

# Creating Effective Scholarly Poster Presentations

Presented by  
Vicki Walker DNP(c),MSN, RN



# Objectives

- Provide guidelines and examples for professional poster development and presentation
- Give suggestions for integrating poster development into the promotion of professional development
- Provide basic understanding of differences between scientific/research, clinical report, and educational poster presentations
- Provide tools for management of basic design elements
- Make recommendations regarding poster concept development



# Why Create a Poster?

- They are common at scientific meetings
- Allow for large number of presenters
- Valuable tool for **teaching** and **assessment**
- Promote teamwork
- Development of presentation and **communication** skills
- Enhance critical thinking and analysis skills
- Alternative to essays and papers



# What is a Scholarly Poster?

- Scientific/ Research
  - A visual display designed to convey research findings
  - A research report contains the study's purpose, sample, methods, instruments, findings, conclusions and implications.
- Clinical Report
  - A clinical report will include the problem, summary of what is known about the problem (literature review), and the steps involved in development of the solution or strategy.
  - Outcomes included where appropriate, but may not be necessary.
  - Commonly used for presentation of clinical quality improvement.
- Educational or Technical Instruction
  - Visual presentation of steps for a educational or technical process.
  - Used for internal education purposes, not often appropriate to conferences and poster sessions.



# How to Start

- Start considering why a poster?
  - An illustrated abstract or a highly condensed version of a research paper
  - A visual display of data – with just enough supporting text to provide context, interpretation and conclusions.
  - Conveying key points in 60 seconds or less
- Write out your Objectives
  - Implement intervention to address . . . .
  - Evaluate the effectiveness of . . . .
  - Identify deficits of . . . .



# Crafting a Message

- Scholarly Paper
  - Pull out key concepts
  - Eliminate lengthy explanations
- Scientific Research
  - Summarize findings
  - Balance between narrative and illustrations
  - Every outcome or conclusion may not be necessary
- Clinical Report
  - If evidence and findings are not cohesive may not be a good topic
  - Have evidence that support conclusions
  - Must be a legitimate appraisal of the evidence



# Evidence

- Evidence must be relevant to objectives
- Avoid evidence >5-8 years old, unless it is some type of hallmark study
- See “*EBP Presentation*” and “*Research Models and Frameworks Presentation*” on intranet



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# UMC INTRANET

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**Employee SELF Service**

**UMC POST NEWS**  
1/16/2017  
11/17/2017  
11/3/2017  
10/6/2017  
10/6/2017

**Activase Dosing /Acute Ischemic Stroke**  
**Pharmacy Formulary**  
**Clinical Documentation Improvement**  
**Critical Care Services**  
**Clinical Supervisors TJC Readiness**  
**Continuing Medical Education**  
**Ebola Education**  
**Employee Health Forms**  
**FDA Medication Guides**  
**HIPAA**  
**IPOC (Care Plans)**  
**Lab Orders and Reference Guide**  
**NICU Reference**  
**Nursing**  
**Patient Throughput Presentation**  
**Pediatric Reference**  
**Professional Clinical Ladder**  
**Provider Portal Lookup**  
**Shared Leadership Council**  
**Teletracking**  
**Transplant Nursing Education**  
**UHC Safety Intelligence**

healthcare delivery network.

## Council Members

### System Councils

Coordinating Council:	Chair - Debra Fox, RN	Co-Chair – Beth Hock, RN
Practice Council:	Chair - Anne Henning RN	Co-Chair – Habtamu Egata, RN
Quality Council:	Chair – Cathy Downey, RN	Co-Chair – Antoinette Mullan, RN
Research & EBP Council:	Chair - Clifford (Paul) Neue, RN	Co-Chair – Eva Busch, RN
Professional Development & Education Council:	Chair – Ogo Onyema, RN	Co-Chair – Hilda Dias, RN

## Council Documents

Click the + plus sign twice to expand

- ☑ Ambassadors
- ☑ Coordinating Council
- ☑ Education & Professional Development Council
- ☑ Practice Council
- ☑ Quality Council
- ☑ Research and Evidence Based Practice Council
  - ☑ Research and Evidence Based Practice Council
    - ⊕ Agendas & Minutes
    - ⊕ Charter
    - ⊕ Educational Presentations
      - EBP Lecture UMC.pptx
      - HOW TO NAVIGATE NURSING REFERENCE CENTER.pptx
      - Research Models and Frameworks Presentation.pptx
      - Thumbs.db
      - UMC HRPP Presentation.pptx
      - UMCTemplate1 Standard Power Point Tool.pptx
    - ⊕ Membership List
    - ⊕ Studies
- ☑ Staffing Council
- ☑ Steering Team
- ☑ Unit Based





# Evidence

- Pay attention to levels of evidence

## Coding Matrix

References are rated using the following codes, listed in order of strength:

High	Moderate	Low
<b>M</b> Published meta-analysis <b>SR</b> Published systematic or integrative literature review <b>RCT</b> Published research (randomized controlled trial) <b>R</b> Published research (not randomized controlled trial) <b>G</b> Published guidelines <b>C</b> Case histories, case studies	<b>RV</b> Published review of the literature <b>RU</b> Published research utilization report <b>QI</b> Published quality improvement report <b>L</b> Legislation <b>PGR</b> Published government report <b>PFR</b> Published funded report	<b>PP</b> Policies, procedures, protocols <b>X</b> Practice exemplars, stories, opinions <b>GI</b> General or background information/texts/reports <b>U</b> Unpublished research, reviews, poster presentations or other such materials <b>CP</b> Conference proceedings, abstracts, presentation

- For Scientific/Research posters, a presentation of theoretical models used is typically expected



# **ESSENTIAL PARTS OR SECTIONS OF A POSTER**



# Lateral Violence, Bullying or Incivility in Professional Nursing

## BACKGROUND

- Workplace bullying (WPB) is a globally researched national and global phenomenon
- Not tied to specific cultures or work environments
- 2/3 - 3/4 of employees have experienced and observed WPB
- Exacerbated by a hierarchical workplace culture

## Definition

- Repeated behavior
- Continues over time
- Perceived difference in power
- Behaviors can be aggressive,
- Overt -> readily observable
- Covert -> subtle means of exerting disrespect



- Withholding information
- Ignoring or excluding
- Assigning work below competence level
- Willfully disregarding professional opinions
- Allocating unmanageable workloads
- Use of work processes to squelch opinions
- Control of resources
- Unrealistic goal setting
- Via evaluations/advancement
- Excessive monitoring
- Unjust criticism
- Hampering of promotions

## Causes

- WPB is a symptom of broken professional relationships
- Organizational failure
- Work hierarchies
- Burnout
- Chronic job-related stress
- Personality traits of agreeableness, conscientiousness and openness are significantly related to victimization from bullying
- Possibility of a combination of these factors

## BULLYING



## Consequences

### Nurses Health

- Adverse effect on nurses' mental and physical health
- Residual psychological effects
- Increased rate of nurse burnout (WPB as a magnifier and result of WPB)
- Decreased job satisfaction; increased stress levels
- Negative impact on victim's cognition -> patient safety
- Contributes to the nursing shortage

### Patients

- Increase in workplace errors
- WPB --> Negative impact on patient outcomes
- HCAHPS correlates with NDNQI scores

### Organizational

- Increased absenteeism
- Increase in Worker's Compensation & Health insurance claims
- Cost increase (operational cost) due to nurse turnover (marketing, rehiring, retraining) & intent to leave
- Decreased nurse retention, increased challenge in recruiting --> social media
- Possible exposure to liabilities --> wrongful dismissal litigation
- Impact on patient-experience data (HCAHPS) which strongly correlates to NDNQI scores

### Cost

- Percentage point in annual nurse turnover (2016) \$373,200
- Individually about the employee's annual salary
- Replacement cost of a nurse ranges from \$92,444 for a medical-surgical unit to \$145,00 for a specialty area nurse

## Clinical Initiative

Clinical initiative is based on needed change of behavior within the organization and a literature review of peer reviewed articles.

### Questions:

- Are nurses aware of what behavior constitutes lateral violence/bullying?
- Are there specific triggers?
- What does literature and research say about the impact/significance of nurse on nurse bullying?
- What is the best way to address and eliminate this practice?

## EB-Practice Solutions

- Zero-tolerance policy
- Organization-wide survey with well-validated instruments guides further decision making based on accurate data
- Solutions that are developed with employees' input and support
- Cognitive Rehearsal Training
- Change of organizational culture to a non-hierarchical structure (Interventions need to address workplace culture)
- Creating of awareness of the impact, providing education and call for commitment
- Implementation of appropriate staffing models to address issues of chronic job-related stress
- Efficient HR algorithm/SOP based on organizational psychology [employee input] to ensure equitable treatment of victims as well as perpetrators
- Sanctions to be imposed on chronic offenders





# Improving Patient Outcomes in the MICU Through the Implementation of CNS Collaborative Interdisciplinary Rounding

Abbie Purney, MSN, APRN, CCNS; Allison Andersen, MSN, APRN, CCNS; Diane Knapp, BSN, RN

## Background

Evidence shows that clinical nurse specialists (CNS) can be instrumental in improving patient outcomes at the bedside. Prior to implementation of CNS collaborative interdisciplinary rounding, the Medical Intensive Care Unit (MICU) did not meet national benchmarks for nurse sensitive outcomes. Additionally, the MICU had an increase of hospital acquired events. According to multiple studies, rounding is an essential component to reducing hospital acquired events such as central line and urinary tract infections. Furthermore, incorporating team communication to ensure best practices are in place for each patient will show compliance and improved patient outcomes.

Context Assessment prior to project implementation included the following:

- UMC is a 535 Bed Academic Medical Center in Las Vegas, NV
- County-Owned Safety Net Hospital
- Level 1 Trauma Center, Verified Burn Center, Transplant Center
- Nevada Children's Hospital, Level III NICU
- Partnerships with UNLV School of Medicine and UNLV School of Nursing
- 7 Member CNS team
- Experienced nursing team with low turnover
- MICU 20 Bed Critical Care Unit
- Unit population - diverse patient population of diagnoses, pulmonary, cardiac, post trauma, general surgery
- Experienced nursing team with low turnover
- New Manager recently joined the team had to establish trust and develop a healthy work environment on the unit

## Purpose

To analyze the outcomes of a rounding program that collaborates with a clinical nurse specialist. A retrospective review will compare unit data pre and post implementation after one year. CNS collaborative interdisciplinary rounding can improve patient care and outcomes as evidenced by improved nurse sensitive indicators (i.e. CLABSI rates, CAUTI rates, Hospital Acquired Pressure Ulcers, improved mobility and Length of Stay).

## Preimplementation Data 2015

- Pressure Ulcer Prevalence
  - March 2015 P and I study – 50%
- CAUTI
  - 1<sup>st</sup> quarter 2015 – 1.2
  - 2<sup>nd</sup> quarter 2015 – 1.3
- CLABSI
  - 1<sup>st</sup> quarter 2015 – 1.11
  - 2<sup>nd</sup> quarter 2015 – 1.17
- MICU LOS 2015 – 4.9 days

Per 1000 Patient Days, The benchmark is 3

## Methods and Materials

Regular Daily Rounding with clinical team  
Timing of rounding to ensure maximal involvement  
Rounding Tool to direct patient care designed by clinical nurses involved  
Involving the night shift by starting the rounding discussions prior to rounding  
Mobility Posters in all of the patient rooms to serve as a reminder of mobility goals  
Monitoring for delirium and sedation every shift all of the time  
Family buy-in and involvement to support the goals of the patient's plan  
Follow up real time feedback to the team  
Data Collection



Figure 2 Mobility Poster (UMC, 2016)

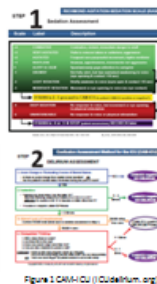


Figure 1 CNA-CU (UCodeRun.org)

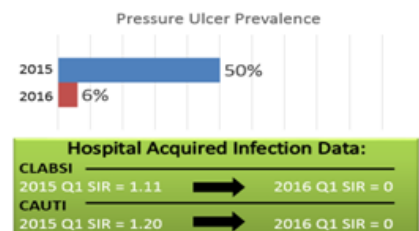
## ICU Liberation: ABCDEF Bundles



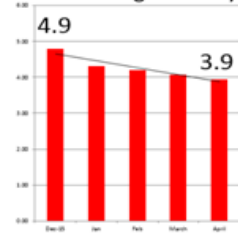
Figure 3 ABCDEF Bundles (UCodeRun.org)

## Results

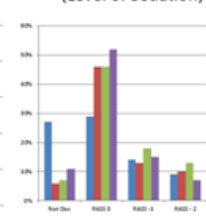
### Post-implementation Data



### MICU Length of Stay



### RASS Scores (Level of Sedation)



## Discussion

Implementing CNS collaborative interdisciplinary rounds has shown to improve patient outcomes to include LOS, improved nurse sensitive indicators and implementation of evidence based initiatives such as a progressive mobility program. More studies of CNS collaborative interdisciplinary rounding would be beneficial in determining other benefits of this initiative.

## Conclusions

ICU care is a team sport and requires a multidisciplinary team to participate for the best success. Daily attention to areas of concern can drastically change patient outcomes. Transition in culture and staff involvement is imperative to make rounding successful. Paradigm shift in critical care is essential in today's health care; the CNS is uniquely poised to innovate practice and facilitate improved quality of care.

## Contact

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Phone: (702) 383-6256

## References

1. Balas, M., Vasilevskis, E. B., Boehm, L., Pun, B., Olsen, K., Peltz, G., & Ely, E. (2012). Critical Care Nurses' Role in Implementing the "ABCDEF Bundle" into Practice. *Critical Care Nurse*, 32(2), 35-47.
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# Tranquility at UMC; The Use of Integrative Therapies

Michelle McGrorey, BSN, RN, OCN, HTCP, CA and Deborah McKinney, BSN, RN



## BACKGROUND

Research has shown that the use of evidence-based integrative therapies has been clinically effective in alleviating certain symptoms.

- National Institutes of Health report – Integrative approaches to health & wellness have grown within care settings across the U.S.
- Vanderbilt study found – Diffusion of essential oils raised staff's optimal energy level from 33% to 77%.
- Foley, et. al. study showed – Healing Touch (HT) is an appropriate therapy, decreases anxiety & pain in the post-operative environment & may contribute to decreased use of narcotics.
- Penney George Institute study found – Patients reported a 3.31 reduction in pain, on a 0-10 scale, by using a marjoram aromastick.

UMC's progression of integrative therapies includes:  
2011 - 2016

- 2 Qualified RNs completed HT on oncology patients for 4 hrs/week to relieve undesirable symptoms
- Music & aromatherapy were added to treatment sessions
- Program advanced to consider the needs of clinical staff as well as patients
- In response to demand, the HT nurses at UMC provide 8 hrs of integrative therapy each week

2017

- Tranquility at UMC integrative therapies was approved hospital-wide full-time
- Tranquility at UMC focus was to reduce opioid use – incorporated integrative therapy alternatives

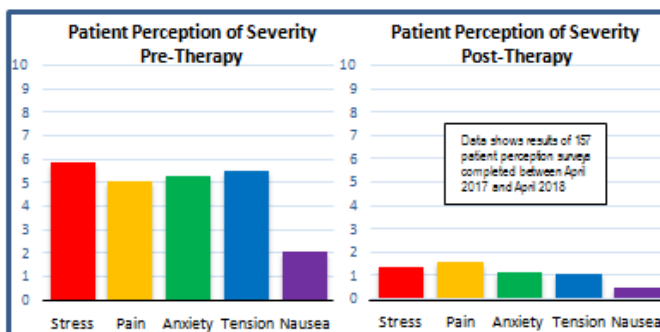
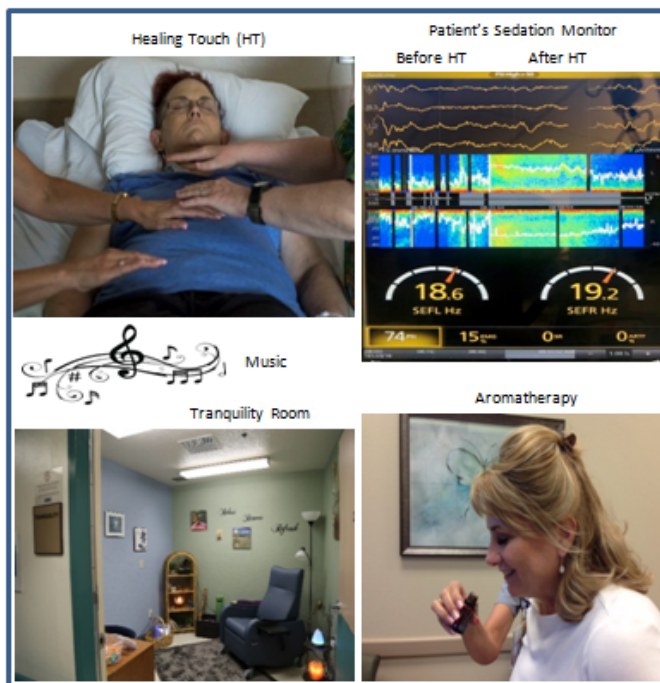
2018

- Staff nurses trained and equipped in delivering aromatherapy to patients

## PURPOSE

In a hospital setting, Integrative therapies play a critical role in mitigating certain symptoms in both patients and staff:

**Pain Stress Tension Anxiety Nausea**



## TRANQUILITY AT UMC

- Entirely nurse-driven
- Patient referrals are made in person, by phone, or through the EPIC electronic health record
- Treatment sessions are completed in patient rooms and are comprised of HT, music, and, if desired, aromatherapy
- Pre- and post-treatment sessions are scored using a 0 – 10 Likert scale

### UMC PROGRAM OUTCOMES:

- Tranquility at UMC grew exponentially
- It is the first full-time, hospital-based, integrative therapies program in the state of Nevada
- Physician buy-in; requesting patient treatments
- No interdisciplinary barriers
- Tranquility Rooms were opened for staff to de-stress
- Tranquility Treatment Room opened exclusively for staff treatment sessions
- Program readily accepted without debate
- Physicians personally using offered integrative therapies
- Tranquility-branded essential oils, lotions, and aromasticks to be sold in hospital gift shop
- Patients and staff are repeatedly asking for more HT/aromatherapy sessions

## CONCLUSIONS

- Patients report significant in reduction in perception of symptoms after treatment sessions
- Research refutes the, "placebo effect"
- Tranquility RNs published in, "Energy Magazine," an international publication
- Tranquility RNs speaking at national conferences and conducting classes for UMC and the local community
- Nationally recognized by the, "Show Me Your Stethoscope," organization
- Tranquility at UMC received community recognition
- UMC adding HeartMath to its repertoire of integrative therapies
- Future research on integrative therapies planned at UMC



# DEVELOPMENT AND Usability TESTING OF PICTORIAL ACTION INSTRUCTIONS: A FEASIBILITY STUDY

Kathleen Pao Cadman, PhD, RN, CNE • Du Feng, PhD

Funded by: UNLV Tish M. Smyer Nursing Dissertation Award, UNLV Yaffa Dahan Nursing Dissertation Award, Weber State University Center for the Study of Poverty and Inequality

## AIM

Develop, refine, and assess the usability of pictorial action instructions (PAI) in training low-literacy individuals to build a basic humanitarian engineering project

## BACKGROUND

- Environmental hazards responsible for 25-35% deaths
- Humanitarian engineering projects mitigate hazards
- Instruction barriers – low/middle-income countries
  - Text-based: Literacy rates 57-74%, lower in rural areas
  - Video: 4.8 billion people without internet
- PAI to train low-literacy adults – sequential picture steps

## CONCEPTUAL FRAMEWORK

- Primary Concept: Usability
  - Effectiveness
  - Efficiency
  - User Satisfaction
- Secondary Concept: Self-efficacy

## PROJECT SELECTION

SOLAR BOTTLE BULB: to be constructed in rural Guatemala

- Uses light refraction (~55-watt bulb)
- Lights up to 40m<sup>2</sup> space
- Costs < \$1/unit
- Made with found items & basic tools
- Decreases indoor smoke inhalation from kerosene lamps used to light buildings in LMICs



## METHODS

### PAI DEVELOPED: BASED ON BEST PRACTICE GUIDELINES

- Illustrations: keep simple, constant vantage point & item size
- Easy-to-read Text: pictures with indicator text



### PAI REFINEMENT: LITERACY SPECIALISTS REVIEW

- Review: Checklist for Easy-to-Understand Materials
- Recommendation: remove words from sequential illustrations

### PAI USABILITY TESTING: FEASIBILITY STUDY

	EFFECTIVENESS	EFFICIENCY	SATISFACTION	SELF-EFFICACY
MEASUREMENT	# of 12 task steps completed successfully	Time step 12 is completed – time task initiated	After-Scenario Questionnaire 3-item Likert	Adapted Learning Value & Self-Efficacy Scale 10-item Likert
METHOD	→ 12 × 100			

- SETTING:** Single-day study at a community center in northern Utah
- SAMPLE (N = 5):** 18-64 years-old, native Spanish speakers, able to use basic hand tools, <7th grade education, can identify > 8 of 10 basic hand tools
- PROCEDURE:**
  - Construction demonstration with PAI
  - 1-hour break – reduce immediate memory recall
  - Participants individually constructed bulb using PAI & provided feedback

## RESULTS – Usability METRICS

- Effectiveness: All participants achieved 100%
- Efficiency: Construction times 25-40 minutes
- User Satisfaction: Mean score is 5 on 1-5 Likert scale
- Self-Efficacy: Mean score is 4.9 on a 1-5 Likert scale

## RESULTS – RECOMMENDATIONS

Change item proximity in 2 steps & combine 2 steps



## DISCUSSION

- Participant Statements
  - 1st time independently following written instructions
  - Felt Empowerment & Gratitude
  - Sent instructions & pictures to family in Mexico
  - Confident could reconstruct project & teach others



- Limitation: Construction observed, not recorded

## RECOMMENDED GUIDELINES

- Conduct environmental hazards assessment
- Select specific project for hazard
- Sketch PAI, assess clarity & use text analyzer
- Finalize PAI using feedback
- Test PAI usability for specific project

## APPLICATION

- Findings shaped final PAI
- PAI used in larger intervention study
- Randomized control trial conducted in rural Guatemala



## BACKGROUND

Background text info goes here

## RESULTS

text info goes here

## PURPOSE

text info goes here

## METHODS

text info goes here

## CONCLUSIONS

text info goes here

## REFERENCES

Background text info

**These Sections  
are not set in  
stone – they just  
serve as a basic  
template!**

Can find on UMC Intranet under  
**Forms and Docs** – scroll down  
until you see **Research Poster  
Templates**



# Title

- **Simple, yet informative!**
- Fewer than 10 words
- A short precise title that utilizes lettering visible from as far as 20 feet away
- General rule of thumb 2-3 inch high lettering
- Best at top of poster and centered
- Start with a complete description and narrow down or edit to appropriate length





# Background/Problem

- Identifies the project's clinical problem and key objectives
- Why is there a need for a scholarly project?
- The problem statement must be brief and succinct
  - “Health literacy is an identified barrier to optimal control of hypertension.”
- Key objectives should clearly state projects aims
  - Limit to just a few objectives (2-3)
  - Using bullet points is ok



# Purpose/Clinical Initiative

- Description of the patients, setting, and implemented (or proposed/hypothesis) project
  - Research/scientific posters often use a table or pie chart to summarize demographics
- Description of the project includes information about the interventions, exposure, procedure/protocol
  - Avoid unnecessary details – keep it precise
  - You can include methods in this section or break out separately in new section



# Methods

- Method and clinical initiatives some times are interchanged
- Example of a method description:
  - “In 2016, 40 Neuro ICU RNs were given a 20 question pretest that assessed their baseline knowledge on dosing, administration, and monitoring of IV tPA patients. Each RN then completed an annual computerized competency. Approximately 4 weeks later, all 40 RNs completed a 20 question post-test to assess knowledge retention.”

# Methods Con't.

- Common items:
  - Setting (i.e., Neuro ICU)
  - Inclusion and exclusion criteria (formal study parameters)
  - Data sources (i.e., hospital or national database)
  - Statistic analysis description (i.e., Spearman's correlation)
- If you don't actually have an intervention method you could add here items such as:
  - Preliminary analysis
    - Trends (Quality Improvement Projects should have data to support trends)
    - Population at need in your organization



# Results

- What did you find when you conducted research?
  - Pictorial displays are key here
  - Primary reason people will stop and look at poster
  - Often most prominent section of poster
- Address outcomes with emphasis on clinical relevance
- Identify any instruments used to measure outcomes (i.e., rating scales)
- How can the project/intervention benefit practice?
- If you haven't conducted research then summarize results from evidence found



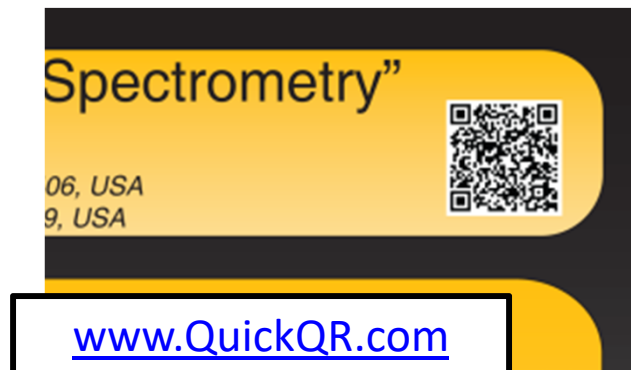
# Conclusions

- Primary conclusions
  - A concise summation
  - Briefly reiterates key points/objectives
- Includes recommendations for practice
- May reemphasize implications to practice
- May include recommendations for future investigation or research



# Additional Sections

- References
- Research Model Used
- Acknowledgements
- Disclosures
  - Any relationship to ownership or financial
- Study Limitations
  - Tools used, populations used, environmental
- Proposed Future Research



# **SUCCESSFUL VISUAL DESIGN TECHNIQUES**





# Design Elements

- Goals of design:
  - Draw viewers to the poster
  - Create visual impact
  - Highlight essential text
  - Convey key message
  - Be able to read from 3 to 4 feet away
  - Understandable in 60-seconds
- Key elements to consider:
  - Composition, layout, arrangement
  - Effective use of color
  - Relatable and understandable images



# Visual Design

- Gestalt Theory of Visual Balance
  - Composition, or the organization, of objects and forms in relation to one another is central to aesthetics of all art forms
  - Some Principles of Gestalt

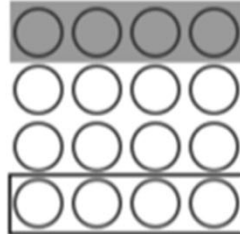
proximity



similarity



enclosure



closure

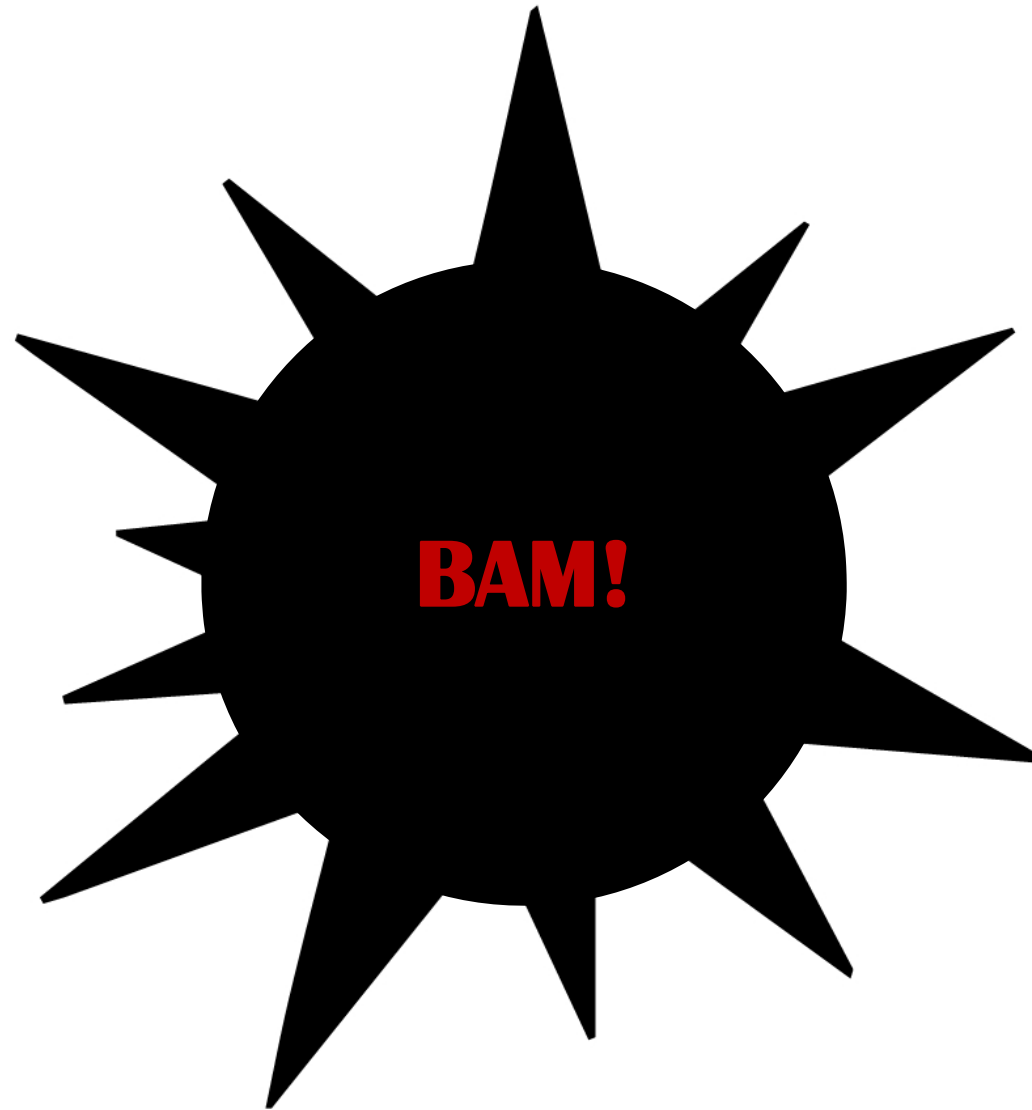


continuity



connection

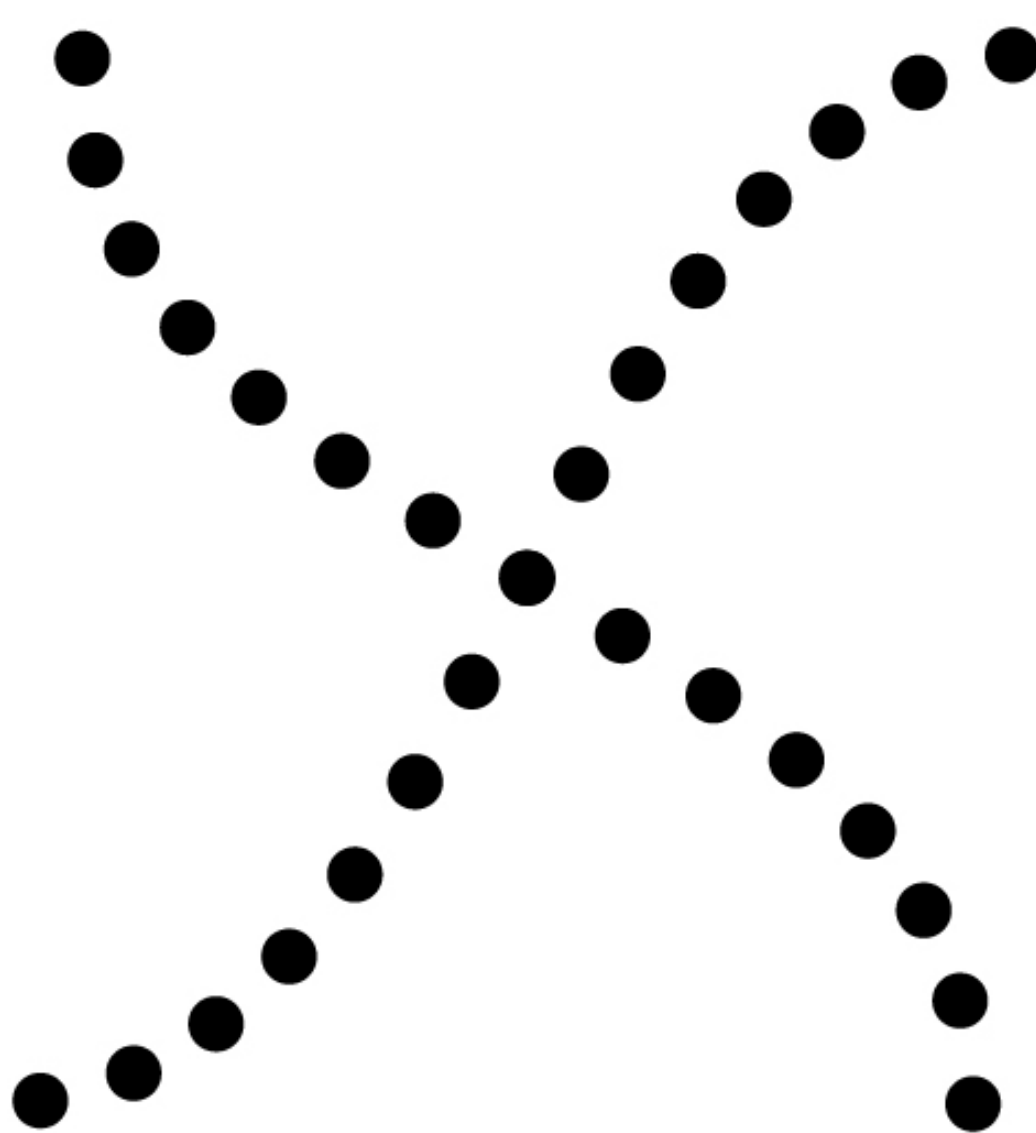




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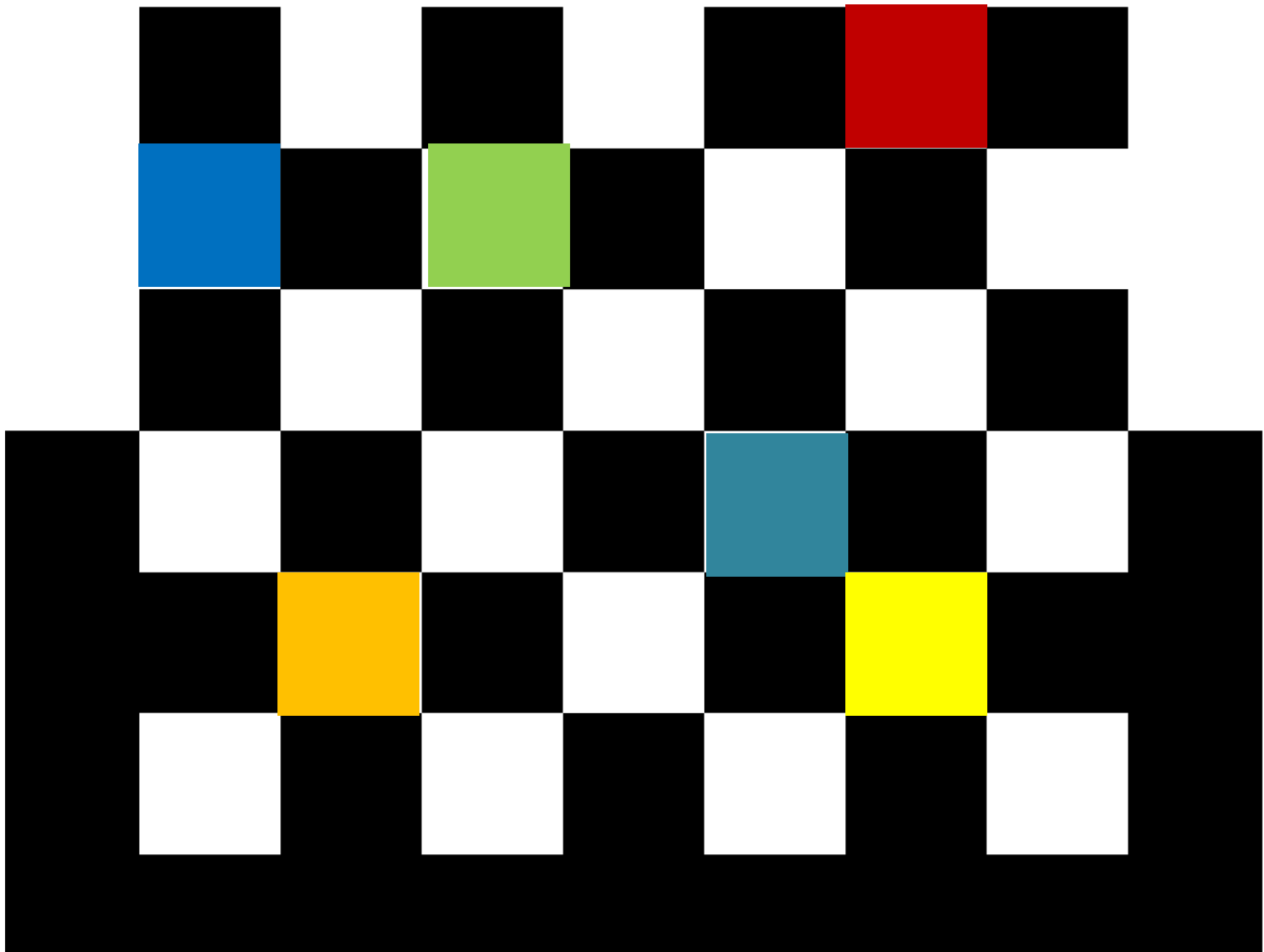


**POP!**



**BAM!**





# Designing Your Poster

- **Who** is your audience?
- **What** is your message?
- **Where** are you presenting?
- **When** are you presenting?
- **Why** do you want to present now?
- **How** can you achieve your goals?

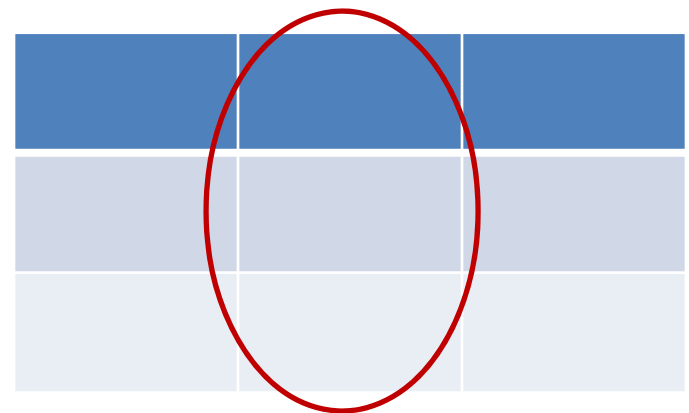
**Does the venue or event set a standard for presentation?**

Size, Paper Choice, Supplemental Materials, Live Presentation,  
Electronic Media, Dates of Delivery



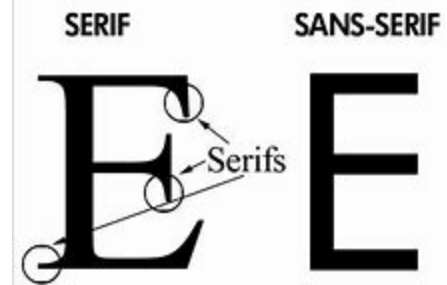
# Layout and Arrangement

- Size
  - Standard is 3 x 4 feet, but depends on conference
- Landscape layout position
- Vertical columns rather than horizontal rows
- “Rule of Thirds”
  - Start with an imaginary 3 x 3 grid pattern
  - This designates nine distinct areas
  - Keep major findings or results centrally located



# Text/Lettering

- Lettering must be harmonious
  - Omit extraneous embellishments
- Fonts should be limited to two, maybe three at the most!
- Fonts should be consistent
  - All headings in same font, all text in same font
- Size will be dependent on overall poster size
  - Average approx. 48 point for text
- Serif versus san-serif fonts





# Use of Color

- Should be used to emphasize the poster's primary focus
- Is there a color related to the topic
  - Red heart disease – Purple pancreatic cancer
- Contrast is best achieved using primary colors
- Complimentary colors also are effective
  - Red and green – Blue and orange
- Black lettering on white background is easiest to read
- Limit use of color, if you have more than two or three colors, ask yourself is it necessary?



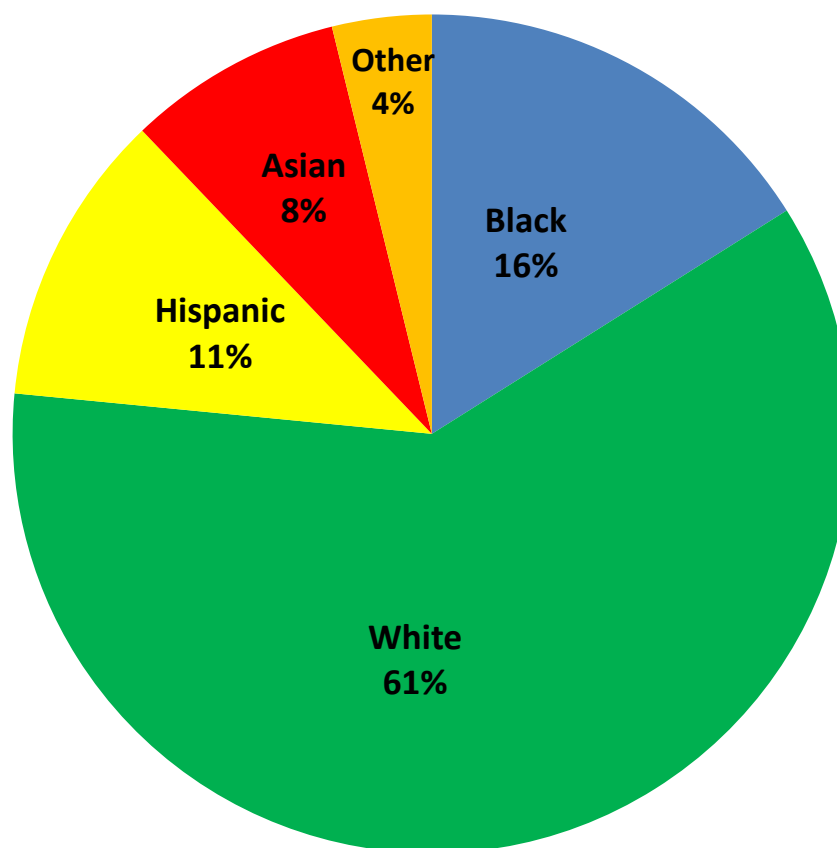
# Visuals

- Graphs, charts, pictures
  - No set standard for number
- MUST reflect & support the poster's main focus
- Each image should be limited to a single point to provide clarity
- Use two-dimensional graphs
  - Three-dimensional are challenging to read and interpret
- Limit details and descriptions on graphs

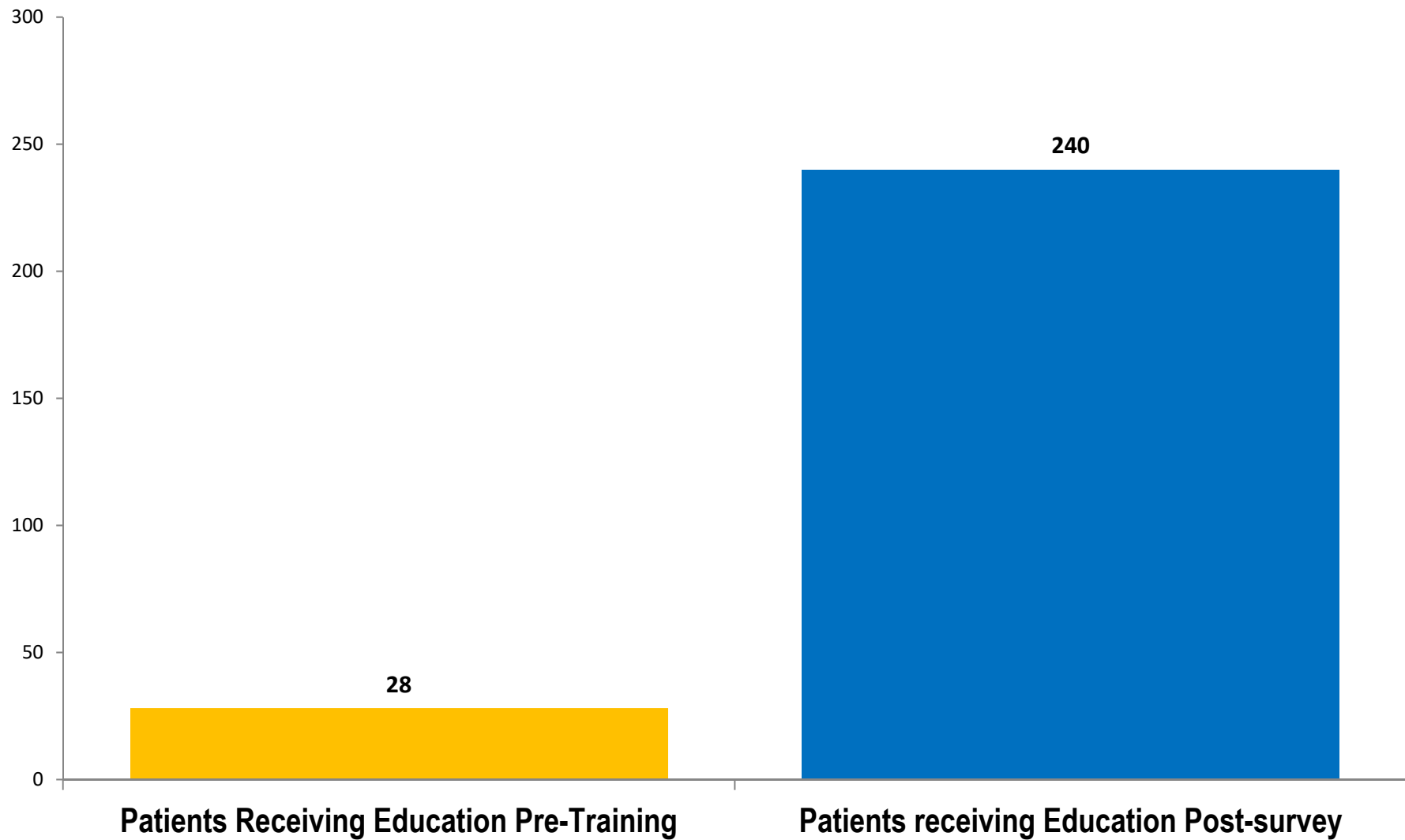


# Examples

Study Population



# Examples

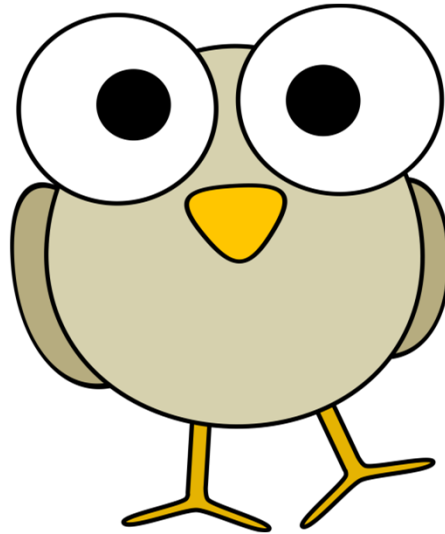


# Avoiding Pitfalls of Design

- **JUST SAY NO** to clip art
- White space is good
  - Not every space on the poster layout must be filled in with text or graphics
  - White space separates and enhances
  - Adds to professional appearance
- Don't use unknown software
  - Microsoft PowerPoint is recommended



# Questions



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# References

Berg, J., Gagan, M. (2005). Creating a Professional Poster Presentation: Focus on Nurse Practitioners. *Journal of the American Academy of Nurse Practitioners*, 245-248.

Christenbery, T., Latham, T. (2012). Creating effective scholarly posters: A guide for DNP students. *Journal of the American Association of Nurse Practitioners*, 16-23.

Durkin, G. (2011). Promoting Professional Development Through Poster Presentations. *Journal of Nurses in Staff Development*, E1-E3.

Hess, G., Tosney, K., Liegel, L. (2009). Creating effective poster presentations: AMEE Guide no. 40. *AMEE Guide*, 356-358.



# **BREAKOUT SESSIONS**

Creating a graphic using Excel

Suggestions for personal posters

