Really Good Stuff: The future of conference posters: “hipster and geek!”

What problem was addressed?

Our abstract for a workshop submitted to a national conference for general practitioners (GPs) was accepted … as a poster. The proposed workshop was a focus group that provided a safe space for GPs to discuss how their attitudes and beliefs impacted their sexual health consultations. How could this possibly transfer to a poster?

What was tried?

We devised an poster that invited participants to respond to trigger statements and ‘create’ the poster content during the conference. The interactive e-poster is not new, but our conference was not offering a digital format.

Our poster employed three tools: writing on the poster, connecting with an electronic platform via a QR code, and following Twitter links and Twitter conversation. This appears to be the first attempt to collect qualitative research data in this way via Twitter. Our poster was essentially empty with four trigger statements to which participants responded by writing either on the poster or on Post-it notes. These comments would then prompt others and build a discussion. Scanning the QR code directed them to the same four statements housed on a free electronic survey site.

We opened a Twitter account and chose a hashtag for the project: #hardconvos. Tweets advertised the poster and comments from the poster were tweeted during the conference. Tweets containing the hashtag #hardconvos were collected as data. Ethics approval for the project was obtained and a participant information sheet was provided at the poster and online.

What lessons were learned?

Posters are often the poor cousins at conferences and this was no exception. Our poster was accidently not listed on the program or conference app; there was no published abstract and no board was available. The poster number we had promoted in tweets was non-existent. Although a space was found, the project started on the back foot.
Engagement: 339 people visited the electronic survey but there were only 4 completed responses. There were six written responses on the poster. Our Twitter followers increased from 34 to 55 during the conference. 24 Tweets sent containing #hardconvos were seen 1307 times and generated 53 engagements (clicks, retweets, etc). 12 people followed a tweeted link to the survey. There were 4 retweets about the poster and two participants generated their own tweets using the #hardconvos hashtag.

Those who did participate provided interesting insights into the topic. Had we collected more data, we would have had three data sets and a chance to consider whether the collection process influenced each set and whether similar themes emerged.

I would not hesitate to try this method again. Several participants admired the innovation. Social media is a rapidly emerging tool in medicine and several conference sessions were devoted to it. We considered the ethics of using Twitter in this way in depth. The lack of anonymity provided by Twitter, may have been the major deterrent to people engaging on such a sensitive topic.

However, that is not to say qualitative data cannot be collected in this way. Linking with other media must surely be essential to print posters today. This method allows authors to engage with participants in ways that circumvent the static nature of posters. As one participant tweeted:

“Visiting @xxx_xxx’s interactive #hardconvos poster at #gp14conference - post-its and online; hipster and geek! … you may have hit on the future of academic posters there.”