

# La lunga strada del poster più bello

*Paola De Castro*

Direttore

Settore Attività Editoriali

**Workshop BIBLIOSAN**

La formazione in Biblioteca.

Suggerimenti per una comunicazione  
efficace

**Roma, 2 dicembre 2015**

# Trovare il giusto equilibrio

- Contenuti scientifici
- Compenze tecniche
- Creatività

Torniamo a scuola?



# Attività editoriali ISS (la mia esperienza)

osservatorio privilegiato (autori/ricercatori, editori e utenti)

## Attività tradizionali



## Attività di divulgazione



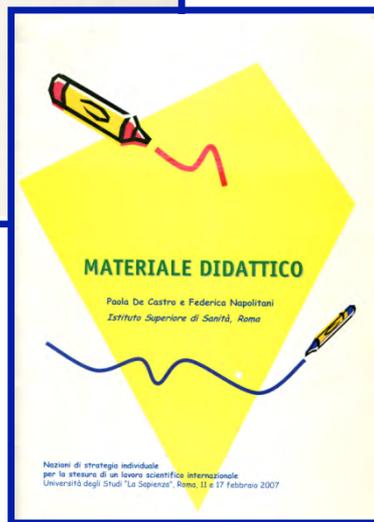
# Le attività di FORMAZIONE IN SCRITTURA SCIENTIFICA

comprendono lezioni sui poster

**Alcune esperienze nazionali più recenti (anche ECM) rivolte a operatori sanitari del SSN (ISS), Università (Facoltà di Medicina e Sociologia), ISZ, ospedali**



2006



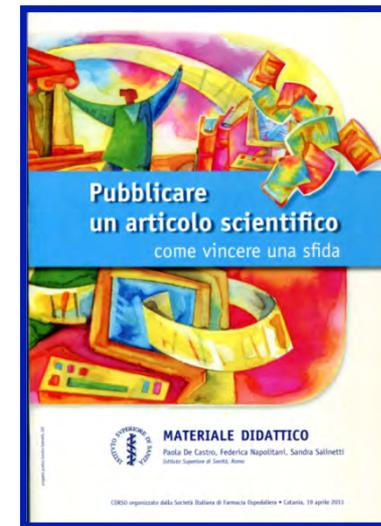
2007



2009



2011



2013

# LA GRANDE SFIDA DEL POSTER CONGRESSUALE



# Perché la strada è lunga?

## LE PRIME TAPPE DEL PERCORSO

- *Che cosa* (contenuto)
- *Con chi* (authorship)
- *Dove* (luogo e valore dell'evento – comitati )
- *Quando* (disponibilità effettiva)
  
- *Stesura abstract* (accordo tra autori)
- *Submission* (corresponding author)
- *Valutazione dei costi* (conference fee e viaggi)
- *Accettazione, modifica*
- *Rispetto delle scadenze*

scadenza

scadenza

A graphic of a winding road with a yellow sign that says "Lavoro accettato". The road is dark grey with white and yellow lines, curving from the top left towards the bottom right. The sign is yellow with a red border and black text, tilted to follow the curve of the road.

# Ed ora facciamo il poster!

Seguono slide adattate dal corso  
**Pillole di comunicazione scientifica**  
Università Sapienza. Roma, 22 marzo  
2013.

*Grafica di S. Salinetti*

# POSTER CONGRESSUALE

CHE

Presentazione statica  
che descrive e illustra in sintesi  
una attività, un progetto di ricerca  
e i suoi risultati

PERCHÉ un poster?

Troppe relazioni e  
comunicazioni



**II POSTER NON PARLA!**

# POSTER CONGRESSUALE

## *Quali gli argomenti migliori?*

- Tecniche di ricerca
- Resoconti di attività
- Metodologie
- Strategie
- Dati preliminari
- Studi che non richiedano un ampio background
- Procedure o esperienze schematizzabili in diagrammi



Capacità di adattare contenuti al mezzo di comunicaz

# POSTER CONGRESSUALE

## *I vantaggi*

**PERMETTE**

leggere rapidamente  
cogliere l'essenziale

**FAVORISCE**

la discussione  
l'aggiornamento immediato

**DÀ VISIBILITÀ**

a una comunicazione mancata

**VALORIZZA**

le immagini, se di buona qualità



# POSTER CONGRESSUALE

## *I limiti*

**SINTETIZZARE** può indurre a...

- riportare dati incompleti
- distorcere alcuni concetti



**INOLTRE...**

a differenza delle presentazioni, il **POSTER** può:

- essere costoso
- essere scomodo da leggere
- non essere corretto “in diretta”



# POSTER CONGRESSUALE

## Consigli tecnici

- **LEGGETE LE ISTRUZIONI**  
*se disponibili,*  
*altrimenti RICHIEDETELE*

### IN OGNI CASO...

- **RISPETTARE**  
gli spazi dati dagli organizzatori  
(numero di poster o altro)
- **RIPORTARE**  
Titolo in alto  
Autori e affiliazioni  
Contatto e-mail



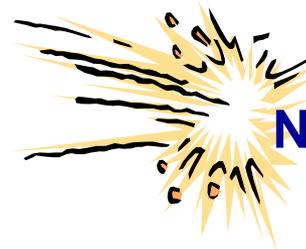
# POSTER CONGRESSUALE

## *La struttura*

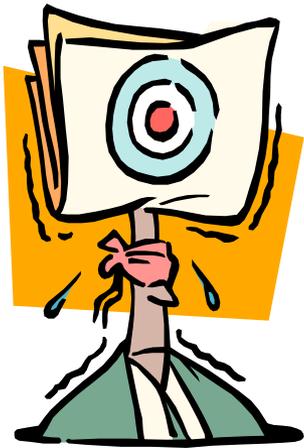


### Abstract

- 1 Introduzione (o obiettivi)
- 2 Materiali e metodi
- 3 Risultati
- 4 Discussione

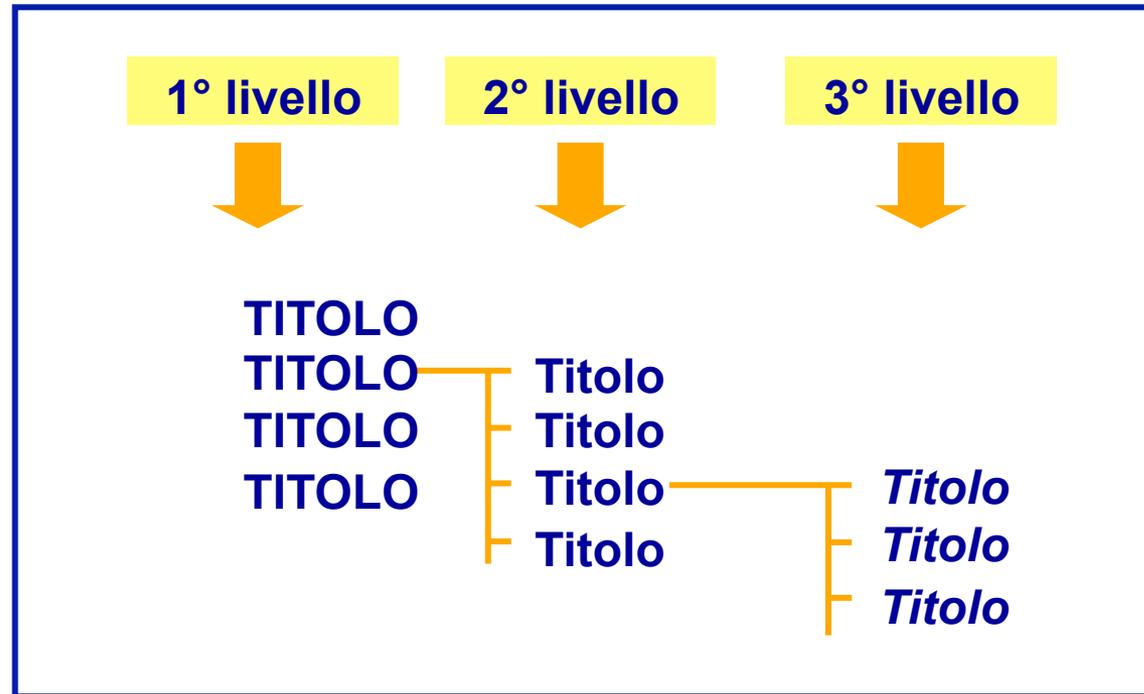


**NON SIATE RIDONDANTI**



# Strutturazione del testo

## Livelli gerarchici e linguaggio tipografico

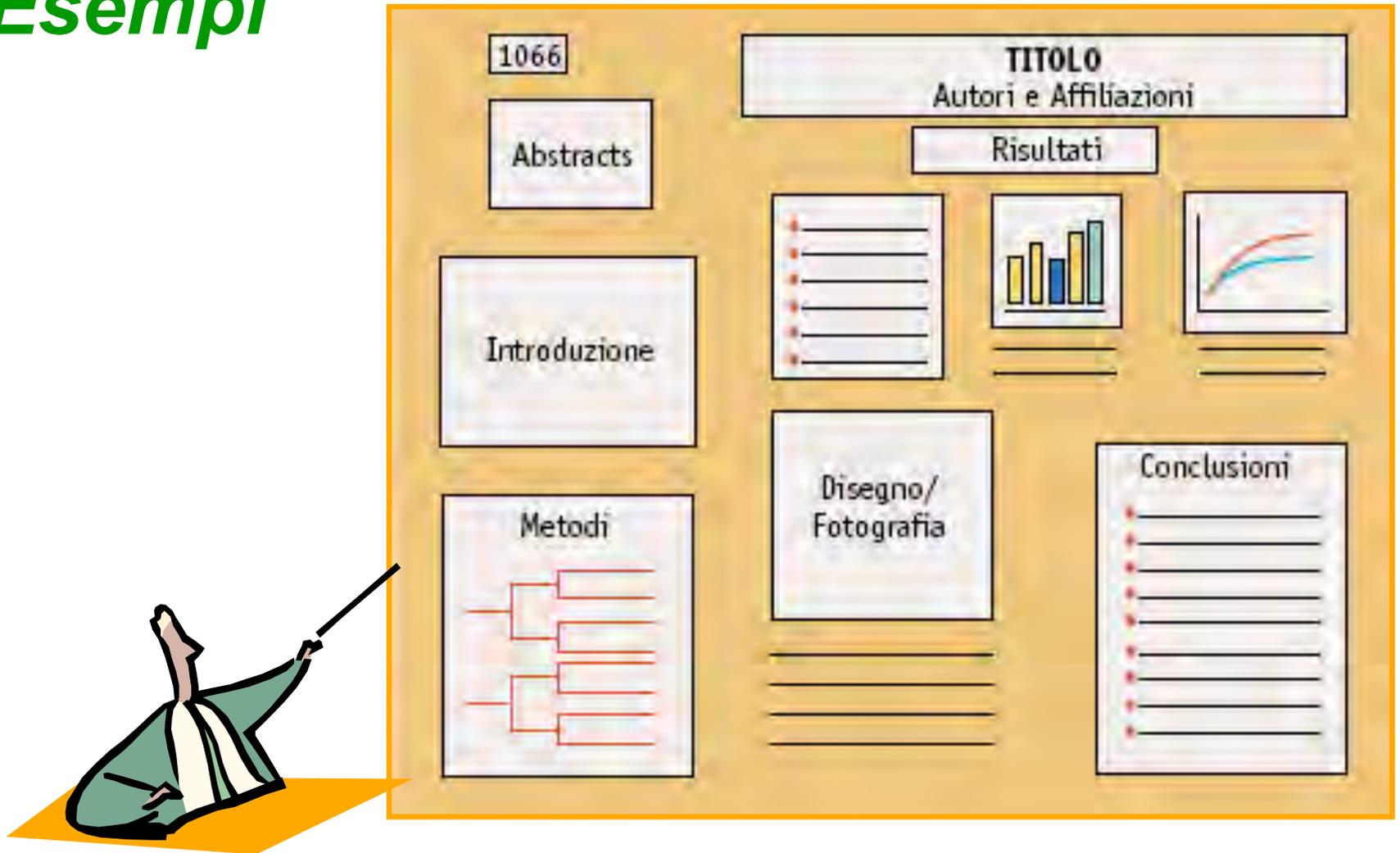


Il lettore impara a riconoscere il linguaggio dei corpi



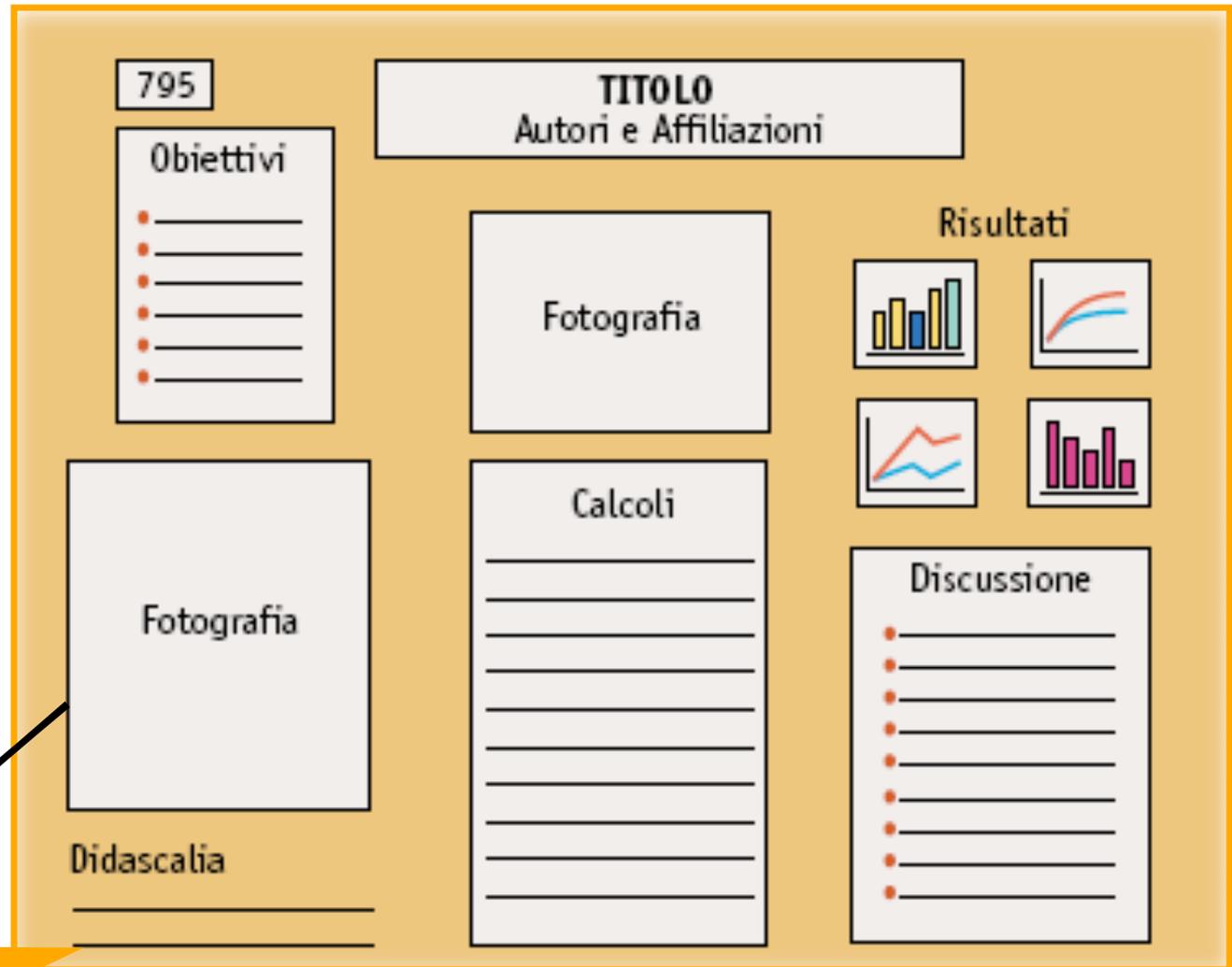
# IL POSTER IDEALE, esiste?

## *Esempi*



# IL POSTER IDEALE, esiste?

## *Esempi*



# IL POSTER CONGRESSUALE

## *Raccomandazioni finali* RICORDATEVI CHE:

- Il poster **NON** è un articolo a caratteri piccoli
- Il titolo deve poter essere **LETTO** anche **DA LONTANO**
- Chi scrive poster per congressi scientifici si rivolge ad **ESPERTI**
- I risultati di una ricerca possono essere **BEN ESPRESSI GRAFICAMENTE** diagrammi, grafici



# POSTER CONGRESSUALE

## *Mettetevi alla prova*

[www.ncsu.edu/project/posters](http://www.ncsu.edu/project/posters)

The screenshot shows a web browser window with the address bar displaying <http://www.ncsu.edu/project/posters/NewSite/>. The page title is "Creating Effective Poster Presentations :: An Effective Poster" by George Hess, Kathryn Tosney, and Leon Liegel. The main content area features a navigation menu on the left with categories like "AN EFFECTIVE POSTER", "DEFINE YOUR MESSAGE", "KNOW YOUR AUDIENCE(S)", "AN EFFECTIVE ABSTRACT", "CREATE YOUR POSTER", "PRESENT YOUR POSTER", "EXAMPLES OF POSTERS", "RESOURCES", and "DISCUSSION BLOG". The main text includes the heading "An effective poster is a visual communications tool." followed by several sections: "An effective poster will help you ..." with sub-points "engage colleagues in conversation" and "get your main point(s) across to as many people as possible"; "An effective poster is ..." with sub-points "Focused", "Graphic", and "Ordered"; "In a hurry?" with a link to "QUICK REFERENCE"; "Need some help?" with a link to "DISCUSSION BLOG"; and "An effective poster operates on multiple levels ..." with a list of levels. A final section lists "Many ineffective posters suffer from easy-to-fix problems, including ..." with a list of common issues. The browser interface includes standard navigation buttons, a search bar, and a status bar at the bottom.

An effective poster is a *visual* communications tool.

An effective poster will help you ...

- ... engage colleagues in conversation.
- ... get your main point(s) across to as many people as possible.

An effective poster is ...

- Focused** Focused on a single message.
- Graphic** Lets graphs and images tell the story; uses text sparingly.
- Ordered** Keeps the sequence well-ordered and obvious.

**In a hurry?**

Try the [QUICK REFERENCE](#) from our [RESOURCES PAGE](#).

**Need some help?**

Try the new (as of 2007 Nov 14) [DISCUSSION BLOG](#).

An effective poster operates on multiple levels ...

- source of information
- conversation starter
- advertisement of your work
- summary of your work

Many ineffective posters suffer from easy-to-fix problems, including ...

- objective(s) and main point(s) hard to find
- text too small
- poor graphics
- poor organization

## Profiles in Science National Library of Medicine

[Home](#) | [Collection Home](#) | [Search](#) | [Browse](#) | [What's New](#) | [About](#)

# Visual Culture and Health Posters



- [Brief History](#)
- [Infectious Disease](#)
- [Environmental Health](#)
- [Anti-Smoking Campaigns](#)
- [HIV/AIDS](#)

[All Visuals](#)

Public health has a long and distinguished visual record. From seventeenth-century engravings to the latest digital images, visual representations have played a critical role in educating the public about modern health crises. But what purposes do these images serve beyond their immediate role in disease prevention and health education? What do they tell us about the history of health care, or attitudes toward our bodies, or the world that we live in?

As part of its Profiles in Science project, the National Library of Medicine has digitized and made available over the World Wide Web a historical exhibit of Visual Culture and Health Posters for use by educators and researchers. This Web site provides access to the posters selected for inclusion in an exhibit designed for the NLM sponsored "Visual Culture and Public Health" symposium, held on October 16-17, 2003. Individuals interested in conducting research in the Visual Culture and Health Posters are invited to [contact](#) the National Library of Medicine.

This online Exhibit is designed to introduce you to the history of the Visual Culture and Health Posters in the twentieth century. It is divided into sections that focus on the subjects covered in the collection. We suggest that new visitors begin with this exhibit, which includes a small selection of visuals. Each section begins with a "Background Narrative," which leads to "Visuals."

Visitors may access additional materials through [Search](#) on the navigation bar. They may also view the materials alphabetically or chronologically by choosing [Browse](#) on the navigation bar. Visuals in these lists are arranged by format and then either alphabetically by title or chronologically.

# Dal Workshop EAHIL 2015 Edinburgh



**EAHIL + ICAHIS + ICLC**  
Edinburgh 10-12 June 2015

Research-minded:  
supporting, understanding, conducting research



## Accessible Posters: some suggestions for good practice

June 2015  
Wilma Alexander  
Learning, Teaching and Web Services  
University of Edinburgh

[https://www.dropbox.com/sh/h0kmfyxelskeiqc/AACa3BPDx1b\\_RkVaADbuZY59a?dl=0](https://www.dropbox.com/sh/h0kmfyxelskeiqc/AACa3BPDx1b_RkVaADbuZY59a?dl=0)

# POSTER...

## HOW TO CREATE A GREAT POSTER



Federica Napolitani<sup>1</sup> and Witold Kozakiewicz<sup>2</sup>

<sup>1</sup> Istituto Superiore di Sanità, Rome, Italy  
<sup>2</sup> Medical University of Łódź, Library, Łódź, Poland  
Contact: federica.napolitani@iss.it, witold.kozakiewicz@umed.lodz.pl

### WHAT IS A POSTER

It is a tool to communicate research at conferences, using a combination of text and graphics. Display on a board, it should present information in a clear and concise manner and attract the attention of the passers-by.

### HOW TO CREATE A GOOD POSTER

#### Plan in advance

Start early to allow time for reviewing and editing. Plan your content but always keep in mind that it should be simple and attractive. Make it sound like a story. Consider that the person looking at posters has usually a limited time, so make sure that the time spent in front of your poster is informative, effective and enjoyable.

#### Follow the guidelines

Read carefully the poster guidelines of your conference. You need to follow these specific requirements. Check about orientation, poster board dimensions and surface (do you need glue or removable double-sided adhesive, for instance).

### CONTENT

- Use the art of storytelling and make it sound like a story.
- Include only the essentials.
- Make it follow a natural flow.
- Make it clear and concise. 300-500 words (75).
- Stick to the target (appropriateness).
- Organize the content for a vertical flow of information, up to down, from left to right. You can use arrows, bullet points, letters and other graphical elements but keep the sequence.
- Poster should be well structured, like any other academic writing.

- Highlight the main points using headings, or colors or larger letters. Do not use different font types for this purpose (you will disrupt the fluency). Do not use upper case in your poster (you will make it difficult to read).
- Use bullet points to better organize the concepts.
- Check a title that effectively shows the poster content, is brief and appealing.
- The authors names should be followed by their institutional affiliations (with town and country).
- The name of the Conference, date and place should appear on the top of the poster, with logos, if appropriate.
- Indicate an email contact for more information.
- Consider using a QR code to link to supplementary materials or a list of contacts.
- Do not include too many references. If it is a paper presented for publication on a journal.

### GRAPHICS AND DESIGN

- Use the images and graphics to create your narration, along with the text. Align the different elements of the poster.
- Make a good use of white spaces. A poster full of text or graphics with very little white spaces may appear cluttered and difficult to read. In visual arts white spaces are very important.
- Use only a few tables and figures, simple and easily comprehensible, with very short legends.
- When using images, remember to respect the copyright (check for CC, licenses or other agreements).
- Design the poster at the "actual size" it will be printed (75).
- Images taken from the web usually have not a good resolution (most images have 72 dots per inch, dpi), while a good resolution for printing should be about 300 dpi).
- To get an idea of how your poster will look when printed at full size, use the zoom option of Power Point.
- Use a left-align text. Fully justified text will create large gaps between words.

### FONTS

- The text should be at least 24 point in size. You can use 24-36 point fonts but make sure that the text fits.
- Once you have chosen down your text to just what you really need, you can adjust the font.
- Your poster should be readable at least at a distance of 1.5/2 m.
- Make your title visible from bigger distance to catch interesting - 48-point fonts at least.
- There are two styles of fonts, serif and sans serif.
- Choose sans serif fonts for body text.
- Preferably, do not use different font types.

### COLORS

- Use a lighter colour for the background and darker letters for contrast. Choose a theme of colours and avoid using colours outside of that colour combination.
- Stick with few colours, try to use 2-3 colours plus black.
- Use your images colours or from the colour wheel (75).
- Text colours should be consistent throughout the poster.
- Most templates have their own color.
- Try to increase accessibility from the visually impaired people.

### SOFTWARE OPTIONS

- Most popular softwares for creating posters are:
  - Microsoft PowerPoint
  - Microsoft Publisher
  - Adobe Photoshop
  - Adobe Illustrator
- You may use a poster template from PowerPoint or you may search Google for "templates poster templates" and retrieve many more.

### CHECKLIST

- The conformity with the guidelines of the conference
- Check the presence of essential elements like Title, authors, affiliations, logos, conference name and date, email of corresponding author, etc.
- Spelling and punctuation
- The design consistency
- The readability from multiple distances (adequate font size, quality of printing, etc.)
- Image definition
- Overall visual appeal (layout of text & figures)
- The compliance to the exact conference evaluation criteria (or to those of the conference, if available).

### AVOID

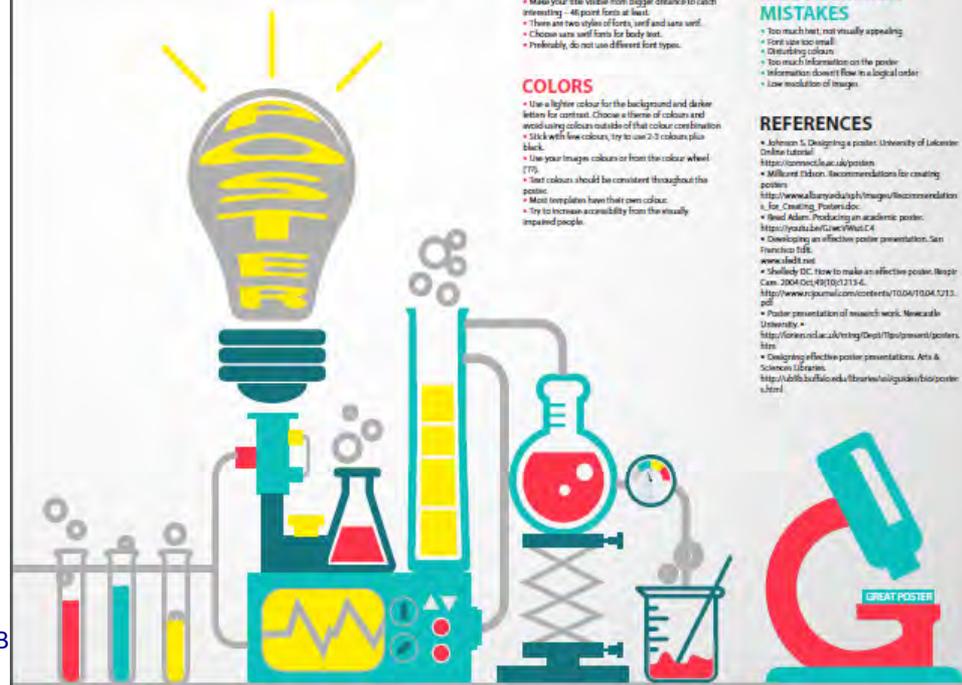
Misleading bad graphics/bad readability

### MOST COMMON MISTAKES

- Too much text not visually appealing
- Font size too small
- Disturbing colours
- Too much information on the poster
- Information doesn't flow in a logical order
- Low resolution of images

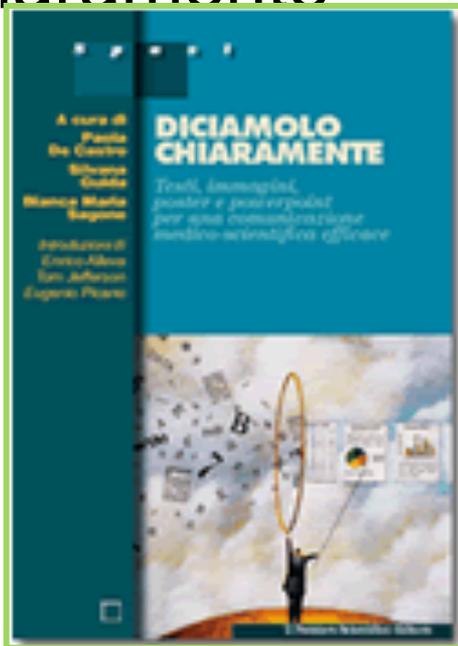
### REFERENCES

- Johnson S. Designing a poster. University of Lokeren Online Tutorial. <http://www.ucl.ac.uk/poster>
- Millward Wilson. Recommendations for creating posters. [http://www.barryada.org/images/Recommendations\\_for\\_Creating\\_Posters.pdf](http://www.barryada.org/images/Recommendations_for_Creating_Posters.pdf)
- Reed Adams. Producing an academic poster. <http://postlab.cswp.wisc.edu>
- Developing an effective poster presentation. San Francisco ICLC. [www.iclc.com](http://www.iclc.com)
- Shelly DC. How to make an effective poster. <http://www.2004-05-03/02134>
- Developing an effective poster presentation. Arts & Sciences Librarian. <http://libguides.usf.edu/libraries/colgate/0509poster.html>

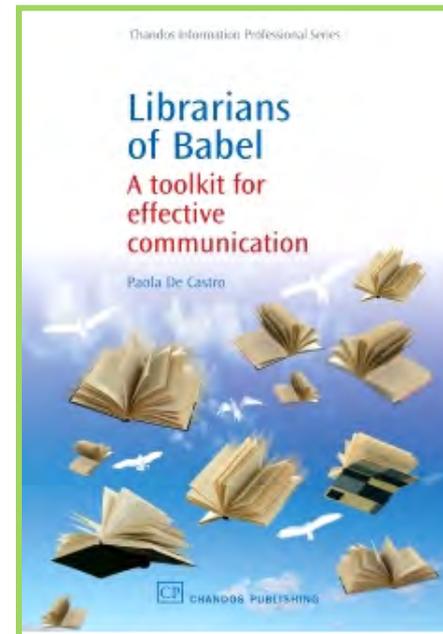


# Si parla anche di poster in...

- Diciamolo chiaramente



- Librarians of Babel



# Ora tocca a voi!

## Facciamo insieme UN ESERCIZIO DI VALUTAZIONE

Abbiamo selezionato **5 poster**  
e abbiamo predisposto una scheda di valutazione

La formazione in bibliotecologia • Roma, 2 dicembre 2015  
La lunga strada del poster più bello - P. Di Caro, 65

**Poster n. 1** SCHEDA di VALUTAZIONE

Titolo  
EDUCATIONAL TOOLS IN NEUROLOGY: A SYSTEM FOR THE CERTIFIED  
DIFFUSION OF BIOMEDICAL INFORMATION.

INFORMAZIONI SOCIO-ANAGRAFICHE  
Genere  M  F Età  fino a 30 anni  da 31 a 40 anni  da 41 a 50 anni  oltre 50 anni

ISTRUZIONI  
• assegnare il punteggio da un minimo di 1 a un massimo di 5 dove 1 significa "insufficiente" e 5 "eccellente"  
• sommare il punteggio nella voce "Totale punti"

GRAFICA E REALIZZAZIONE TECNICA

Totale punti	
insufficiente	eccellente
Leggibilità (dimensione del carattere, qualità di stampa, etc.)	1 2 3 4 5
Appropriatezza (efficacia della scelta grafica)	1 2 3 4 5
Qualità (uso di colori e definizione dell'immagine)	1 2 3 4 5
Impatto grafico (disposizione del testo e delle figure)	1 2 3 4 5

CONTENUTO

Totale punti	
insufficiente	eccellente
Titolo (efficacia rispetto al contenuto del poster)	1 2 3 4 5
Autori (nome e indirizzo sono riportati correttamente?)	1 2 3 4 5
Destinatari (appropriatezza dei target considerati)	1 2 3 4 5
Struttura (contenuto e titolo, ben organizzati in sezioni per trasmettere i contenuti, con eventuali tabelle e figure)	1 2 3 4 5

Commenti

La formazione in bibliotecologia • Roma, 2 dicembre 2015  
La lunga strada del poster più bello - P. Di Caro, 65

**Poster n. 2** SCHEDA di VALUTAZIONE

Titolo  
BIBLIOSAN  
SEI IN UNA BIBLIOTECA BIBLIOSAN

INFORMAZIONI SOCIO-ANAGRAFICHE  
Genere  M  F Età  fino a 30 anni  da 31 a 40 anni  da 41 a 50 anni  oltre 50 anni

ISTRUZIONI  
• assegnare il punteggio da un minimo di 1 a un massimo di 5 dove 1 significa "insufficiente" e 5 "eccellente"  
• sommare il punteggio nella voce "Totale punti"

GRAFICA E REALIZZAZIONE TECNICA

Totale punti	
insufficiente	eccellente
Leggibilità (dimensione del carattere, qualità di stampa, etc.)	1 2 3 4 5
Appropriatezza (efficacia della scelta grafica)	1 2 3 4 5
Qualità (uso di colori e definizione dell'immagine)	1 2 3 4 5
Impatto grafico (disposizione del testo e delle figure)	1 2 3 4 5

CONTENUTO

Totale punti	
insufficiente	eccellente
Titolo (efficacia rispetto al contenuto del poster)	1 2 3 4 5
Autori (nome e indirizzo sono riportati correttamente?)	1 2 3 4 5
Destinatari (appropriatezza dei target considerati)	1 2 3 4 5
Struttura (contenuto e titolo, ben organizzati in sezioni per trasmettere i contenuti, con eventuali tabelle e figure)	1 2 3 4 5

Commenti

La formazione in bibliotecologia • Roma, 2 dicembre 2015  
La lunga strada del poster più bello - P. Di Caro, 65

**Poster n. 3** SCHEDA di VALUTAZIONE

Titolo  
ACQUISITION OF NEW COMPETENCIES OF HEALTH LIBRARIANS THROUGH  
ACTIVE LEARNING: THE ROLE OF THE ASSOCIATION

INFORMAZIONI SOCIO-ANAGRAFICHE  
Genere  M  F Età  fino a 30 anni  da 31 a 40 anni  da 41 a 50 anni  oltre 50 anni

ISTRUZIONI  
• assegnare il punteggio da un minimo di 1 a un massimo di 5 dove 1 significa "insufficiente" e 5 "eccellente"  
• sommare il punteggio nella voce "Totale punti"

GRAFICA E REALIZZAZIONE TECNICA

Totale punti	
insufficiente	eccellente
Leggibilità (dimensione del carattere, qualità di stampa, etc.)	1 2 3 4 5
Appropriatezza (efficacia della scelta grafica)	1 2 3 4 5
Qualità (uso di colori e definizione dell'immagine)	1 2 3 4 5
Impatto grafico (disposizione del testo e delle figure)	1 2 3 4 5

CONTENUTO

Totale punti	
insufficiente	eccellente
Titolo (efficacia rispetto al contenuto del poster)	1 2 3 4 5
Autori (nome e indirizzo sono riportati correttamente?)	1 2 3 4 5
Destinatari (appropriatezza dei target considerati)	1 2 3 4 5
Struttura (contenuto e titolo, ben organizzati in sezioni per trasmettere i contenuti, con eventuali tabelle e figure)	1 2 3 4 5

Commenti

La formazione in bibliotecologia • Roma, 2 dicembre 2015  
La lunga strada del poster più bello - P. Di Caro, 65

**Poster n. 4** SCHEDA di VALUTAZIONE

Titolo  
TRAINING ACROSS NATIONAL FRONTIERS: MID-TERM RESULTS OF THE  
NECROBAC PROJECT

INFORMAZIONI SOCIO-ANAGRAFICHE  
Genere  M  F Età  fino a 30 anni  da 31 a 40 anni  da 41 a 50 anni  oltre 50 anni

ISTRUZIONI  
• assegnare il punteggio da un minimo di 1 a un massimo di 5 dove 1 significa "insufficiente" e 5 "eccellente"  
• sommare il punteggio nella voce "Totale punti"

GRAFICA E REALIZZAZIONE TECNICA

Totale punti	
insufficiente	eccellente
Leggibilità (dimensione del carattere, qualità di stampa, etc.)	1 2 3 4 5
Appropriatezza (efficacia della scelta grafica)	1 2 3 4 5
Qualità (uso di colori e definizione dell'immagine)	1 2 3 4 5
Impatto grafico (disposizione del testo e delle figure)	1 2 3 4 5

CONTENUTO

Totale punti	
insufficiente	eccellente
Titolo (efficacia rispetto al contenuto del poster)	1 2 3 4 5
Autori (nome e indirizzo sono riportati correttamente?)	1 2 3 4 5
Destinatari (appropriatezza dei target considerati)	1 2 3 4 5
Struttura (contenuto e titolo, ben organizzati in sezioni per trasmettere i contenuti, con eventuali tabelle e figure)	1 2 3 4 5

Commenti

La formazione in bibliotecologia • Roma, 2 dicembre 2015  
La lunga strada del poster più bello - P. Di Caro, 65

**Poster n. 5** SCHEDA di VALUTAZIONE

Titolo  
THE IMPACT OF CHRONIC MIGRAINE ON THE QUALITY OF LIFE AND ON  
THE NATIONAL HEALTH SYSTEM IN A POPULATION OF PATIENTS  
ATTENDING A PH LEVEL HEADACHE CENTRE

INFORMAZIONI SOCIO-ANAGRAFICHE  
Genere  M  F Età  fino a 30 anni  da 31 a 40 anni  da 41 a 50 anni  oltre 50 anni

ISTRUZIONI  
• assegnare il punteggio da un minimo di 1 a un massimo di 5 dove 1 significa "insufficiente" e 5 "eccellente"  
• sommare il punteggio nella voce "Totale punti"

GRAFICA E REALIZZAZIONE TECNICA

Totale punti	
insufficiente	eccellente
Leggibilità (dimensione del carattere, qualità di stampa, etc.)	1 2 3 4 5
Appropriatezza (efficacia della scelta grafica)	1 2 3 4 5
Qualità (uso di colori e definizione dell'immagine)	1 2 3 4 5
Impatto grafico (disposizione del testo e delle figure)	1 2 3 4 5

CONTENUTO

Totale punti	
insufficiente	eccellente
Titolo (efficacia rispetto al contenuto del poster)	1 2 3 4 5
Autori (nome e indirizzo sono riportati correttamente?)	1 2 3 4 5
Destinatari (appropriatezza dei target considerati)	1 2 3 4 5
Struttura (contenuto e titolo, ben organizzati in sezioni per trasmettere i contenuti, con eventuali tabelle e figure)	1 2 3 4 5

Commenti

# GRAZIE A SILVIA MOLINARI E STEFANO GUARISE

## INFORMAZIONI SOCIO-ANAGRAFICHE

Genere  M  F      Et   fino a 30 anni    da 31 a 40 anni    da 41 a 50 anni    oltre 50 anni

## ISTRUZIONI

- assegnare il punteggio da un minimo di 1 a un massimo di 5 dove 1 significa "insufficiente" e 5 "eccellente"
- sommare il punteggio nella voce "Totale punti"

## GRAFICA E REALIZZAZIONE TECNICA

Totale punti \_\_\_\_\_

	insufficiente	→			eccellente
Leggibilit� <i>(dimensione del carattere, qualit� di stampa, etc.)</i>	1	2	3	4	5
Appropriatezza <i>(efficacia della scelta grafica)</i>	1	2	3	4	5
Qualit� <i>(uso di colori e definizione dell'immagine)</i>	1	2	3	4	5
Impatto grafico <i>(disposizione del testo e delle figure)</i>	1	2	3	4	5

## CONTENUTO

Totale punti \_\_\_\_\_

	insufficiente	→			eccellente
Titolo <i>(efficacia rispetto al contenuto del poster)</i>	1	2	3	4	5
Autori <i>(nomi e istituzioni sono riportate correttamente?)</i>	1	2	3	4	5
Destinatari <i>(appropriatezza del target considerato)</i>	1	2	3	4	5
Struttura <i>(corretta e chiara, ben organizzata in sezioni per trasmettere i contenuti, con eventuali tabelle e figure)</i>	1	2	3	4	5

**Analizziam  
o  
la scheda  
e poi  
valutiam**

1

**Anagrafica**

2

**Realizzazione  
tecnica**

3

**Contenuto**

bre

Valutiamo  
il Poster 1

# EDUCATIONAL TOOLS IN NEUROLOGY

www.portaleneurologico.it

**EDUCATIONAL TOOLS IN NEUROLOGY: A SYSTEM FOR THE CERTIFIED DIFFUSION OF BIOMEDICAL INFORMATION**

Elvira Marras, Antonietta Citroni, Graziella Sances, Cristina Tassinari, Laura Cusi  
Medical Information Center, Scientific Institute, Neurological Rehabilitation Unit  
IRCCS "Neurological Institute C. Mondino" Foundation, Pavia - Italy, University Centre for Adaptive Disorders and Prostheses (UCADP), Pavia Section - Italy  
"Cassanese" of Stomatology and Medical Informatics, Pavia - Italy

IRCCS FONDAZIONE "ISTITUTO NEUROLOGICO CARMELO MONDINO" PAVIA ITALY

EUROPEAN SOCIETY FOR HEALTH INFORMATION AND LIBRARIES

11<sup>th</sup> EUROPEAN CONFERENCE OF MEDICAL AND HEALTH LIBRARIES  
Helsinki - 2008, June 23-28

---

**INTRODUCTION:**

People need to be more informed and better informed about disease (right of information). Those who manage or supply information on diseases should therefore be careful to avoid using difficult or excessively technical language in order to assure that patients, their families, and anyone else who might (for whatever reason) be interested, receive accessible and accurate information. It is not a new idea, but it is one that continues to be very important and that is not without its logistic-methodological difficulties. While there may not yet exist an objective model for the creation of information centres designed specifically for citizens, a need in this sense is certainly emerging across all sectors of medicine.

What are people being told, and how are they being told? What should they be told, and how should they be told? Fundamentally, it perhaps easier to obtain information aimed at sector experts (doctors/researchers) than to find informative material of certified quality - these two criteria go hand in hand - aimed at lay people. There exist many prestigious biomedical databases and international journals, authoritative sources recognized by the scientific community, that are fundamentally important to professionals in the field wanting to keep abreast of the latest developments; conversely, the existence of a corresponding source of valid, informative literature for non professional cannot be taken for granted. There are two ways, perhaps too dichotomous, of looking at this problem: 1) access to valid, expert information which, however, is meaningless to "nearly everyone"; or 2) information that everyone can understand but whose content is dubious?

In this context, the advent of the Internet (personal level) has made access to information more democratic, thereby resolving the "quantity" problem. However, question marks remain as regards the "quality" issue. In Italy, particularly in the oncology sector (see Easos project), work has been done in this regard and, in fact, there exist inspiring projects that can teach us a lot about "educational tools". However, the same cannot be said of the field of neurology; this could be due to the fact that each specific field of medicine has its own peculiarities. Indeed, the project presented here allowed us to explore, also in this regard, some interesting and perhaps unexpected aspects.

**Medium-long-term aim:** to solve the technological problems and conduct a follow up

- setting up an online, user-friendly interface;
- creating a database;
- progressively expanding the database;
- monitoring the system;
- promoting the initiative;
- improving access to information so as to improve the health consumer's I relationship with healthcare institutions and personnel.

**MATERIALS AND METHODS:**

In accordance with the IFLA (International Federation of Library Associations and Institutions) guidelines on the creation of libraries for health consumers and the HealthCode (Health on the Net Foundation) principles regarding websites devoted to health and medical issues, a set of criteria was used as the basis for selecting and processing the documents.

Pre-selection of documents:

- the literature search was carried out by documentalists;
- material was selected only from certified sources, e.g. the consumer health information network of the NLM, CopSis (Consumer and Patient Health Information Section), this website is an authoritative source for the selection of books; Biochimic databases (e.g. ISI), produced by the Italian Superior Health Institute, ISS; Italian journals, indexed or produced by health organizations, the websites and/or archives of institutes and/or associations...

Verification of pre-selection and document re-processing:

Expert referees (clinicians/researchers) express their critical opinion on:

- the source of the document;
- the critical-scientific reliability of its content;
- the authoritativeness of the sources and authors.

The contribution of the expert referees, in collaboration with the documentalists, in the re-processing of the document provides added value (translation, summary, comment...).

Verification of document re-processing:

Non expert referees (patients/family members involved in associations) express their opinion on the following aspects:

- clarity/simplicity (Is the information ambiguous? Does it include technical terms? abbreviations? acronyms?);
- general comprehensibility (Is it clear and readable?);
- completeness/usefulness (Is the information in the document exhaustive? necessary?);
- language.

Technology solution

Portale Neurologico Software architecture is based on the three-tier model according to a Service Oriented Architecture (SOA) compatible with most common Internet-oriented web services, XML, SOAP framework for enterprise application development, .NET).

The three tiers are the following:

- 1) presentation tier;
- 2) application tier;
- 3) data tier (based on IRCCS Oncite Database).

This architecture has the typical advantages of modular and scalable software with well defined interfaces, and allows any of the three tiers to be upgraded or replaced independently, as requirements or technology change.

Furthermore, a multi-tier architecture promotes the efficient use of Hardware components.

By adopting this architecture, the system will easily integrate with external and different communication systems in order to allow either sending data to a common browser or exchanging data requests coming from web services or other technologies/applications.

Compiling / searching the database

- the material is entered into and catalogued in the database by expert librarians and access to the database is restricted;
- the material is indexed using MEDSH in Italian (as translated by the ISS documentation service);
- the choice of MEDSH is decided/confirmed by the scientific referee;
- the documents can be searched by title, author, subject, free words;
- results of the search: a list of documents meeting the criteria entered;
- the user is given the possibility to access the bibliographic record and to view any abstract.

**Outline of the bibliographic record**

- date of entry;
- type of material (journal - monograph - electronic resource - videorecording);
- main language (Italian - English);
- status of entry (preliminary - complete - validated);
- catalogue;
- title;
- brief description of content / comment (in Italian);
- authors (multiple);
- publisher/other source, place of publication, date of edition;
- topic (multiple) - MEDSH - ISSN;
- location (multiple) / links;
- attachment (full text).

**RESULTS:**

The results of the book testing phase suggest that the system, from both a methodological and a technological point of view, meets the main criteria and is likely to work. To date, few documents have been inserted in the system and, in fact, efforts have been focused on the feasibility study. The latter has highlighted some problems that need to be worked on: lack of informative, certified documents in the field of neurology; shortage of material kept at associations' headquarters (often, the material that does exist belongs to the patients themselves and is kept at their own homes); dispersion of headquarters (the survey of 23 lay associations began by FIAN - the Italian Federation of Neurology Patients' Associations - will be useful for opening contacts and collaboration with these associations in a more systematic way, association websites not kept up to date; newsletters not issued regularly. Even the libraries of main research centres, universities, and hospitals, which are contacted via e-mail, failed to provide indicators of material, in Italian, suitable for "non experts". A final important consideration is that neurological diseases impact considerably on an individual's state of health and can be cognitively or physically disabling. This makes it very difficult, sometimes impossible, for the patient himself or herself to access information and underline the need, in the spirit of the associations, for collaboration between families and doctors, even though in this field there is the role that doctors remain "technicians" more than "divulgers of information".

**CONCLUSIONS:**

This is the task, to increase the spread and level of knowledge, improving access to information and improving its quality according to need. The portal, a virtual but concrete place for the integration of scientific and informative material, is becoming the keystone of effective communication with the public crucial in educating not only "the man in the street" but also members of certain professional groups. It may also be seen as an opportunity for collaboration between professionals of different types, and between lay consumers (patients and families), but also at other professional groups: family physicians, nurses, health technicians, scientific journalists. The latter could even make ideal headquarters for associations (or our own library recently became the legal headquarters of the Pavia Huntington's Disease Association). Do "products" of this kind really have to remain only prototypes?

**ESSENTIAL BIBLIOGRAPHY**

- Capparoni M, Costa V, Leonard M et al. Neurologia and patients' associations: alliances and conflicts. *Neural Sci* 2004;27:154-204
- Della Seta M. Un'esperienza bilivale per la biomedicina. *Biblioteche Oggi* 2006; 14:37-42
- Cellonetti D. Il MeSH parla anche italiano. *Bollettino Cilea* 2006;104:62-65
- Biancheri K, Salvadori M, Cusi L et al. Il genere dei pazienti cerca la qualità: il settore informatico di strutture diagnostiche e terapeutiche in campo oncologico. *AI&A-Informazioni* 2005;23(1):15-26
- Tuccillo L. Un servizio di informazione ai pazienti in oncologia. *Biblioteche Oggi* 2004;22:15-24
- Tuccillo L, Cusi L, Antonazzi MA, Piani B, Turini O, Venturini M. Quanto è valente un paziente. *Biblioteche Oggi* 1990;14:26-30
- Costa European Society for Health Information. *Principi e Strategie* 15 settembre 2002
- IFLA. Guidelines for libraries serving hospital patients and the elderly and disabled in long term care facilities. 2000, report n. 61
- <http://www.neurinet.org/0040404/Wahtinet03/kancode.html>
- [http://la.lefebretra-Ginga\\_Alt\\_21\\_Convegno Nazionale ISS, Roma 1996; 5-6](http://la.lefebretra-Ginga_Alt_21_Convegno Nazionale ISS, Roma 1996; 5-6)
- <http://www.ehla.net/> (European Federation of Neurological Associations)
- [www.cobedit.it](http://www.cobedit.it)
- [www.portaleneurologico.it](http://www.portaleneurologico.it)

Valutiamo  
il Poster 2

# SEI IN UNA BIBLIOTECA BIBLIOSAN

La Rete delle biblioteche degli Enti di ricerca biomedici del Ministero del Lavoro, della Salute e delle Politiche Sociali  
**5000 riviste elettroniche e molto altro...**

## Bibliosan è

- Un efficace ed efficiente servizio d'informazione scientifica che utilizza Internet ed Intranet
- Un patrimonio documentato condiviso di risorse in formato cartaceo ed elettronico



## Strumenti:

- Accesso ai full text delle riviste in abbonamento direttamente da PubMed
- Richieste automatizzate e fornitura dei documenti non reperibili direttamente (Bibdata library)
- Gestione personalizzata delle bibliografie (Bibworks)
- Lettura e stampa on-line direttamente da casa e da qualunque computer all'interno dell'istituzione di appartenenza (CIES)
- Accesso condiviso alle risorse per mezzo di un unico catalogo delle biblioteche (ACIRP)
- Accesso al catalogo di tutte le riviste elettroniche (ARe)

## La formazione:

- Bibliosan promuove e favorisce la formazione dell'utente (medici, veterinari, ricercatori, operatori del sistema sanitario etc.) all'uso degli strumenti e delle risorse che rende disponibili in rete
- I corsi (ECM e non) forniscono ai ricercatori indicazioni su come effettuare ricerche bibliografiche utilizzando PubMed, sull'uso delle risorse bibliografiche accessibili in rete e sul sistema Intra per il recupero dei documenti. Le lezioni prevedono anche la formazione sulla gestione delle bibliografie (Papers) e sulla valutazione delle pubblicazioni scientifiche prodotte dagli enti di ricerca con particolari riferimenti al calcolo dell'Impact Factor

## Abbonamenti on line ad oggi sottoscritti (2009)

- ELSEVIER ScienceDirect (oltre 2000 titoli)
- JAMA e 9 Archives Journals
- The New England Journal of Medicine
- British Medical Journal e BMJ Journals online (circa 25 riviste)
- ProQuest: è attiva la consultazione di ProQuest Medical Library (circa 878 titoli), ProQuest Science Journals (circa 534 titoli), ProQuest Nursing Journals & Allied Health Source (circa 662 titoli), ProQuest Psychology Journals (circa 532 titoli), ProQuest Health Management (circa 567 titoli) e ProQuest Agriculture Journals e Agritalia (circa 237 titoli)
- Blackwell: accesso a un catalogo di circa 800 titoli compresi in due collezioni, Collection STM (ambito tecnologico, scientifico e medico) e Collection HSS (studi sociali)
- SAGE: accesso a 114 riviste elettroniche di ambito biomedico
- Cochrane Library: database che raccoglie tutte le revisioni sistematiche prodotte dalla Cochrane Collaboration ed i prodotti delle revisioni in corso
- ASM, American Society of Microbiology: accesso a 11 riviste
- BioMedCentral: accesso a tutti i 15 prodotti editoriali non open access tra cui un data base di immagini (Biology image Library) ed una valutazione della più rilevante letteratura mondiale in campo biologico (Faculty of 1000 Biology) e medico (Faculty of 1000 Medicine)
- Journal Citation Report (JCR), la base dati che pubblica l'Impact factor

## A Bibliosan aderiscono:

- Istituti di Ricovero e Cura a Carattere Scientifico (IRCCS) - Istituto Superiore di Sanità (ISS) - Agenzia Nazionale per i Servizi Sanitari Regionali (ANSSR)
- Istituti Zooprofilattici Sperimentali (IZS) - Istituto Superiore per la Prevenzione e la Sicurezza sul Lavoro (ISPESL)

Se vuoi informazioni sul Sistema rivolgiti al personale di questa biblioteca  
Collegati al sito internet: <http://www.bibliosan.it>

Valutiamo  
il Poster 3

# Acquisition of new competencies of health librarians through active learning the role of the associations

Giovanna F. Miranda\*, Silvia Molinari\*\* and Francesca Gualtieri\*\*\*  
A Gidif, Rbm New Competencies Working Group

\*Sanofi-Aventis Research Centre, Milan, Italy \*\*IRCCS National Neurological Institute Foundation G. Mondino, Pavia, Italy \*\*\*Rottapharm(Madusa, Monza (Milan), Italy

## Introduction

Traditional education focuses on teaching and less on practicing-learning, but there is evidence that active learning is comparable or superior to traditional methods keeping learners cognitively active in acquisition people develop a better skill in thinking and writing.

## Definition

Active learning is a term that refers to several models of instruction. In general, it is defined as the process of "doing or practicing" during the teaching session.

## Active Learning in Health Library

Health Librarians need a different approach to educate themselves and their students, to reinforce their knowledge, to develop expertise and skills and acquire new capacity in problem solving models. Group and desk-discussion, "think-pair-share" activities and peer face to face can help and support Health Librarians in their new needs.

## Role of Health Librarian Associations

Health Librarians need to adapt themselves quickly to the new required competencies, to cope with new tools and new mind attitude of users; this requires flexibility and intuitive use without a long training. Health Librarian Associations can have a key-role in organizing meeting and active learning sessions, giving the opportunity to librarians to share their knowledge, skills and aptitudes with other colleagues belonging to different institutions.



## The Italian Association Gidif, Rbm

The Gruppo Italiano Documentalisti dell'Industria Farmaceutica e degli Istituti di Ricerca Biomedica (from now on called GIDIF) is an Italian non-profit association of Librarians and Information Professionals in Biomedical Research field founded in 1983 in Milan.

## Mission

- To promote and to protect the role and the professional image
- To contribute to the study of materials and methods helpful to the profession
- To train and update members in biomedical and allied fields
- To promote and strengthen networking initiatives

## Members belonging to different institutions

- Universities
- Hospitals
- Biomedical research institutes
- Pharmaceutical industries

## Who are they?

Librarians and information professional experts in collecting, analyzing, evaluating and disseminating information in different area of interest to facilitate decision-making processes.

## These differences in Institutional belonging is a "plus" in the active learning

GIDIF can be read also as  
Good Information is Development and Investment for the Future.

## GIDIF Activities

### Meetings

- Since 1983 has been organized
- 27 Conferences
- 24 Workshops
- 6 Meetings on Special topic
- 1 or 2 Training course/year

### Working Groups

- Databases analysis
- Reference Management
- Copyright
- KPI

### Continuing Education and Development

Topic	Focus on
Management	<ul style="list-style-type: none"> <li>Professional Role Skills and Certification</li> <li>Information Quality and Value</li> <li>Provision Information to Patients</li> <li>Negotiation and Legal aspects</li> <li>Marketing of allied services</li> </ul>
Technology	<ul style="list-style-type: none"> <li>New tools</li> <li>Social media</li> <li>Aggregators</li> <li>Free biomedical data bases</li> </ul>

### Editorial Activity

An editorial board is in charge of the Association quarterly Newsletter titled "Notizie" to update on news, lists, publications, books, web sites, events, and profiles feature articles & columns devoted to the profession.

## GIDIF Activities Examples of Active Learning Courses

### Negotiation

Teacher: SDA Bocconi School of Management

Participants: 29 members

- Frontal tuition
- Active Training Session
- Case studies analysis
- Exercises
- Simulation of negotiations

### Aggregators & Blogs

Teacher: Expert GIDIF Member

Participants: 20 members

- Frontal tuition
- Active Training Session (20 PC Stations)
- Exercises on blog Creation
- Exercises on RSS Creation, reading and writing

### Free Biomedical Databases

Teacher: Two Experts GIDIF Members - Participants: 40 members

Locations: North Italy (Milan) and South Italy (Bari)

- Frontal tuition
- Active Training Session (20 PC Stations)
- Half-day practical session on bibliographic searches (strategies, IPIs, etc.)
- Sharing knowledge (Managing difficulties and Solving problems)

## Active Learning Courses

### Concluding Remarks

In our experience the active learning method in training Gidif members has given satisfactory results in developing:

- Knowledge
- Increasing expertise
- Promoting members collaboration
- Sharing experiences
- Supporting each others
- Solving common problems





## Training across national frontiers: mid-term results of the NECOBELAC Project



Paola De Castro, Daniela Marsili, Federica Napolitani, Elisabetta Poltronieri, Sandra Salinetti  
Publishing Unit • Istituto Superiore di Sanità (Rome, Italy)

### introduction



NECOBELAC (Network of Collaboration Between Europe and Latin American-Caribbean countries) is a European project involving Italy, Portugal, Spain and UK in Europe and Brazil and Colombia in Latin America. Focused on **scientific writing** and **open access** publishing of research results in **public health**, it aims at abating cultural barriers limiting the free and proper circulation of information by means of **cooperation** and **training activity** addressed to different stakeholders (researchers, librarians, editors, policy makers).

### training methodology

NECOBELAC acts through a **two-level training approach**: **T1 courses** (training for trainers) and **T2 courses** (local training) (Figure 1). The courses consist of flexible, integrated, and extensible modules. The methodology includes the use of **topic maps** as an innovative tool based on semantic web technology for the dissemination of sound and validated contents.

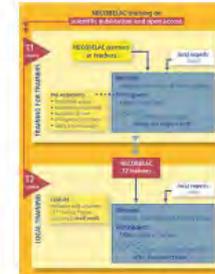


Figure 1. NECOBELAC training methodology

### results

At present (April 2011), **7 T1 courses** and **11 T2 courses** have been performed and planned both in Europe (Italy, Portugal and Spain) and Latin America (Argentina, Brazil, Colombia, Cuba, Mexico and Peru) involving over 1,000 participants as a whole. Figure 2 shows the type of training activity performed in the NECOBELAC network, which currently includes 4 countries in Europe and 11 in Latin America for a total of 59 and 79 institutions respectively. These figures prove the **success of the project** and stress the general need for training in health information production and dissemination, sharing international quality standards and best practices thus overcoming cultural differences.



Figure 2. Types of training activity in the NECOBELAC network (in brackets the number of institutions per country)

**PUBLISHING TODAY:**  
a challenge towards  
democratization of knowledge

Scientific research is a complex process and involves the publication of its results. Yet, spreading research outcomes has to face many obstacles, such as:

- writing an editorially correct article  
It is a difficult task: scientists need to learn, especially graduates and young researchers, a series of writing practices, accepted or required for major journals.
- disseminating information through ICT technologies  
It represents a new commitment for authors, editors and librarians who have to learn how to cope with the open access opportunities.



### conclusions

NECOBELAC training experience in Europe and Latin America shows how **bidirectional international cooperation** is an added value contributing to the capacity building process by embedding new information dissemination practices in distant geographical areas with diverse cultural and technological scenarios.



#### NECOBELAC partners



**NECOBELAC in brief**

COORDINATOR  
Istituto Superiore di Sanità (Italy)

DURATION 2009-2011

LANGUAGES  
English  
Italian  
Portuguese  
Spanish

Valutiamo  
il Poster 4

**Valutiamo  
il Poster 5**

# THE IMPACT OF CHRONIC MIGRAINE ON THE QUALITY OF LIFE AND ON THE NATIONAL HEALTH SYSTEM IN A POPULATION OF PATIENTS ATTENDING A 3<sup>RD</sup> LEVEL HEADACHE CENTRE

R. De Icco<sup>1,2</sup>, M. Bolla<sup>1</sup>, M. Allena<sup>1</sup>, M. Avenali<sup>1</sup>, G. Sances<sup>1</sup>, S. Cristina<sup>1</sup>, M. Berlangieri<sup>1,2</sup>, E. Berra<sup>1,2</sup>, N. Ghiotto<sup>1</sup>, E. Guaschino<sup>1</sup>, C. Tassorelli<sup>1,3</sup>, G. Nappi<sup>1,3</sup>, G. Sandrini<sup>1-3</sup>

<sup>1</sup>Headache Science Center (HSC) C. Mondino National Institute of Neurology Foundation, Pavia

<sup>2</sup>Brain and Behaviour Dept., University of Pavia

<sup>3</sup>University Consortium for Adaptive Disorders and Head pain, Pavia

## INTRODUCTION

Chronic migraine (CM) is a common neurologic condition with a high impact on functional performance and quality of life (QoL). CM also represents a relevant economic burden on the National Health Service (NHS), but precise figures are lacking. Our aim was to evaluate the disability and the impact on QoL of CM, as well as its economic cost on the NHS in a representative cohort.

## METHODS

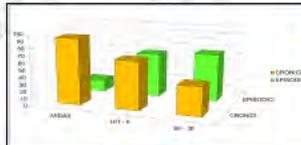
We enrolled 37 subjects with CM and 26 subjects with episodic migraine who attended the Headache Center of our institute. Patients were tested with disability scales (MIDAS, HIT-6, SF-36) and with an ad hoc semi-structured questionnaire.

	CHRONIC TYPE	Sesso		Compilazione diario		Eta	
		F	M	NO	SI	Media	Mediana
		CRONICI	37	34	3	17	20
EPISODICI	26	22	4	8	18	35,9 ± 13	31
P-value		N.S.		N.S.		N.S.	

	Elementare	Anni di studio				Occupazione				Reddito			
		Media inferiore	Media superiore	Laurea	Diplomate	Autonomo	Casalanga	Studente	Disoccupato	< 15000	15000 - 28000	28001 - 55000	55001 - 75000
		CRONICI	0	12	21	4	24	5	3	1	3	11	13
EPISODICI	2	4	13	7	15	2	3	4	1	5	12	9	0
P-value	N.S.				N.S.				N.S.				

## RESULTS - DISABILITY SCALES

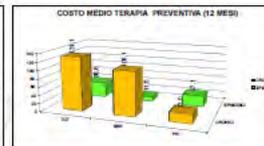
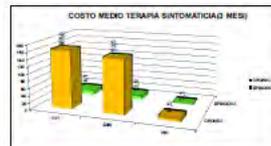
CM patients had a MIDAS score of  $83.2 \pm 55.4$ , a HIT-6 score of  $67.7 \pm 4.4$  and an SF-36 score of  $40.4 \pm 17.8$ . In EM group the scores were  $16.7 \pm 19.7$  for MIDAS,  $61.4 \pm 5.7$  for HIT-6 and  $66.4 \pm 16.6$  for SF-36 (CM vs. EM  $p=0.001$  for each scale).



		MIDAS	HIT-6	SF-36
CRONICI	Media	83,18	67,74	40,43
	Dev. std.	55,364	4,425	17,840
EPISODICI	Media	16,65	61,42	66,40
	Dev. std.	19,881	5,700	16,553
P-value		0,001	0,001	0,001

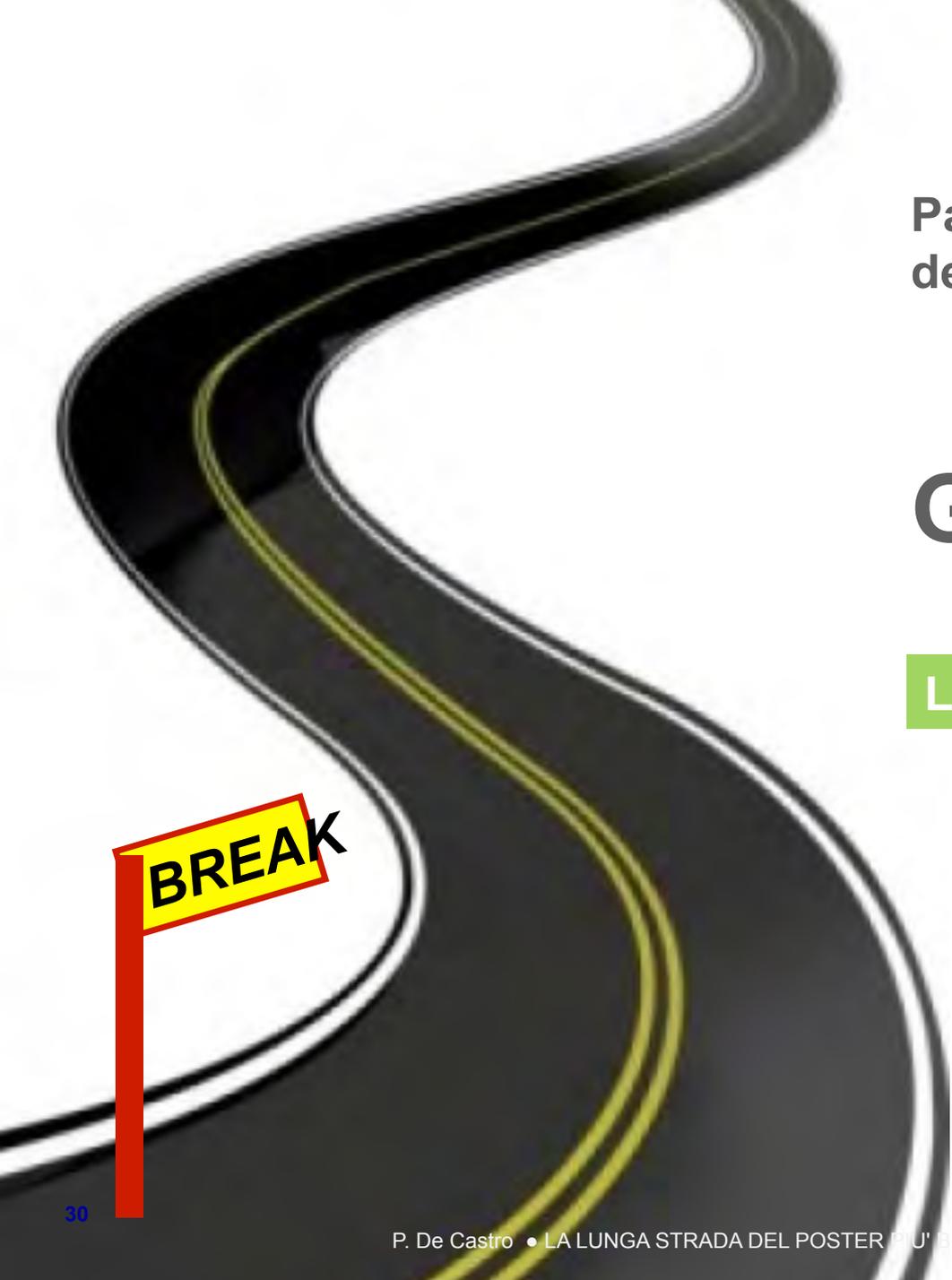
## RESULTS - DIRECT MEAN ANNUAL COSTS

The direct mean annual cost (euro) for a single patient with CM was  $1978.9 \pm 2082.9$  ( $659.9 \pm 260.7$  for symptomatic drugs,  $131.1 \pm 484.9$  for prophylactic therapy and  $1350.91 \pm 1337.3$  for diagnostic examinations). EM subjects showed a mean annual cost (euro) of  $408.9 \pm 815.1$  ( $64.8 \pm 18.4$  for symptomatic drugs,  $38.5 \pm 61.5$  for prophylactic therapy and  $380.0 \pm 734.8$  for diagnostic examinations). The total economic load, as well as the different subitems, were significantly different between groups (CM vs. EM  $p=0.001$  for each values).



## CONCLUSION

The present findings, though limited to a relatively small population, confirm that CM is a disabling condition with a huge impact on the QoL of sufferers and a significant economic burden on the NHS. The adequate management of CM, reverting it back to EM, will provide a dual benefit: on the individual and on the society.



Pausa per l'elaborazione  
dei risultati...

**GRAZIE, per ora**

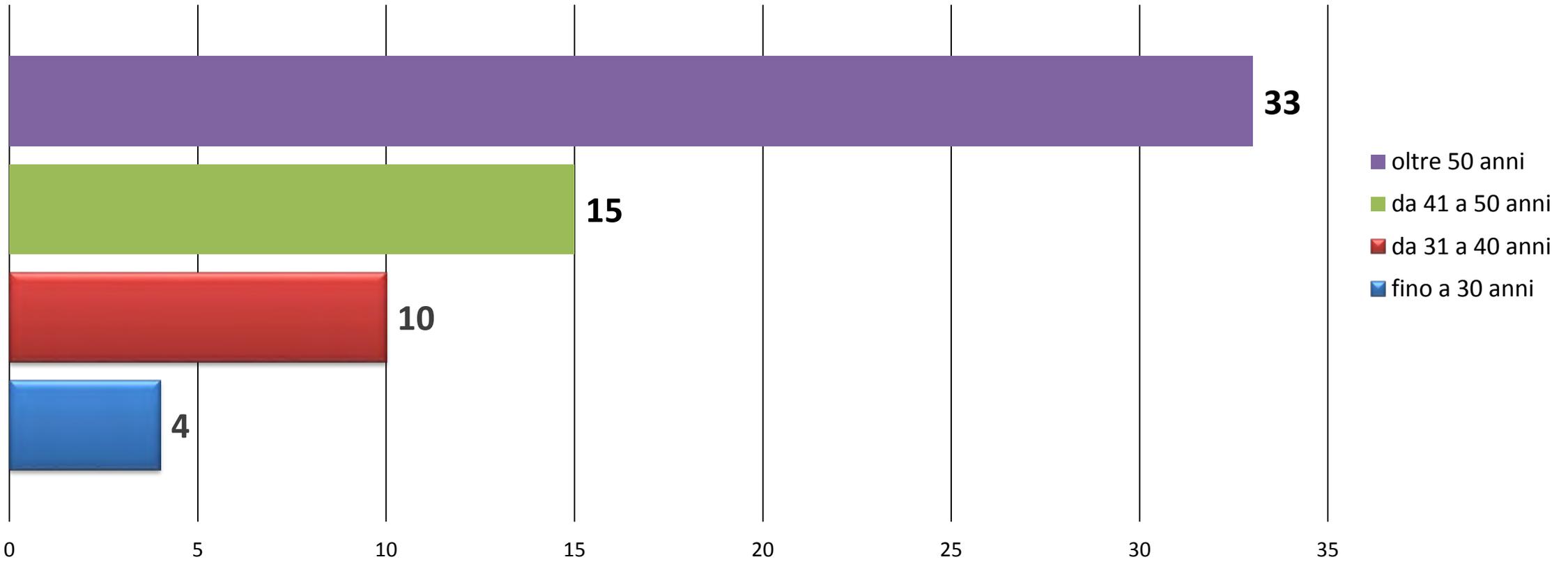
L'importante è partecipare...

**BREAK**

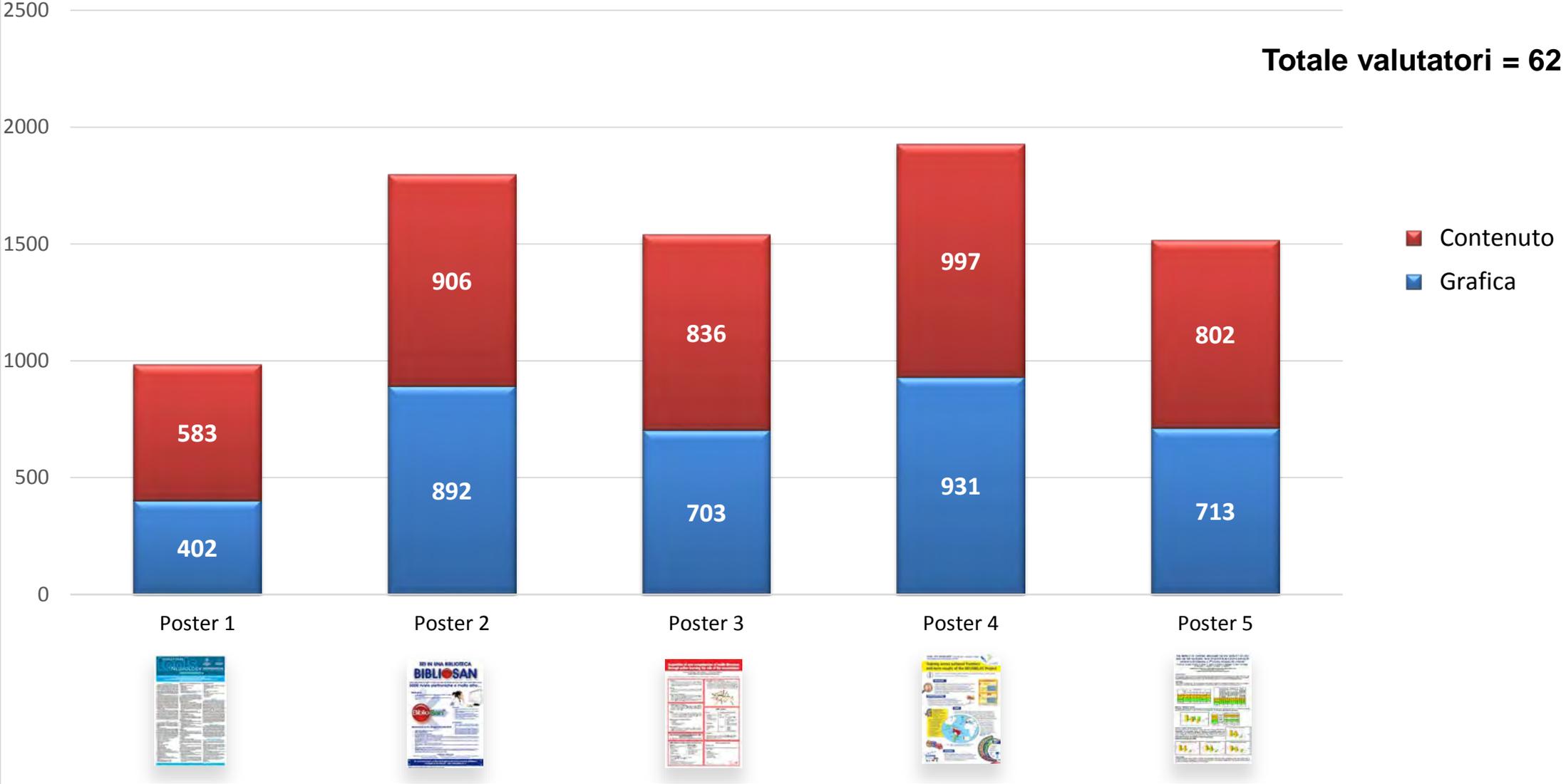


# Grafico 1 - Valutatori per fasce d'età

Totale valutatori = 62

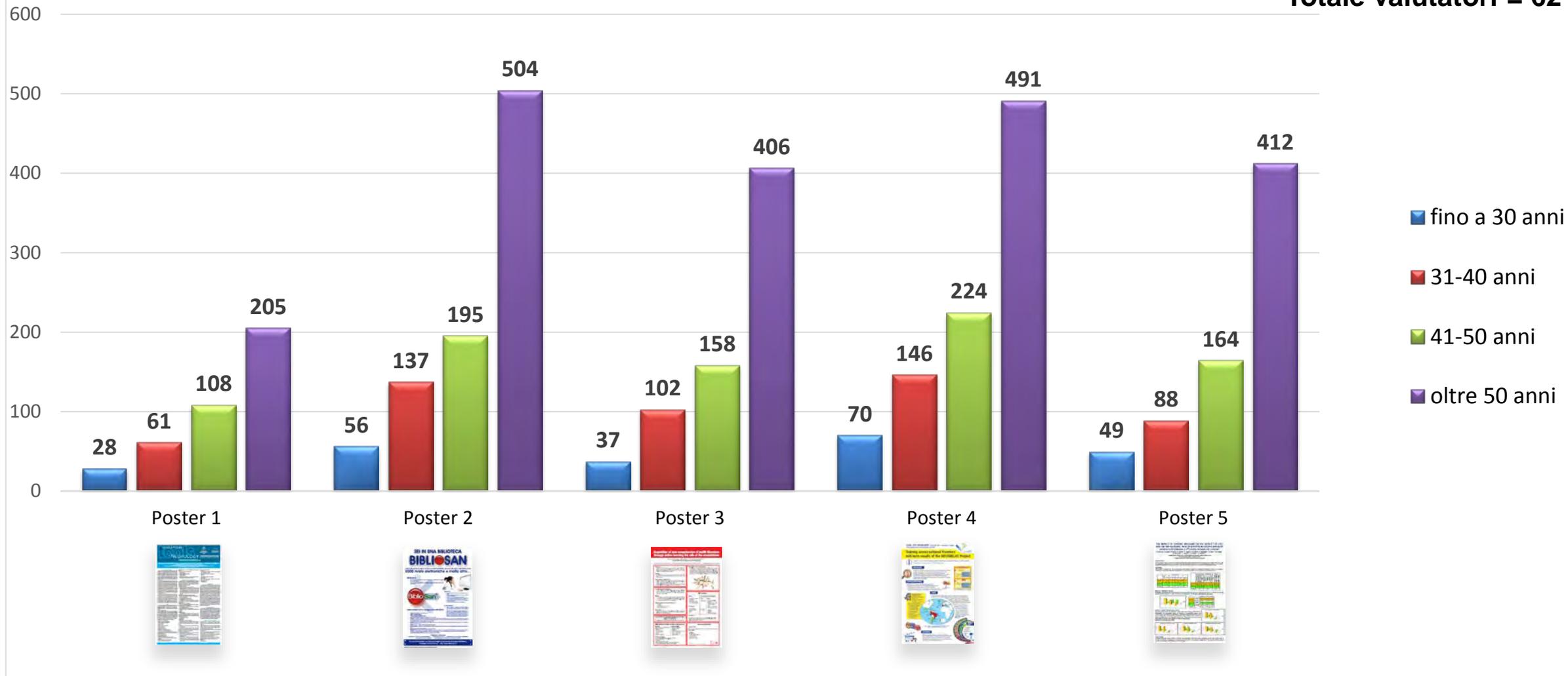


# Grafico 2 - Grafica e Contenuto

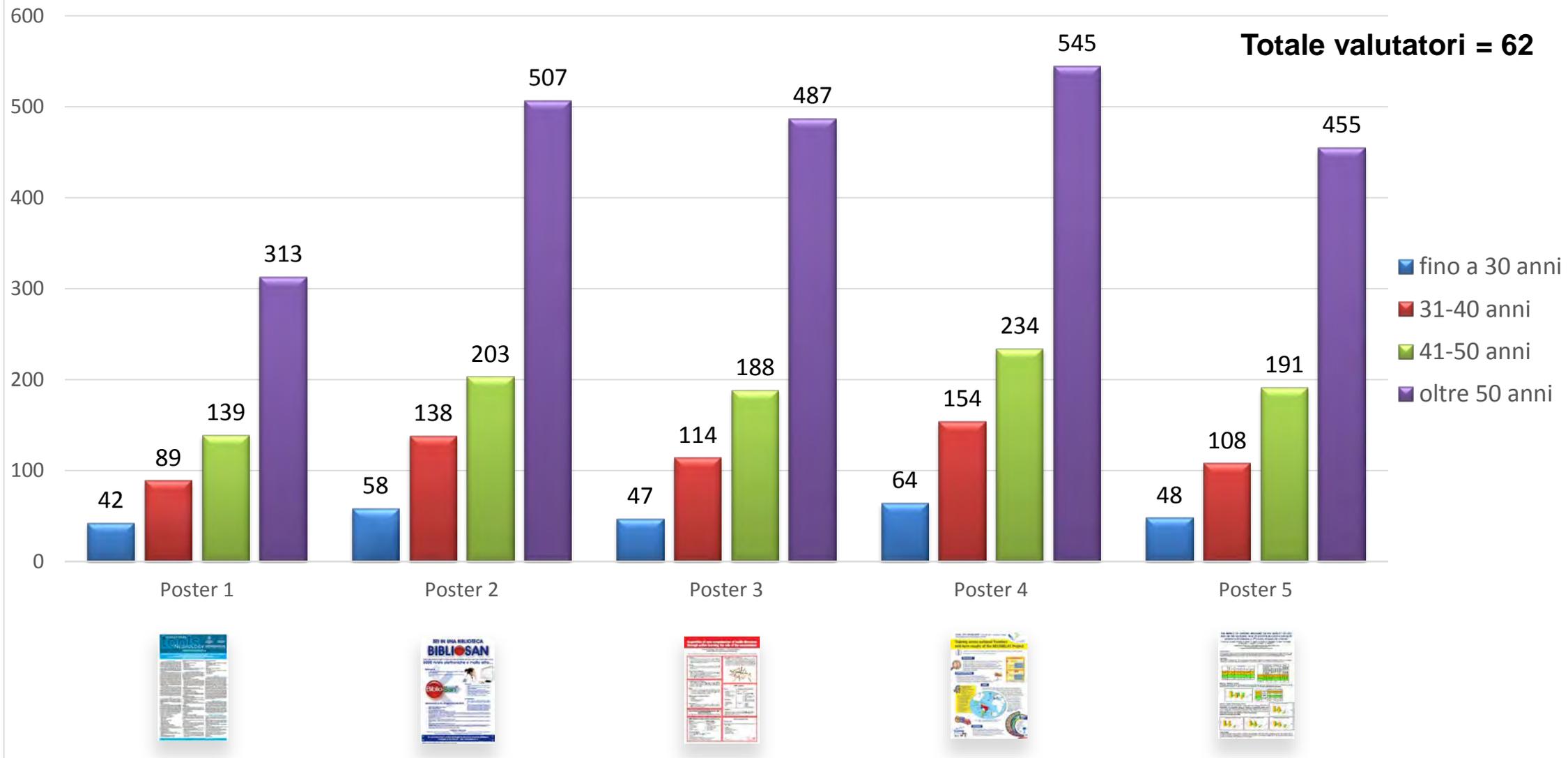


### Grafico 3 - Grafica per classe di età

Totale valutatori = 62



## Grafico 4 - Contenuto per classe di età



# Grafico 5 - Grafica e Contenuto per classi di età

■ Grafica ■ Contenuto

**Totale valutatori = 62**

