

**Poster Series – Getting Started  
Abstracts & Elements of Effective Posters**

Jill Norris, Scientific Writer  
Winter 2019

---

---

---

---

---

---

---

**Objectives**

- Discuss initial stages in creating an abstract to submit to conference organizers
- Recognize features of abstracts that increase chances of acceptance
- Describe what a structured abstract contains

---

---

---

---

---

---

---

**Abstracts**

---

---

---

---

---

---

---

## Why present at conferences?


- Share your research
- Build your CV
- Build relationships
- Learn about up-to-date research before it is published
- Hallway conversations
- "Find out you're at least as smart as other researchers" (Notikin, 1993)
- Exotic locales!

Notikin, D. (2012). Students. Retrieved from <http://homes.cs.washington.edu/~notkin/students-to-conference.htm>

## First, you have to get your abstract accepted....

- Who should be an author?
  - Each author should accept responsibility for the integrity of the research
  - ICMJE Authorship and Contributorship Criteria: [http://www.icmje.org/ethical\\_1author.html](http://www.icmje.org/ethical_1author.html)
- Identify professional society
- Submission format and 'tracks'
- Oral (more prestigious) or poster presentation?

Professional society



ISQua's 31<sup>st</sup> International Conference  
Rio de Janeiro 2014  
1<sup>st</sup> - 8<sup>th</sup> October 2014  
Venues: Barra Hotel, Rio de Janeiro, Brazil  
Quality and Safety along the Health and Social Care Continuum

### ABSTRACT SUBMISSION GUIDELINES

• Delegates, who would like to present their work at the meeting, either orally or as a poster, are invited to submit an abstract for consideration by the Scientific Committee.

Please read this information carefully before proceeding to the online submission form

#### 1. IMPORTANT DATES

Submissions accepted from: 16 October 2013  
Submission deadline: 6 February 2014, midnight, GMT  
Notifications to submitters: Mid-May 2014

#### 2. TECHNICAL REQUIREMENTS

- The internet abstract submission system works best with Internet Explorer 7.5 or higher and Mozilla Firefox 3.0 or higher
- Cookies and Javascript needs to be enabled

#### 3. GENERAL

Abstracts can only be submitted online via the abstract submission form that can be found in the section 'abstracts' on the official ISQua 2014 meeting website: [www.isqua2014.org](http://www.isqua2014.org)

Abstracts sent by post or email will not be accepted. No exceptions will be made.

#### ABSTRACT TOPICS

Abstracts are accepted on a wide range of topics. Carefully select the adequate topic for your abstract as misspoken abstracts might be rejected. Abstracts relating to the same study should only be submitted once into the most relevant Topic

1. Governance, Leadership and Health Policy
2. Improvement Science and Patient Safety Solutions
3. Patient-Centred Care
4. Accreditation and External Evaluation Systems
5. Education and Research
6. Learning with Transnational and Developing Countries
7. Comparative Effectiveness in Health Information Technology and Health Technology Assessment
8. Health and Social Care for Vulnerable and Older Persons
9. Integrated Care

Submission deadlines

'Tracks' or themes

**Length**  
~500 words

- For standardization, the acceptable length of the abstract is of maximum 3'900 characters. This includes the author's details, titles and non-visible characters, such as spaces and line breaks.
- Abstracts can be saved in "Draft" status to be re-edited and modified until the submission deadline (6 February 2014, midnight GMT). Therefore, the submitter will be required to create a user account.

**Content: Structured**

- Abstracts fulfilling all criteria can be saved in "Final submission" status. Only abstracts in "Final submission" status will be regarded as successfully submitted and considered for the meeting.
- The submitted / draft abstracts cannot be edited after the submission deadline (6 February 2014, midnight GMT).
- The abstract should be structured into the following sections:
  - A title which clearly indicates the nature of the investigation, max. character to 175
  - Objectives should contain 1-2 sentences that clearly indicate the scientific question and objectives of the study and its clinical (or other) importance
  - Methods should contain sufficient information to be able to understand the experimental design, the analytical techniques and the statistics used in the study
  - Results should contain objective data to answer the scientific question(s).
  - Conclusion should provide only conclusion of the study directly supported by the results, along with implications for clinical practice, avoiding speculation and overgeneralization.
  - References, please note that this field is not mandatory, however it will be included in the characters count.
  - One table may be inserted. However, it is included in the characters count. Please note that tables may significantly reduce the number of available characters.
  - Images and graphics may NOT be inserted.

---

---

---

---

---

---

---

---

Same goes for journal articles

**Abstract**

The Abstract of the manuscript should not exceed 350 words and must be structured into separate sections: **Background**, the context and purpose of the study; **Methods**, how the study was performed and statistical tests used; **Results**, the main findings; **Conclusions**, brief summary and potential implications. Please minimize the use of abbreviations and do not cite references in the abstract. **Trial registration**, if your research article reports the results of a controlled health care intervention, please list your trial registry, along with the unique identifying number (e.g. **Trial registration**: Current Controlled Trials ISRCTN73824458). Please note that there should be no space between the letters and numbers of your trial registration number. We recommend manuscripts that report randomized controlled trials follow the [CONSORT extension for abstracts](#).

**Keywords**

Three to ten keywords representing the main content of the article.

<http://www.biomedcentral.com/bmcpublichealth/authors/instructions/researcharticle#formatting-abstract>

---

---

---

---

---

---

---

---

Effective abstracts

---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---

Features of a good abstract (Draper, 2012)

- Punchy and informative title
- Engaging and attractive, “Your shop window”

---

---

---

---

---

---

---

---

---

---

30th INTERNATIONAL CONFERENCE PROGRAMME: EDINBURGH

**Exploiting the potential of digitised health data: Opportunities and challenges**  
Speaker: Aziz Sheikh, UK  
Level 0, Room: Tizio

There is considerable national and international interest in exploiting the increasing array of digitised healthcare data to support epidemiological and public health research, clinical trials, policy evaluations and service redesign initiatives.

This presentation will provide an overview - with worked examples - of the range of uses that electronic health care records derived data can be put to, and also provide an update on work underway to create a taxonomy of secondary uses of digitised data.

**Learning from International Experiences: Benchmarking the use of Digital Solutions for Health**  
Speakers: Jennifer Dettmer, CA, Ashish Jha, US, Ekim Rönchi, OECD  
Level 0, Room: Tizio

Building on earlier collaborative efforts, such as OECD's Health Care Quality Indicators Working Group, OECD convened a process to establish consensus on international approaches for benchmarking adoption and use of information and communication technologies in the health sector.

A core set of indicators has recently been agreed in four areas: electronic health records, health information exchange, personal health records, and telehealth. Piling it beginning in a number of countries to further explore opportunities and challenges for cross-national comparisons and learning. This panel will provide an overview of this work, along with the experiences of specific countries.

**AFTERNOON PLenary**

**It is simply murder—how do we communicate and improve the value of the quality movement?**  
Speaker: Robert Pross, US  
Level 1, Room: Pettitland

About 100 years ago, the new president of the United States was shot. However the physicians who took care of him murdered him by exposing his wounds with dirty instruments and fingers even though 10 years earlier Lister had discussed his new methods of antiseptics in front of exactly these same American doctors.

This year the New York Times reported that 30 per cent of physicians are washing their hands, and hospitals are investing in video monitors, id chips and prizes to increase this number.

We know that when patients visit a physician they get half of what they need, and perhaps 50 per cent of what they get they do not need. Whether a new drug or procedure works is probably as much dependent on the quality of how it is used as on the basic advances made in the laboratory that produced it. This plenary talk will explore what we can or should do to increase the likelihood that our health systems will provide humane, effective, excellent care.

**Help! Healthcare: Getting healthcare professionals to sending out an open invitation to patients**  
Speaker: Beth Lippa, DK

It is well known, that when patients and families are being misled by the physicians and nurses at the want to actively engage in patient safety and care decisions, they are more likely to do so. But quite often, and for many different reasons, patients are treated by "white coat silence" - meaning an inclination to sidestep our concerns, knowledge and questions to the staff.

The consequences are real and far-reaching. Important and valid choices about care and treatment, are thereby ignored by the patient with a quiet "yes". Beth Lippa from the Danish Society for Patient Safety will present a new solution to this problem: Bringing and boosting the invitation to dialogue from the bedside wards at the

---

---

---

---

---

---

---

---

---

---

**Using a quantitative risk register to understand healthcare staff safety risks**  
J. Campes, US

**Are we doing long-term care organizations getting better? A mixed study of quality indicators between 2007 and 2010 and the patterns of regional and organizational influence on performance**  
S. Winkler, J. B. Lee, K. S. Kozlowski, R. Hupmann, NE

**Changing times: testing audit**  
P. McCaffrey, M. Connolly, IE

**The performance of the "topical" indicators for medical malpractice: a case study at USC**  
S. F. Robinson, S. Hunsler, G. Lerner, US

**Improving medical performance quality among a multidisciplinary group by evaluating decisions implementation**  
M. Jans, A. Tereza, C. Castro, W. Janssen, SW, CF

**The performance of the indicators for the German healthcare system: patients and the guidelines update have an impact?**

**The application of key performance indicator (KPI) of the balanced scorecard (BSC) and a Business Consulting Group (BCG) the matrix model to enhance the effectiveness of TW QMS management in Taiwan**  
C. Chang, CH, Kuo, TW

**Increase of arrival punctuality and reduction of delay time in the operating room: the effect of patient transport message passing (PTMP) system in a major hospital**  
M. J. Lee, J. H. Kwon, S. H. Choi, J. Son, CH, KR

**Seeks equivalent quality indicators in high-risk department of a nationwide pediatric monitoring**  
D. W. Goh, T. H. Hsu, T. Schneider, CH

**Transferring ENT-audiology services into a community setting using operational research techniques to reduce the patient experience**  
D. Vukobratovic, A. Tomkinson, P. Hapner, M. Jones, UK

**A regional model assessing disease management programs**  
K. Johansson, A. Peltch, A. B. Wind, DK

**Can a facilitated model improve evidence-based practice for heart failure in primary care?**  
J. Bony, C. Dutton, M. Spence, K. Wind, UK

**Improving the door to needle time in stroke patients at the University Hospital Erlangen, Germany**  
J. Muehlenberg, M. Beck, S. von Popp, DE

**Just as disaffected, but for different reasons - patients with diabetes**

**Using the functional resonance analysis method (FRAM) to understand and improve the service performance of the road round**  
M. Lami, F. L'Esperance, J. Rougemont, DE

**The impact of program of improving the acute stroke stroke treatment in the health care process**  
H. Li, L. Li, S. C. Bai, C. C. Lee, TW, TW

**Are composite measures of general practice quality more valid measures of care quality and reliability?**  
C. Liu, WU, P. Brown, UK

**Improving admission processes for using the customer satisfaction and repeat presenter scores**  
D. Shi, TW, TW

**Changes in the pattern of prescription through Korea Korea assessment of medication for 10 years**  
H. Son, Y. S. An, B. J. Jeong, CH, M. La, KR, KR

**Recovery care guidelines after intensive endoscopy focused on nascent administration and discharge from the recovery room**  
J. H. Jung, H. Y. Lee, Y. J. Hong, H. Song, KR

**Risk adjustment of the operative mortality for stomach, colon and liver cancers**  
J. H. Kim, H. H. Kim, E. K. Hwang, KR

**Improvement work efficiency through application of topical**

---

---

---

---

---

---

---

---

---

---

### Features of a good abstract (Draper, 2012)

- Engaging and attractive, “Your shop window”
- Punchy and informative title
- Well written, attention to detail
- Concise
- Conference guidelines
- Audience
- Structured

---

---

---

---

---

---

---

### Other features of a good abstract

- Not just an advertisement
- Consider how readers from across the globe ‘use’ abstracts
  - Will I keep reading the full paper?
  - Will I put in the effort to order the full-text article?
  - Will I include this study in my literature review?
  - Will I invite you to publish in my journal?
- Accurate reflection of your study/project
- Contains all aspects of your paper
- Title should include the methodology
- Differentiates from others in the field

---

---

---

---

---

---

---

### Common pitfalls

- Trying to be too clever, using complicated language
  - Jargonistic, buzzwords
- Underestimating the time it takes to write it
- No context or contributions
- Research that is incomplete
- Salami slicing
- Including information that is not included in the main text
- Replicating a sentence in the main text
- Abbreviations

\* References...check your guidelines \*

(Draper, 2012; Jalalian, 2012)

---

---

---

---

---

---

---

## Structured Abstracts




---

---

---

---

---

---

---

## Structured abstracts

- Prevents you from omitting key details (Hartley & Betts, 2009)
- Makes it easier to read
- Background, Aim/Objectives, Method (setting, participants [n, sex, age], Results, Conclusions

⇒

⇒

⇒

⇒

---

---

---

---

---

---

---

## Follow your headers

- **Background**
  - 1-3 sentences (big context, smaller context, problem/gap)
  - Build your argument
- **Objective 1**
  - sentence
- **Methods**
  - Cover each subheading: design, participants (n, demographics) and recruitment, data collection, data analysis
- **Results**
  - Major results: interpret the findings for your reader
- **Conclusion**
  - Go back to your objective/research question
  - Implications: clinical, theoretical, training
  - Future research

---

---

---

---

---

---

---

## Poster Series – 2

Jill Norris, Scientific Writer

---

---

---

---

---

---

---

## Objectives

- Understand the purpose of conference posters
- Identify the elements of an effective poster
- Explore different ways to lay out your poster
- Next time....
  - Create a draft version of a conference poster in PowerPoint

---

---

---

---

---

---

---

## Posters

---

---

---

---

---

---

---

## The conference poster

- Document that communicates your research at a conference
- Rapid communication - could be read in <5 mins
- An illustrated abstract
  - Background to your research question
  - Methods
  - Results
  - Discussion
  - Conclusion
  - Acknowledgements
  - References

---

---

---

---

---

---

---

## Posters can be better than talks!

- More efficient
- Establishing a relationship with your audience
- Personally interact with those interested in your topic
- Can be viewed when you are not at the poster
- Removes the element of public speaking

---

---

---

---

---

---

---

## Conferences

- Large room, noisy, crowded
- Hundreds of posters in 'lanes'
- Wine and cheese
- Think about the environment
  - Eye catching
  - Concise
  - Aesthetically pleasing
  - 'In competition' for attention

---

---

---

---

---

---

---



### Take a poster tour...

- Faculty of Nursing
- Faculty of 1000 Posters (more bioscience)
  - Look under Subjects
- Search Google Images
  - "conference poster"

---

---

---

---

---

---

---

### Less effective posters

- Unorganized
- Cluttered
- Confusing
- Too much text
- No images or figures

---

---

---

---

---

---

---

### Great posters

- Start early!!!!
- Content + presentation
- Looks professional
- Visually appealing
- Tell a story
- Organized

---

---

---

---

---

---

---

## Getting started

- Poster guidelines from your conference
- Stick to one platform – Mac or PC
  - Don't switch between
- Software
  - PowerPoint
  - Others: Keynote, QuarkXPress, InDesign, LaTeX, Scribus, Illustrator, CorelDRAW, Freehand, Omnigraffle, Inkscape

---

---

---

---

---

---

---

## Layout & Design

---

---

---

---

---

---

---

## Layouts

- Page setup
  - Dimensions
  - PowerPoint only goes up to 56 inches
- Horizontal or Vertical
- # Columns can vary
- A word on templates....

---

---

---

---

---

---

---

## Fonts

- **Sans serif**
  - Arial, Helvetica, Calibri, Franklin Gothic, Verdana
  - Take a break from Times New Roman (serif font)!
  - 1-2 different fonts
- **Size**
  - See from 6 feet away
  - Titles – 90-96 pt
  - Authors – 48-72 pt
  - Headings – 36-72 pt
  - Text – 24 pt
  - References – 16 pt

---

---

---

---

---

---

---

## Colors

- **Muted/light/neutral color** for background
  - Offer the best contrast
  - Easy on eyes
  - Emphasize your graphics
- **Overly bright colors**
  - Wear out readers' eyes
  - Can be used in borders, bullet points, small features
- I like to pull in **logo colors**

---

---

---

---

---

---

---

## Tips

- Only concentrate on main points for each section
- Creating space
  - Choppy chop! Be ruthless in your edits
  - Use bullet points &/or blocks of text
  - &s and narrow fonts
  - Play with spacing
- Balanced and consistent
- Left justified text
- Explain all acronyms, and don't assume people know your 'jargon'

---

---

---

---

---

---

---

## Graphics

## Graphics

- 20% text, 40% white space
- 40% graphics, mix of types
  - Tables, figures, SmartArt, infographic, photos
- Introduction (topic): Photo, infographic
- Method (flowchart): Infographic
- Results (predominantly): Table, figure, SmartArt, infographic
- Conclusion (model): Photos

## Content

## Title & Authors

- **Title**

- This is your reader's first glimpse at your poster!
- Short and specific title
- Imbed key findings in your title
- 1-2 lines

- **Authors**

- Use journal formatting for listing
- Identify the institutions

---

---

---

---

---

---

---

## Introduction

- Ideally, 3-5 lines

- **Background:** Big context, what's been done previously

- **Problem:** What are the gaps?

- Why is it important?
- How will your analysis will add to the existing literature in the field?
- Rational

- **Purpose/research question** (can be own section too)

---

---

---

---

---

---

---

## Methods

- Give enough information for another research to judge if the study design was adequate to answer your research question
- Describe what you are studying, why did you choose those methods

- Design
- Sample
- Data collection
- Data analysis

---

---

---

---

---

---

---

## Results

- Main section
- Let your figures do the talking!
- Provide a very short figure description
  
- Strive for a balance between guiding your reader through the poster and maintaining a clean, uncluttered poster

---

---

---

---

---

---

---

## Discussion / Conclusion

- What do you think your results mean?
- Relate back to your research question
  
- **Contributions:** What has your work contributed?
  - Present supporting evidence
  - Contradictory findings should be addressed
  
- **Limitations**
  
- **Implications:** How results can it be used to inform programs, policies, or future research

---

---

---

---

---

---

---

## References & Acknowledgments

- **References**
  - Use numeric format to save space: [1], (1), <sup>1</sup>
  - Abbreviated journal reference format (NLM)
  - Key references – don't take up too much space!
    - Consider substituting et al. for many author names
    - No 'rules' for reference formats at conferences
  
- **Acknowledgements**
  - Give credit
  - Everyone who helped you get this done
  - Financial support (could use logo instead of text)

---

---

---

---

---

---

---

## Logos

- Check with your organization's communications dept
- UCalgary visual identity guidelines:
  - <https://www.ucalgary.ca/brand/identity-standards>

---

---

---

---

---

---

---

## Conference Preparation

---

---

---

---

---

---

---

## Options to Enhance your Poster Presentation

- **Narrative**
  - Oral synopsis
    - Keep it short (3-4 sentences)
    - Gesture to the relevant parts of your poster as you speak
  - You can then tailor your discussion to suit that particular reader if they choose to stay!
  - This is your opportunity to fill in the details
  - Practice presenting and think about questions
- **Handouts**
  - PDF of your poster
  - Abstract, name, contact information, references
  - Tack it to the poster board

---

---

---

---

---

---

---

### Checklist (Hofmann, 2010)

- Do the illustrations tell the story?
- Is the purpose of the research or topic stated precisely?
- Did you avoid attaching the conference abstract?
- Does the Introduction have the following components?
  - Background
  - Problem or unknown
  - Purpose/topic or review
  - Overview of content
- Did you concentrate on the main points in each section?
- Is the flow of the panels self-evident to the viewers?
- Is the topic summarized and interpreted in the Conclusion section?
- Do all figures and tables have a title and a legend?
- Is your poster layout uncluttered?
- Did you use visuals where possible rather than text?
- Did you keep text to a minimum?
- Is text written in sans serif font, and is the font large enough?
- Are exhibits kept simple?
- Are exhibits attractive? Is color used well?
- Did you use active voice in the text?
- Have all jargon and redundancies been omitted?
- Did you proofread your text?
  - Be ruthless when you edit.
- Do you plan to be at your poster during the assigned poster session to answer questions and to tell viewers about your work?

---

---

---

---

---

---

---

---

### Resources

- Hoffmann, A. H. (2010). Scientific Writing and Communication: Papers, Proposals, and Presentations. New York: Oxford University Press.
- Draper, J. (2012). Writing a conference abstract and paper. In K. Holland, & R. Watson (Eds.), Writing for Publication in Nursing and Healthcare: Getting it Right (pp. 23-41). West Sussex, UK: John Wiley & Sons.
- Hartley, J., & Betts, L. (2009). Common weaknesses in traditional abstracts in the social sciences. Journal of the American Society for Information Science and Technology, 60(10), 2010-2018.
- Jalalian, M. (2012). Writing an eye-catching and evocative abstract for a research article: A comprehensive and practical approach. Electronic Physician, 4(3), 520-524.
- Justin Matthew: <http://justinmatthews.com/posterhelp/posterguide/>
- Colin Purrington: <http://colinpurrington.com/tips/poster-design>
- How to make your scientific posters stand out: [http://www.scientifica.uk.com/neurowire/how-to-make-your-scientific-posters-stand-out?utm\\_source=facebook&utm\\_medium=social&utm\\_campaign=neuroscience&utm\\_term=neuroscience](http://www.scientifica.uk.com/neurowire/how-to-make-your-scientific-posters-stand-out?utm_source=facebook&utm_medium=social&utm_campaign=neuroscience&utm_term=neuroscience)

---

---

---

---

---

---

---

---