



# Creating a “Better Poster”

April, 2020

#GRADprfdev program

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1

## Rural Health Research Gateway

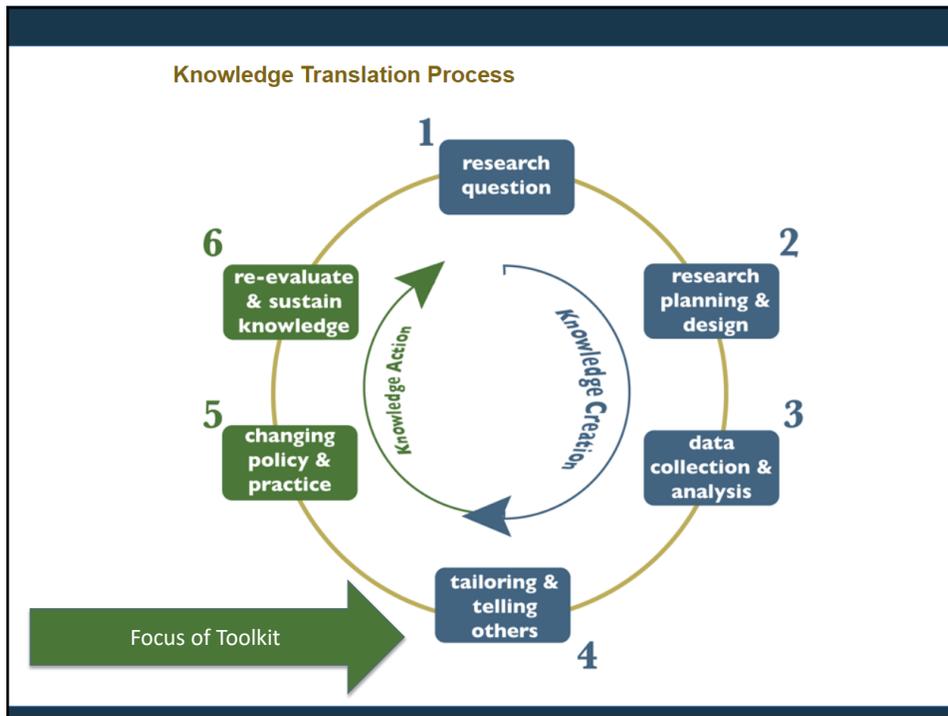
*Provide access to publications and projects funded through the Federal Office of Rural Health Policy*

- Aim to reach diverse audiences
- Make Gateway a resource for:
  - Students
  - Policy Makers
  - Other Health Researchers
  - Rural Health Providers
  - Rural Health Professionals/Organizations/ Associations



<https://www.ruralhealthresearch.org>

2



3

<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <p style="text-align: center;">Dissemination of Rural Health Research: <b>A Toolkit</b></p> <p style="text-align: center;"><b>August 2019</b></p> <p><b>Shawnda Schroeder, PhD</b> Research Associate Professor Director, Rural Health Research Gateway</p> <p><b>Center for Rural Health</b> University of North Dakota School of Medicine &amp; Health Sciences 1301 N. Columbia Road, Stop 9037 shawnda.schroeder@und.edu (701) 777-0797</p> <p><b>Sonja Bauman, MS</b> Research Specialist Center for Rural Health</p> <p><b>Center for Rural Health</b> University of North Dakota School of Medicine &amp; Health Sciences</p> <div style="text-align: center;">  <p><b>Rural Health Research Gateway</b></p> <p><small>The Rural Health Research Gateway is a project of the Center for Rural Health at the University of North Dakota School of Medicine &amp; Health Sciences. Gateway is funded by the Health Resources and Services Administration's Project Officer of Rural Health Policy.</small></p> </div> </div>	<h3>Table of Contents</h3> <p><b>Introduction</b> .....2</p> <p><b>Rural Health Research Gateway</b> .....3</p> <p><b>Elements of Dissemination Products</b></p> <p>General Rules of Dissemination .....4</p> <p>Title .....6</p> <p>Abstract .....7</p> <p>Standards for Accessible Design (ADA Compliance) .....8</p> <p><b>Dissemination Products</b></p> <p>Policy Brief .....10</p> <p>Fact Sheet .....12</p> <p>Chartbook .....14</p> <p>PowerPoint Slide Presentation .....16</p> <p>Poster Presentation .....18</p> <p>Infographic .....22</p> <p>Promotional Products .....24</p> <p>White Paper, Working Paper, Full Report .....26</p> <p>Journal Publication .....30</p> <p><b>Modes of Dissemination</b></p> <p>Exhibit .....32</p> <p>Press Release .....34</p> <p>Media Interviews .....36</p> <p>Social Media .....38</p> <p>Twitter .....40</p> <p>Facebook .....42</p> <p>Videos .....44</p> <p><b>References</b> .....46</p>
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4

**Introduction to the Dissemination Toolkit**

Rural health research will not have an impact on rural people and health systems if it is not accessible and valuable for diverse audiences, including health consumers, stakeholders, and policymakers at the local, state, and national levels. The World Health Organization refers to dissemination of health research as knowledge translation. Knowledge translation is:

A dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to improve health, provide more effective health services and products, and strengthen healthcare systems.

The emphasis of knowledge translation is to ensure health providers, consumers, researchers, advocates, and policymakers are aware of, can access, and are able to use health research findings to inform decision making. Differences among audiences make it imperative to know when and how to utilize various modes of dissemination for health research.

This toolkit aims to assist researchers with step four in the knowledge translation process, reaching their target audiences. By developing appropriate, timely, accessible, and applicable products, researchers have the opportunity to inform steps five, a change in policy or practice. This toolkit provides descriptions for multiple modes of dissemination and includes discussion of the purpose of each product, which product is appropriate given the topic and audience, and how to develop each. Effective examples are also provided.

**Knowledge Translation Process**

Original image of knowledge translation process came from <https://www.campbellcollaborative.org/what-is-knowledge-translation/exchange>

**Download the Toolkit**

Dissemination of Rural Health Research A Toolkit  
August 2019  
Developed by  
Shaunda Schroeder, PhD

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5

## Poster Presentation: Purpose

- Efficiently communicate concepts and data using a combination of text and visuals.
- Allow the author to network, speak with interested viewers, promote their work, and facilitate the exchange of ideas.

6

## General Rules

- Limit the focus of the poster, and provide supplemental resources as needed (handouts, or QR codes).
- Accentuate the most important information (key finding).
- Use graphics to tell the story, and limit narrative; average viewing time is three minutes.
- If the poster will be judged, ask for the judging criteria, and use it as a guide.
- Ensure the objectives and main points stand out and are easy to identify.
- Follow the size and regulations of the conference.

7

## Language and Layout

- Use phrases in place of sentences when possible and use active rather than passive verbs.
- Keep titles free of jargon and fewer than 10 words.
- Rely on text as little as possible and keep visual focus on the key finding or takeaway.
- Use tables sparingly (no long tables); consider if information can be presented as a graph.
- Use plenty of white space, to include clear sections with spacing and headers.
- Use no more than three font styles and sizes with no font smaller than 18; 24-point is preferred.

8

# Measuring Stigma around Mental Illness in North Dakota

Authors listed here



## Introduction

The World Health Organization has stated the "single most important barrier to overcome in the community is the stigma and associated discrimination towards persons suffering from mental and behavioural [sic] disorders." Three out of four people diagnosed with mental illness report experiencing stigma, which can subsequently impact adherence to treatment, utilization of services, and self-esteem. It is imperative to measure levels of stigma in an effort to tailor education and to create a safe environment for accessing treatment in North Dakota.

## Methods

Researchers collected data utilizing an existing and nationally validated instrument for measuring stigma, i.e., Day's Mental Illness Stigma Scale. Demographic variables included gender, age, ZIP code, highest grade level of school completed, and relation to someone with a mental health disorder. Rural communities were defined through application of the Rural-Urban Commuting Area Codes and categorized into two geographies: (1) rural and (2) urban. The instrument was disseminated electronically by North Dakota Chambers of Commerce in late October 2018. The invitation encouraged individuals to share the survey link with other contacts in the state. Participation was limited to North Dakotans ages 18 and older. The methods were reviewed and approved by the University of North Dakota's Institutional Review Board.

## Key Findings

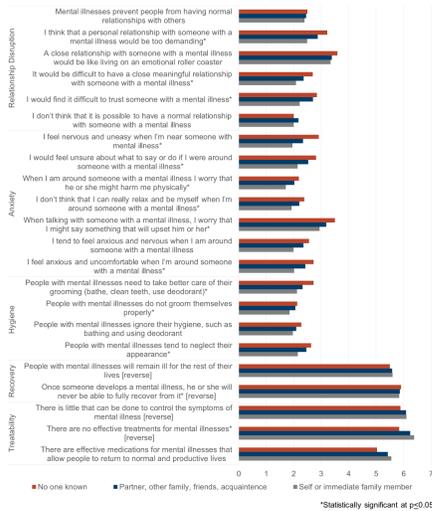
The 749 participants were predominantly female (81%), rural (63%), between the ages of 18-41 (52%), held a college degree (65%), and either had a mental illness (21%) or had an immediate family member with a mental illness (31%). Stigma was measured under seven topics: treatability, relationship disruption, hygiene, recovery, anxiety, visibility, and professional efficacy. **A low level of stigma for people with mental illness was noted in these findings.** Those without lived experience or family members with mental illness reported greater stigma associated with treatability, recovery, hygiene, anxiety, and relationship disruption, though average levels of stigma were low overall.

## Discussion

The preliminary results illustrate perceptions largely among women and individuals in the state with college degrees and indicate low stigma overall. Individuals with a mental illness or those with an immediate member of their family with a mental illness reported significantly less stigma on average than those with no lived experience or familial relation. An opportunity exists to work with family members and provide them the resources and support that they need to advocate for individuals with mental illness. This may also prepare them to dispel myths surrounding mental illness, reducing stigma in their own communities. Please read the associated white paper for additional figures as well as presentation of rural and urban comparisons. The data are limited and not an accurate representation of the state's general population, e.g. 81% of the respondents were female although only 46.7% of the total state population is female. The research team has weighted the data and will be publishing results that are representative of the state's population at a later date. Contact Dr. Schroeder for more information: [Shawnda.Schroeder@UND.edu](mailto:Shawnda.Schroeder@UND.edu).

## Average Score for Factors by Relation to Someone with a Mental Illness

(1 completely disagree – 7 completely agree)



9

# Dental Screening for Nursing Home Residents: A National Promising Practice

Shawnda Schroeder, PhD & Nathan Fix, MPH



## Research Objectives

- Identify existing rules, regulations, and recommendations for U.S. nursing home care surrounding dental screenings and the provider responsible for completing the screen for new residents upon admission.
- Develop a national promising practice in which a dental provider completes the initial dental screen for nursing home residents upon admission.

## Need for Dental Screen at Nursing Home Resident Admission

More than any other age cohort, people 65 years of age and older report fewer permanent teeth, higher rates of edentulism (missing all teeth), and a lower prevalence of dental visits.<sup>1</sup> Poor oral hygiene and low utilization of dental services among this cohort are concerning as literature illustrates correlation between poor oral health and periodontitis (gum disease) and increased hospitalizations, readmissions, respiratory infections, poor nutrition, diabetes, dementia, pneumonia, chronic obstructive pulmonary disease, and behavioral change.<sup>2,3</sup>

## Figure 1. Oral Health and Overall Health



- Subjects with severe gum infection had a 4.3 times higher risk of ischemic stroke (stroke) when compared to subjects with mild or no gum disease.<sup>4</sup>
- People who had chronic gum inflammation for 10 or more years were 70% more likely than people without gum inflammation to develop Alzheimer's disease.<sup>5</sup>
- The risk of pneumonia among long-term care patients was significantly reduced among those receiving oral care. Long-term care residents receiving oral care had a 34% mortality rate by pneumonia and half that of those receiving no screening oral care.<sup>6</sup>

## Study Design

Researchers completed a comprehensive review of federal regulations, including administrative law for nursing home care; state regulations; Centers for Medicare and Medicaid Services' Resident Assessment Instrument (CMS RAI) V3.0; billing codes; and national and international models for initial dental screens in nursing home facilities.<sup>7-11</sup> These resources directed the development of the screen and collaborative care model.

Following development of an innovative care model and dental screening tool for new nursing home residents, the research team held a focus group. The focus group included:
 

- State Department of Health (DOH)
- Nursing home direct care providers
- Nursing home administration
- Dental care providers
- State Medicaid representative

## Principal Findings

A critical barrier to quality, efficient, safe, daily oral hygiene for nursing home residents is a comprehensive and accurate dental screen completed within 14 days of admission. This initial screen informs all future daily oral hygiene for residents. There is no standard template for completing this initial screen outside of variables addressed in the CMS RAI, nor is there a requirement (or federal recommendation) that this screen be completed by a dental professional. These screens are predominantly completed by nursing staff who lack the experience and training needed to conduct accurate and comprehensive dental screens.

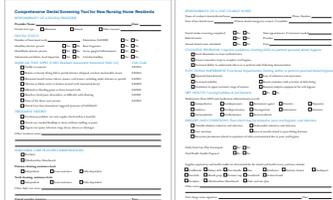
## Conclusions

The CMS RAI 3.0 specifically promotes the utilization of multidisciplinary health teams in caring for nursing home residents; however, it omits dentistry from mention as a member of that team. Involving a dental professional in the initial assessment of new residents can improve the overall health and well-being of the more than 1.4 million nursing home residents in the U.S. This study recommends that all new nursing home residents, upon admission, receive a dental screening performed by a member of a dental team. Researchers provide a screening tool template to utilize upon resident admission. This initial dental screen will identify any treatment needed and provide the basis for developing the resident's daily plan of care for dental hygiene.

## Policy and Practice

This new screening tool, when in practice, can improve the oral health of nursing home residents. Future research will pilot the tool and care model. There is potential for this practice to become an evidence-based model, and eventually, a service reimbursable by both Medicaid and private dental insurers alike.

Figure 2. Dental Screen for Nursing Home Residents



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10



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## What is the “Better Poster” Format?

- Overhaul of the traditional poster.
- Even fewer words.
- Highlights the key finding or the critical takeaway.
- Eye-catching which makes people more likely to stop and read more.
- Encourages presenters to be creative, think about how to translate their findings, and focus on what is important.
- Intended to save time in poster development: use of template.
- Recognizes time constraints of attendees.
- Can organize a conference by color.

11

**Title**  
*Authors*

**Intro**

**Methods**

**Results**

**Discussion**  
*More research is needed, but...*

**Extra Tables & Figures**

**Main finding goes here, translated into plain english. Emphasize the important words.**

Take a picture to download the full paper

12

**Title**

Authors

**Intro**

•

•

•

•

**Methods**

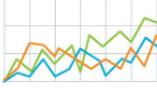
1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Results**



•

•

•

**Discussion**

More research is needed, but...

•

•

•



## Format: Left Bar

**Title:** Short, less than ten words.

**Intro:** Explain why your study matters briefly, and in plain language.

**Methods:** Brief and bulleted if possible. List your lead research question/hypothesis. Briefly state how you studied/tested this. State what you collected and from whom (population).

**Results:** Visual and bulleted if possible. Only present that data that will support your main finding.

**Discussion:** So what? What have we gained from this research, and what are the implications?

13

## Format: Main Finding

- Plain language.
- Simple but large font.
- Do not muddy it with several tables or figures.
- Keep it simple in design.
- Bold words or phrases that you want to stand out.
- What should they leave your poster now knowing?
- Add a QR code.

**Main finding** goes here, translated into **plain english**. **Emphasize** the important words.



 Take a picture to download the full paper

14

## Format: QR Codes

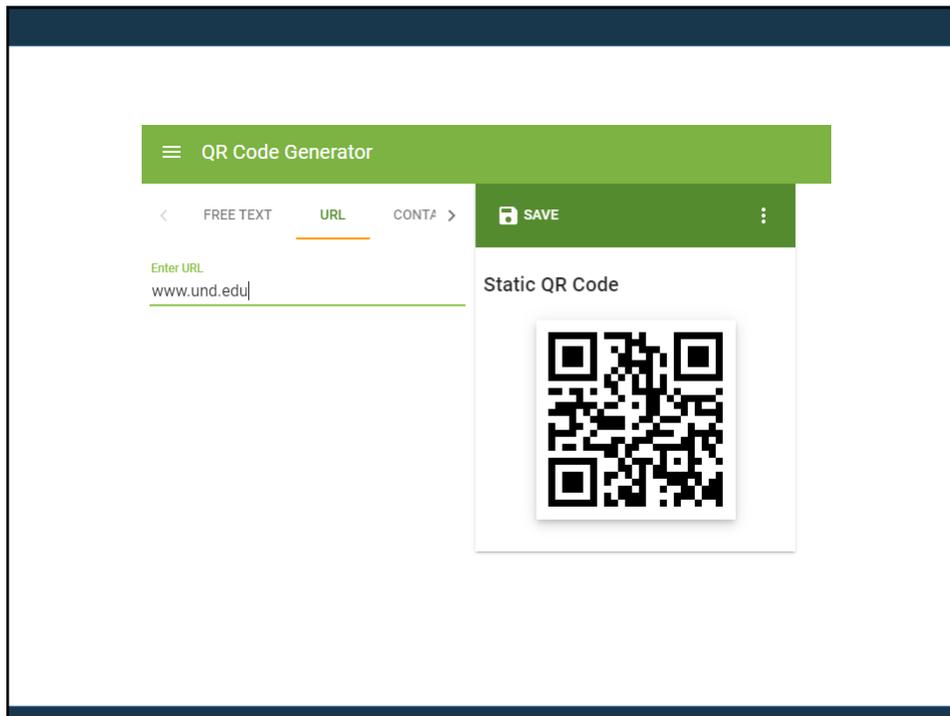
- When generating a QR code, make sure it is necessary and meaningful. Use a URL to your additional work:
  - Journal article.
  - Program page.
  - Policy brief.
  - Your bio.
- Free service: <https://www.qr-code-generator.com/>
- Free service: <https://www.the-qrcode-generator.com/>

15

## QR Codes: How it Works

- Enter the URL into the code generator.
- Save the QR code file that is generated.
- Paste or insert image into your poster.
- When attendees take a photo of your poster, it will take them to the URL you provided.

16



17

## Format: Right Bar

- All of the “extras” you may need to refer to when presenting.
- You stand in front of this information.
- IT IS NOT MEANT TO LOOK NICE!
- May include p-values, additional statistics, complex modeling, a list of other studies that have utilized the same research method, citations, or tables.

### Extra Tables & Figures

18

## Format: Use of Images

- Review the “Better Poster” guide: <https://osf.io/6ua4k/>.
- Free hat icons: <https://thenounproject.com>.
- [www.VectorStock.com](http://www.VectorStock.com) offers full colorgraphics for around \$1/each.
- Do not just pull images from Google – consider copyright.

19

*Put Your Full Poster Title Here: And Include Your Subtitle if You Have One*

**WONKVILLE**

**Delete this and replace it with your...**

- Extra Graphs
- Extra Tables
- Extra Figures
- Extra nuance that you're worried about leaving out

**Keep it messy! This section is just for the data wonks who want to get down in the weeds.**

This is an APA mod of Mike Marston's Better Poster. Keep what works for you. Change what doesn't.

His tips:

1. Keep font size as high above 28+ as possible.
2. Keep your summary tight. Think of it like "abstract" with key figures only.
3. The more content you add here, the more cognitive load you add, and the more you'll turn people off engaging.
4. Less content = more readers.
5. Now delete this text box. ☺

**Author Name1, author2, author3, author4**

**INTRO**

- Who cares? Explain why your study matters in the fastest, most brutal way possible (feel free to add graphics!).

**METHODS**

1. How did you find this?
2. Collected [what] from [population]
3. How you tested it.

**RESULTS**

- Graph/table with essential results only
- All the other data in "wonkville"


**DISCUSSION**

- "If this result actually generalized and I didn't have to humbly disclose the possibility of a thousand confounds and limitations, it would imply that..."

**Main finding goes here, translated into plain English.**

**Emphasize the important words.**

(feel free to add a focal graphic below!)



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20

# Benefits of "Better Poster" Format

- Fosters conversation.
- Easy to identify critical takeaways.
- It's visually appealing and eye-catching which makes people more likely to stop and read more.
- It helps posters stand out.
- It encourages presenters to be creative, think about how to translate their findings, and focus on what is important.
- Use of templates makes it easier to make the posters.

21

## Dental Screening for Nursing Home Residents: A National Promising Practice

Shawnda Schroeder, PhD & Nathan Fix, MPH



### Research Objectives

- Identify existing rules, regulations, and recommendations for U.S. nursing home care surrounding dental screenings and the provider responsible for completing the screen for new residents upon admission.
- Develop a national promising practice in which a dental provider completes the initial dental screen for nursing home residents upon admission.

### Need for Dental Screen at Nursing Home Resident Admission

More than any other age cohort, people 65 years of age and older report fewer permanent teeth, higher rates of edentulism (missing all teeth), and a lower prevalence of dental visits.<sup>1</sup> Poor oral hygiene and low utilization of dental services among this cohort are concerning as literature illustrates correlation between poor oral health and periodontitis (gum disease) and increased hospitalizations, readmissions, respiratory infections, poor nutrition, diabetes, dementia, pneumonia, chronic obstructive pulmonary disease, and behavioral change.<sup>2,3</sup>

### Figure 1. Oral Health and Overall Health



Subjects with severe gum infection had a 4.3-times higher risk of ischemic stroke (cardiac screening that subjects with mild or no gum disease).<sup>4</sup>

People who had chronic gum inflammation for 10 or more years were 70% more likely than people without gum inflammation to develop Alzheimer's disease.<sup>5</sup>

The risk of pneumonia among long-term care patients was significantly reduced among those receiving oral care. Long-term care residents receiving oral care had a 30% of mortality due to pneumonia about that of those receiving no screening oral care.<sup>6</sup>

### Study Design

Researchers completed a comprehensive review of: federal regulations, including administrative law for nursing home care; state regulations; Centers for Medicare and Medicaid Services' Resident Assessment Instrument (CMS RAI) V3.0; billing codes; and, national and international models for initial dental screens in nursing home facilities.<sup>7-14</sup> These resources directed the development of the screen and collaborative care model.

Following development of an innovative care model and dental screening tool for new nursing home residents, the research team held a focus group. The focus group included:

- State Department of Health (DOH)
- Nursing home direct care providers
- Nursing home administration
- Dental care providers
- State Medicaid representative

### Principal Findings

A critical barrier to quality, efficient, safe, daily oral hygiene for nursing home residents is a comprehensive and accurate dental screen completed within 14 days of admission. This initial screen informs all future daily oral hygiene for residents. There is no standard template for completing this initial screen outside of variables addressed in the CMS RAI, nor is there a requirement (or federal recommendation) that this screen be completed by a dental professional. These screens are predominantly completed by nursing staff who lack the experience and training needed to conduct accurate and comprehensive dental screens.

### Conclusions

The CMS RAI 3.0 specifically promotes the utilization of multidisciplinary health teams in caring for nursing home residents; however, it omits dentistry from mention as a member of that team. Involving a dental professional in the initial assessment of new residents can improve the overall health and well-being of the more than 1.4 million nursing home residents in the U.S. This study recommends that all new nursing home residents, upon admission, receive a dental screening performed by a member of a dental team. Researchers provide a screening tool template to utilize upon resident admission. This initial dental screen will identify any treatment needed and provide the basis for developing the resident's daily plan of care for dental hygiene.

### Policy and Practice

This new screening tool, when in practice, can improve the oral health of nursing home residents. Future research will pilot the tool and care model. There is potential for this practice to become an evidence-based model, and eventually, a service reimbursable by both Medicaid and private dental insurers alike.

Figure 2. Dental Screen for Nursing Home Residents

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### References

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This study was funded by the North Dakota Department of Health under a research grant from the National Center for Health Services Research and Promotion.



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22

## Dental Screening for New Nursing Home Residents: A National Promising Practice

Shawnda Schroeder, PhD & Nathan Fix

### Research Objectives

- (1) Identify existing rules, regulations, and recommendations for U.S. nursing home care surrounding dental screenings provider responsible for completing the screen for residents upon admission.
- (2) Develop a national promising practice in which a provider completes the initial dental screen for nursing home residents upon admission.

### Need for Dental Screen at Nursing Home Resident Admission

More than any other age cohort, people 65 years of age and older report fewer permanent teeth, higher rates of edentulism (no teeth), and a lower prevalence of dental visits.<sup>1</sup> Poor oral hygiene and low utilization of dental services among this age group are concerning as literature illustrates correlation between oral health and periodontitis (gum disease) and its complications, hospitalizations, readmissions, respiratory infections, nutrition, diabetes, dementia, pneumonia, chronic obstructive pulmonary disease, and behavioral change.<sup>2,3</sup>

**Figure 1. Oral Health and Overall Health**

1. Subjects with severe gum infection had a 4.3-times-higher risk of ischemic stroke (stroke) compared to subjects with mild or no gum disease.  
 2. People who had chronic gum inflammation for 10 or more years were 70% more likely than people without gum inflammation to develop Alzheimer's disease.  
 3. The risk of pneumonia among long-term care patients was significantly reduced among those receiving oral care. Long-term care residents receiving oral care had a rate of mortality due to pneumonia about half that of those residents not receiving oral care.

All nursing home residents should have a standard dental screen completed by **both a clinical nurse and a dental hygienists** in order to meet federal guidelines and improve oral health!

**Center for Rural Health**  
 University of North Dakota  
 School of Medicine & Health Sciences

**Practice**  
 When in practice, can improve the oral health of nursing home residents. Future research will pilot the tool and care for this practice to become an evidence-based service reimbursable by both Medicaid and Medicare.

**Screen for Nursing Home Residents**

Practice	Screening	Assessment	Referral	Follow-up
Screening	Yes	Yes	Yes	Yes
Assessment	Yes	Yes	Yes	Yes
Referral	Yes	Yes	Yes	Yes
Follow-up	Yes	Yes	Yes	Yes

ruralhealth.und.edu

23

## Dental Screening of New Nursing Home Residents: National Promising Practice

Author, Author

### Introduction

- Nursing home residents have poor oral health.
- Currently, dental screens are completed by clinical nursing staff without oral health training.
- Poor oral health is associated with worse health. See Figure 1.

### Method

- Review of federal guidelines.
- Review of dental screening tools and billable services.
- Focus groups with nursing home and dental teams.

All nursing home residents should have a standard dental screen completed by **both a clinical nurse and a dental hygienists** in order to meet federal guidelines and improve oral health!

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 When in practice, can improve the oral health of nursing home residents. Future research will pilot the tool and care for this practice to become an evidence-based service reimbursable by both Medicaid and Medicare.

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Referral	Yes	Yes	Yes	Yes
Follow-up	Yes	Yes	Yes	Yes

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24

## Dental Screening of New Nursing Home Residents: National Promising Practice

Author, Author

**Introduction**

- Nursing home residents have poor oral health.
- Currently, dental screens are completed by clinical nursing staff without oral health training.
- Poor oral health is associated with worse health. See Figure 1.

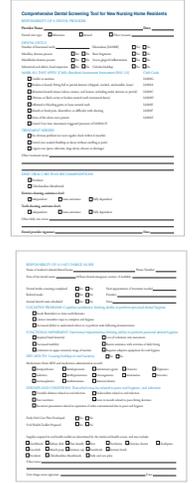


**Method**

- Review of federal guidelines.
- Review of dental screening tools and billable services.
- Focus groups with nursing home and dental teams.

All nursing home residents should have a standard dental screen completed by **both a clinical nurse and a dental hygienists** in order to meet federal guidelines and improve oral health!

The CMS RAI 3.0 specifically promotes the utilization of multidisciplinary health teams caring for nursing home residents; however, omits dentistry from mention as a member of that team. Involving a dental professional in the initial assessment of new residents can improve the overall health and well-being of the more than 1.4 million nursing home residents in the U.S. This study recommends that all new nursing home residents, upon admission receive a dental screening performed by a member of a dental team. Researchers provide a screening tool template to utilize upon resident admission. This initial dental screen will identify any treatment needed and provide the basis for developing the residents' daily plan of care for dental hygiene.



25

## Evaluation of a Comprehensive Program Addressing Oral Health in Multiple, Diverse Community Settings

PRESENTER: Shawanda Schroeder, PhD

**BACKGROUND**

Individuals who live rural, are low-income, are covered by Medicaid, have no dental insurance, and/or are American Indian/Alaska Native (AI/AN) present with significantly worse oral health and fewer dental visits than their peers in North Dakota. The traditional dental care model does not promote health equity for these individuals. The North Dakota Department of Health Oral Health Program have implemented a comprehensive program to achieve oral health equity. The Center for Rural Health is evaluating these efforts.

**METHODS**

The evaluation is multifaceted and employs review of statewide data systems, aggregate patient data, interviews with students and dental providers, training evaluations, and surveys of medical residents, dentists, and school personnel.

- SEALIND - School-based sealant program
- Dental student rotations in Federally Qualified Health Centers (FQHCs)
- Community water fluoridation
- Oral health data surveillance
- Medical-dental integration

**RESULTS**

- SEALIND reached 97 schools during the 2018-2019 school year.
- The public health hygienist integrated into the medical setting saw 435 patients in 10 months.
- 95.8% of the population receives optimally fluoridated water.
- 1,998 kindergartners in 43 schools were screened under the goal of oral health surveillance.
- Dental students completing rotations in a FQHC identified positive experiences with integrated care and complex case management, but indicated future salary and low dental loan repayment rates in the state would weigh into their decision about where to practice in the future.

**Comprehensive oral health programs need to engage community partners and look for ways to address oral health equity outside of the traditional dental office.**



Take a picture to access evaluation reports

**SEALIND Sealant program:**

- The biggest barrier to providing care was initial return of consent forms.
- Surveyed all of schools in school year 2018-2019; results to be published online.
- Roughly one cavity is prevented for every 3.5 sealants placed.
- 688 cavities were averted from the sealants placed in the 2018-19 school year.
- \$6.4k ROI generated \$51,320 in dental costs, or \$7.50 per avoided cavity, which is consistent with previous years.

**Student rotations:** in 2018-2019 3 dental students

Year	Rotations	Students	Providers	Experiences	Outcomes
2018-2019	3	3	3	3	3

**Water fluoridation:** CDC 2016 projection

Fluoridation Status	% of population	Optimal	Suboptimal	None
Optimal	95.8%	95.8%	0%	0%

**Data surveillance:**

Fig. Oral Health Among North Dakota Undergrads by Specialty, 2018-19 School Year



**Medical dental integration:** Nov. - Aug. 2019

- Of the 415 patients, 181 received fluoride varnish and 413 received oral health education.
- Of the 187 referred to a dentist, only 18 (10%) followed through with scheduling a dental appointment/receiving needed dental treatment.
- Only one AI/AN resident had ever conducted a basic oral health screening.
- The best: Only two residents indicated any level of confidence in their ability to identify common oral health conditions, and only two residents received any formal oral healthcare training in medical school.

**Contributors:**

- Cheri Kuchar, RN, BSN, RDH, BD
- Toni Frisley, RDH, GDE
- Vanessa Boop, RPHI, RDH
- Clara Nelson, RPHI
- Shawna Knutson, BS
- Jackie Reed, DDS

Center for Rural Health | North Dakota Health

26

**Benefits of Medical-Dental Integration for Medical Residents, Providers, and Patients**

**PRESENTER:**  
Vanessa Bopp, PhD, RDM  
[Vanessa.bopp@UND.edu](mailto:Vanessa.bopp@UND.edu)

**BACKGROUND**  
Integration of dental providers into primary care improves access to dental care for underserved populations, and reinforces that oral health is not separate from overall health. The North Dakota Oral Health Program placed a public health hygienist (PHH) into the University of North Dakota (UND) Center for Family Medicine (CFM) residency program to address patients' oral health needs, and to educate medical residents on the importance of clinical dental screenings and referrals.

**METHODS**  
Medical residents were surveyed before and after participating in the program. De-identified patient data measured the clinical reach of the program by tracking patients screened, referred, and with a dental home.

**CLINICAL RESULTS**  
Between November 2018 and August 2019, the PHH:  

- Completed dental screens for 424 patients.
- Applied fluoride varnish for 204/424 patients.
- Referred and scheduled dental visits for 191 patients.
  - Of those referred for care, 40 (21%) scheduled and attended a dental visit.

**TRAINING RESULTS**  
Only one first-year resident had ever conducted a basic oral health screening. First-year medical students were generally unaware of the correlation between oral health and cerebrovascular disease, low birth weight, coronary artery disease, and diabetes. Upon completing their medical residencies, all students indicated they had conducted at least a few oral health screenings and all residents indicated confidence in their ability to identify gingivitis, cavities, periodontal disease, and gingival hyperplasia.

**CONCLUSION**  
Integrating a member of the dental team into primary care provides capacity to assess, educate, refer, and apply fluoride varnish to at-risk populations while simultaneously better preparing medical providers to identify oral health concerns. There is still a need to increase dental visit rates post-referral.

**The medical-dental integration program increased access to dental screenings, fluoride varnish, and oral health education for patients as well as increased oral health knowledge among medical residents practicing at the facility.**

Clinic Type	Dental screens	Fluoride applications	Patients referred
Total	424	204	191
Family Medicine	424	185	157
Asthma Clinic	0	19	34

**Patient Demographics by Clinic Type**

	FAMILY MEDICINE	ASTHMA CLINIC
<b>SEX</b>		
Male	48.3% (210)	69.2% (27)
Female	51.7% (225)	30.8% (12)
<b>AGE</b>		
Ages 0-9	35.2% (155)	56.4% (22)
Ages 10-19	2.8% (122)	43.6% (17)
Ages 20-39	20.5% (89)	0% (0)
Ages 40-59	13.1% (57)	0% (0)
60+ years	3.2% (14)	0% (0)

Take a picture to access evaluation reports

**Other Results:**  
The PHH provided quarterly dental education to medical residents and other care staff. Data were collected from six new residents who had yet to begin work with the UND CFM in July 2019. A post-assessment was completed by five different medical residents who had completed the program in June 2019 (they began their residencies in July 2018).

**PRE-Survey**  

- Only one first-year resident had ever conducted a basic oral health screening.
- Every resident indicated that oral health is an important factor in overall health. However, only one resident believed that integrating oral healthcare within family medical settings was very important.
- First-year medical students were also generally unaware of the correlation between oral health and the following diseases: cerebrovascular disease, low birth weight, coronary artery disease, diabetes.
- The six first-year medical residents indicated knowledge of the correlation between oral health and the following: substance use, tobacco use, human papilloma virus (HPV), aspiration pneumonia.
- Only two residents indicated any level of confidence in their ability to identify common oral health conditions, and only 2 residents received any formal oral healthcare training in medical school.

**POST-Survey:**  

- All third-year medical residents agreed that the seminars provided by the PHH were positive and that oral health is an important factor in overall health.
- Upon completing their medical residencies, all students indicated that they had conducted at least a few oral screenings while at the UND CFM.
- All outgoing residents also indicated confidence in their ability to identify: gingivitis, cavities, periodontal disease, and gingival hyperplasia.

**AUTHORS:**  
Shawnda Schroeder, PhD, MA  
[Shawnda.Schroeder@UND.edu](mailto:Shawnda.Schroeder@UND.edu)  
Shana Gaudin, BS  
Christ Kellef, RN, BSN, RDH, RD

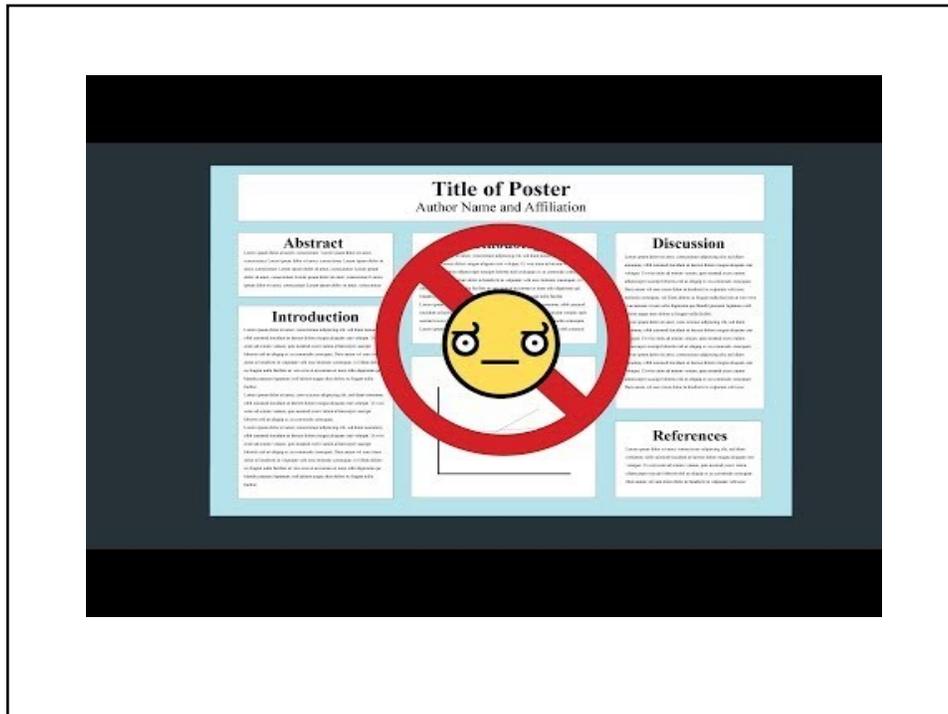
**UND** Center for Family Medicine  
**Dakota Health**

27

## Presenting a Poster

- Dress and carry yourself professionally: Confidence.
- Listen as much as you speak.
- PRACTICE.
- Look for opportunities for future collaboration.
- Be prepared for critique (right bar of your poster).
- Know you are not an expert, but you are an expert on YOUR work.
- PRACTICE.
- Remember the audience (or ask before you present the poster).
- PRACTICE and remember three minutes is the average viewing time.

28



29

## Additional “Better Posters” Resources

- Rethinking the Science Poster, APA:  
<https://convention.apa.org/blog/rethinking-the-science-poster>
- “Better Poster” design, templates, examples, tips:  
<https://osf.io/ef53g/>
- Research dissemination toolkit:  
<https://www.ruralhealthresearch.org/assets/3050-12326/dissemination-of-rural-health-research-a-toolkit.pdf>
- To Save The Science Poster, Researchers Want To Kill It And Start Over, NPR:  
<https://www.npr.org/sections/health-shots/2019/06/11/729314248/to-save-the-science-poster-researchers-want-to-kill-it-and-start-over>

30

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31

For more than 30 years, the Rural Health Research Centers have been conducting policy-relevant research on healthcare in rural areas and *providing a voice for rural communities in the policy process.*



The Rural Health Research Gateway ensures this research lands in the hands of our rural leaders.

[ruralhealthresearch.org](http://ruralhealthresearch.org)

Funded by the Federal Office of Rural Health Policy, Health Resources & Services Administration

32

## Better Poster Templates: Version 41

DISCLAIMER from Dr. Schroeder:

The following slides are NOT MY SLIDES.  
These slides are provided through OSFHOME  
and are available at: <https://osf.io/6ua4k/>.

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Science](#)

33

**Hey: Download this and open it on your  
PC to see all the right colors & fonts.**

It probably looks ugly and weird if you're  
previewing it on the OSF.

34

**Title:**  
**Subtitle**

**PRESENTER:**  
**Leeroy Jenkins**

**BACKGROUND:** Who cares? Explain why your study matters in the fastest, most brutal way possible (feel free to add graphics!).

**METHODS**

1. Collected (what) from (population)
2. Tested it with X process.
3. Illustrate your methods if you can.
4. Try a flowchart!

**RESULTS**

- Graph/table with **essential results only**.
- All the other correlations in the ammo bar.

## Main finding goes here, translated into plain English. Emphasize the important words.



Visualize your findings with an image, graphic, or a key figure.



Take a picture to download the full paper

**AMMO BAR**

Delete this and replace it with your...

- Extra Graphs
- Extra Correlation tables
- Extra Figures
- Extra nuance that you're worried about leaving out.
- **Keep it messy!** This section is just for you.

Leeroy Jenkins, author2, author3, author4, author5, author6, author7, author42



35

# Add a key figure

## Show-and-tell the best, most insightful part of your methods & data.

**Intergenerational transmission of education and ADHD**  
*Effects of parental genotypes*

**Esther de Zeeuw**  
@dezeuw

**Background**

It is challenging to study whether children resemble their parents due to nature, nurture, or a mixture of both.

**Method**

Parents transmit 50% of their alleles to their offspring. The combined trait specific effect of these alleles is summarized in a polygenic score (PGS). Likewise, we can calculate a PGS for children that we are not interested in. They can only affect offspring through the environment, not genetically transmitted behavior in the parents, cultural genetic nurturing. For genotypes neither before offspring (PGS) nor after (PGS) we analyzed the impact of transmitted and non-transmitted PGS on adult educational attainment (EA) and childhood ADHD, and tested if transmission predicted and acted on EA and ADHD in offspring.

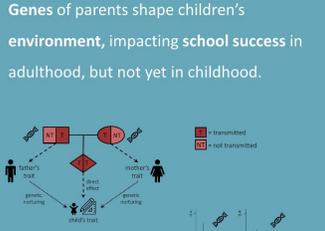
**Results**

In adults, both transmitted ( $\beta = 0.26$ ) and non-transmitted ( $\beta = 0.17$ ) EA PGS predicted offspring EA, indicating genetic nurturing. In 13-year-olds, academic achievement was predicted only by transmitted EA PGS ( $\beta = 0.25$ ), but we did not find genetic nurturing ( $\beta = 0.13$ ). The ADHD PGS did not predict academic achievement ( $\beta = 0.03$ ). ADHD symptoms in children were predicted by transmitted EA PGS and ADHD PGS ( $\beta = 1.2$ ).

**Conclusions**

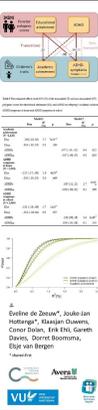
Previously reported associations between parent characteristics and offspring outcomes seem to be mainly a marker of genetic effects shared by parents and children.

## Genes of parents shape children's environment, impacting school success in adulthood, but not yet in childhood.



Take a picture to download the full paper

Example donated by @drElsie



36

## Try an on-theme background.

Add fun and reinforce your study's context, but make sure to keep a high contrast between your text and background!



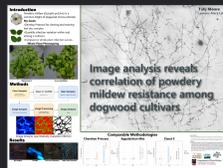
Example donated by [@brendenwalker](#)



Example donated by [@hydroawker](#)



Example donated by [@nasaman58](#)



Example donated by [@SarraceniaMason](#)



Mountain photo by [@mnhydro](#)

Example donated by [@americamorim](#)

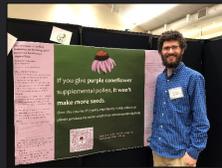


Example by [@mikemorrison](#)

37

## Try a 'hat' icon.

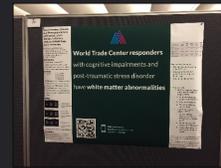
Fun, reinforces your finding, makes your poster memorable — and can be interpreted at-a-glance.



Example donated by [@MCLAScience](#)



Example donated by [@DStroumsa](#)



Example donated by [@ElzaBechtman](#)



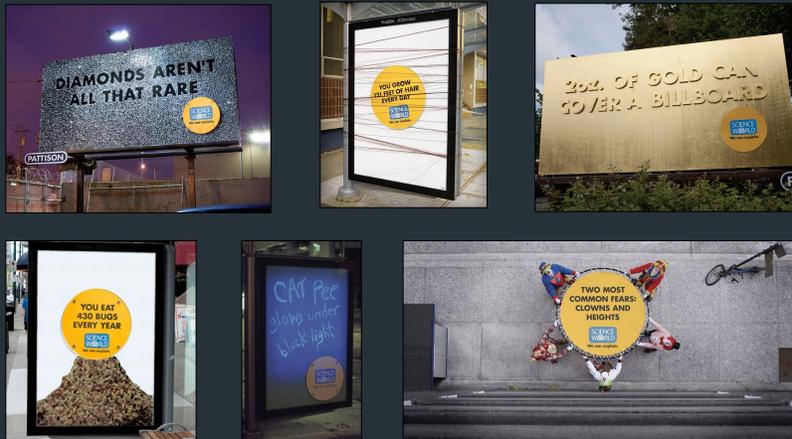
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Example donated by [@akreutzer82](#)

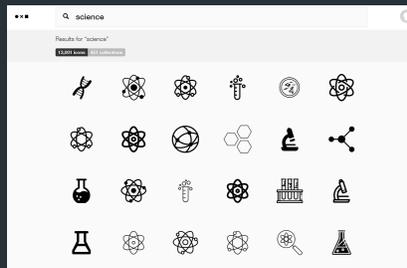
38

Here are some memorable science billboards for inspiration.  
[Ctrl+Click here for more.](#)



39

You can get free icons from  
[TheNounProject.com](https://thenounproject.com)

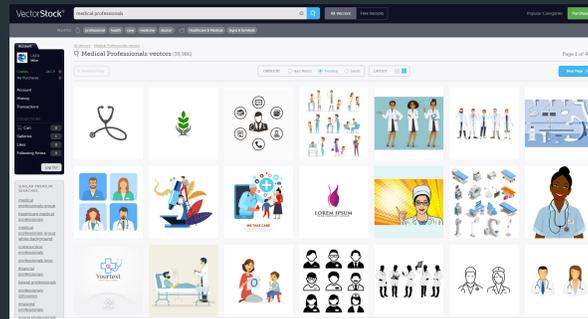


<https://thenounproject.com>

40

Get full-color graphics on a transparent background for ~\$1/each from...

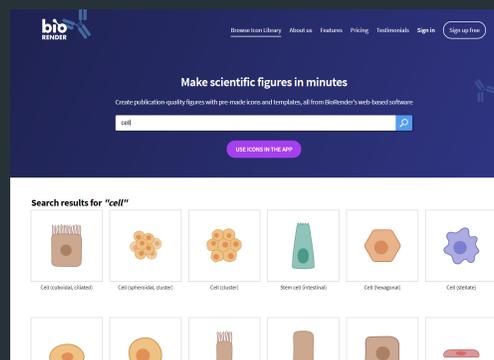
VectorStock.com



<https://vectorstock.com>

41

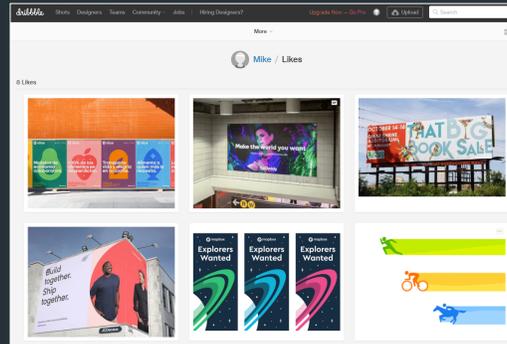
You can create biology figures with [BioRender.com](http://BioRender.com)



<http://BioRender.com>

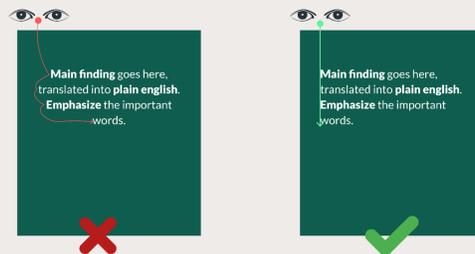
42

Stuck on a design dilemma? Do what other designers do! Go to [dribbble.com](https://dribbble.com) and scroll through stuff until a solution jumps out at you. Try searching for “posters” or “graph”.



<https://dribbble.com/>

43



If your punchline is more than 2 lines, **don't center it**. Centering makes your eyes do more work, and **centered text is slower to read** than left-aligned text.

44

# Gallery

Real posters designed based off of the main templates.

45



Example donated by [@milankloewer](#)

[http://www.milank.de/documents/kloewer\\_egu.pdf](http://www.milank.de/documents/kloewer_egu.pdf)

46

**Discovering the Language of Meaningful Work**  
 Mikemorrison, Sarah K. Kala

**ABSTRACT**  
 We investigate the relationship between work meaningfulness and self-reported identity words. We find that people who report higher levels of meaningful work use more identity words related to their work.

**KEYWORDS**  
 1. Work meaningfulness  
 2. Identity words  
 3. Self-reported work meaningfulness

**RESULTS**

Participants who reported higher levels of meaningful work used more identity words related to their work.

**CONCLUSIONS**  
 1. Work meaningfulness is related to self-reported identity words.  
 2. People who report higher levels of meaningful work use more identity words related to their work.

MICHIGAN STATE UNIVERSITY

When people **find their work meaningful**, they talk about it using **identity words**, like...  
 "I am a writer" vs. "I work for a magazine."



Take a picture to download the full paper

Variable	Mean	SD	Alpha
Work meaningfulness	3.52	1.12	.88
Identity words	1.25	0.45	.72
Self-reported work meaningfulness	3.45	1.15	.85

Example by [@mikemorrison](#)

47

**The relationship between disgust levels and sexual behaviors as moderated by self-perceived pathogen exposure**  
 Jesshlay, Graham Abbott, Zeynep Semel, Steven Aronoff, Candace K. Ferguson-Simon

**ABSTRACT**  
 Behavioral Immune System works to avoid pathogen first, rather than fighting infection after. Environmental inputs should influence disgust sensitivity.

**KEYWORDS**  
 1. Disgust  
 2. Sexual behavior  
 3. Pathogen exposure

**RESULTS**

Higher levels of self-perceived pathogen exposure were associated with higher levels of disgust, which in turn was associated with more restricted sexual behaviors.

**CONCLUSIONS**  
 1. Disgust sensitivity is influenced by environmental inputs, specifically self-reported environmental pathogen exposure.  
 2. Disgust is one mechanism which restricts sociosexual behavior, possibly to prevent infection.

As environmental pathogen load increases, so does sexual disgust. This is associated with more restricted casual sex attitudes and behaviors.




Take a picture to download more information!  
 @jesshlay @gms.com @jesshlay

**Other Background Info**

- Environmental pathogen load → Disgust
- Disgust → Sexual behavior
- Disgust → Short-term mating strategy
- Disgust → Disease threat → Short-term mating
- Disgust → Future promiscuity → Long-term mating

Variable	Mean	SD	Alpha
Disgust	3.52	1.12	.88
Sexual behavior	1.25	0.45	.72
Self-reported work meaningfulness	3.45	1.15	.85

**Structural Equation Model Fit Indices**  
 $\chi^2(101) = 96.88, p < .001, SRMR = .12, RMSEA = .08, CFI = .86, TLI = .863$

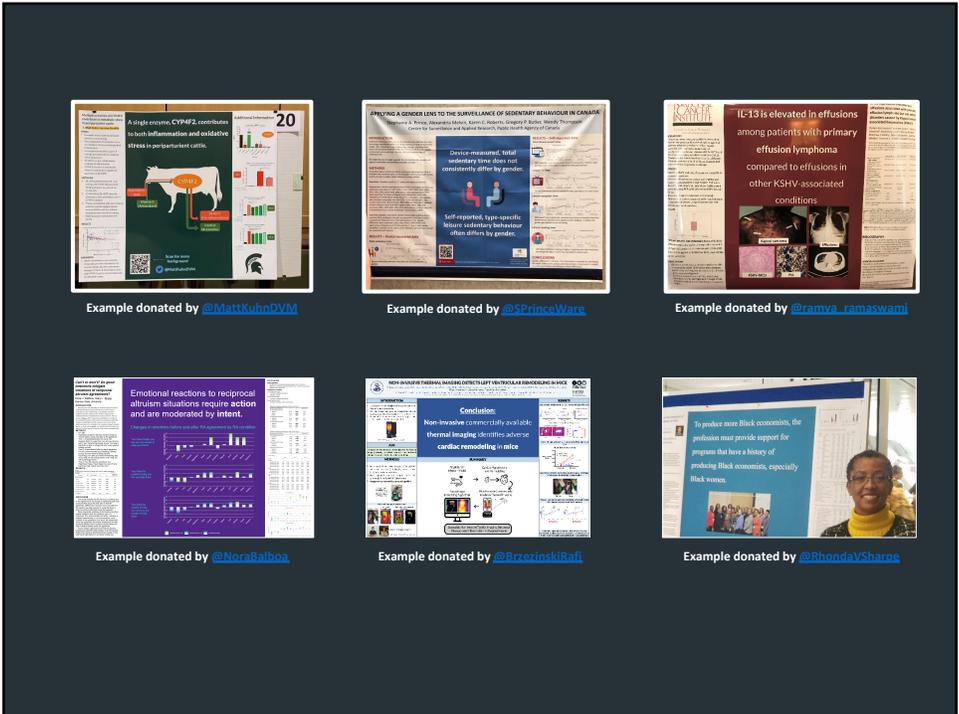
**Limitations**

- Self-reported environmental pathogen load
- Disease prevalence data at a national level
- in-Tank participants still not necessarily representative
- What other factors influence variation in disgust sensitivity?

BOSTON UNIVERSITY NIPISSING

Example by [@jesshlay](#)

48



49

# ModS

Community-submitted modifications that you can edit.  
Make them your own!

50

### Portrait Orientation

<https://osf.io/g6xsm/>



by [@mikemorrison](#)

### R/Markdown Template

<https://t.co/UsW4crrPZO?amp=1>

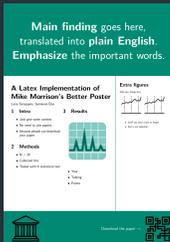


by [@brentthorne18](#)

- ✓ Reproducible (LIVE) HTML poster (e.g., moving GIFs if you're into that)
- ✓ Printable to PDF
- ✓ Supports google fonts
- ✓ [Click for full features list...](#)

51

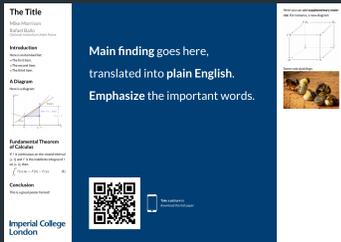
# L<sup>A</sup>T<sub>E</sub>X Templates



**Portrait**  
by [@sina\\_lana](#)

[Download](#)  
(Ctrl/Cmd + Click)

[https://github.com/sinakin/better\\_poster\\_html](https://github.com/sinakin/better_poster_html)



**Landscape**  
by [@rtsbailo](#)

[Download](#)  
(Ctrl/Cmd + Click)

<https://www.yogeshk.com/latex-templates/better-poster-landscape/>

52

# Translations

## Traditional Chinese



Landscape  
<https://osf.io/qd9sp/>

Portrait  
<https://osf.io/nk8eh/>

## Simplified Chinese



Landscape  
<https://osf.io/3dfwa/>

Portrait  
<https://osf.io/n3e8x/>

53

# More Translations

## Turkish

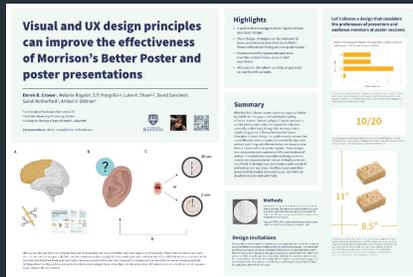


Landscape  
<https://osf.io/k468a/>

Special thanks to Mehmet Döke for the Turkish translation.

54

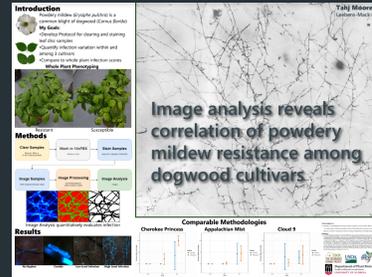
## #butterposter



by @derektoplasm

Get templates from <https://derekcrowe.net/butterposter>

## The "L" layout



by @SarraceniaMason

Adobe InDesign templates here: <https://osf.io/zkmvw/>

55

## We Don't Have to Pick a Side: The Middle Is A Fine Place to Be



Andrew R. Smith  
Appalachian State University

**INTRODUCTION**  
Mike Morrison created a template for a "Better Scientific Poster" (BSP) (<https://osf.io/ef53g/>)  
The BSP format has been praised by many, yet disparaged by others.  
The current project had 2 goals:  
1. Create a template that I think could be useful.  
2. Point out that we don't need to either love or hate the new format—the middle is just fine.

**METHOD**  
To create a new template, I identified strengths of the BSP template and the traditional format.  
BSP strengths: clear take-away message, minimal text, QR code  
Traditional format strengths: room for figures, reasonable text size on sides, large title to make finding posters in poster session easy, web link and email for people who don't like QR codes

**Why must we pick sides?**  
The new poster format is a revolution, or the new poster format is garbage!

Take the **good parts** of the new format, keep the **useful aspects** of the traditional format, add in your own ideas, and **create something better.**

**RESULTS**  
Preregistered analysis: 78% increase in liking compared to traditional format and 24% increase compared to the BSP format.

Exploratory analysis: room for improvement in this template (Arial font, seriously?!?).

**DISCUSSION**  
Sometimes it makes sense to pick a side; this is not one of those times.  
Praise what you like, make suggestions for improvement, and then **make something better.**  
Take Mike's ideas, incorporate some of mine, **be creative**, and let's make posters more useful.

Poster template: <https://osf.io/ayjzg/>  
smithar3@appstate.edu



56

# How to QR Code



## How do I create a QR code?

- <https://www.arcade-monkey.com/> is free, URLs don't expire, and you can add cool features like images.

Ctrl-click this thumbnail to watch a video on scanning QR codes.



Donated by [@linktree](#)  
[https://www.nngroup.com/articles/qr-codes/](#)

## How do I scan a QR code?

- Just pull out your phone and take a picture! All modern iPhones and most Android phones have built-in QR detection in their cameras. Some Android phones may need an app.



## How can I link the QR to my paper *and* a copy of my poster *and* my contact details.

- Try creating a multi-page link for free via <https://linktr.ee/>. (Still trying to figure out the best answer to this though.)

57

## Research that influenced this design:

a.k.a "I need some ammo to help persuade my faculty to try this."

1. Need to know > Nice to know

<https://www.nngroup.com/articles/inverted-pyramid>

2. Plain language is interpreted faster.

<https://www.nngroup.com/videos/plain-language-for-experts/>

<https://www.nngroup.com/articles/plain-language-experts/>

3. Interaction cost.

<https://www.nngroup.com/articles/interaction-cost-definition/>

4. Effective designs minimize cognitive load

<https://www.nngroup.com/articles/minimize-cognitive-load/>

58

## Layout F.A.Q.

### What if my intro/methods/results doesn't fit in the silent bar?

- If you're trying to put so much into that bar that it doesn't fit, they won't have time to read it anyway. First try moving stuff to the ammo bar. Next, cut cut cut.
- Instead of trying to fill space, you're trying to conserve space.

### What if I have a really important graph or picture?

- Move the QR Code to the Silent Presenter, then put your graph/image in the middle.

59

## How did you make the cartoon?

**Short version:** I highly recommend making a video using [Vyond.com](http://Vyond.com) if it's your first one and you don't want to go insane for a year like I did. It's fun, easy, and works perfectly well for most projects!

- **Animation:** Most of the animation was done in [Adobe After Effects](#), which is super powerful but had a bit of learning curve for me.
- **Graphics:** A combination of [VectorStock](#) and custom graphics I made in Adobe Illustrator.
- **Characters** were mostly from (<http://Vyond.com>) [Vyond.com](#). I got the facial expressions, etc. right in [Vyond](#), then put them on a green background, then dropped them into After Effects and removed the background, just like a green screen.
- **Sound effects:** [AudioJungle](#).
- **Voice** was my own voice with the bass boosted for a little of that radio announcer vibration, courtesy of [Adobe Audition](#).

60

Design isn't about making things look pretty.  
It's about *directing attention*.

Great design is *subtle*.

Design should feel like *problem-solving*.

UX designers feel a surge of happiness when  
they get to *delete* something.

*When it looks too simple* to represent the  
amount of time you put into it, *you're done*.