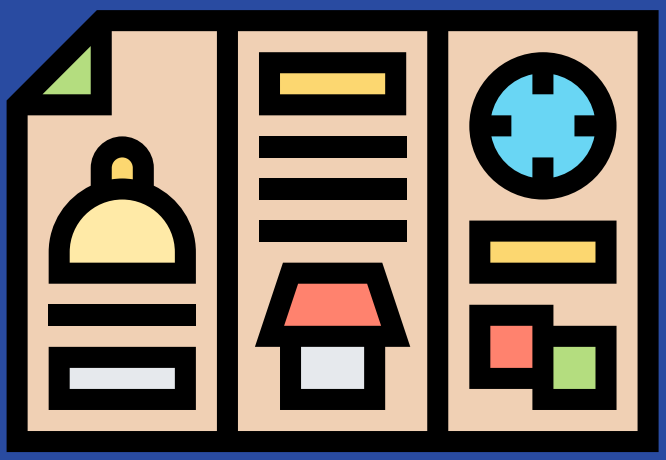
THE ABCT STUDENT MEMBERSHIP COMMITTEE PRESENTS:

A student's guide to authoring a scientific poster



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Thank you to Grace Hart and Nicole Moreira for their feedback on drafts of this resource.

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What is a poster?

A scientific poster allows you to share research with a professional audience in a visually appealing way. Posters contain much of the same information found in a research paper, although it is often distilled down to its essential components and take-home messages. They permit the audience to get a sense of your study at a glance and may pique their interest for more information, which may involve speaking with the researcher (you!) or searching for the published paper.

Poster sessions at conferences contain an assortment of posters presented by people from many different places on many different topics. They are designed for people to filter in and out at will, often during breaks or on their way to or from another session. Compared to traditional talks and paper sessions, these sessions allow more opportunities for one-on-one conversations with researchers. Presenters can also discuss their posters with each other during the session.

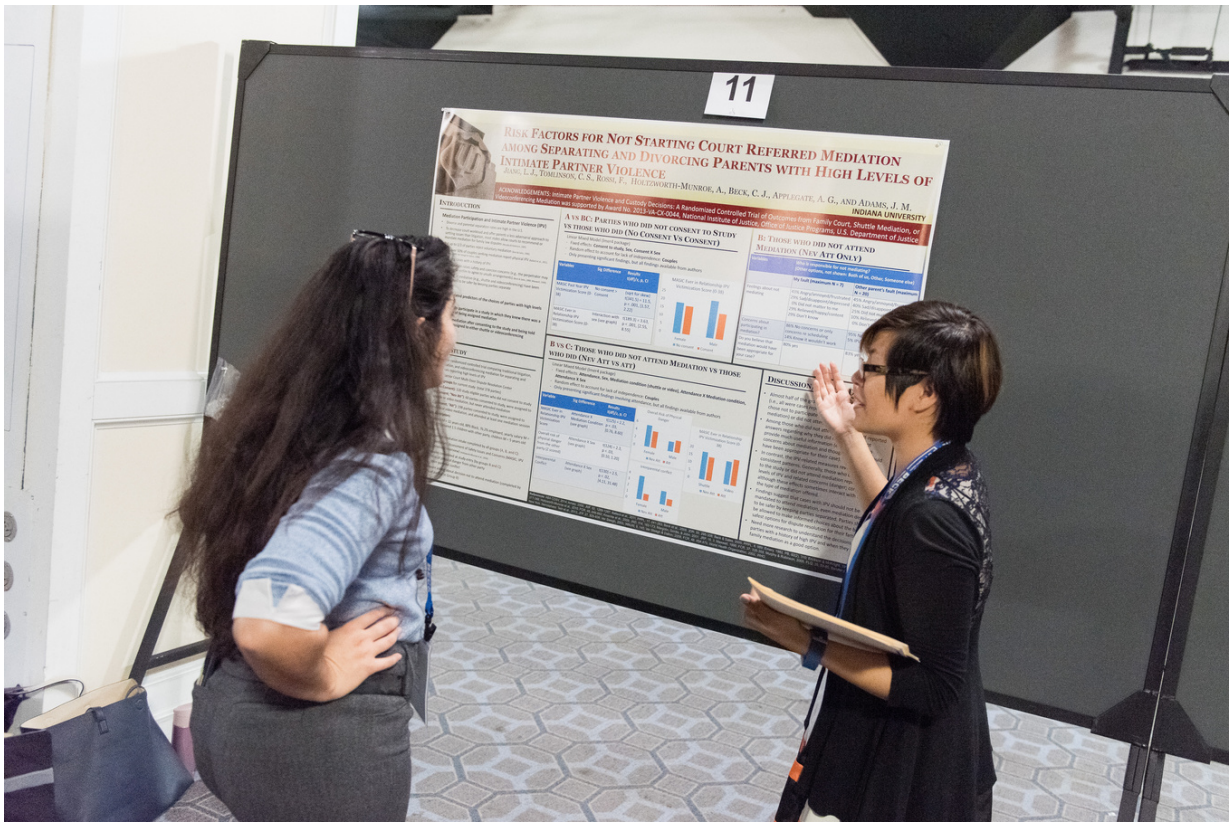


Photo courtesy of ABCT

Why would I want to present a poster?

There are several reasons for students to consider presenting a poster at the ABCT convention or other scientific conferences:

- Because most poster sessions are fairly large and allow for many "presentations" to occur at once, students sometimes find it easier to get a poster accepted than other types of sessions like symposia and panel discussions.
    - Posters are a great way to communicate scientific findings that haven't yet been published as peer-reviewed articles.

- Want to get some presentation experience but feel nervous about speaking in front of a crowd? Poster sessions are a less formal environment. Coffee and snacks are often provided, allowing people to engage in casual conversations about their research. Presenting a poster also gives you the chance to practice your "elevator pitch," which is a concise summary of your study. This may be helpful later when you are interviewing for a position and someone asks you to talk about your research interests and experience.

- You can get some feedback on your study. Having someone look at your study with fresh eyes can help you identify areas of improvement or generate ideas for follow-up studies. This is especially helpful if you are hoping to publish a peer-reviewed article based on the study.

- Just like paper presentations, poster presentations are great to add to your curriculum vita (CV), especially if you will soon be applying to post-bac research jobs or graduate programs. They show supervisors and mentors that you have substantive experience with several stages of the research process.

WHERE TO START

Developing a research poster takes time and planning. Below are common stages and key considerations.

01

Establish a research mentor and discuss your goal of conducting research that could lead to a poster presentation.

- If you aren't yet conducting research or assisting in a lab: search for possible mentors. Consider volunteering or working in a professor's lab or finding a research internship in an academic hospital or research center.
  - The opportunity to work on a research project leading to a poster may be built into the role, or it may be something extra you can do in addition to your responsibilities.
  - If you have a specific idea for a research project that you want to design and carry out yourself, conducting an honors thesis or independent study through your college or university might be a good fit.
- ·If you're already working in a research setting: have a conversation with your supervisor about how your goal of authoring a poster might be achieved.
- Communication is key! Be clear about what you would like to accomplish and ask whether it is feasible and whether your supervisor (or another lab member) is willing to mentor you through the process.
- Every lab has different norms and practices related to student authorship. Ask questions to better understand what is expected on the path to poster authorship in your lab. In addition to your supervisors, learn from other research assistants in your lab.
- As a general rule of thumb, if you'd like to present at a national convention such as ABCT, you should be discussing your goal of presenting a poster with your research supervisor about a year in advance. This is mainly because you'll need to submit an abstract of your poster 6-8 months before the convention date. There may be more flexibility in this timeline for regional and local research conferences.

02 Identify a research question and form your hypotheses

- ·Many student posters use “secondary data,” which is data collected for another purpose that can answer a research question that hasn’t yet been explored. Ask your research mentor whether they have existing data from prior studies that could be used for your project. This is often more feasible than designing a study and collecting your own data.
- ·Identifying a good research question is not always easy, so work closely with your supervisors or co-workers on this. They may have a research question in mind, or they may expect you to take the initiative to develop one.
  - It will help to become very familiar with the existing research literature related to the topic of your research. Is there a question that hasn’t yet been answered? Is there a limitation to prior studies that your data could help address?
- ·Around this time, you can also start to consider which conference/convention you’d like to present at.
  - Factor in the convention deadlines, cost, and locations in your decision for where to submit your work. For instance, the ABCT convention traditionally accepts poster abstract submissions in March, sends decision notices in May or June, and the convention is held in November. Consult your supervisor regarding whether the research would be a good fit for the conference you’re interested in.
  - For the ABCT convention, you can submit your poster to the general submission portal or wait and submit it to a Special Interest Group (SIG) for a chance to present as part of the annual SIG poster exposition.

03 Data collection (if needed) and analysis

- Be sure that you’ve obtained ethical review and approval for your research prior to any data collection or analysis.
- ·When analyzing your data, save your work! You might not create your actual poster until a few months later. Saving your analytic code and output will ensure a smoother, error-free process.

04 Write an abstract and submit it to the conference organizers.

- ·Conference organizers will review an abstract of your research and decide whether to accept it for presentation. See the next section for tips and example abstracts.
- ·Many conferences will require that you have analyzed your data and have at least some results to report when you submit your abstract. In some cases, smaller, more local psychology conferences may consider your submission even if you're still collecting data or have not analyzed your results yet (however, submissions that report actual results are typically more competitive).

05 After acceptance, prepare and present your poster!

Ask your research supervisor for examples and advice, and read the rest of this guide for suggestions on creating your poster and presenting it.

Consult, consult, consult!

When in doubt about any aspect of the poster process, take the initiative to check in with your supervisors and research colleagues. They are your most valuable resource during this journey.

WRITING AN ABSTRACT

The abstract is a brief summary or overview of your poster. Conference organizers will read your abstract and use it to determine whether the research is suitable for presentation. In psychology, a poster abstract usually addresses each of the following: key background literature, description of your research question and hypotheses, study methods, results, and implications (APA, 2020)

How will my abstract be evaluated?

The criteria for poster acceptance varies across conferences, so be sure to read about how your research will be evaluated before you write your abstract. The reviewer criteria for recent ABCT conventions can be found here.

Tips and suggestions

- **Carefully read and follow the submission instructions.**
  - Conferences differ in the word count limits, format, and required elements of an abstract. For instance, poster abstracts submitted to the ABCT convention have a limit of 2800 characters. Some conferences will allow submission of abstracts that have been presented elsewhere, while others will not.
- **Your abstract is the short story of your project.** You do not need to include every detail of your method or every analysis you conducted. Focus on the most important "need to know" elements of your work. Provide only the background information that a reader would absolutely need to know to understand the motivation and rationale for your research question.
- **Ask your supervisors or coworkers** if they can share examples of previously accepted poster abstracts.
- **Revision and proofreading are your best friends!** Expect to rewrite your abstract several times and seek out input from your supervisors and co-authors.
- **Don't leave your submission until the last minute**. Submission portals sometimes ask you to provide information about yourself and your co-authors that you might not have readily available (for instance, a CV, mailing address, or membership status within the organization). Look into these details before the due date to ensure a lower-stress process.

For more info on how to write a successful abstract, see this article by Psi Chi

Example Abstracts

These abstracts were authored by students and accepted to the ABCT convention. Keep in mind that these are only examples, not exact templates that you should follow! Other than following the convention's abstract submission instructions, there are few hard and fast rules to an effective abstract. Every research project has unique aspects that may lead you to make different choices in your writing.

Examining PTSD Symptom Networks Among Veterans with and Without Positive Traumatic Brain Injury Screen

Katharine Burns, Samantha Moshier, Lauren Mitchell, Rachel Kimerling, Paula Schnurr, & Michelle Bovin

Introduction: Traumatic brain injury (TBI) has been linked to increased posttraumatic stress disorder (PTSD) prevalence and severity among veterans. Despite this, few studies have examined the severity of each individual PTSD symptom among individuals with and without TBI, and none have examined the influence of TBI on the PTSD symptom network; that is, whether the relationships between individual PTSD symptoms differ in those with and without TBI. In the current study, we compared veterans with and without a positive TBI screen on the severity of individual DSM-5 PTSD symptoms. We then computed PTSD symptom networks for these two groups and evaluated differences in the overall connectivity and structure of the networks. We hypothesized that individual PCL-5 symptoms would be more severe in the TBI group as compared to the non-TBI group.
Method: Data was collected as part of a larger study examining the diagnostic accuracy of a PTSD screening tool among consecutive Veterans Health Administration (VA) primary care patients. Participants in the current study (N = 473) were veterans from the larger study with complete data on both the PTSD Checklist for the DSM-5 (PCL-5; Weathers et al., 2013) and a 4-item TBI screen based on the Brief TBI Screen (Schwab et al., 2007). Participants were classified based on the Brief TBI screen into two groups: a TBI group (n = 198) and a non-TBI group (n = 275). Using Bonferroni- corrected t-tests, we compared the TBI and non-TBI groups on mean scores for each of the 20 PCL-5 items. We then computed PTSD symptom networks for the two groups using recommended practices (i.e., Epskamp et al., 2018) and used a permutation hypothesis test called the Network Comparison Test (NCT; van Borkulo et al., 2017) to examine the differences in the structure and connectivity of the two networks.
Results: As expected, each PCL-5 symptom was significantly more severe in the TBI group when compared to the non-TBI group (all ts > 8.11; all ps < .000). However, the NCT showed no significant difference in the structure (M = 0.26, p = 0.22) or in network connectivity (S = 0.39, p = 0.16) of the TBI and non-TBI PTSD symptom networks. Tests of individual edge weights showed that only one edge weight (of 190 possible edges) differed significantly (p = .00) between the two networks: Symptom B1 (intrusive memories) was positively correlated with symptom D2 (negative beliefs) in the TBI group (r = 0.05) but negatively correlated in the non-TBI group (r = -0.05)
Discussion: Findings indicate that although all individual PTSD symptoms were more severe among veterans with a positive TBI screen, the symptoms did not differ in the strength and structure of their connections in a symptom network. We will discuss the implications of these results for future research and will provide additional interpretation of the networks, including discussing the centrality of symptoms within the PTSD networks.

Caregiver Emotion-Focused Practices after Receiving PCIT-Toddler: Utilizing the Dyadic Emotion Coding System

Lauren E. Browning, Christopher K. Owen, Sophia D. Shank, Lindsay R. Druskin, Jane R. Kohlhoff, & Cheryl B. McNeil

Parent-Child Interaction Therapy-Toddler (PCIT-T; Girard et al., 2018), an adaptation of Parent-Child Interaction Therapy (PCIT), is a parenting-based intervention used to decrease disruptive behaviors and improve emotion socialization in toddlers 12-24 months of age. Importantly, PCIT-T utilizes emotion coaching, during which parents are taught how to label and validate their child's emotions. Standard PCIT utilizes the Dyadic Parent-Child Interaction Coding System (DPICS; Eyberg et al., 2013), which does not measure emotion-focused behaviors or verbalizations, a key component of PCIT-T. To better evaluate this central process of PCIT-T, the Dyadic Emotion Coding System (DECS) has been developed to evaluate parental emotion language. The DECS utilizes a three-pronged approach (1) the type of emotion-focused statement (modeling, modeling with toys, validating, identifying, dismissing, or not-otherwise-specified), (2) valence of emotion (positive or negative), and (3) emotion intensity (basic emotion, diffused emotion/state-of-being, or emotional behavior). Caregiver-toddler emotion talk was investigated at baseline and after participant received PCIT-T.

Data used to investigate caregiver emotion-focused practices came from a randomized-controlled trial investigating the efficacy of PCIT-T from Sydney, Australia (Kohlhoff et al.,2020). Participants included 90 caregiver-toddlers participants randomized to either waitlist-control, PCIT-T, or Circle of Security-Parenting (COS-P). Caregiver-toddler interactionswere filmed during 20-minute situations including five, four-minute, standardized tasks. Caregivers were coded using the DECS. Coders were blinded to treatment condition and time point, underwent standardized DECS training, and met criteria with an advanced doctoral student involved in the development of the DECS (percent agreement >.80) on three videos prior to rating any interactions in the present study. At baseline, 54 participants from PCIT-T, COS, and the wait-list control groups were included in analyses. For investigating the PCIT-T outcomes, 46 participants were included in analyses investigating changes in DECS codes across pre-treatment, post-treatment, and follow-up.

DECS findings at pre-treatment across all groups (n = 54) include Emotion Identification (M= 12.71, SD = 7.77), Emotion Modeling (M = 6.14, SD = 5.08), Emotion Dismissing (M =1.49, SD = 3.6), Emotion Modeling with Toy (M = 0.61, SD = 1.1), and Emotion Validation(M = 0.16, SD = 0.54). A one-way ANOVA for the PCIT-T group (n = 46) revealed a significant effect of time on Emotion Identification, F(2,43) = 6.39, p = .004. Post-hoc testing further revealed that caregivers used Emotion Identification significantly more frequently at post-treatment (M = 28.20, SD = 13.95) compared to pre-treatment (M = 12.33, SD = 8.31). After preliminary psychometric evaluation, the DECS may meet the critical need for a validated observational measure of caregiver-child emotion talk (Zinsser et al., 2021). There is also a pressing need for a measure to quantify changes in emotion-focused parenting practice in PCIT-T to guide and refine PCIT-T emotion coaching. Families may benefit from more explicit coaching of emotion validating statements since it was the least frequently used code at baseline. Caregivers may benefit from learning how to incorporate more emotion validating statements with their young children since emotion validation and identification are adaptive emotion-focused practices.

DESIGNING YOUR POSTER

To create an effective poster, there are a number of initial factors that you should consider:

1. What is the format of the poster session (e.g., virtual/screen-based vs. in-person)?
2. If in person, what are the dimensions of the poster?
    a. Be sure to set your parameters accordingly in PowerPoint (or whatever software you choose).
3. Do I need to travel? If so, do I have a "poster tube" to carry the poster, or should I consider a fabric poster? (See here for inspiration!)
4. Does the conference offer poster printing and pick up at the conference location? This is sometimes the case- for example, at the ABCT Convention. However, you should be aware that while this may be the most convenient option, it is likely not the most cost effective option.

Now that you've figured out the logistics, get to work!

As you design, you may wish to ask:

- Does the conference have a specific template that you are expected to use?
    - Have you checked out the #BetterPoster approach? Many conventions, including ABCT's, are now recommending this format for poster design.
- Does my lab or institution have a specific template (or color scheme) that you are expected to use?
- Do my mentors or colleagues have examples of past posters that I can use as a model?

Design Principles to Keep in Mind:

- Engaging visuals (graphs, figures, pictures) are important!
- Consider adding a QR code to link to the accompanying manuscript, lab website, contact information, or other useful resources (e.g., publicly available dataset).
- Keep the number of unique colors and fonts to a minimum (e.g., two to three).
- Attend to symmetry/alignment and details – any typos or misaligned columns look much larger on a large, printed poster. Before printing your poster, zoom in (400%!) to inspect the details (e.g., author name spellings, punctuation, graph titles, etc.)
- Be brief and concise with your words. Don't try to cram the entirety of a manuscript into a poster. Emphasize the findings and key takeaways. You can always elaborate more in person!

EXAMPLE POSTERS

The posters below were authored by undergraduate students and presented at recent ABCT conventions. Keep in mind that these are only examples, not templates you must follow! As you can see, there are many ways to design an effective poster. Ask your colleagues and supervisors for additional examples.

Savoring, Worry, and Positive Emotion in Generalized Anxiety Disorder

Felicia Rosen & Lucas S. LaFreniere, Ph.D.
Skidmore College

Introduction

- The Contrast Avoidance Model (CAM) suggests those with GAD use worry to prevent aversive emotional shifts from a positive or neutral state to a negative one. Thus, those with GAD tend to decrease and dismiss shift-vulnerable positive emotions (Newman & Llera, 2011).
- **Purposeful engagement with positive emotions may be one possible way to simultaneously reduce worry and increase well-being in GAD.**
- The practice of savoring involves generating, increasing, and sustaining positive emotions (Bryant & Veroff, 2007). In a prior study, a week-long savoring-based treatment program was found to reduce symptoms of GAD long-term (LaFreniere & Newman 2021). Yet it is still unclear whether savoring specifically interferes with worry in-the-moment.
- It is also unclear the extent to which excessive worriers can savor well, especially under worry-inducing conditions.

Hypotheses

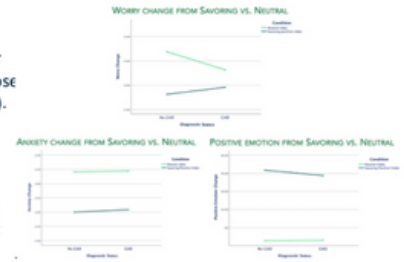
- **Savoring a personally-chosen positive video after a worry induction will increase positive emotions and decrease levels of worry and anxiety relative to watching a neutral distraction video for all participants.**
- **These beneficial effects will be stronger in individuals who do not have GAD as opposed to those who do have GAD.**

Method

- 129 undergraduate students from Skidmore College were trained in savoring and practiced it several times.
- GAD diagnostic status was assessed with criterion scoring of *The Generalized Anxiety Disorder Questionnaire for the DSM-IV-TR* (GAD-Q)
- Prior to training, naturalistic savoring was assessed with the Savoring the Moment subscale of the *Savoring Beliefs Inventory* (Bryant, 2003).
- Participants then underwent a three-minute worry induction using an empirically-validated script (Borkovec & Inz, 1990).
- In the savoring condition, participants were instructed to savor while watching a 3-minute positive emotion-inducing video they selected prior to coming into the lab.
- In the neutral condition, participants watched a 3-minute emotionally neutral video (product videos of furniture).
- They rated worry, anxiety, & pos. emotion.

Results

- Those with GAD had significantly lower scores on naturalistic savoring than those without ($t(133) = -2.58$, $p = .011$, $d = -0.38$).
- According to longitudinal linear mixed models, savoring after worrying:
  - **Decreased worry** significantly more than watching a neutral video across all participants ($t(131.30) = -3.89$, $p < .001$, $d = -0.68$).
  - **Decreased anxiety** significantly more than watching a neutral video across all participants ($t(131.32) = -3.61$, $p < .001$, $d = -0.63$).
  - **Increased positive emotions** significantly more than watching a neutral video across all participants ($t(134.34) = -14.62$, $p < .001$, $d = 2.52$).
- **There were no differences between GAD diagnostic groups in their change in worry ($t(131.10) = 0.92$, $p = .359$, $d = 0.16$), anxiety ($t(130.91) = 0.03$, $p = .974$, $d = 0.01$), nor positive emotion ($t(134.07) = -1.05$, $p = .296$, $d = -0.18$).**



Discussion

- Those with GAD do appear to exhibit lower levels of naturalistic savoring than non-GAD controls.
- However, for both those with and without GAD, savoring decreased worry and anxiety and increased positive emotions in-the-moment immediately after a worry induction when compared to a neutral distractor video control.

Savoring may be a helpful intervention to recover from worry and anxiety in-the-moment and increase positive emotions—both for people with GAD and without GAD.

2022 Association for Behavioral and Cognitive Therapies Convention, New York, NY

EXAMPLE POSTERS

Individuals with higher depression symptom severity set lower goals for exercise.

The road to exercise is paved with good intentions: Evaluating depressive symptoms in relation to self-selected exercise goals

Stephanie Logue, Samantha Moshier
Emmanuel College

INTRO

- The Theory of Planned Behavior assumes that intention plays an important part in determining health behaviors.
- According to cognitive theory, depression may lead to unrealistically high goals setting.
- Alternatively, the Theory of Planned Behavior suggests that low levels of perceived control (common in depression) are associated with setting lower goals.
- Aim: clarify the relationship between depressive symptoms, perceived control over exercise behaviors, and self-selected goals for exercise.

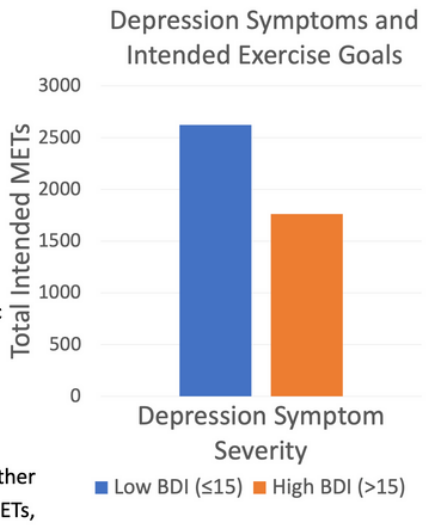
METHODS

1. N = 64 undergraduate students
2. Outcome measures collected via online Survey: Weekly exercise goal in metabolic equivalents (METs). Students also self-reported on past week physical activity (IPAQ), depression symptoms (BDI), and perceived control of exercise (PBC).
3. In multiple regression, we examined whether BDI and PBC were associated with goal METs, keeping constant Gender and past-week METs.

Results

Predictors of intended exercise goal (METs)

	B	S.E.	B	*t*	*p*
Past Week METs	.88	.10	.76	8.82	.00*
Gender	639.06	747.80	.07	.86	.40
PBC	-87.50	145.50	-.06	-.60	.55
BDI	-43.40	15.66	-.25	-2.77	.01*



DISCUSSION

- Increased depressive symptoms could lead to lower exercise goals.
- Clinicians should work with patients on setting goals for exercise that are sufficient for mood and physical health benefits
- Future research should examine whether exercise goal magnitude mediates depressive symptom severity and actual exercise behavior.

EMMANUEL COLLEGE

Take a picture for supplemental content

EXAMPLE POSTERS

Examining PTSD Symptom Networks and Assessing PTSD Symptom Severity Among Veterans With and Without Traumatic Brain Injury

EMMANUEL COLLEGE
Katharine Burns, Samantha Moshier, Michelle Bovin
Emmanuel College, Boston MA National Center for PTSD at VA Boston Healthcare System, Boston MA

Background

Posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) are commonly experienced by veterans and are highly comorbid.

Little is known about the relationship between TBI and the individual symptoms of PTSD.

Network theories of psychopathology allow us to understand psychiatric disorders at the individual symptom level. According to network theory, symptoms are not simply interchangeable indicators of a latent disease process but are instead what constitute the disorder itself.

The goal of the present study was to focus on how TBI affects the individual symptoms of PTSD by comparing (1) PTSD symptom severity and (2) PTSD symptom networks based on TBI status using previously collected data from VA primary care seeking veterans.

Method

Participants
- 473 veterans in VA primary care participated in a wider study examining the diagnostic accuracy of the PC-PTSD-5
  - 83.1% male, 72.3% White, Mean age = 60.78 (SD= 15.36)

Measures
- A 4-item TBI screen that asked about TBI-related injury and symptoms determined placement in either the TBI group (n = 275) or non TBI group (n = 198)
- The PCL-5 assessed PTSD symptom severity
- The CAPS-5 determined PTSD diagnostic status
- The PHQ-9 assessed for major depressive disorder

Statistical Analysis
- Chi-square and *t*-tests compared the TBI and non TBI groups on demographic and clinical characteristics
- Aim 1: Two-tailed independent samples *t*-tests ($p < .05$) with a Bonferroni correction compared PCL-5 individual items and total scores across groups
- Aim 2: Gaussian graphical models examined PTSD symptom networks in each TBI group using PCL-5 data
  - The TBI and non TBI networks were statistically compared by the Network Comparison Test (NCT)
  - Network community structure (clustering of nodes within the networks) was examined using the Walktrap algorithm

While all individual PTSD symptoms are more severe among veterans who screen positive for TBI compared to veterans who screen negative, there are minimal differences in the PTSD symptom networks of the two groups.

Results

Clinical Characteristics
- Significantly higher rates of depression diagnosis, PTSD diagnosis, and CAPS-5 Criterion A fulfillment status were observed in the TBI group

PTSD Symptom Severity
- The TBI group had significantly higher PCL-5 total scores (TBI mean = 34.86, non TBI mean = 11.89) and higher scores on each PCL-5 individual symptom compared to the non TBI group

PTSD Symptom Networks
- The NCT showed no significant differences in network structure ($M = 0.26$, $p = 0.22$) or in global strength ($S = 0.39$, $p = 0.16$)
- Only one node (of twenty) differed in strength centrality between networks
- Node clustering differed between networks; 3 symptom communities emerged in the TBI network while 4 emerged in the non TBI network (see Figure 1)

Conclusion

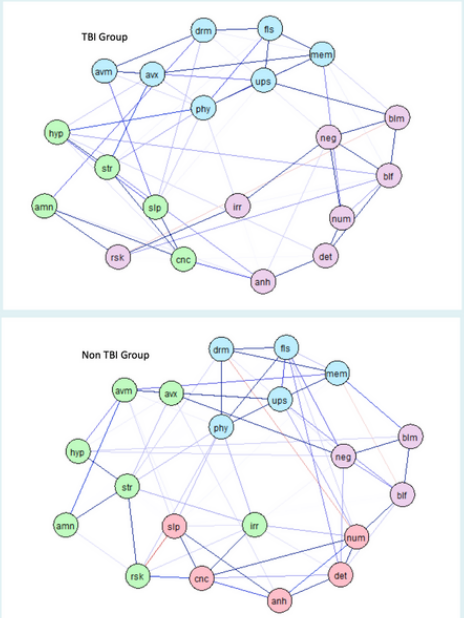
PTSD Symptom Severity
- Consistent with the literature, each PTSD symptom was more severe in the TBI group; this suggests that TBI's effect on PTSD is not symptom specific and that high comorbidity rates are due to more than just overlapping symptoms

PTSD Symptom Networks
- TBI may not affect the relationships between individual PTSD symptoms
  - This aligns with literature on PTSD treatment with comorbid TBI; research indicates that traditional PTSD treatments are effective in these cases
- It isn't clear if differences in symptom clustering are related to TBI status or other clinical differences among the two groups.

Future Research Needs
- Use of longitudinal rather than cross-sectional data in order to best capture the casual interactions between symptoms in a network
- Clinical diagnosis of TBI rather than relying on self-report
- A more diverse sample with similar clinical characteristics across groups

References & Contact Info

Figure 1. PTSD symptom networks among veterans screening positive and negative for Traumatic Brain Injury

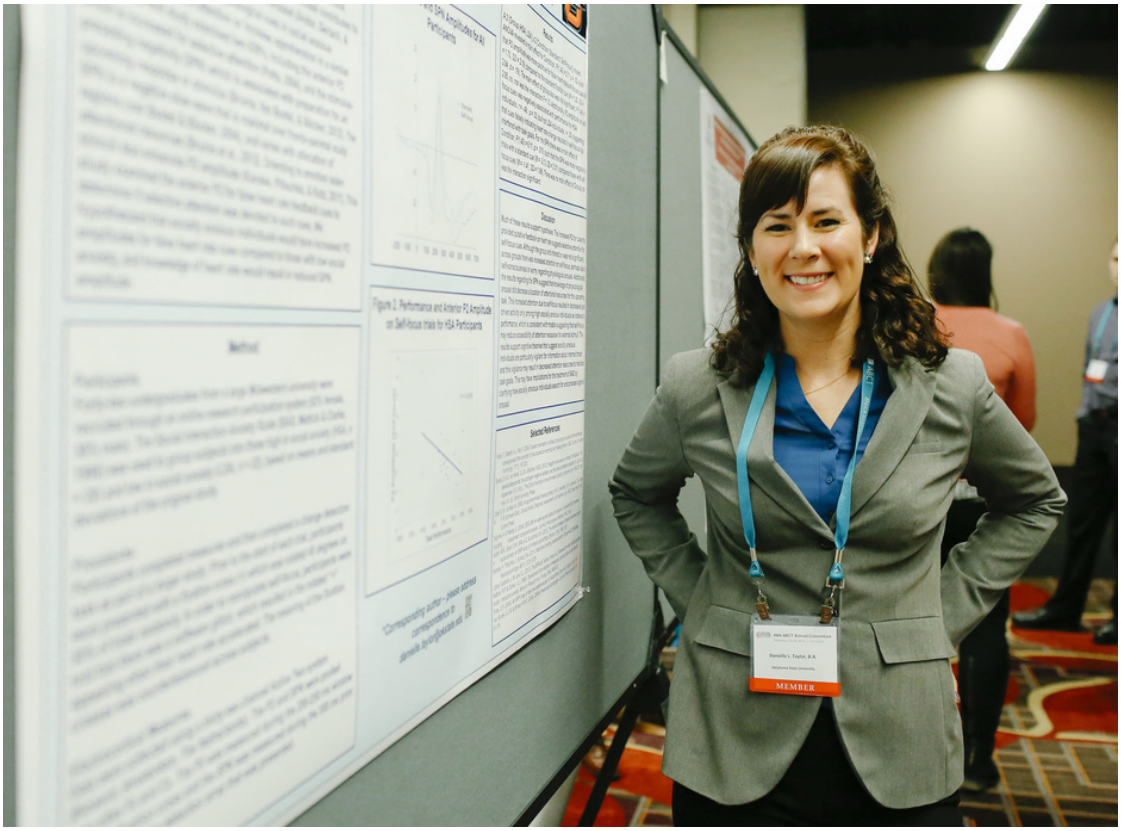


mem = intrusive memories; drm = distressing dreams; fls = flashbacks; ups = psychological distress in response to trauma cues; phy = physiological reactivity to trauma cues; avm = avoidance of memories/thoughts of trauma; avx = avoidance of external reminders of the trauma; amn = traumatic amnesia; blf = negative beliefs about oneself, others, or the world; blm = blaming self or others for the trauma; neg = persistent negative emotion; anh = diminished interest; det = detachment from others; num = inability to experience positive emotion; irr = irritable/angry behavior; rsk = risky behavior; hyp = hypervigilance; str = exaggerated startled response; cnc = difficulty concentrating; slp = sleep disturbance

PRESENTING YOUR POSTER

When gearing up to present your research poster, there are several key strategies to ensure your presentation is engaging, informative, and memorable:

- Develop a concise one to two-minute elevator pitch that effectively conveys the core aspects of your project. A well-crafted elevator pitch should encapsulate your research topic, summarize the main findings, and highlight its significance.
- Practice and refine your pitch. Rehearse in front of various individuals, such as labmates, supervisors, or even friends and family. Soliciting feedback from a diverse range of sources will provide you with valuable information to help you polish your presentation skills.
- When practicing your pitch, encourage your audience to ask questions about your project. Familiarize yourself with the methodology, results, and implications of your study to respond confidently to inquiries. Addressing questions from your practice audience will not only deepen your understanding of your research, but will help you anticipate potential questions related to your research, both within and beyond your elevator pitch.
    - Many students worry about being asked “tough questions” during their poster presentation. While you should be well-versed in the details of your own study, it’s also okay not to know the answer to every question you’re asked. For instance, you may be asked about prior research findings or specific details of a measure you used. You should do your best to answer, but also can feel comfortable admitting when you’re not sure.
- During your presentation, maintain eye contact, smile, and let your enthusiasm for your research show. Establishing a connection with your audience will help to make your poster more memorable.
- Take advantage of the opportunity to network with researchers and professionals. Discussing your work with others can lead to insights that improve your project.
- Lastly, remember to have fun and enjoy the experience!



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