

# Visual Literacy: Designing and Presenting a Poster

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## **Key Words**

Poster, presentation, graphics, writing.

## **Summary**

Health professionals present information in a variety of forms. Poster presentations are increasingly used as a communications medium in physiotherapy. The literature on posters concerns mainly the practicalities of production. This paper offers a more comprehensive approach to the topic, drawing on the audio-visual, scientific and communications expertise of the three authors. It provides an update on the technology for poster production.

This paper aims to provide guidelines on both preparation and presentation of visual and verbal elements. Key principles are established: creating clear design, selecting significant data, and making information accessible and memorable by means of concise writing. Traditional and contemporary layouts for scientific posters are compared. An example of a non-scientific poster on a healthcare subject is included. The paper aims to increase readers' visual and verbal literacy, so that they are enabled to draw attention visually to their work.

Finally, where resources for poster production are limited, we suggest that 'low tech' can still mean a high professional standard. We show that the key point is to be selective, so that the poster is effective in putting over the main message.

## **Introduction**

Poster presentations are increasingly used by many professions for many purposes. Posters developed for conferences are often displayed in departments, and have become part of the day-to-day environment of healthcare professionals. The purpose of this paper is to provide guidelines on using content, writing style and graphics to put a message over clearly in a poster to a high professional standard.

Following a selective survey of the literature, this paper illustrates, through examples, good practice in designing and presenting posters:

- The scientific poster: traditional and contemporary layouts.
- The non-scientific poster.
- Presenting a poster.
- Desk-top aid: a poster action plan.

Specific examples show that visual language in posters — font, layout and colour — works best when these aspects are used not simply as a backdrop for text and graphs, but as a medium for conveying the meaning of text and data.

## **Background**

Because posters are now used in many professions they are mentioned in many contexts, such as nursing (Rush *et al*, 1995), chemistry (Bark *et al*, 1993), medicine (Alguire *et al*, 1996) and physiotherapy (Harms, 1995). There is also relevant information on posters in other contexts, such as audio-visual guidelines from Kodak (Kodak, undated) and writing textbooks (Turk and Kirkman, 1989).

A variety of purposes for posters has emerged in this literature: teaching (Rush *et al*, 1995), presenting at conferences (Murray and Thow, 1997), disseminating information (Hesketh and Harden, 1994) or research (Murray and Thow, 1997), developing professional skills in undergraduate courses (Rush *et al*, 1995) and creating inter-departmental exchanges (Bernreuter, 1995).

The focus of this literature has been the practicalities of poster production. Sexton (1984) outlines good organisational practice and illustrates layout. Forsyth and Waller (1995) show how new technologies can enhance the readability of text. They suggest that it is important to work with experts in these techniques. Hesketh and Harden's (1994) well-illustrated paper describes an interactive poster, designed both to engage and to educate. Rupnow and King (1995) give an excellent illustration of good practice in another field.

These papers present useful approaches; what is now needed is a comprehensive approach, combining audiovisual, scientific and communications expertise for health professionals. While previous literature on posters helped to describe, in words, what constitutes effective poster design, this paper illustrates these principles of good practice graphically. It is also intended to advance the debate about traditional and contemporary models of poster design. Finally, we also aim to raise awareness of the importance of using visual language well.

## **Guidelines for Poster Design**

This section draws on both the literature on posters and the authors' professional experience and expertise.

Presentation is important; it can reflect many impressions about you as an individual or the institution/department that you represent. Give time and attention to getting it right.

*Text continued on page 322.*



## A RANDOMISED CONTROLLED TRIAL OF THE USE OF ANTI-ANGINAL MEDICATION OVER A 16-WEEK CARDIAC REHABILITATION EXERCISE PROGRAMME

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### BACKGROUND

Within the UK setting there has been a marked increase in the provision of exercise based cardiac rehabilitation (CR) for patients post myocardial infarction (Jones 1996). Many of these patients continue to have angina symptoms. The potential for the physiological effects of exercise to reduce the anginal threshold and subsequent need for anginal medication for instance (Glycerol Trinitrate) GTN has received considerable attention (Smith 1993). The aim of this study was to measure the use of GTN medication over a 16 week progressive exercise CR program.



Control group exercising in gym.

### METHODS

All patients who entered the CR programme at the Great West hospital who were using GTN therapy were randomly entered into 2 groups. One group (n = 78, 60 males and 18 women) entered a 16 week CR programme the control group (n = 78, 55 males and 23 women) were given standard advice to increase activity e.g. walk distance. Both groups were given GTN spray dispensing a 0.005ml dose which was adapted to record the dose of medications taken. The spray was returned to the pharmacy department where data for each patient was established.

### RESULTS

There was a significant reduction in the use of GTN by the exercise group. There was a mean reduction in the number doses for exercise group from 87 to 32. A related t-test showed a significant reduction  $t = 3.568$  ( $P < 0.005$ ). There was an increase in the GTN medication in the control group mean of 85 to 130,  $t = 3.46$  ( $P < 0.005$ ). See table 1, figures 1 and 2.



Control group exercising in gym.

	Exercise group mean	Control group mean	Exercise group median	Control group median	Exercise group range	Control group range
No. of doses	87	130	87	130	32	130
Exercise group mean	87	130	87	130	32	130
Exercise group median	87	130	87	130	32	130
Control group mean	87	130	87	130	32	130
Control group median	87	130	87	130	32	130
Exercise group range	32	130	32	130	32	130
Control group range	32	130	32	130	32	130

Table 1 Percentage of patients taking GTN medication expressed in number of GTN doses per week.

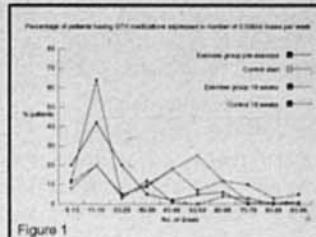


Figure 1

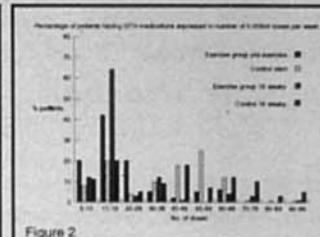


Figure 2

### DISCUSSION

The results of this study suggest that the potential to raise the anginal threshold from the effects of exercise could provide benefit for the CR patient. The mechanisms for the reduced use by the exercise group could also be linked to the psychological effects attributed to exercise primarily mastery (Newton 1997). The significant increase in the control group of GTN medication could not be explained a further study which monitored levels of anxiety and the pattern of angina presentation would be required.\*



Exercise can reduce the use of GTN therapy.

### CONCLUSION

This study would suggest that exercise has the potential to reduce the use of GTN therapy whether the reduction is physiological or psychological requires further investigation. There could be significant financial savings to health care, if the use of this medication could be reduced.

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- Jones, F (1996). 'The development of Cardiac Rehabilitation over the Last 20 years in the United Kingdom' *Journal of Exercise and Physiotherapy Practice*. 38, 44-47.
- Newton, M (1997). 'The Psychological Effects of a 12 Week Cardiac Rehabilitation Program', *Rehabilitation Web*. 66, 301-305.
- Smith, P (1993). 'A Controlled Study of Exercise Versus Anti-anginal Therapy' *Theory and Science*. 33, 16-19.

Fig 1: Scientific poster (fictitious): Traditional model



# A randomised controlled trial of the use of anti-anginal medication over a 16-week cardiac rehabilitation exercise programme

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## Background

### Exercise and Cardiac Rehabilitation

There has been a marked increase in the provision of exercise based Cardiac Rehabilitation (CR) in the UK for patients post myocardial infarction (MI) (Jones 1996) of which many continue to have angina symptoms. The potential for the physiological effects of exercise to reduce the anginal threshold and subsequent need for anginal medication, for instance Glyceryl Trinitrate (GTN), has received considerable attention (Smith 1993).

## Aim

The aim of this study was to measure the use of GTN medication over a 16-week progressive exercise CR programme.

## Methods

### Randomised Control Trial

All patients who entered the CR programme at the Great West Hospital, who were using GTN therapy, were randomly entered in one of two groups. One group ( $n = 78$ , 60 men and 18 women) entered a 16-week CR programme (Figure 1). The control group ( $n = 78$ , 55 men and 23 women) were given standard advice to increase activity, e.g. increase daily walking distance. Both groups were given GTN spray, adapted to record the dose of 0.005ml and record the number of medications taken. The spray was returned to the pharmacy department which recorded the data for each patient.

## Results

### Reduced GTN Use

A significant reduction in the use of GTN was recorded by the exercise group; a mean reduction in the number of doses for the exercise group from 87 to 32,  $t = 3.568$  ( $P < 0.005$ ). However there was a significant increase by the control group; a mean increase of 85 to 130,  $t = 3.46$  ( $P < 0.005$ ). See Figure 2.

## Discussion

### Benefits for CR

The results suggest that the potential for exercise to raise the anginal threshold could provide benefit for CR patients. The mechanisms for the reduced use of GTN by the exercise group could also be linked to the psychological effects attributed to exercise, primarily mastery (Newton 1997). The significant increase in the control group of GTN medication could not be explained. A further study which monitors levels of anxiety and patterns of angina presentation would be required.

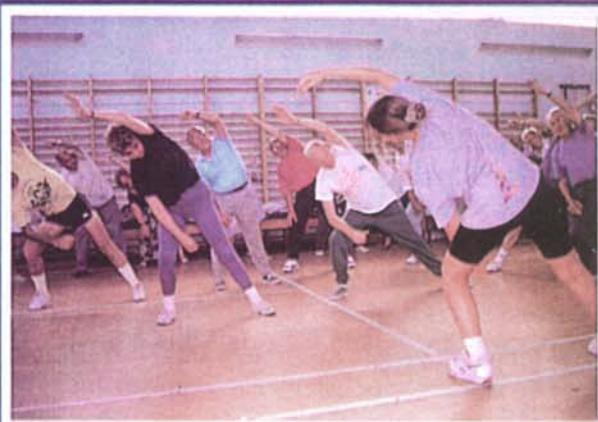


Figure 1: Exercise based Cardiac Rehabilitation class in progress  
Photo (c) courtesy of M. Thow, Glasgow Caledonian University

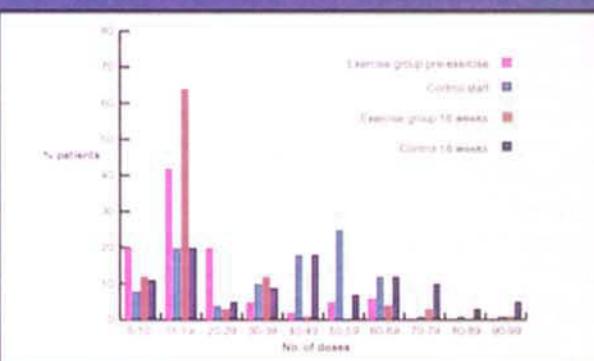


Figure 2: Percentage of patients having GTN medications expressed in number of 0.005ml doses per week

## Conclusion

### Quality of Life and Financial Savings

This study suggests that a 16-week progressive exercise programme can reduce the use of GTN medication. Whether this reduction is physiological or psychological requires further investigation. Furthermore, quality of life can be improved for post-MI patients. Reduction in the use of GTN medication could lead to significant savings in the costs of health care, if the use of this medication could be reduced.

## References

- Jones, F (1996). 'The development of Cardiac Rehabilitation over the Last 20 years in the United Kingdom' *Journal of Exercise and Physiotherapy Practice*, 38, 44-47.
- Newton, M (1997). 'The Psychological Effects of a 12 Week Cardiac Rehabilitation Program', *Rehabilitation Web*, 66, 301-305.
- Smith, P (1993). 'A Controlled Study of Exercise Versus Anti-anginal Therapy' *Theory and Science*, 33, 16-19.

Fig 2: Scientific poster (fictitious): Alternative model

This section covers essential principles of poster design, with key actions for presenters in the five sections which follow.

### **1. Define Aims and Objectives**

Aims	Communicating Disseminating information
Objectives	Generating interest Informing Achieving credibility in your work 'Selling' your work to potential sponsors Leaving a lasting impression.

### **2. Before Starting**

Consider your target audience; this will determine the style of your poster.

Define subject matter and content and selectively gather material, choosing only information that best represents your subject, as space may be limited. For example, one good photograph may say more than several mediocre ones; one good illustration may demonstrate a point more clearly than a lengthy description.

Decide on an order for your material that can easily be followed by your audience, as they may be unfamiliar with either the subject or content. Do not make any assumptions because you are familiar with the subject. Ask a colleague or mentor for a second opinion.

Can your information be simplified? Categorise related material into sections or sub-sections.

### **3. Planning**

Assign a limited number of words for each section. Sketch out a rough visual of the available space, if possible to scale (more easily done on a piece of graph paper). Seek professional advice, if available, on content and layout. Use this sketch to experiment with different arrangements of your material in order to find the best solution. It will also give you an idea of relative sizes for photographs or diagrammatic materials that may have to be reduced or enlarged. This process can save you a great deal of time, effort and expense by pre-empting problems.

### **4. Design Features**

See figures 2 and 3.

#### *Colour schemes*

Use colour to create an overall impression of unity, to define or emphasise particular points or to link related material.

Define colours for background, sub-mounts (borders for text boxes, photographs, etc), title, sub-headings and so on.

Be consistent with colour. Represent related sections or data in the same colour.

#### *Type*

A poster must be readable at one to two metres distance. Make captions for photographs, diagrams and so on legible at this distance (Harms, 1995). Edit the text in order to use the minimum stipulated typesize. Put detailed information on a handout.

Because embellishments reduce legibility, use a typeface that is clear and easy to read, such as Helvetica, Times, Avant Garde, etc (Rupnow and King, 1995). Fonts with serifs (those with small links between letters), like Times, are easier to read.

Using Both Capitals and Lower Case makes text more legible than ALL UPPER CASE.

Type size should be no smaller than **18 point** (5 mm), with no more than two typefaces. **Bold** adds weight to titles, headings and sub-headings and picks out **key words**.

The space between lines, known as leading, should be slightly larger than single spacing. Rupnow and King (1995) illustrate several examples (page 100).

#### *Photographs*

Photographs can both add visual interest and illustrate a point. They can add to the viewers' understanding of the material: 'A flow chart can replace a verbose description of a clinical trial protocol' (Forsyth and Waller, 1995, page 82). It may be worth setting up a particular shot for this purpose. A cheap alternative to prints is a colour photocopy, which can be of extremely good quality.

#### *Diagrams / Illustrations*

These may be hand drawn or produced on a computer. Keep them simple and bold, so that they can be viewed easily from a distance. Use colour to add weight to the image and colour code. Supply a key.

#### *Focal Point*

This is a simple device to attract the attention of your audience – using, for example, a strong title design, a dramatic photograph or illustration.

## 5. Transporting Posters

The location of the presentation session may determine whether the poster should be produced on paper or card. Both have advantages and disadvantages: paper mounted displays are lighter and can be rolled up for transport in a tube, although artwork is best transported flat (particularly sub-mounted material) in an art portfolio or similar packing. Card mounted displays can be cut into manageable sections which can then be assembled at the venue. However, this format is slightly heavier to transport. Posters can be protected from damage by lamination. Take Velcro fixing pads, double-sided sticky pads or drawing pins with you. They may not be provided.

## Scientific Posters

Aspects of both traditional and contemporary models for scientific poster design are described in the literature. This section assesses the relative merits of each of these, advocating the contemporary model for its increased use of visual techniques. Scientific posters use a well-established structure. In scope and content they are very much like an abstract. Sexton (1984) provides one example of this scientific structure: Purpose of the study, Sample, Method, Procedures for Data Analysis, Major Conclusions, Implications for Research (page 374).

Figure 1 on page 320 shows the traditional model, based on the A4 page. Figure 2 shows the contemporary alternative which aims to use visual language to convey the main message. (The subject of these posters has been invented for this paper.)

The differences between these two models can be summarised as follows:

<i>Traditional model</i>	<i>Contemporary model</i>
A4 pages	Enlarged & edited text
Several illustrations	One strong image
Several graphs & tables	Selective use of colour-coded graphs
Detailed data	Detailed data presented on handout
Difficult to extract meaning of data	Easy to extract meaning of data
Lack of colour	1 unifying background colour
Long sentences	'Headlines' & topic sentences
Upper case titles	Upper & lower case titles
Several fonts	1 font with serifs eg Times
Tight spacing	Comfortable spacing
Difficult to see links	Easy to identify links

This comparison shows the shift in emphasis between the two models from verbal to visual language. The contemporary poster aims to maintain the visual interest of the content, stimulating the viewer to interact with the content and with the presenter.

## Words

Words are also important in a poster, because they are at a premium (Murray and Thow, 1997). Some words, such as the main headings, may be decided by the conference organisers; for this poster these are Background, Aim, Methods, Results, Discussion, Conclusion, References.

For the rest of the poster, words have to be adapted to the visual medium. For example, in order to make it easy to find, the Aim of the study has been separated from the Background section and given its own section. To highlight key points so that the reader-viewer can see the content as a whole and can make a quick assessment of the study's significance (Rupnow and King, 1995) short subheadings (three to six words) have been added:

- Exercise and Cardiac Rehabilitation
- Randomised Controlled Trial, Reduced GTN Use
- Benefits for CR
- Quality of Life and Financial Savings

Conference delegates may not have time to stop and read every poster, but sub-headings may persuade them to pause for a closer look.

Sentence construction has been carefully crafted, so that complex points are distilled down to the essentials without losing the flow of the argument. The sentences are more concise in the revised version of the poster. For example, the Results section now has two main sentences instead of four, because a colon is used in each sentence, rather than several words, to signal detailed information: 'A significant reduction in the use of GTN was recorded by the exercise group: a mean reduction in the number of doses for the exercise group from 87 to 32.' (This sentence of our paper uses the same device, with the colon signalling the quotation which illustrates our point.) Moreover, pruning the text down to two main sentences makes a clear contrast between the first point — a measurable reduction — and the second point — a significant increase. Both points are linked by 'However', so that the structure of this mini-argument is very clear.

Non-essential words have been cut. This creates a more direct style, using plain English. Turk and Kirkman (1989) compare verbose and plain English styles in scientific writing, and argue, with the support of evidence from a survey of scientists in academe and industry, for the plain English style (pages 16-19). For example, in the first sentence, 'Within the UK setting there has been a marked increase ...' becomes 'There has been a marked increase ...'. Similarly, 'The results of this study suggest ...' becomes 'The results



## Medical Humanities: Getting Together to Discuss the Human Side of Care

Dr. Rowena Murray and Morag K. Thow

### Definition

Medical Humanities is a method of promoting discussion of medical issues by using literary texts. Poems, short stories and novels about illness can provoke discussion of medical conditions and the attitudes, emotions and deep-seated values of patients and carers. This method has proved thought provoking in a discussion group, in Glasgow, which included physiotherapists.

### Teachers and Clinicians

In clinical teaching Medical Humanities has been used to help students develop compassion and empathy. Moreover, it can help them articulate problems with death and dying, for example; because the texts are highly expressive yet fictitious, students and clinicians can discuss difficult issues in relative safety. For continuing professional development this can develop and maintain reflective practice.

### Teachers and Students

If teachers and students only discuss clinical principles and case studies they miss out the complexity of the practice of health care. More than the case study, the literary text can provoke different responses to symptoms and maintain reflective practice.

### What about the Patients?

Is the patient's point of view as well documented in any other medium? literary texts are a rich source of insights into unspoken fears, unconscious responses and unasked questions.

### Science and the Emotions

The value of this approach is that it can complement the purely clinical model of care, encouraging people to express views and feelings as well as diagnoses and treatments. A poem describing a patient's point of view of a hospital ward may have nothing to do with the medical condition, but everything to do with his or her experience of illness or recovery.



suggest... without losing the essential meaning. These small changes make the text as a whole more concise and easy to scan, an important quality for an effective poster.

Key words are placed at the start of sections and sentences, meaning not only that we get to the point quickly, but also that the reader who is quickly scanning the poster can pick up the main points in each section very quickly. For example, the opening words of the Results and Discussion sections reveal the key points immediately:

**Results – Reduced GTN Use –** A significant reduction . . . .

**Discussion – Benefits for CR –** The results suggest . . . .

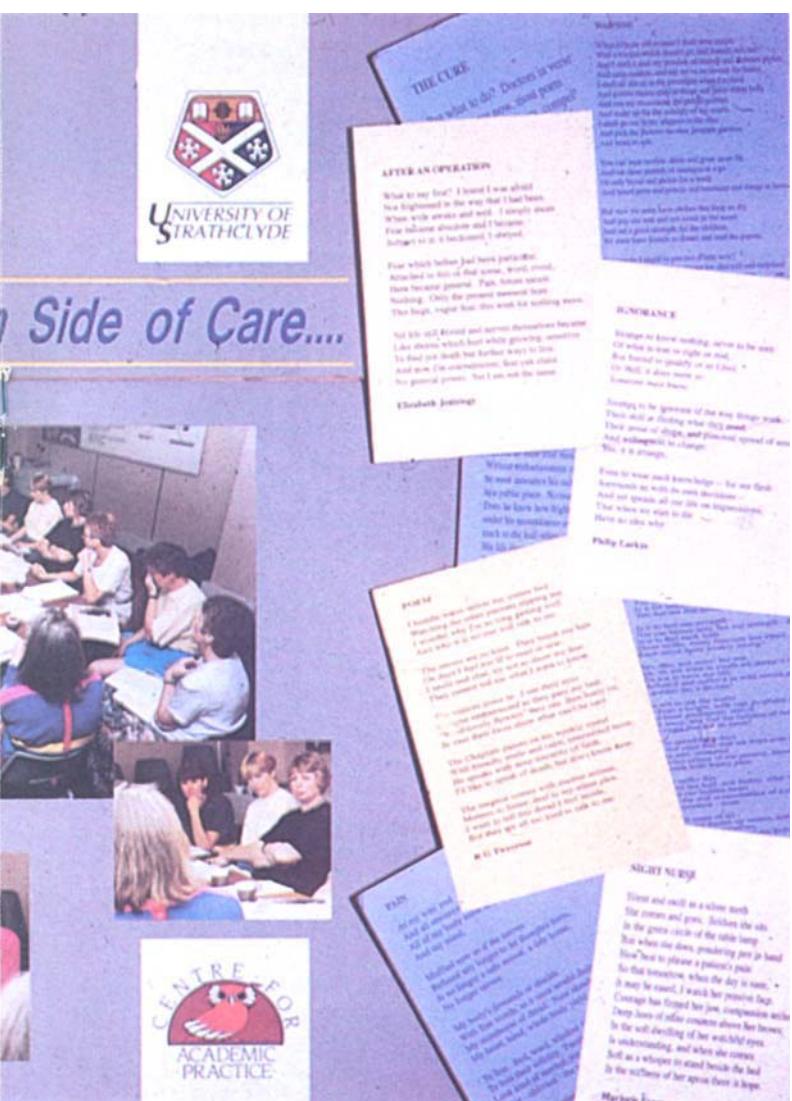
These techniques are features of effective scientific writing, but they are particularly important for a poster, where words are limited and have to make a visual impact. The writing must be easy to scan; the whole 'story line' must be clear at first glance (Rupnow and King, 1995).

### Non-scientific Posters

Physiotherapists also present non-scientific material, such as case studies, policy discussions, management strategies, clinical audit, continuing professional development, reflective practice and patient education (Hesketh and Harden, 1994). Non-scientific subjects may lend themselves to a non-scientific structure (Rush *et al*, 1995). It may be important to educate students about both types of presentation.

Where the structure of a scientific poster is like an abstract, the structure of the types of non-scientific posters physiotherapists might produce is more like a dialogue or narrative. However, even for a narrative the key sections will have to be clearly defined and strict limits will have to be set for the number of words in each section.

Figure 3 illustrates these principles in a non-scientific poster (actual size 1 metre x 2 metres). There are no graphs or tables. The poster aims to explain a new approach: 'Medical Humanities: Getting together to discuss the human side of care'.



**Fig 3 (left): Humanities poster**

Pictures of poems (on the right) show the materials used in this method. The overlapping layout resembles the scatter of texts on a table. This new 'shape' shows graphically the new element in this method.

Contrast between these two types of image makes the point of the poster: contrasting non-medical texts and medical texts are brought together in medical humanities.

### 3. Words

Like the abstract or summary for a journal article, words in a scientific or non-scientific poster capture the main points only. The total number of words that can be used is established by calculating how many lines of 24-point text fit the space allocated. Each section is allocated a word limit.

#### Setting word limits

<b>Box 1</b> Definition	50 words	3 sentences
<b>Box 2</b> Teachers and Clinicians	60 words	3 sentences
<b>Box 3</b> Teachers and Students	40 words	2 sentences
<b>Box 4</b> What about the Patients?	30 words	1 sentence
<b>Box 5</b> Science and the Emotions	60 words	2 sentences

Key words start the first sentence in each section, thus immediately revealing the main point of each section in the poster:

#### Key words: First words

Heading	Definition
First sentence	'Medical Humanities means ...'.

Similarly the impact and value of the subject are stated explicitly in the key words which start this section:

**This method has proved thought provoking** in a discussion group . . . **it can help** [students] articulate problems . . . **The value of this approach is** that it can . . .

For directness and readability these sentences could be bullet points:

#### Impact and value of medical humanities

- Provoking debate
- Helping students articulate problems
- Complementing the medical model of care

### Presenting the Poster

At the poster session or during a conference authors usually stand next to their posters and discuss their work. In their absence, delegates will still be able to identify presenters if there is a photograph of them on the poster. Handouts can be attached to the poster, rather than piled on the floor. A note can be attached to the poster, inviting delegates to help themselves.

### 1. Titles

The title of this poster combines a main title which makes the poster stand out and a sub-title which gives a conventional definition. The colon both links and distinguishes the two. This title links the poster with the theme of the conference: 'Getting Together'. Sub-titles highlight the main message.

The headings are in bold (without underlining). The type size is 24 point. The typeface is Times (with serifs), used for ease of reading. The title is developed in five sub-headings, giving examples of people 'getting together', eg 'Teachers and Clinicians'. Institutional titles and logos have plenty of space and a 30 point font. They visually define sections in the poster.

### 2. Images

Illustrations show the method in practice. Four photographs show stages in discussion. Variety in colour, size and position of the three central photographs creates a focal point.

Anticipating questions, both specialist and non-specialist, can help presenters to prepare for effective dialogue with delegates, preparing also to provide more detail on topics covered concisely on the poster. It might be important for presenters to make explicit their contribution to the work (Kodak, undated). Once the poster has stimulated initial contact, enthusiasm for the topic and willingness to discuss it are needed to follow this up. Giving concise answers and accepting praise are skills which can be practised in the departmental context, or in a research support group, among supportive colleagues.

During a conference a poster provides opportunities to reach others, to establish dialogue, which is not time-limited in the way that a presentation question-and-answer session is, with those who have an interest or expertise in the area. For those who have not given a conference presentation, the poster is also a good nurturing ground for developing skills and networking. Whatever the level of expertise or experience of the presenter a poster discussion can produce genuine two-way learning.

## Conclusion

This paper combines audiovisual, scientific and communications expertise to help presenters develop visual literacy. The poster is primarily a visual medium and visual literacy may be as important as verbal literacy in making the presenter's message clear.

The poster can also work as a manageable medium for busy researchers and clinicians and may help them to design research to an appropriate scale:

'It is more important than ever that residents understand the scientific and the scholarly base of internal medicine, and that they participate in it to the degree that it is practical and feasible. Scholarship rather than classic bench research is the key' (Bernreuter, 1995, page 341).

Practice in scholarship can be gained through presenting a poster, and the poster may create more direct dialogue with delegates and colleagues. With busy clinicians and researchers in mind, we have produced a poster action plan (see appendix).

Making a poster effective may mean a change of thinking about presenting results of practice or of research: changing from presenting all the data to selecting some of them, from giving details to highlighting the main point, from writing sentences to writing concise bullet points. Both conference presentations and posters use verbal and visual languages. The difference is in emphasis between the two modes: presentations

rely primarily on verbal literacy to convey meaning, while posters rely primarily on visual literacy to convey meaning.

This paper has provided an update on current practice in poster design. The future will see developments in combinations of media, with flat screens, loop tapes, compact disks and interactive displays, including video-conferencing. Watch this space.

## Acknowledgments

The editors of *The Journal of the Association of Chartered Physiotherapists in Women's Health* for permission to use elements of a paper published in that journal by Murray and Thow (1997) in one section of this paper. Neil MacLennan for photographs on the medical humanities poster. The medical humanities poster was presented at the Chartered Society of Physiotherapy Annual Congress (Glasgow, 1992) and at the Association of Chartered Physiotherapists in Women's Health Conference (Glasgow, 1996).

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## APPENDIX

### Poster Action Plan

#### A 12 week guide to planning and producing a poster

<b>Week 12</b>	<b>Week 11</b>	<b>Week 9</b>
<b>Poster Action Plan</b>	<b>Poster Action Plan</b>	<b>Poster Action Plan</b>
1. Accepted for poster presentation. 2. Received information guidelines. 3. Note deadline. 4. Plan production schedule.	5. Study guidelines. 6. Identify subject content. 7. Define target audience. 8. Start to collate information and data.	9. Seek advice on method of production. 10. Decide on method of transport. 11. Create scale plan of poster area.
<b>Week 8</b>	<b>Week 6</b>	<b>Week 5</b>
<b>Poster Action Plan</b>	<b>Poster Action Plan</b>	<b>Poster Action Plan</b>
12. Review material collated to date (be selective). 13. Detail information which would be better presented on a support handout. 14. Draft text for poster. 15. Decide on sequence of information.	16. Decide on colour scheme. 17. Identify focal point for poster. 18. Edit text. 19. Create lay-out of plan.	20. Produce text in final detail in appropriate size and font. 21. Obtain photos, graphs etc. at correct size - prints or colour photocopies. 22. Mount all material onto background.
<b>Week 3</b>	<b>Week 1</b>	<b>Hints &amp; Tips</b>
<b>Poster Action Plan</b>	<b>Poster Action Plan</b>	<b>Poster Action Plan</b>
23. Design and lay out accompanying handout. 24. Arrange duplication of handout. 25. Check name and institution appear on all material.	26. Package all material including fixings for transport. 27. Take copies of papers, references, personal cards and photograph. 28. Relax and look forward to the conference.	<ul style="list-style-type: none"> <li>Keep reference library of subject-related information.</li> <li>Keep text concise.</li> <li>Keep illustrations/diagrams and graphs simple and bold.</li> <li>Use colour constructively to identify, emphasise or code information.</li> </ul>