejection (Baself Grade 18). PCR. performed on serian was negative.
- \*\*\*: In the case with negative HKV PCR and positive IPX, the biopsy was obtained as a result of progressive aretemia. The H&E-PAS staining was consistent with advanced allograft sephropolty with scattered interestinal plasma. cells. Serum BKV viral loads by real time PCR were underectable and repeat PCR on the parallin-embedded tiour was also negative.

### Conclusions

Correlation between 1881 and IPX and PCR results was at least 90%, In no case would a discrepancy of residu between modulities have significantly impacted patient name.

The lowest oversfation was found between PCR and IPX.

«PCR appears more sensitive but not necessarily more specific

«PCR positivity for DKV in the absence of other morphologie o elimical frustates of HKV nephropathy may be the senalt of suspeficace" layer BKV infection.

\*IPX may be use eguible to false positivity

### WHAT IS CIM?

CiM provides resources to help U.S. MD, U.S. DO, Canadian MD, and international medical students and graduates in choosing specialty and applying smart to residency in the United

### 4-PHASE PROCESS

CiM's 4-phase model is tailored for medical students and to support future career satisfaction.



**Understand Yourself** Self-exploration is essential to a satisfying

### **Explore Options**

Knowing about all career options that exist ensures well-informed decisions





Choose Your Specialty Making a career choice that makes you

### Prepare for Residency

Much is involved in a transition from applying to and arriving at residency

### WHY USE CIM?

- refit! CiM is a FREE AAMC members benefit! CiM framework supports LCME requirement 11.2 for medical school career advising
- CiM provides 4 self-assessment tools specific to medicine:
- Interests Medical Specialty Preference Inventory (MSPI)
- Values Physician Values in Practice Scale (PVIPS)
- Skills Physician Skills Inventory (PSI)
- Indecision Specialty Indecision Scale (SIS)
- · CiM maintains information & data for 160+ specialty profiles & 27 specialty spotlights



- Twice-yearly CiM Workshop Spring – March/April Fall - September/October
- Virtual and in-person training at your institution
- . Training for advisors, students, or both

### **FIND YOUR FIT WITH AAMC CAREERS IN MEDICINE®**



A person is more likely to be satisfied if their career aligns with their values, skills, & interests.

The CiM program supports medical students, and the faculty and staff who advise them, to choose a specialty and meet their career goals!



Scan the QR code for more details about, and references for, this poster.

careersinmedicine.aamc.org

### STUDENT USAGE

Since 2017, nearly 9 out of 10 graduates have created a CiM profile! Student Use of CiM Resources Increased 2022-2024













- overall career planning services
- · information about specialties
- career preferences assessment activities



## REMEMBER

PROPORTION

Size and scale of elements to each other

CONTRAST

Highlights the differences utilizing color, size, shape, or texture

WHITE SPACE

AKA 'Negative' space, provides visual clarity and organization

## RESOURCES



### **Animate Your Science Blog**

- Fonts
- Templates





### Coolors.com

- Color Palette Generator
- Contrast Checker accessibility!





### **The Online Scientist**

- Poster presentation guidelines
- Checklists and template downloads



## PRESENTING



# KEYS TO SUCCESS

Image credit: www.usgs.gov

# REMEMBER YOUR GOAL & AUDIENCE

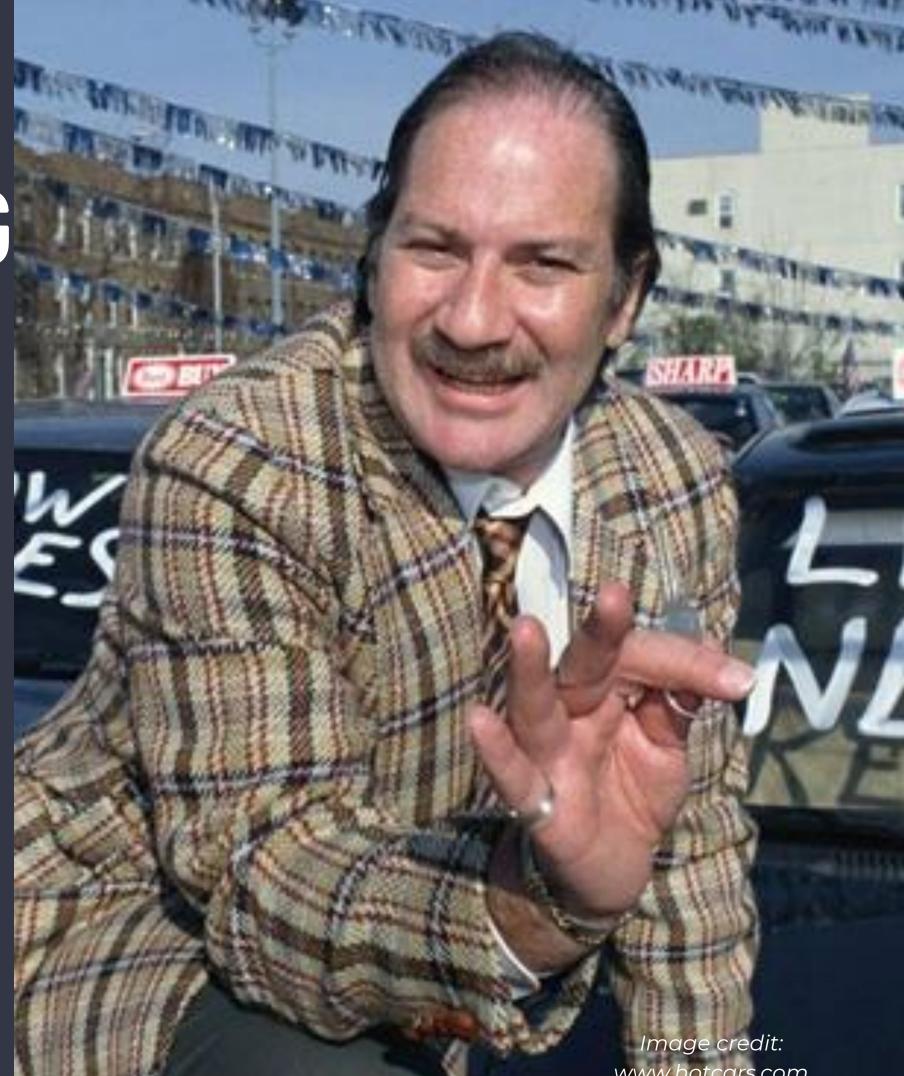
- Be present
- Be a salesperson
- Be knowledgeable
- Be ready
- Be available

- Be present
  - Stay with your poster
  - Don't block visibility
  - Be welcoming and enthusiastic
  - Dress for success





- Be a salesperson
  - Give your pitch (<30 second "elevator speech")</li>
  - What you did
  - What you found
  - Why the findings are important





- Be knowledgeable
  - Tell a story
    - Why you did the project
    - How you designed your study
    - Results
    - Conclusions (~3 key take home messages)
  - Be prepared for "standard" questions
    - Why did you do A instead of B?
    - What about confounding variables?
    - Could other conclusions be reached?
    - What are you going to do next/what are the limitations?
    - If unsure, ask the viewer for their thoughts

- Be ready (i.e., practice, practice, practice)
  - Memorize your pitch
  - Be conversational
  - Be able to explain all points (including figures!) without notes
  - Rehearse with colleagues, family, etc. Have them ask you the tough questions if they have background knowledge
  - Be open to feedback



- Be available
  - Facilitate follow up
  - Provide your business card, email, etc.
  - Ask viewer for their information, as applicable
  - Include of a QR code with link to poster or contact information

# KEYS TO A SUCCESSFUL POSTER

- 1. Set your goals
- 2.Define your audience
- 3.Design thoughtfully
- 4. Practice and refine presentation