

# What makes a conference a success?



## Location



## Food



## Size



## Organization, program

**125th ANNUAL CONVENTION** | Washington, D.C.  
AUGUST 3-6, 2017

**Online Convention Program**

Search for collaborative programming by choosing CPG as a group

Search by

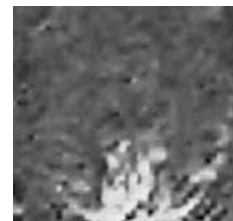
Keyword

Please enter keywords



# What are conferences for?

- Show the research borderlines, where «the newest results are presented»
- «When names become faces»
- Social networking, actively seek contact with people you want to talk to, join other groups for dinner etc.
- Walking through the exhibition halls and book stands, tips for new ideas, equipment, tests, books, etc.
- The special feeling when witnessing a breakthrough-finding being presented



## Colleague 1

Conferences work best;

- When size is small(ish)
- When the topic is not too broad, so the participants share the research focus and therefore the conversation is naturally productive
- When there is sufficient time to talk during breaks, and the conference days are not too long
- When there are inspiring, theme-related keynote presentations
- When PhD-students and junior researchers have the opportunity to talk and discuss (informally) with the «big names» in your field.



## Colleague 2

It depends seen by whom:

From the student perspective: Interesting and valuable presentations and posters, opportunity to present own poster or oral presentation

From the professor perspective: To be seen and heard among colleagues

Other points:

Practical environments/conference site, easy access

Good dinner

Sightseeing

To travel with colleagues, opportunities for informal discussions

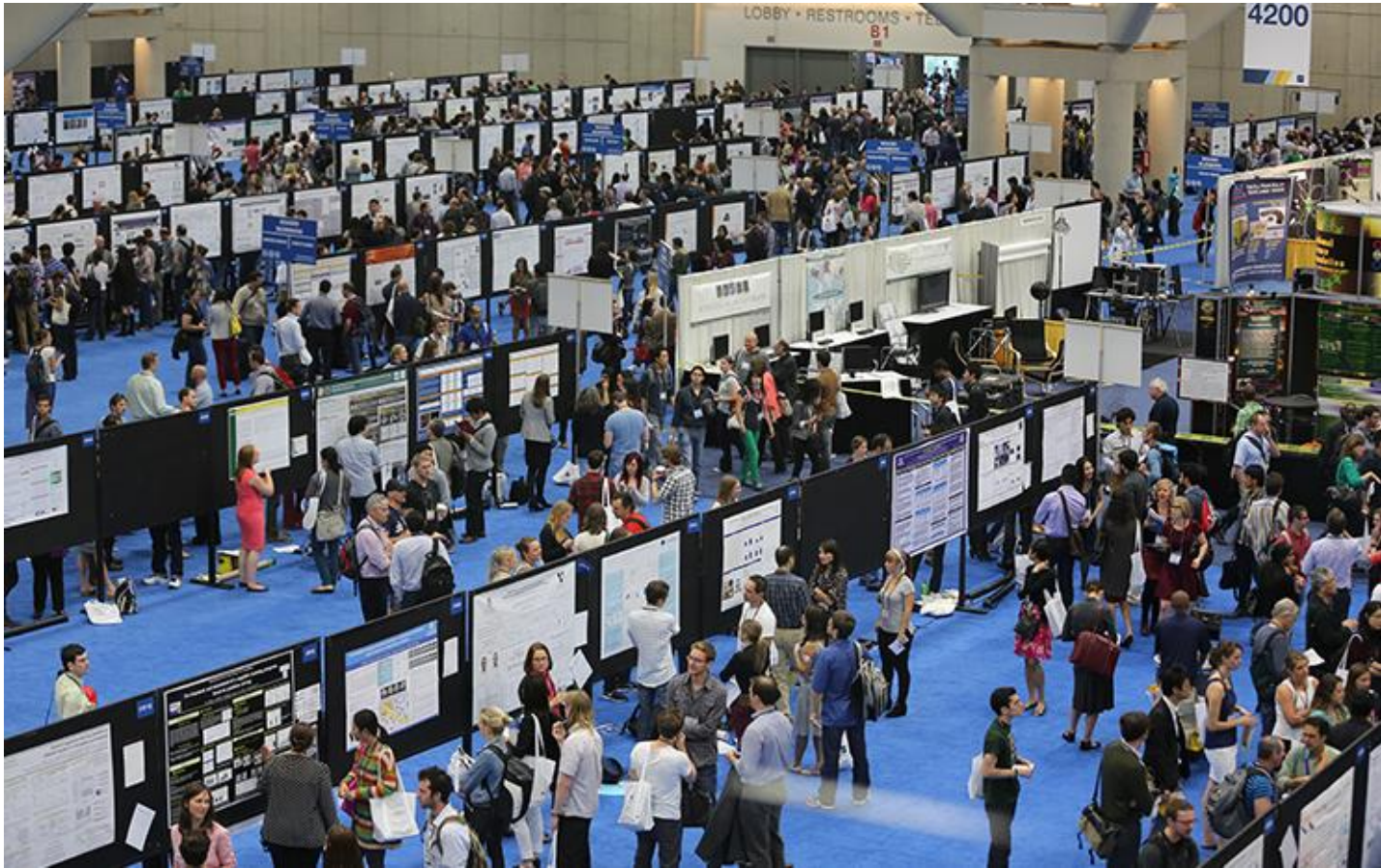
Avoid parallel sessions, if possible

### Colleague 3

Interesting question; «Success» from the perspective of the PhD-student I assume?

- Have the opportunity to present your work for a wider (international?) audience
- That senior researchers were present at your poster and asked questions and showed an interest in your work
- That the PhD-student because of the conference had the opportunity to expand his/her social and research network, establish new connections that may be valuable in the future when establishing yourself as an independent researcher
- Oral presentations not only by celebrities that «draw» attention to the conference, but are democratic and let everyone on stage

# The poster session



What makes some poster-stands «crowded» and some not attended at all?

Poster-sessions should be taken seriously, and be well- organized and not a marginal add-on with a few posters hanging at the back of the lecture wall or in the hallway

Have poster-sessions as a social gathering after dinner where everyone could meet at the same time, have a glass of wine or a beer, and walk around looking at posters, talking with colleagues (will work at small conferences)

# To make your poster a success

- Be well prepared for your presentation of the poster
- Make the information in the poster easily available and easy to «eye-scan», in particular the «Objective/Aim» of the study and the «Conclusions»
- Be ready to answer questions, also critical questions,
- Prepare for providing additional information, hand-outs, web-links etc., have a business card with your email address, or have it displayed on the poster
- Approach «hesitant» visitors and offer a guided tour through the poster, do not overload with information
- Show that you are proud of your results and your poster! Be self-confident!

### Science in your pocket: the future of psychological testing?

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**Introduction**  
Neuropsychological assessment has been restricted to clinical and laboratory settings. While this ensures testing in controlled environments, it poses restrictions to mobility and accessibility. Moving beyond the lab of the laboratory and towards a larger audience, we have adapted a common language laterality test (Dichotic Listening, DL) for use on iPhone/iPod touch.

**Objectives**  
Establish a mobile application software (short: App) as a valid tool for the assessment of language laterality, with implications for adaptability of other (neuropsychological) tests to mobile devices.

**Material & Methods**  
Participants were 22 female and 11 male healthy, right-handed subjects (mean age: 21.7 ± 5.0 years).

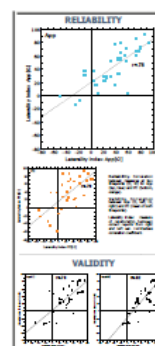
**The DL App (Dichotic)** was developed in Xcode 3.2.5, using the iOS software development kit (Apple Inc.), and will be available for download from the Apple iTunes® store this fall.

The conceptual and functional design of the App is based on the updated consonant-vowel DL test [1], which is in use in numerous laboratories and clinics worldwide.

Intraclass correlation analyses were carried out to test reliability and validity of the App, the former by measuring at two different timepoints (1,12) and the latter by testing participants with both the phone as well as the standard PC version of the DL test. The tests were administered in an ABBA design with the order of the App/iOS versions counterbalanced between individuals.

**Analysis of Variance (ANOVA)** was conducted to test for main effects of Method, Timepoint and Sex.

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**Results**  
The typical right-ear advantage (REA) was found across subjects for both the iPhone and PC version. In all but three participants both versions of the DL test yielded the same direction of the ear advantage. The reliability of the App, determined with intraclass correlation (ICC(2,1)), was  $r_{cc}=.78$  and thereby slightly higher than the reliability of the PC version ( $r_{cc}=.70$ ). Regarding validity, there was a significant correlation of  $r_{pc-app}=.78$  between the App(i) and PC (mean of 1142) versions of the test and even stronger ( $r_{cc}=.82$ ) between App(i2) and PC(mean of 1142). The ANOVA revealed main effects of Method ( $F(1,31)=4.86, p=.03$ ),  $F(1,32)=22.2, p<.001$ ) and Timepoint ( $F(1,31)=4.40, p=.04, F(1,32)=12.41$ ) but no effect of sex.




**Perspectives**  
• Building a database from users around the world  
• Add the forced attention paradigm [1]  
• Use the App as a simple training tool in patients with hallucinations  
• Establish the App as a routine tool in psychological testing  
• Explore use of mobile devices as a useful platform for (neuropsychological) assessment, research paradigms, and cognitive training

**The iDichotic App**  
• The well-established REA was found for the App version in line with the standard PC version.  
• Reliability of the App is sufficiently high ( $r_{cc}=.78$ ); it is higher than the reliability of the PC version.  
• A "testing of the App version as 'interactor'" the validity of the App lies between .76 - .82 (uncorrected) and between .90 - .96 (corrected for attenuation).  
• The App appears to be a valid and reliable method to administer dichotic listening

### Arcuate fasciculus size is associated with auditory hallucinations

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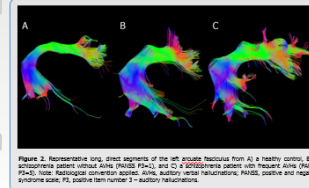
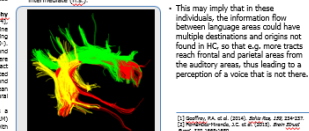
**Introduction**  
The arcuate fasciculus (AF) has been implicated in the pathology behind schizophrenia (SZ) and auditory verbal hallucinations (AVHs), most commonly by findings of deviations in the white matter integrity [1]. The AF is suggested to be important for language processing, connecting temporal auditory areas with inferior frontal/precentral and inferior parietal regions [2].

**Objective**  
The study aimed to replicate previous studies including SZ with and without AVHs, and also to investigate the different segments of the arcuate fasciculus as previously outlined by Cabani et al. [3].

**Methods**  
Participants were 22 SZ patients with frequent AVHs (SZ-AVH;  $N=10$ ) and 20 SZ patients without AVHs (SZ-NAVH;  $N=10$ ). The AF was segmented into three segments: anterior (A), middle (M), and posterior (P). The AF was segmented into three segments: anterior (A), middle (M), and posterior (P). The AF was segmented into three segments: anterior (A), middle (M), and posterior (P).

**Results**  
Post-hoc explorations of the "best" group effects for tract volume ( $p < .05$ ) and length ( $p < .05$ ) using Fixel's GFI, showed that SZ-AVH had higher volume of the long segments compared to HC ( $p < .05$ ), with SZ-NAVH intermediate ( $p < .05$  vs SZ-NAVH/HC).

**Conclusion**  
SZ patients with frequent AVHs have larger and longer long segments of the AF than HC. This could suggest that this group have increased connections between auditory areas in the temporal lobe and frontal and parietal areas from the auditory areas, thus leading to a perception of a voice that is not there.



Thanks for your attention!