













How to Create a Poster People Will Read

University of Iowa Design Center



What NOT to do

Our Entire Manuscript: Copied and Pasted Here!

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A poster is not a paper

- Think of a poster as an abstract, or even “smaller”
- Only present the main findings of your work
- Remember, viewers have limited time and patience to view posters at any conference—you want yours to be noticed!



A poster is not a paper

- Plan your poster around 1 or 2 key points: what is your take-home message?
- Save the background and details for the manuscript
- Make it a game - see how few bullet points or sentences you need to get your points across

If/when viewers want more

- Have handouts ready
 - Supplemental or supporting materials
- Use a QR code to link to your lab or your work if online
- Post your email address on the poster



The “better” poster layout

- The “better” poster design is trending
 - Mike Morrison, Michigan State
 - @mikemorrison, [#betterposter](#)
 - video: <https://www.youtube.com/watch?v=1RwJbhkCA58>
 - Morrison template: <https://osf.io/ef53g/>
 - Most recently: [#TwitterPoster](#)
- Design Center templates
 - <https://designcenter.uiowa.edu/posters-printing>

Better posters

- Place emphasis on main take-home message
- Use plain language
- Include only necessary background/intro, methods
- Summarize as much as possible

Better posters

- Use graphs, charts, images instead of text
- Use a sans serif font: Arial, Helvetica
- Font size: be consistent!
- Make your contact info clear

Better posters

- Stick to 2-3 complimentary colors maximum
- Look online for good design samples or download our templates

A coin flip suggesting to act in a self-interested way leads people to **feel better** and to make **less biased decisions** when they adhere to it.

Random suggestions license self-interested behavior

Maria Douneva, Mariela E. Jaffé, & Rainer Greifeneder
University of Basel, Switzerland

INTRO

- People like to resolve moral dilemmas by chance (i.e., a coin flip; Lin & Reich, 2018).
- We expand this finding by providing only a suggestion by a coin flip. Participants are free to decide independently.

METHODS

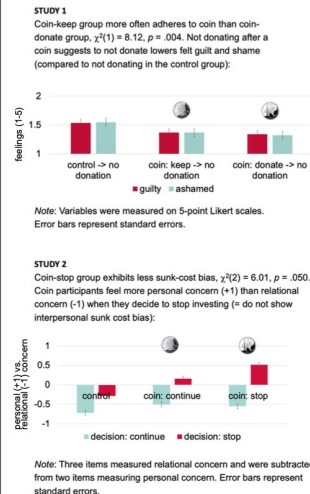
- Study 1 ($N = 457$): We asked participants whether they would like to donate or keep a monetary bonus, and assessed their feelings.
- Study 2 ($N = 456$): We presented participants with a vignette describing an interpersonal sunk cost scenario (Olivola, 2018) and asked whether they would continue investing or would stop. We also assessed personal and relational concern (Kong & Belkin, 2019).

RESULTS

- Participants follow the coin's suggestion more often when the outcome is favorable for them (Study 1: 63% vs. 46%), which results in less interpersonal sunk cost bias (Study 2: 59% vs. 49%).
- Coin participants feel better than control participants after making the same self-interested decision (Study 1), and are more concerned with their own feelings (Study 2).

DISCUSSION

- Flipping a coin can help realize one's preference, which then leads to better decisions for oneself.
- The same (self-interested) decision without a coin flip leads to more negative feelings and more relational versus personal concern.



What belongs on a poster

- First and foremost, check any instructions you were given
 - Final printed poster size
 - Vertical vs. horizontal orientation
 - Need to include abstract or poster number?
- **Logos:** be sure any logo you use is allowed, up to date, and in high resolution
- Title of the poster should be exactly what was submitted to the meeting or conference

What belongs on a poster

- Authors' names: in correct order, preferred names, spelled correctly, degrees
- Affiliations: group same department or division affiliations
- **Double-check:** correct spelling of names, correct degrees if used, correct department, division, and institution names

Madhu V. Singh¹, Michael Z. Cicha¹, Sarah Nunez¹, David K. Meyerholz²,
Mark W. Chapleau^{1,3,4}, Francois M. Abboud^{1,3}

University of Iowa ¹Department of Internal Medicine, Abboud Cardiovascular Research Center, ²Department of Pathology, ³Department of Molecular Physiology and Biophysics, and ⁴Iowa City VA Health Care System

What belongs on a poster

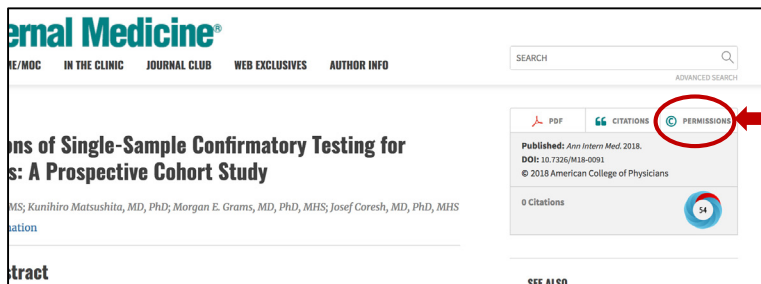
- Main findings at top or center
- 2-3 bullet points for Introduction or Background
 - Be specific to your topic only; no broad background or introductory information
- Single-sentence Aim, Hypothesis, Purpose, or Objective
 - This can be bolded or in spotlight color
- Keep Materials and Methods brief
 - Give overviews, not specific details
- Discussion sections are not always necessary, but if included, keep to 2-3 bullet points

What belongs on a poster

- Be creative with Summary or Conclusion header
 - Use instead “Clinical Implications,” or “Impact on Current Research”
- References: not needed on posters!
- Acknowledgements
 - Thank those who helped you with your research
- Funding
 - ALWAYS note any sources of funding received for your work - check with coauthors or mentors
- Disclosures not usually necessary on posters

About those images...

- Never reuse a previously published image without permission or at least citing the source
 - Exception for presentations done only in-house, but be sure to attribute
- Articles will always have a link to permissions



Most publishers require permission to be requested through [RightsLink](https://www.copyright.com)

About those images...

- Be very careful when copying and pasting images from an online source. These images will NOT be suitable for printed posters.
- *PPI = pixels per inch.*



300 ppi, 2.1 MB file



72 ppi, 21 KB file

High resolution images

- When downloading an image, try to find a high resolution copy that can be downloaded
- If you are unsure about the resolution or quality of an image, contact the Design Center

JAMA Network

Access Provided by University of Iowa

Search All Enter Search Term Sign In

For the 283 participants who completed the follow-up, all data were available for the primary end point, and less than 5% of data were missing for secondary end points.

The demographics and clinical characteristics of the randomized patients were similar and are shown in [Table 1](#). Among patients taking a median of 2 antihypertensive medications, the mean blood pressure was elevated in both groups: among those in the isolation-only group the mean systolic blood pressure was 151 mm Hg (95% CI, 148-153 mm Hg) and the diastolic blood pressure, 90 mm Hg (95% CI, 88-91 mm Hg) and among those in the renal denervation group, the mean systolic blood pressure was 150 mm Hg (95% CI, 149-152 mm Hg) and the diastolic blood pressure, 90 mm Hg (95% CI, 89-91 mm Hg).

Procedures

All patients in both groups had successful pulmonary vein isolation. In the isolation-only group, the mean cryoenergy delivery time was 16.9 minutes (95% CI, 15.8-18.0 minutes) and in the renal denervation group, 16.2 minutes (95% CI, 15.1-17.2 minutes; $P=.37$). Twenty-three patients (15.5%) in the isolation-only group and 26 patients (16.9%) in the renal denervation group underwent isthmus ablation for atrial fibrillation ($P=.75$).

The mean procedure time was significantly longer for the renal denervation group (190.2 minutes; 95% CI, 186.3-194.1 minutes) than it was for the isolation-alone group (167.3 minutes; 95% CI, 164.1-170.4 minutes; $P<.001$). Fluoroscopy was significantly longer for the renal denervation group (mean, 31.2 minutes; 95% CI, 29.1-33.3 minutes) than for the isolation-only group (mean, 25.6 minutes; 95% CI,

Table 1. Baseline Demographics and Clinical Characteristics

Baseline Characteristics	Primary Versus Isolation	
	With Renal Denervation (n=142)	Alone (n=141)
Age, median (IQR), y	55 (54-63)	60 (58-63)
Sex, No. (%)		
Men	93 (65.5)	91 (64.5)
Women	49 (34.5)	50 (35.5)
Atrial fibrillation history, median (IQR), y	3.4 (0.8-4.1)	3.6 (3.1-4.2)
Stroke/Thrombotic at baseline, No. (%)	130 (98.4)	128 (98.4)
Medical history, No. (%)		
NYHA Class II heart failure*	118 (77.5)	117 (79.1)
Obesity	22 (15.8)	25 (18.0)
Diabetes	16 (11.3)	18 (13.1)
Coronary artery disease	14 (9.3)	10 (7.7)
Blood pressure, mean (SD), mm Hg		
Systolic	150 (9)	151 (9)
Diastolic	90 (7)	90 (7)
Systolic/diastolic, mean (SD), mm Hg	6.8 (1.0)	6.8 (1.0)
Estimated GFR, mL/min/1.73 m ²	79 (11)	76 (11)
Echocardiography, mean (SD)		
Left ventricular ejection fraction, %	62 (10)	62 (10)
Left atrial diameter, cm	48 (10)	47 (10)
Interatrial septum width, mean (SD), mm	33 (5)	33 (5)
ACE/ARB	134 (100)	148 (100)
Antihypertensive drug, No. (%)		
Calcium channel blocker	104 (67.0)	105 (67.9)
β-blocker	38 (27.5)	37 (27.4)
Diuretic	27 (17.0)	27 (27.2)

Abbreviations: ACE, angiotensin-converting enzyme inhibitor; ARB, angiotensin receptor blocker; GFR, glomerular filtration rate; NYHA, New York Heart Association; ACE/ARB, angiotensin-converting enzyme inhibitor or angiotensin receptor blocker; β-blocker, beta-blocker; diuretic, diuretic; IQR, interquartile range; SD, standard deviation.

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Univariable Analysis

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Percent of Preserved Parenchymal Mass

Figure 2 shows correlations between the Estimated PPPM significantly correlated (all $r < .046$). Analogous findings were observed for PPPM (all $r < .035$).

Final Global Glomerular Filtration Rate

Final global GFR was estimated from pre global GFR were then evaluated (fig. 3). A correlation coefficients were uniformly strong for final GFR based on the assumption. Furthermore, when assuming that the correlations were observed ($r = 0.91$, fig. 3).

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Multivariable Analysis of Final Global GFR

Table 3 shows multivariable regression to predict final ipsilateral GFR in each model when incorporating age, gender, potentially relevant comorbidities, solitary kidney status, preoperative ipsilateral GFR and estimated PPPM derived from each of the 4 methods. In each model solitary kidney status, preoperative GFR and estimated PPPM all significantly and independently correlated with final ipsilateral GFR. However, preoperative GFR proved to be the strongest predictor. It had a greater than tenfold impact than estimated PPPM or a solitary kidney based on RI analysis. Compared to all other parameters the estimated PPPM RI was uniformly 0.24 or less (95% CI 0.19-0.31) while the preoperative GFR RI was uniformly 2.68 or greater (95% CI 2.09-3.43). Multivariable analysis to predict final global GFR revealed analogous findings (supplementary table, <https://www.jurology.com/>).

Close or Esc/Key

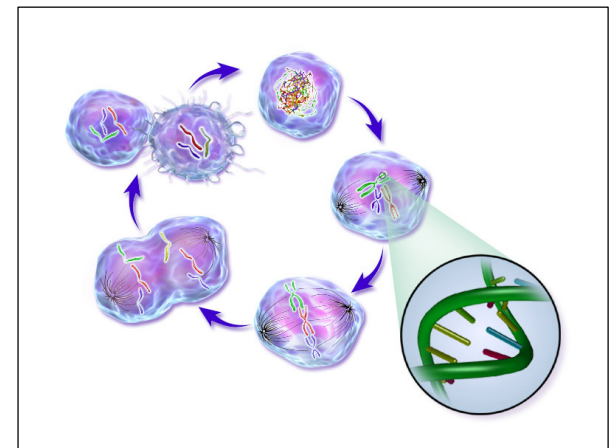
- View Image Full Size
- Download Tiff
- Email Jumpstart
- Export to PowerPoint
- Add to My Projects

Figures, Tables, Graphs

- No need to number figures or tables on a poster unless the text refers specifically to them by number
- Keep data to a minimum
- Be sure to include descriptive legends or titles: titles above graphs or tables, legends below figures

Results of group studies.

	X	Y
Group 1	20	30
Group 2	10	25
Group 3	15	20



Life cycle of a cancer cell.

Tables

- Use tables in place of Results text
 - Do not duplicate data in text and a table
- Avoid overly complex design elements, such as shading or ornate lines between columns and rows
 - Table design should not upstage the data
 - Simpler designs/colors are best
- Use a sans-serif font: Arial, Helvetica
- Highlight statistically significant data in bold or red text

Tables

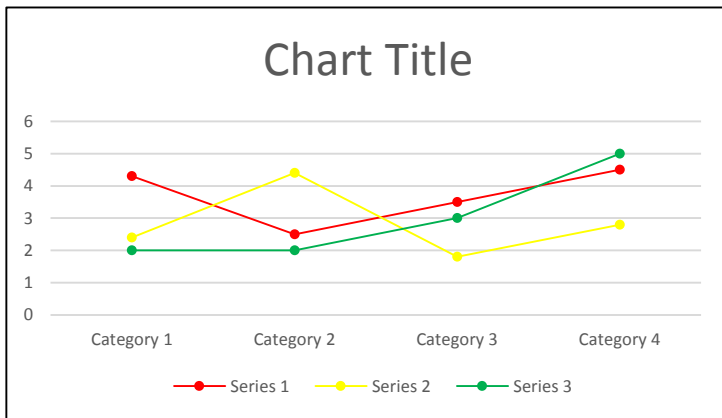
- Be careful when using premade table formats available in PowerPoint: colors and designs can overwhelm your data and make a table difficult to read

Column A	Column B	Column C	Reference	p-value
Apple	Banana	Pear	Fruits	0.001
Tomato	Potato	Asparagus	Vegetables	0.02
Chowder	Mushroom	Chicken	Soups	<0.05

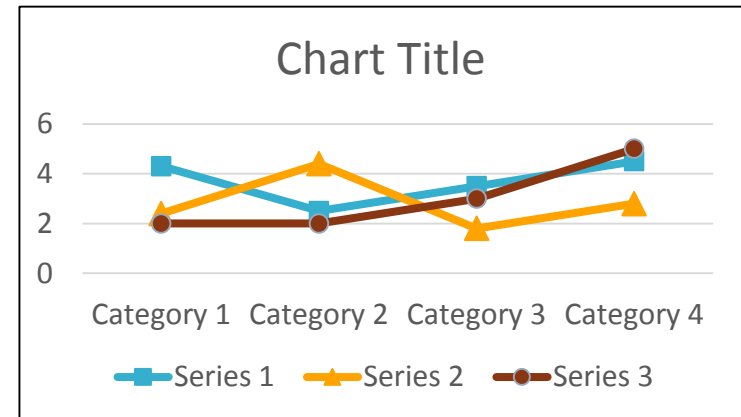
Drug	Dose	N	Months	Outcome
Miracle Pill	10 mg/kg	56	18	Great
Wonder Drug	15 mg/kg	58	20	Better

Graphs and charts

- Same rules as those for tables apply: choose design carefully



Faint lines in light colors and small text are more difficult to read.



Bolder, darker lines and larger text are easier to read.

- Good resource:

<https://www.clips.edu.au/displaying-data/>

Final thoughts

- Don't be afraid to leave white space on a poster - it's breathing room for the eyes
- Consider poster material: fabric folds for air travel, semi-gloss paper for most in-house posters, matte paper for drafts
- Less ink is better! Don't use a *lot* of it—use it effectively and selectively.
- Size proportionately: if final poster size is 42x60, set up PPT at 21x30
- Upload online to Design Center:
<https://designcenter.uiowa.edu/form/submit-job-request>

Final thoughts

- **E-posters** should follow same guidelines as print posters, with some allowance for smaller overall size
- If a PDF file is required for upload, be sure to export as a high resolution file: learn how [here](#)
- The Design Center can help with e-posters too!
- Upload to us online:
<https://designcenter.uiowa.edu/form/submit-job-request>