

Scientific Poster

SOS poster

Examples

- CCMR Cornell Center for Materials Research
 (found at http://hsp.berkeley.edu/sites/default/files/ScientificPosters.pdf accessed nov. 30 2015)
- https://ps-spencer.posterous.com/perfect-posters (accessed april 6, 2013)
- https://www.utexas.edu/ugs/our/poster/samples



SOS Poster

Avoid

- Paper on a poster format
- Too much text
 - · Only the essentials
 - Remove unnecessary details
- Excess of color / combinations
- Intense background

Ideal

- · Be seductive
- Creative communication of research
- Clear structure (flow) of information
- Images and charts (visuals) instead of text
- Initiate communication
- · Handouts can help



Elsevier tips











A poster is not a slide set

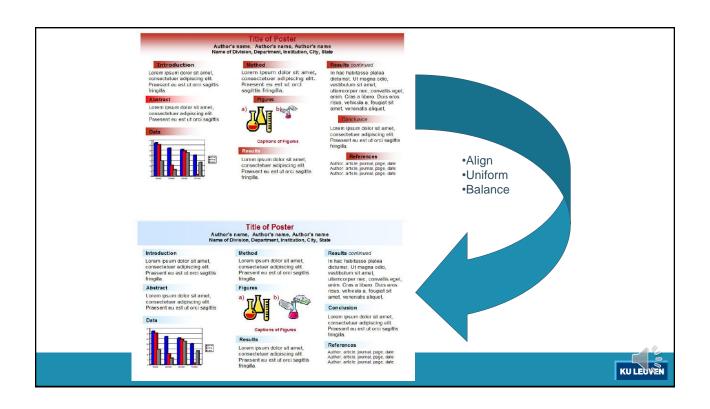




 A good example http://ashkuff.com/blog/?p=18









- Title too small
- Different text boxes do not form a unit
- Contrast between dark background and white text box is too intense
- Left part: too much text

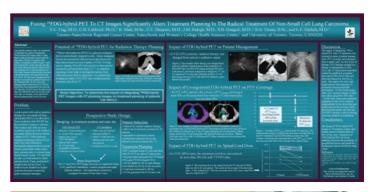


- · Clear title
- Large text box forms a unity
- Images aligned
- · Pale colors are more eye friendly
- Balanced by spreading the image and the chart



http://www.fes.uwaterloo.ca/computing/help/posterdesign/PosterCreation.pdf

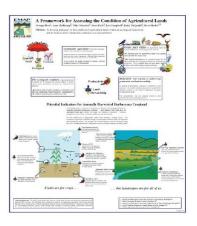
- Trop is Teveel
- exhausting
- Contrast
- Different backgrounds distract



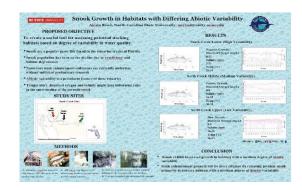




• Where to start?



 Careful with standard PowerPoint background



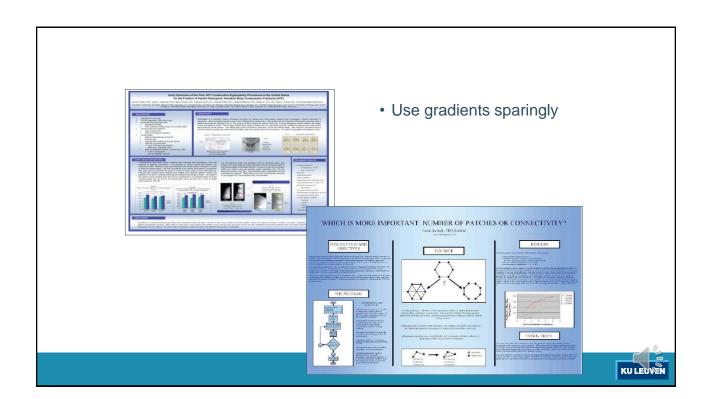


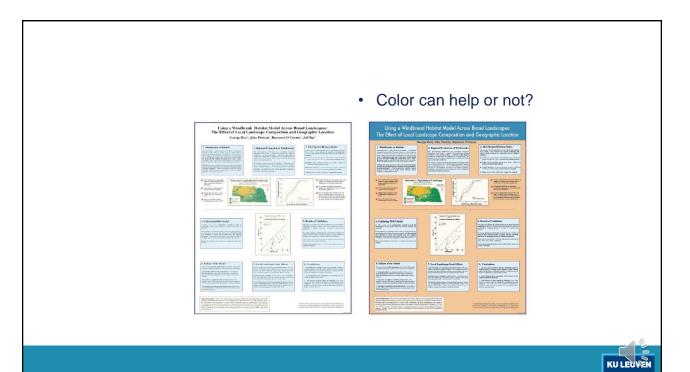
- Dark background
- Contrast
- Gradient











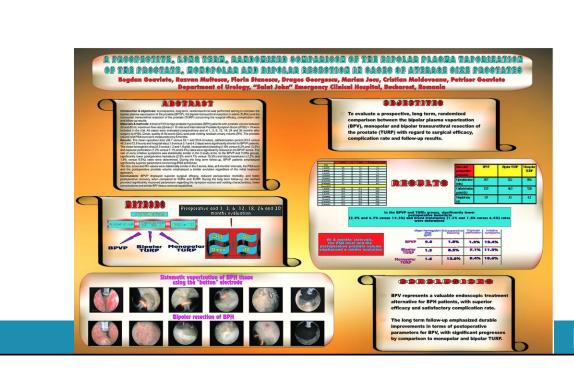




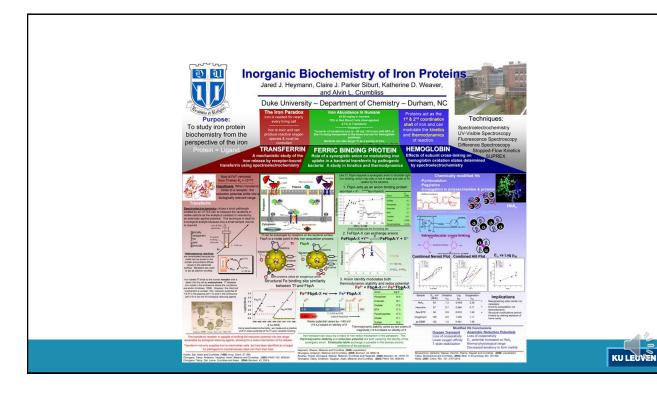


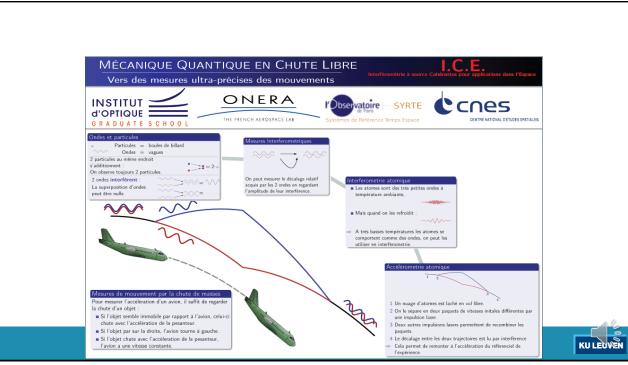
blogs.warwick.ac.uk/researchexchange/entry/poster_designing_a/





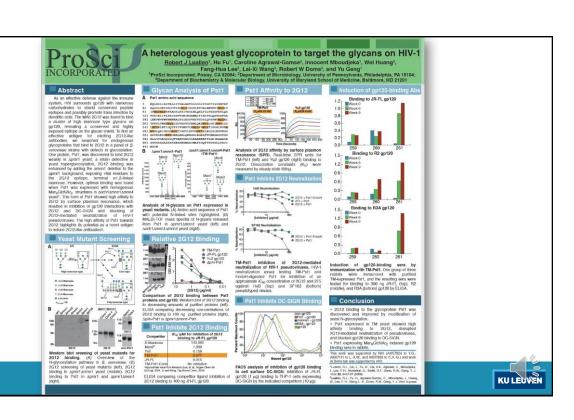




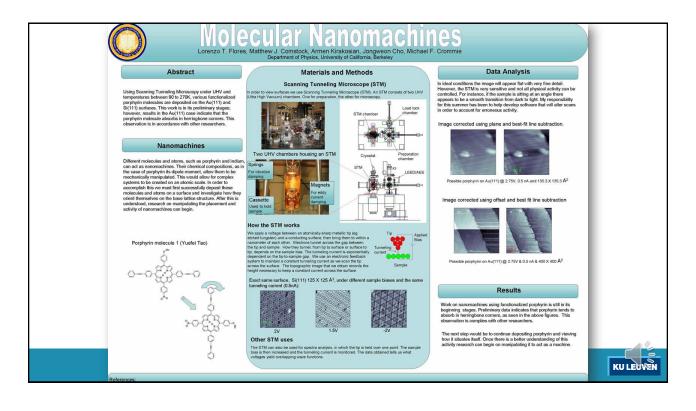


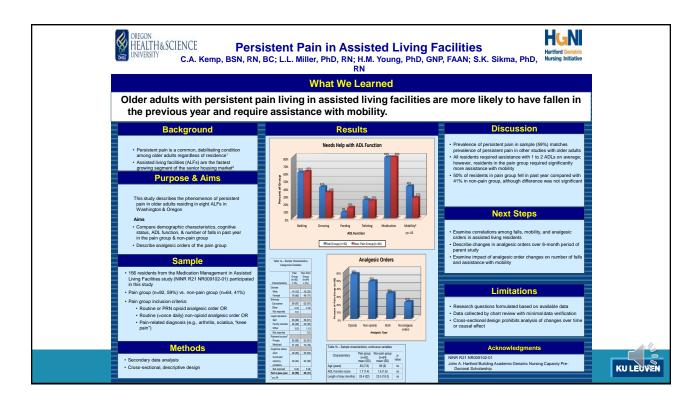






KU LEUVEN







WHEN BAD THINGS HAPPEN TO OLDER PEOPLE: THE ROLE OF INTERVENING EVENTS ON THE DEVELOPMENT OF DISABILTY

Thomas M Gill MD, Heather Allore PhD, Theodore R Holford PhD, Zhenchao Guo PhD Yale University School of Medicine

WHAT WE LEARNED

Inesses and injuries leading to either hospitalization or restricted activity represent important sources of disability for community-living ider persons, regardless of the presence of physical frailty.

These intervening events may be suitable targets for the prevention of disability.

BACKGROUND

A more complete understanding of the disabling process would likely facilitate the development of interventions aimed at preventing disability among community-living older persons.

OBJECTIVES

To evaluate the relationship between intervening events and the development of disability

To determine whether this relationship is modified by the presence of physical frailty

METHODS

Prospective study of 754 nondisabled, community-living persons, aged 70+ years

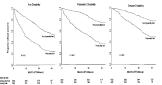
Categorized participants into two groups according to the presence or absence of physical frailty, which was defined on the basis of slow galt speed

Followed participants with monthly telephone interviews for up to 5 years

- to determine the occurrence of disability to ascertain exposure to intervening events, which included illnesses and injuries leading to either hospitalization or restricted activity

RESULTS

leier Curves for Development of Any Disability, Pensistent Disability, and Se According to Presence of Physical Frailty at Baseline



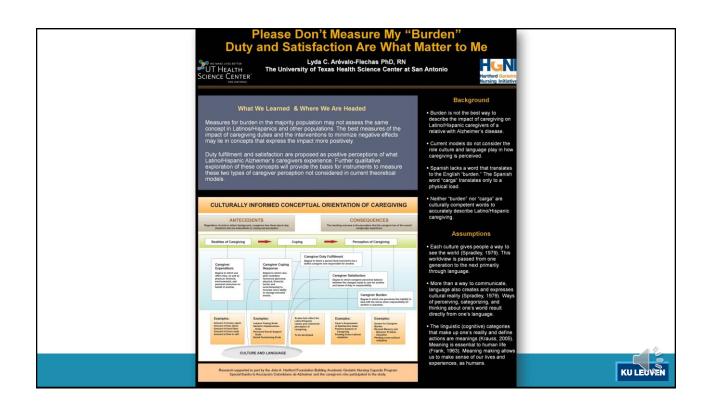
vening Events and Disability Outcomes According to Physical Frailty at Baseline

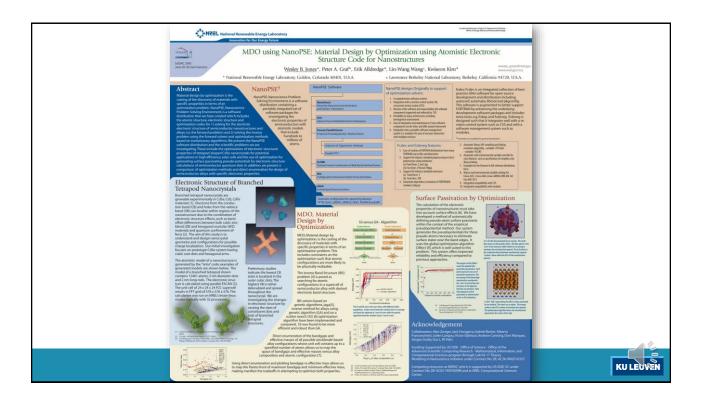
Proximate Intervening Event	Level of Baseline Physical Frailty	Any Disability	Persistent Disability	Severe Disability	
		Multiw	Multivariable Hazard Ratio*		
Hospitalization	All participants	60	44	132	
	Physically frail	34	32	93.2	
	Not physically frail	117	73	261	
Restricted activity only	All participants	5.1	3.3	7.3	
	Physically frail	4.1	3.3	5.2	
	Not obscirate frait	6.6	29	13	

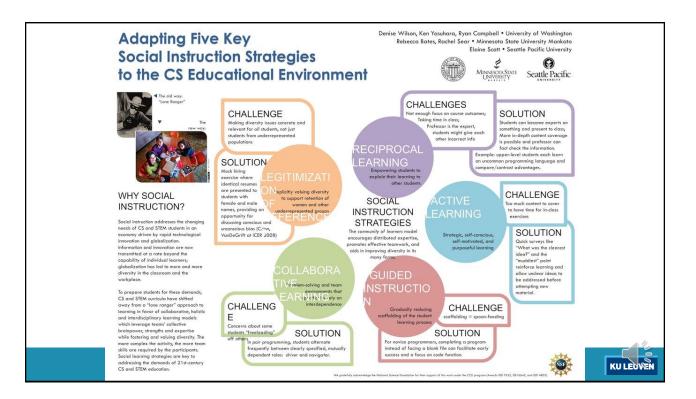
micipants				-	-
sically Fraid				1000	-8
Yes (1=322)	P Value			-	4
50.4 + 5.4	< 001				
227 (70.5)	.000	200		100	-
203 (87.5)	.029	AMBULAN	(OE E3 30)		_
150 (46.6)	<.001	-			
11.3 + 2.9	< 001	100			-
22+13	< 001	45		The second	
\$1 (15.8)	< 001			-	-
85 (29.5)	< 001				
15				-0	
	Severe				
	isability				
46	- 66				

	Multivariable		Value
Factor	Hazard Ratio	95% CI	
Age per each 5 years	1.3	12 to 1.5	<.001
Formio sex	1.1	0.9 to 1.4	.57
Non-Hispanic white	0.9	0.61013	.:6
Lives alone	0.7	0.6 to 0.9	<.001
Years of education	1.0	0.9 to 1.0	.86
No. of dirente conditions	1.1	1.0 to 1.2	.06
Cognitive impairment	1.3	1.0 to 1.6	.07
Doprossive symptoms	1.3	1.0 to 1.7	.03
Physical folly	2.2	1.8 to 2.7	<.001
Proximate intervening events			
Hospitalization	60	45 to 78	<.001
Restricted activity only	5.1	3.5 to 5.7	<.001
Distant intervening events			
Hespitalization	5,0	0.9 to 1.1	.56
Restricted activity only	1.0	1.019 1.1	.27















Systematic review and meta-analysis of interventions relevant to quality of life for persons with intellectual disabilities and dementia

