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Conference presentation vs. presentation at a conference: Evaluating the role of elements within a complex linguistic unit

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Introduction

Language often combines simple words (e.g. cat milk) to create complex structures (e.g. cat milk). While this is a very common phenomenon across languages, there is no consensus concerning how such complex structures are processed and perceived by language users. Linguists do not agree about whether the human mind processes such complex structures as one holistic unit, or whether they are perceived in terms of the elements they consist of.



Methodology

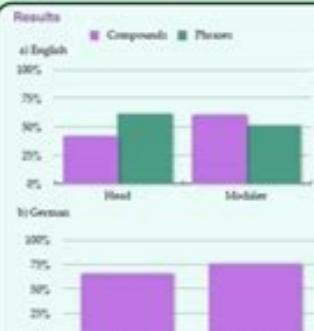
- native speakers of English and German
- materials: compounds (e.g., conference presentation) and phrases (e.g., presentation at a conference) for the English group; compounds for the German group

1. The participants are given a list of either 12 compounds or 12 phrases (e.g., book branch, book of stories). They have a limited time to memorize them.

2. Detection task:
 The participants are given simple mathematical problems (e.g. 187 - 58 = ?) to prevent them from rehearsing the items from stage 1.

3. The participants are given a new list with 12 words. Half of them are associated with the whole meaning of items from stage 1 (NB! not discourse level). The other half are associated with either the head element (e.g., office → book, music, journal → of stories) or the modular element (e.g., Lloyd → office branch, process → book of stories). The participants have to write down the words from stage 1 next to the words from stage 3 which helped their memory.

Results



Group	Condition	Head (%)	Modular (%)
a) English	Head	~35	~45
	Modular	~40	~35
b) German	Head	~65	~60
	Modular	~60	~65

Fig. 1. Percentage of correctly recalled items related to the head and the modular in a) English and b) German.

Research questions

- In a linguistic structure consisting of more than one word, such as a compound (e.g. conference presentation) or a phrase (e.g. presentation at a conference), which element is perceived as more salient and memorable by language users? Is it the head (presentation), the modifier (conference)?
- Do the speakers of languages which preferentially use one or the other type of structure differ in which element they perceive as more salient and memorable?

Conclusions and future work

- Both English and German speakers recall cues associated with the meaning of the first element of a compound (i.e. conference in conference presentation) better than cues associated with the last element.
- Contrary to what has commonly been claimed in the linguistic literature, the first element of a compound is more salient than the second element or the whole word.
- Future work will focus on languages in which the order of head and modifier is the opposite of that of English.

**Why Do Teachers Assign
Student-Selected Presentations?**

- 1 Get inspired**
Choosing a presentation topic inspires students to look inside themselves and find a topic of interest.
- 2 Learn to do research**
By gathering the information for the presentation, the student learns to do research and take notes.
- 3 Learn to prioritize**
Organizing the research teaches the student to create an outline and choose what is pertinent information and what is not.
- 4 Fuel creative thinking**
Creating the presentation slides opens up the student's creative performance.
- 5 Improve public speaking skills**
Presenting the slides to the class prepares the student for public speaking in front of an audience.

Time to diagnosis in symptomatic cancer – does it have an effect on clinical outcomes? Systematic review and meta-analysis

Richard D Neal,¹ Purush Tharmathasan,² Barbara Franks,² Nafeesa Diz,² Tim Peters,² William Hamilton,² John Belcher,³ Stephen Cotton,⁴ Nick Stuart,⁵ Una Macleod,⁶ Elizabeth Mitchell,⁷ Clare Wilkinson,⁸

¹ Bangor University, ² University of York, ³ University of Bristol, ⁴ University of Exeter, ⁵ Keele University, ⁶ North Cumbria University Health Board, ⁷ Hull York Medical School, ⁸ University of Dundee

Background

It is generally assumed that timely diagnosis of cancer leads to earlier stage diagnosis and improved survival. Whilst there is good evidence of this in breast and colorectal cancers, observational studies in many other cancers appear to report no association or an inverse relationship between longer diagnostic times and better outcomes.

Methods

This review was conducted adhering to principles of good practice for systematic reviews. Cancer-specific search strategies were adapted for multiple databases which were searched from inception.

INCLUSION CRITERIA:

- Studies that examined symptomatic patients presenting with primary cancers.
- Studies which analysed the impact of some part of the diagnostic time on any health-related outcome (survival, diagnostic stage, treatment assignment after diagnosis, quality of life and psychological outcomes).
- Any type of study design was considered.

Meta-analysis was undertaken in cases where there were three or more studies reporting a similar outcome for a particular cancer site.

Results

There was huge diversity in the definitions of time points and intervals in the diagnostic process. Many of the studies were of poor quality, with multiple sources of bias and confounding. The design and analysis of almost all of the included studies did not account for the majority of patients with aggressive disease who present quickly, yet die.

Space prevents full reporting here, so only brief headline findings are reported for melanoma, and gynaecological and upper gastrointestinal cancers.

Melanoma

15 studies were included, of which 5 reported the effect of symptom duration on tumour thickness; the findings from these were ambiguous. 3 of these were entered into a meta-analysis; the pooled estimate showed no evidence of a meaningful association.

Gynaecological

For cervical, 6 studies were included; 4 reported no association, and 2 reported a positive association between 'patient delay' and advanced stage. For ovarian, 8 studies were included; no evidence of associations were reported. For endometrial, 9 studies were included; 3 showed longer symptom duration was associated with advanced disease, and one population-based study suggested an inverse association between post-presentation interval and survival.

Upper gastrointestinal cancers

22 studies were included. There was some evidence in gastric cancer that longer symptom duration was associated with better survival, although overall the findings were ambiguous; there were no convincing data that shorter symptom durations were associated with better outcomes. No meta-analyses were possible.

Aim

To undertake a systematic review to determine the association between diagnostic time (from first symptom to initiation of treatment) in symptomatic cancers and clinically relevant outcomes. We covered all cancers except breast and colorectal.

PRISMA Flow Chart

The PRISMA flow chart illustrates the study selection process for the 'Time to Diagnosis Systematic Review'. It begins with a box for 'Searches identified by electronic searching the databases' (n=1000). This leads to 'Screening for duplicates' (n=1000), followed by 'Screening for inclusion/exclusion criteria' (n=1000). The next step is 'Screening excluded for reasons other than inclusion/exclusion criteria' (n=900). This leads to 'Screening excluded for unclear evidence' (n=100), which then branches into 'Screening excluded for unclear evidence' (n=100) and 'Screening excluded for unclear evidence' (n=100). Finally, 'Studies included in qualitative synthesis' (n=100) and 'Studies included in quantitative synthesis' (n=100) are identified.

Time to Diagnosis Systematic Review

Searches identified by electronic searching the databases (n=1000)

Screening for duplicates (n=1000)

Screening for inclusion/exclusion criteria (n=1000)

Screening excluded for reasons other than inclusion/exclusion criteria (n=900)

Screening excluded for unclear evidence (n=100)

Screening excluded for unclear evidence (n=100)

Screening excluded for unclear evidence (n=100)

Studies included in qualitative synthesis (n=100)

Studies included in quantitative synthesis (n=100)

1 Studies excluded for unclear evidence for unclear reason
2 Studies excluded for unclear evidence and unclear outcome

Discussion

The differences between different cancers probably reflects the effect of their growth and anatomical location on symptoms. For example, where the precise tumour location is more predictable, the growth rate is more predictable, and the tumour is more accessible, then diagnostic time may be more proportional to symptom experience, and shorter diagnostic time may be more likely to be associated with better outcomes (e.g. testicular, pharynx, larynx), and vice versa (e.g. brain, stomach).

However, as the overall quality of many of the studies was poor, care must be taken with implications.

There is the need for more high-quality research, informed by the findings from this review, and from other initiatives, for example the Author Statement (Beller et al., *Br J Cancer*, 2012), in order to inform the targeted development of interventions to improve cancer outcomes.

Contact details: Professor Richard Neal, North Wales Centre for Primary Care Research, Bangor University.

University of Dundee

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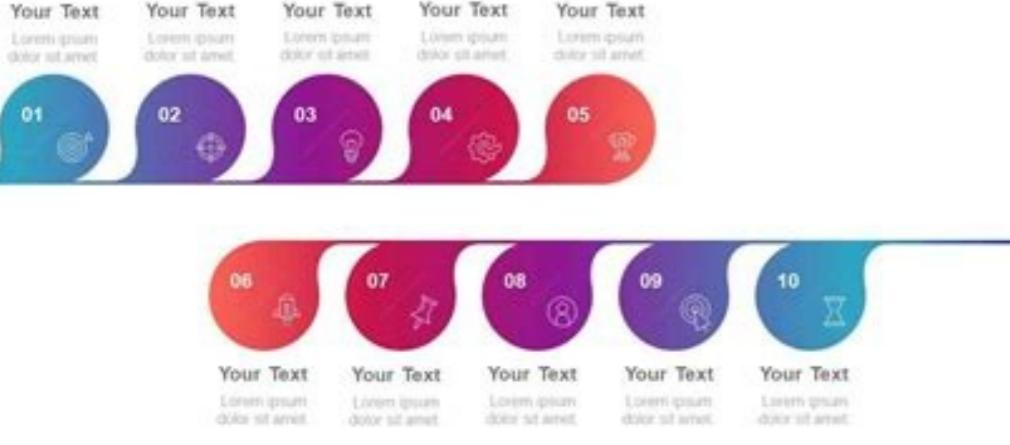
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Many free apps and tools can also be found here! But please, please, please be aware that design takes time. Customize the colors, blocks, and fonts. If the picture still looks great with no blurriness or pixelation, then it is ok to print. Pulse offers a download of a U Health Powerpoint template as well. Page 2 Tips and Tricks to Help Avoid Mistakes Remember: you're not making this poster or infographic for you- you're making it for your audience. A quick and dirty technique to determine if images are ok for printing is to zoom into the image until it is 200%. It is Dexter approved! Infographic Basics Making a research poster and making an infographic are really similar. 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