



5. Use format and design to highlight your message and key points. *Some basics to consider:*

- Use a short title with a big typeface, at least 108 pt.
- Try to have your main points towards the top of the poster, also in big type (72 pt. +) to enable people to view the “big picture” of your poster from a distance.
- Use headlines to differentiate different aspects of your poster: Abstract, Methods, Data/Results, Implications, Conclusions, etc.).
- In general, avoid typefaces below 20 pt., which are difficult to read from a distance of 4 feet or more. Try to use 24 pt. at least.
- Justify the left margin, but not the right. Justifying both margins makes the text harder to read and with bigger typefaces, produces strange spacing between letters and words.
- Use pieces of mat or Bristol board to make a solid background for the entire poster or use smaller pieces of board to frame the various elements of the posters, leaving space between the posters. Softer pastels and grays will generally work better as a background.
- If you feel lost or confused about these kinds of design decisions, get help (sooner, rather than later). Just as you are able to identify a scientific issue and then develop methods for testing a hypothesis, graphic designers (or one of your colleagues who has a flair for this kind of thing) can take a look at your poster.
- Figure out how to make it beautiful. There is no extra credit for struggling when help is close by.

6. Edit the text mercilessly.

Most posters are entirely too text-heavy. So once you have put yours together, work back through it with an eye to cutting phrases, words, and paragraphs wherever possible. To this end, use figures and charts to explain key points, rather than long, text-filled pages. Remember, you will be there to explain. Similarly, use short, bulleted lists to enumerate research aims, protocols, conclusions, etc. You can provide additional details verbally, as necessary.

7. Let your figures do the talking.

If you want to make the poster sing, ensure that self-explanatory graphics, illustrations, and tables do most of the communication heavy lifting. These visual elements will limit the amount of text (see above) in your poster and improve its appeal.

8. Practice.

Find a friend or colleague (preferably someone not too familiar with your work). Put up the poster and go through how you plan to present it. How did it go? How long does it take you to get through the whole thing? You should be able to get through your presentation in no more than 3–5 minutes. Are there tough transitions in your delivery? Practice and you can figure out a better way to present—before you get to the poster session.

Now, see if you can take it to the next level. Can you make your main point in 30 seconds or less? Can you develop a 1-minute version for a layperson or someone unfamiliar with your area of interest? Can you develop a sound byte or two that are memorable, even witty?

9. Get More Help.

For those looking for additional ideas on poster presentation, take a look at the completely tongue-in-cheek article, “Mortal Sins in Poster Presentations or How to Give the Poster No One Remembers” by Thomas G. Wolcott. The URL is: <http://www.utexas.edu/cons/student/ugresposter/images/posterpres.gif>. Make sure that you **don’t** follow any of his suggestions, and you will likely put together a first-rate poster!

1. This is not a mini-paper; it's a poster.

Even though a poster or the research described in a poster may lead to a paper, the poster itself is not a paper. Posters involve face-to-face communication aimed at people who are physically moving. There are often scores of other posters all around you. Like advertisers in prime time, you must compete for attention. This does not mean festooning your poster with bells and whistles or giving out free pens. It does mean that someone looking quickly over your work from a distance of 6 feet should be able to understand the subject and significance of your research—at a glance.

Your goal is to get people to stop, look, and listen—but first of all stop. Your **big, bold** ideas should be stated in the title of your poster in **big, bold** headlines, not buried in an abstract or conclusion. The language of this text should be clear, succinct, and jargon-free. Graphics, interesting pictures, tables, and pleasing colors should draw people in. The poster should “say” to all viewers that “it is safe to stop here,” that it will not be necessary to spend the rest of the poster session trying to understand what your poster is about.

2. It's about dialogue.

Another important difference between posters and journal articles is the opportunity for dialogue. When you publish a paper, there may be a letter or e-mail or two in response to your work. In a poster session, you can receive feedback every few minutes. This is a tremendous opportunity to learn about the strengths and potential limitations of your work. It is also an important chance to develop new ideas for subsequent research. To facilitate this dialogue, develop a few questions beforehand that you can use during the poster session. For example, “What do you find most interesting or challenging about this research?” or “What additional research questions come to mind?” or “Do you know of anyone else doing interesting work in this area?” By focusing on dialogue, you can help to ensure that, while people learn about your research, they are helping you learn as well. And if you want to build a longer-term relationship initiated during a poster session, learn how to create posters in Adobe Illustrator and distribute them via e-mail to these new contacts when you get home.

3. Highlight your findings.

While a traditional poster will work you through the background of an issue, methodology, results, and then findings, these “concluding” ideas are often what people seek out first when they are scanning a poster (see above). This makes sense. Before they take the time to plough through the nuts and bolts of your research, they want to know what, if anything, is significant about your research. This points to the importance of highlighting your findings. Make sure they are simply and clearly stated and have a prominent position on your poster.

4. Make it accessible to everyone.

Simple, jargon-free headlines and language that carry the main messages about your research enable any viewer to engage your subject matter. Again, this can prompt people not directly in your field to visit and chat. This is particularly important at meetings like GSA's or this one, where people come from a huge range of disciplines and professions. A generally accessible poster encourages all sorts of people to stop and talk and perhaps share a unique perspective on your work (see “It's about dialogue” above). If a specialist in your field wants to learn more and get into the nitty gritty of your work, you are there to provide details. You should also prepare hand-outs to give to people and to explain additional information.

5. Demonstrate your job skills.

Depending on the meeting, there may be a number of potential employers attending the poster session where you are presenting. Your poster can provide a window into your ability to make a strong verbal presentation, your organizational skills, whether you can present to a general audience, as well as providing a snapshot of your research interests. Whether you realize it or not, a dynamic, well-presented poster can be a quick and powerful entrée into a new job or position.

Before

PHYSICAL FRAILTY, INTERVENING EVENTS AND THE DEVELOPMENT OF DISABILITY IN ACTIVITIES OF DAILY LIVING AMONG COMMUNITY-LIVING OLDER PERSONS
 Thomas M Gill MD, Heather Allore PhD, Theodore R Hofford PhD, Zhenchao Guo PhD, Yale University School of Medicine

ABSTRACT
 Objectives: Assess whether intervening events (hospitalization, emergency department admission, or restricted activity) leading to either hospitalization or restricted activity represent important sources of disability for community-living older persons, regardless of the presence of physical frailty.
 Methods: The prospective study of 614 community-living older persons, aged 70+ years, was conducted from 1998 to 2004. Participants were categorized as either physically frail or non-frail based on a validated frailty index. We assessed the occurrence of hospitalization, emergency department admission, or restricted activity leading to either hospitalization or restricted activity.
 Results: Over the 5-year follow-up period, 104 participants (17%) were hospitalized, 104 (17%) were admitted to the emergency department, and 104 (17%) were restricted in their activities of daily living. These events were associated with a significant increase in disability in activities of daily living, regardless of the presence of physical frailty.
 Conclusions: Intervening events (hospitalization, emergency department admission, or restricted activity) leading to either hospitalization or restricted activity represent important sources of disability for community-living older persons, regardless of the presence of physical frailty.

KEY WORDS
 Physical frailty, Intervening events, Disability, Activities of daily living

INTRODUCTION
 Physical frailty is a state of decreased reserve capacity that increases the risk of adverse health outcomes in older persons. It is characterized by weakness, slow gait, and weight loss. Frailty is a common condition in older persons and is associated with increased mortality and disability. Intervening events (hospitalization, emergency department admission, or restricted activity) leading to either hospitalization or restricted activity represent important sources of disability for community-living older persons, regardless of the presence of physical frailty.

OBJECTIVES
 To assess the role of hospitalization, emergency department admission, or restricted activity leading to either hospitalization or restricted activity in the development of disability in activities of daily living among community-living older persons, regardless of the presence of physical frailty.

RESULTS
 Over the 5-year follow-up period, 104 participants (17%) were hospitalized, 104 (17%) were admitted to the emergency department, and 104 (17%) were restricted in their activities of daily living. These events were associated with a significant increase in disability in activities of daily living, regardless of the presence of physical frailty.

CONCLUSIONS
 Intervening events (hospitalization, emergency department admission, or restricted activity) leading to either hospitalization or restricted activity represent important sources of disability for community-living older persons, regardless of the presence of physical frailty.

TABLE 1. Association Between Prevalent Intervening Events and Disability Outcomes According to Physical Frailty of Baseline

Event	Line of Baseline Physical Frailty	No Disability	Disability	OR (95% CI)
Hospitalization	Non-frail	80	20	1.0
	Physically frail	38	62	1.7 (1.1, 2.7)
Emergency department	Non-frail	117	83	1.0
	Physically frail	41	63	1.2 (0.8, 1.8)
Restricted activity	Non-frail	81	23	1.0
	Physically frail	43	57	1.2 (0.8, 1.8)

FIGURE 1. Association Between Prevalent Intervening Events and Disability Outcomes According to Physical Frailty of Baseline

After

WHEN BAD THINGS HAPPEN TO OLDER PEOPLE: THE ROLE OF INTERVENING EVENTS ON THE DEVELOPMENT OF DISABILITY
 Thomas M Gill MD, Heather Allore PhD, Theodore R Hofford PhD, Zhenchao Guo PhD Yale University School of Medicine

WHAT WE LEARNED
 Illnesses and injuries leading to either hospitalization or restricted activity represent important sources of disability for community-living older persons, regardless of the presence of physical frailty.
 These intervening events may be suitable targets for the prevention of disability.

BACKGROUND
 It is not complete understanding of the disability process among older persons. We designed a study to assess the role of hospitalization, emergency department admission, or restricted activity leading to either hospitalization or restricted activity in the development of disability in activities of daily living among community-living older persons.

OBJECTIVES
 To assess the role of hospitalization, emergency department admission, or restricted activity leading to either hospitalization or restricted activity in the development of disability in activities of daily living among community-living older persons, regardless of the presence of physical frailty.

METHODS
 Prospective study of 614 community-living older persons, aged 70+ years.
 Community-living older persons were categorized as either physically frail or non-frail based on a validated frailty index. We assessed the occurrence of hospitalization, emergency department admission, or restricted activity leading to either hospitalization or restricted activity.
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*Thomas M. Gill, MD, Associate Professor of Medicine at the Yale University School of Medicine, prepared the "Before" poster for the 2004 annual meeting of the American Geriatrics Society. The headlines for each of the sections were 20 pt. Times Roman (24 pt. for the headlines), printed on white paper. He used a blue background to frame these sheets, which is not represented here. Working with John Beilenson, President of Strategic Communications & Planning, Dr. Gill used the principles described in this article to develop a more effective, large format "After" poster for the 2004 meeting of the Paul B. Beeson Career Development Awards in Aging Research program. Notably, he cut the

amount of text radically, increased the size of the typefaces (24-32 pt. for the body text, 40 pt. for the headlines), and used color, contrast, and a single picture to provide visual interest. The abstract was made into a handout. He converted the key messages of the research into a "What We Learned" section and gave them prominence at the top of the poster, along with an engaging title. Finally, under the banner of "Results," Dr. Gill increased the size of the graph and one important table, drawing attention to key aspects of the research "story" he ultimately wanted to tell at the poster session itself.