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• Applications being accepted until February 1, 2020 for the March 2020 seating of the CMPP™ exam

• Enter CMPP™ credits earned at the 2020 European Meeting of ISMPP

• Registration Is Open for the 16th Annual Meeting of ISMPP, April 20 - 22, Washington, DC
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• Use the fastest internet connection available to you
• If you are accessing the presentation over your computer, please be sure to increase the volume of your computer speakers
Questions

• To ask a question, please type your query into the Q&A box
• To ensure anonymity and that all presenters receive your question, please choose the drop down box option:
  "Host & Presenters"
  Otherwise, all audience members will be able to see your submitted question
• We will make every effort to respond to all questions

NOTE: Make sure you send your question to: “Host & Presenters”
Why Visual Communications?

Rob Matheis
President and Chief Executive Officer
International Society for Medical Publication Professionals (ISMPP)
Why Visual Communications?

2

Reasons to Discuss

Visual Communications
Why Visual Communications?

Our profession and our Society are evolving.
A Fairy Tale

Sheila Cohen, MD
Attending Physician
Cardiology Service

Getting up to speed on the latest treatments after a long day at the hospital.
Dr. Cohen on Twitter, linking to a blog that mentions a great place to read a lay summary of a new study published in the *Journal of Interventional Cardiology*. 
Our *Responsibility* has Evolved

Data Available → Publication → Job Well Done!
"Our professional remit now incorporates a level of responsibility for ensuring that the data contained in a publication are actually being used to improve health care decision making."

Robert J. Matheis, PhD, MA
Message from Leadership January 2020
Why Visual Communications?

There are many resources available to support awareness, access and understanding of publications.
Why Visual Communications?

Medical Information

Independent Medical Education

Learning and Development

Field Medical

The majority of our membership are developing more than just traditional peer-review publications.
Overview & Learning Objectives

At the end of this session, participants should be able to:

• Be aware of changes in the scientific communications environment and how visual communication supports effective and transparent exchange of medical information without compromising scientific integrity
• Define key visual elements that can support scientific and medical concepts
• Understand the publication considerations for visual communications
**Introductions**

- **Todd Parker, PhD, ISMPP CMPP™, VP, Managing Director, MedThink SciCom**
- **Ann Overton, Presentation Services Manager, MedThink SciCom**
- **Stacie Meaux, PhD, Production Lead, Research Square**
- **Jude D’Souza, Director, Creative Services, Spirit Group Medical Communications**
- **Kelly Soldavin, Medical Editor, Current Medical Research & Opinion, Taylor & Francis Group**
- **Moderator: Robert J. Matheis, PhD, MA, President and Chief Executive Officer, International Society for Medical Publication Professionals (ISMPP)**
Disclaimer

The opinions expressed in this presentation are those of the presenters and do not necessarily reflect the views or policies of current or former employers, nor those of ISMPP.
Principles of Visual Communication in Science

Todd Parker
VP, Managing Director
MedThink SciCom
We’ve Come a Long Way!
Increasing Importance of Visual Communication

- Audience preferences
- Broadening audience base
- Content use in different channels
- Digital transition
- Accelerated feedback mechanisms
A round plane figure whose boundary consists of points equidistant from a fixed point that is the color at the end of the spectrum next to blue.
Picture Is Worth a Thousand Words

A round plane figure whose boundary consists of points equidistant from a fixed point that is the color at the end of the spectrum next to blue.
Growing Body of Evidence

Research Extends Into Healthcare Communications

Significantly improved recall of oral health instructions¹

Significantly improved adherence to wound care instructions²

Science Doesn’t Have to Be Boring!
Infographic Design & Development Considerations

Ann Overton
Presentation Services Manager
MedThink SciCom
Topics

- Defining Visual Communication
- Types of Visualizations
- Creating an Effective Visualization
Topics

Defining Visual Communication

Types of Visualizations

Creating an Effective Visualization
# What Exactly Is an Infographic?

## Visual Communication Terms

<table>
<thead>
<tr>
<th><strong>VISUALIZATION</strong></th>
<th><strong>DATA VISUALIZATION</strong></th>
<th><strong>INFOGRAPHIC</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Any type</em> of visual representation of information designed to enable communication; “umbrella term”</td>
<td>A visual display of <strong>data</strong></td>
<td>A <strong>multi-section</strong> visual representation of information (ie, more than one visualization)</td>
</tr>
</tbody>
</table>
Good Visualizations Are:

**TRUTHFUL**  
*Accurate* representations based on *quality* research or data

**FUNCTIONAL**  
*Well-suited* to storytelling

**INSIGHTFUL**  
Allows for quick and focused *understanding, reveals evidence* that might otherwise be hard to comprehend

**AUDIENCE DRIVEN**  
Geared toward audience’s unique *perspective* (know your audience)
Topics

- Defining Visual Communication
- Types of Visualizations
- Creating an Effective Visualization
Stroke Death Rates, 2015 - 2017
Adults, Ages 35+, by County

Rates are spatially smoothed to enhance the stability of rates in counties with small populations.

Data Source:
National Vital Statistics System
National Center for Health Statistics

1 in 3 women throughout the world will experience physical and/or sexual violence by a partner or sexual violence by a non-partner.
Timeline

INFLUENZA MILESTONES
1917 - 2009

1917
United States enters World War I. U.S. life expectancy is 54 years for women, 48 years for men.

1918
Spring and fall waves of influenza (P1/H1) barely cause the average life expectancy in the United States to fall by 12 years.

1919
Third wave of pandemic flu activity occurs. Pandemic subsides, but virus (H1N1) continues to circulate seasonally for 19 years.

1957
H2N2 flu virus emerges to trigger a pandemic, replacing the 1918 H1N1 pandemic virus.

1968
H1N2 flu virus emerges to trigger a pandemic, replacing H2N2 virus.

2009
H1N1 viruses distantly related to the 1918 virus emerge to trigger a pandemic.

1930
First isolation of influenza, proving that flu is caused by a virus not a bacterium.

1960
The U.S. Public Health Service recommends annual flu vaccination for people at high risk of serious flu complications.

2005
Genome of the 1918 pandemic flu virus is fully sequenced.

Timeline for Linking a Case of Listeria Infection to an Outbreak

After a person eats food contaminated with Listeria, symptoms usually begin within a few weeks, but may not occur for up to one month. For pregnant women, it may take up to two months for symptoms to appear.

Most people who develop listeriosis seek medical care within two days of developing symptoms. A healthcare provider sends a specimen of blood or spinal fluid to a clinical lab. The lab detects Listeria in the person’s specimen one to three days after it is received. The clinical lab reports the Listeria infection to the local public health department.

The clinical lab ships an isolate of the person’s Listeria to the state public health lab. This step can take a week or longer, depending on how soon the lab prepares the shipment and transportation arrangements.

Next, the state public health lab conducts pulsed-field gel electrophoresis (PFGE) on the Listeria isolate and uploads the PFGE pattern to PulseNet’s national database. This can be done in four days but can take longer if the lab has limited staff or resources or is responding to multiple emergencies. Some state public health laboratories can perform whole-genome sequencing (WGS) at the same time they are completing PFGE.

Some state public health labs ship the Listeria isolate to CDC for WGS. Delivery can take 1 to 2 weeks.

After receiving the isolate, CDC performs WGS, which usually takes 4 to 5 days.

If a person’s Listeria infection is linked to an outbreak, the case will be reported as part of the outbreak.

Data Visualization

Young people account for a substantial proportion of new STIs

- **Gonorrhea**: 70% (Ages 15-24), 820,000 (all ages)
- **Chlamydia**: 63% (Ages 15-24), 2.9 million
- **HPV**: 49% (Ages 15-24), 14.1 million
- **Genital Herpes**: 45% (Ages 15-24), 776,000
- **HIV**: 26% (Ages 15-24), 47,500
- **Syphilis**: 20% (Ages 15-24), 55,400

### Baseline characteristics, n (%)

<table>
<thead>
<tr>
<th></th>
<th>Therapy N=73</th>
<th>Placebo N=73</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>39 (53.4)</td>
<td>42 (57.3)</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>17 (23.3)</td>
<td>16 (21.9)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>18 (24.7)</td>
<td>17 (23.3)</td>
</tr>
<tr>
<td>Smoking</td>
<td>14 (19.2)</td>
<td>12 (16.4)</td>
</tr>
<tr>
<td>Obesity</td>
<td>5 (6.8)</td>
<td>7 (9.6)</td>
</tr>
<tr>
<td>Aspirin use</td>
<td>73 (100.0)</td>
<td>73 (100.0)</td>
</tr>
</tbody>
</table>
### Baseline characteristics (%)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Therapy</th>
<th>Placebo</th>
</tr>
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<tbody>
<tr>
<td>Male</td>
<td>N=73</td>
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<td></td>
</tr>
<tr>
<td>Aspirin use</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Infographic (Combination of >1 Visualization)

A Snapshot: Blood Pressure in the U.S.
Make Control Your Goal

High blood pressure is a major risk factor for heart disease and stroke, the first and fourth leading causes of death for all Americans.

1 in 3 American adults have high blood pressure.

High blood pressure contributes to ~1,000 deaths/day.

When your blood pressure is high:
- You are 4x more likely to die from a stroke.
- You are 3x more likely to die from heart disease.

69% of people who have a first heart attack...
77% of people who have a first stroke...
24% of people with chronic heart failure...

Have High Blood Pressure

Annual estimated costs associated with high blood pressure:
- $51 billion in direct medical expenses
- $47.5 billion in indirect medical expenses

Centers for Disease Control and Prevention.
Considerations

1. Type of visualization
2. Simplicity
3. Reviewer perspective
Identify Type of Visualization

Content determines type
Identify Type of Visualization

Content determines type

- Map
- Timeline
- Process
- Data visualization
Identify Type of Visualization

Content determines type

Map
Timeline
Process
Data visualization

Trends across time
- Line graph
- Slope graph
Correlation
- Scatter plot
Comparison
- Histogram
- Bar graph
Part to whole
- Pie/Donut
2 Simplicity

- Remove redundant content

New innovations
Remove Redundant Content

BEFORE

<table>
<thead>
<tr>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy (N=53)</td>
<td>Placebo (N=55)</td>
<td></td>
</tr>
<tr>
<td>Therapy N=8</td>
<td>Placebo N=15</td>
<td></td>
</tr>
<tr>
<td>27.3%</td>
<td>15.1%</td>
<td></td>
</tr>
<tr>
<td>Therapy N=7</td>
<td>Placebo N=18</td>
<td></td>
</tr>
<tr>
<td>32.7%</td>
<td>13.2%</td>
<td></td>
</tr>
<tr>
<td>Therapy N=5</td>
<td>Placebo N=20</td>
<td></td>
</tr>
<tr>
<td>36.4%</td>
<td>9.4%</td>
<td></td>
</tr>
</tbody>
</table>

Percent of patients responding to therapy.
Percent of patients responding to therapy

- **Therapy** (N=53)
  - Category 1: 27.3%
  - Category 2: 32.7%
  - Category 3: 36.4%

- **Placebo** (N=55)
  - Category 1: 15.1%
  - Category 2: 13.2%
  - Category 3: 9.4%
Patient response rate

<table>
<thead>
<tr>
<th>Therapy (N=53)</th>
<th>Placebo (N=55)</th>
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</thead>
<tbody>
<tr>
<td>n=</td>
<td></td>
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<tr>
<td>27.3%</td>
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</tr>
<tr>
<td>7</td>
<td>18</td>
</tr>
<tr>
<td>5</td>
<td>20</td>
</tr>
</tbody>
</table>
2 Simplicity

a Remove redundant content

b Remove graphic elements not needed for interpretation

(Marie Kondo that graph)

After watching ‘Tidying Up with Marie Kondo’ I threw out all things that do not "spark joy" and now I miss my kids.

16 @ReneeCharyan
Percentage of US population diagnosed with diabetes, by age

Age (yrs)
- 8-44
- 45-64
- 65-74
- 75+

US population (%)

Year
Diabetes diagnosis rates by age

US population, %

Year


Age, y

8-44
45-64
75+
65-74

Remove Unnecessary Elements

AFTER
2 Simplicity

- Remove redundant content
- Remove graphic elements not needed for interpretation (Marie Kondo that graph)
- Use appropriate design elements
Use Appropriate Design Elements

Use Appropriate Design Elements

---

Youth bear disproportionate share of STIs

Americans ages 15-24 make up just 27% of the sexually active population.

But account for 50% of the 20M new STIs in the U.S. each year.

---

Many do not know they’re infected because STIs often have no symptoms.

Gonorrhea

- Diagnosed & reported: 200,000
- Estimated total new infections: 570,000

Chlamydia

- Diagnosed & reported: 1 million
- Estimated total new infections: 1.8 million

---

3 Incorporate Reviewer Perspective

- Is data integrity maintained?
- Is it easily understood?
- Is correct meaning communicated?
- Are data supported (eg, annotations)?
Visual Abstracts

Stacie Meaux
Research Square
What are Visual Abstracts?

The visual equivalent of a written abstract

- Visually summarizes the key points of an article
- Provides a quick overview of the research
- Adjunct to the paper
- Think of it as the “movie trailer” of the paper
Why should you use Visual Abstracts?

In today’s digital age, people want to “get the message” quickly

- Easily digestible
- Better retention

• Helps gain viewer interest so they’ll read the paper
• Great for sharing on social media, using in talks, adding to websites
How to create a Visual Abstract

Before you start:

- Determine your audience
- Determine the core message
- Pick 2-3 key points of the paper
Components of a Visual Abstract

- Compelling title
- 2-3 key points
- Citation of paper

ProPublica Surgeon Scorecard
Measure Specifications...

- EXCLUDES 82% of Surgical Cases
- MISSES 84% of Post-Op Complications
- POORLY CORRELATES with Established Outcomes

Copyright statement

Relevant logos
Putting your Visual Abstract together

Tell the story of the paper
- Have a clear start and end
- Most people read top to bottom and left to right
- Arrows and lines help direct the viewer

Make important points stand out
- Use bold font
- Vary the font size, type or color
How to display data

- Include numbers when relevant
- Graphs, pie charts are good
  - Feel free to get creative
Good practices – Simple is better!

• Elaborate illustrations are nice but not essential
  – Watch out for copyright infringement!

• **Color** is helpful and encouraged
  – Too much is distracting
  – Use only when helpful

• **Font variations** can help bring attention to certain points
  – Too many variations can be confusing
  – Make it easy for the viewer to understand why a section of text looks different from the rest
Good practices – Simple is better!

• Balance!
  – For example, if you use an illustration for one of your key points, use one for every other key point

• Use bullet points vs large amounts of text
  – You tend to lose people when you ask them to read lots of text
Useful programs/websites

• Adobe Suite
• GIMP
• PowerPoint
• Keynote
• Mind the graph  https://mindthegraph.com/
Once your Visual Abstract is completed

Determine where you will be sharing your Visual Abstract

- Export the correct file type(s)
- Journals may have specific guidelines
- Different social media platforms have different requirements

Share it!

- Talk to the journal
- Share it on social media
  - Be sure to tag the institution and co-authors!
  - Twitter has a hashtag for Visual Abstracts (#visualabstract)
- Add it to your website
- Use it in talks
GREAT MEDICAL PRESENTATIONS...?
First mistake
FINANCIAL
WELFARE
Structuring your narrative
Structuring your narrative

- Complete results
- Conclusion
- Next steps
- Interim challenges
- Methods
- Question to be answered
- Initial results
- Motivation for study
Structuring your narrative

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Structuring your narrative

- Question to be answered
- Motivation for study
- Methods
- Initial results
- Interim challenges
- Complete results
- Conclusion
- Next steps

- Long-term patient
- Severe side-effects
Rhetorical question

Provocative statement

Tease your conclusion

Appeal to the audience
START with STORY
ODDIMYCN SHOWS SIGNIFICANT REDUCTION IN ADVERSE EVENTS
ODDIMYCIN SHOWS SIGNIFICANT REDUCTION IN ADVERSE EVENTS

"Teleprompter at Cisco" by Robert Scoble is licensed under CC BY 2.0
START with STORY

1

TRIM the TEXT

2

3
THIS APPROACH IS ALL ABOUT TEXT
OVERALL SURVIVAL

67% SINGLE-PILL

43% COMBINATION
this approach combines IMAGES and TEXT
Long-term use of bisphosphonates may result in over-suppression of bone turnover.
START with STORY

TRIM the TEXT

FOCUS your AUDIENCE
The ‘conditioned carriage return’

- Jerry Weissman
Lorem Ipsum Dolor Sit Amet

- Lorem ipsum dolor sit amet, consectetur adipiscing elit. Maecenas porttitor congue massa. Fusce posuere, magna sed pulvinar ultricies, purus lectus malesuada libero, sit amet commodo magna eros quis urna.
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  - Fusce est
  - Vivamus a tellus

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LOREM IPSUM DOLOR SIT AMET
Consectetuer adipiscing elit. Maecenas porttitor congue massa. Fusce posuere, magna sed pulvinar ultricies, purus lectus malesuada libero, sit amet commodo magna eros.

VIVAMUS A TELLUS

PROIN PHARETRA NONUMMY
Fusce posuere, magna sed pulvinar ultricies, purus lectus malesuada libero, sit amet commodo magna eros quis urna.

Drug A
Placebo

Nunc viverra imperdiet enim. Fusce est eros quis. Vivamus a tellus.
Lorem Ipsum Dolor Sit Amet

Nunc viverra imperdiet enim. Fusce est eros quis. Vivamus a tellus.

VIVAMUS A TELLUS

Nunc viverra imperdiet enim. Fusce est eros quis. Vivamus a tellus.
Lorem Ipsum Dolor Sit Amet

VIVAMUS A TELLUS

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Fusce posuere, magna sed pulvinar ultricies, purus lectus malesuada libero, sit amet commodo magna eros quis urna.

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Fusce posuere, magna sed pulvinar ultricies, purus lectus malesuada libero, sit amet commodo magna eros quis urna.

Drug A
Placebo

Nunc viverra imperdiet enim. Fusce est eros quis. Vivamus a tellus.
Focus attention on the relevant content

<table>
<thead>
<tr>
<th></th>
<th>Drug A</th>
<th>Drug B</th>
<th>Drug C</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of subjects</td>
<td>326</td>
<td>105</td>
<td>222</td>
<td>225</td>
</tr>
<tr>
<td>Mean age, years</td>
<td>56</td>
<td>54</td>
<td>55</td>
<td>56</td>
</tr>
<tr>
<td>Mean BMI, kg/m²</td>
<td>27.9</td>
<td>28.2</td>
<td>28.3</td>
<td>28.0</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male, n (%)</td>
<td>150 (46.0)</td>
<td>52 (49.5)</td>
<td>111 (50.0)</td>
<td>120 (53.3)</td>
</tr>
<tr>
<td>Female, n (%)</td>
<td>176 (54.0)</td>
<td>53 (50.5)</td>
<td>111 (50.0)</td>
<td>125 (47.7)</td>
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<tr>
<td>Mean number of concomitant medications</td>
<td>3.3</td>
<td>2.9</td>
<td>3.5</td>
<td>3.3</td>
</tr>
<tr>
<td>Mean years since diagnosis</td>
<td>5.4</td>
<td>3.9</td>
<td>5.3</td>
<td>4.7</td>
</tr>
<tr>
<td>Mean number of previous medications</td>
<td>2.4</td>
<td>2.4</td>
<td>2.9</td>
<td>2.7</td>
</tr>
<tr>
<td>Mean number of subjects encountering side-effects</td>
<td>127 (39.0)</td>
<td>39 (37.1)</td>
<td>78 (35.1)</td>
<td>79 (35.1)</td>
</tr>
<tr>
<td>Mean number of side effects</td>
<td>2.3</td>
<td>4.2</td>
<td>1.9</td>
<td>2.4</td>
</tr>
</tbody>
</table>
Focus attention on the relevant content

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<td>Mean age, years</td>
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<td>Mean BMI, kg/m²</td>
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<tr>
<td>Male, n (%)</td>
<td>150 (46.0)</td>
<td>52 (49.5)</td>
<td>111 (50.0)</td>
<td>120 (53.3)</td>
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<tr>
<td>Female, n (%)</td>
<td>176 (54.0)</td>
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<tr>
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<td>127 (39.0)</td>
<td>39 (37.1)</td>
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<tr>
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<td>1.9</td>
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Focus attention on the relevant content

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<tr>
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<th>Drug A</th>
<th>Drug B</th>
<th>Drug C</th>
<th>Placebo</th>
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1. START with STORY
2. TRIM the TEXT
3. FOCUS your AUDIENCE
PRESENT UNTO OTHERS
AS YOU WOULD HAVE THEM
PRESENT UNTO YOU
Visual Medical Communications: Publisher’s Perspective

Kelly Soldavin
Medical Editor
Taylor & Francis Group
Publishing Your Visual Media

- Check journal instructions for authors for visual media guidelines
- Communicate with journal editor prior to, or at time of, submission
- Understand the peer review process for visual media
- Investigate copyright/open access license options
- Collaborate with journal to share visual media online and through social media
- Determine the metrics available to measure impact
Questions to Ask the Editor

• What type of visual media does the journal accept?
• When does the media need to be submitted?
• Are there guidelines for, and examples of, visual media and, if so, where can they be found?
• What is the peer review process for visual media?
• Does visual media have to be published at the same time as the article?
• Where/how is visual media hosted and promoted?
• What metrics are available for measuring impact?
Impact of Visual Abstracts

Standard Tweet = 24,984 impressions
Tweet with visual abstract = **168,447** impressions¹

Plain abstract engagement = 29.4 (mean)
Visual abstract engagement = **45.3** (mean)²

Abstract views: Control group = 176
Abstract views: Infographic group = **379**³

Audience and Faculty Discussion
Visual Medical Communication Discussion

- To ask a question, please type your query into the Q&A box
- To ensure anonymity, before sending please choose the drop-down box option, "Hosts and Presenters." Otherwise, ALL audience members will be able to see your submitted question

This Photo by Unknown Author is licensed under CC BY-NC-ND
Key Takeaways and Resources

Todd Parker
VP, Managing Director
MedThink SciCom
Key Takeaways on Visual Communication

Why?
- The needs of our profession and audiences are changing

What?
- Visuals are a vital resource to enhance meaning and understanding

How?
- Optimal usage should vary based on format and channel

Who?
- Always put yourself in your audience’s shoes
Visual Medical Communication Resources

• Books
  – *The Truthful Art: Data, Charts, and Maps for Communication* by Alberto Cairo

• Article
• **Websites: inspiration/information**
  - Datavizcatalogue.com
  - Depictdatastudio.com
  - Icons: [https://thenounproject.com/](https://thenounproject.com/)
  - Clip art: [https://openclipart.org/search?p=1](https://openclipart.org/search?p=1)
  - Guide on the image sizes and formats needed for all major social media platforms: [https://makeawebsitehub.com/social-media-image-sizes-cheat-sheet/](https://makeawebsitehub.com/social-media-image-sizes-cheat-sheet/)

• **Primer/How-to guide on Visual Abstracts**
Upcoming...

Rob Matheis
President and Chief Executive Officer
International Society for Medical Publication Professionals (ISMPP)
# Upcoming ISMPP U’s

<table>
<thead>
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<tr>
<td>February 26, 2020</td>
<td><em>Highlights of the 2020 European Meeting of ISMPP</em></td>
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<tr>
<td>March 18, 2020</td>
<td><em>Medical Diagnostics</em></td>
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Thank You for Attending!

- We hope you enjoyed today's presentation.
- Please check your email for a link to a survey that should take only a few minutes to complete.
- We depend on your feedback and take your comments into account as we develop future educational offerings. Thank you in advance for your participation!
Faculty Bios
Stacie Meaux (Research Square)

Stacie obtained a Doctoral degree in Molecular Biology from the University of Texas Health Science Center at Houston and then moved to the University of North Carolina at Chapel Hill for her post-doctoral work. In 2013, she joined Research Square and later helped begin the Videos service. She became the Production Lead of the Videos team in 2018.
Ann Overton (MedThink SciCom)

As Presentation Services Manager, Ann creates and oversees the development of visually compelling graphics that illustrate and enhance scientific content in client deliverables. Ann has more than 25 years of experience in presentation graphic design in the pharmaceutical industry. This experience includes designing and laying out scientific posters, designing and formatting slide presentations, creating large-format tradeshow graphics and small-format printed graphics, and preparing figures for journal submission. Ann also has experience helping clients prepare presentations for FDA Advisory Committee meetings. She can turn data and content into precise visuals that deliver a clear, concise message. Her therapeutic areas of experience include oncology, endocrinology, orthopedics, reproductive medicine, urology, and cardiology. Ann studied Political Science and Environmental Science at North Carolina State University.
As VP, Managing Director, Todd is responsible for financial management and business planning; overseeing team growth and staff development; and establishing and maintaining procedure, performance, and quality standards. Todd has over 15 years of medical communications agency experience overseeing scientific strategy (eg, scientific platforms, disease-state education plans, publication planning) and tactical implementation. Todd has also been involved in identifying and expanding new service offerings (ie, developing innovative approaches to address client needs). His areas of expertise include biochemistry, drug development, immunology, infectious diseases, inflammation, and oncology. Before he joined MedThink SciCom, Todd worked at a medical communications company in the Midwest, where he provided scientific direction for multiple products in the oncology space. Todd earned his PhD in Biochemistry and Molecular Biology from Mississippi State University. He completed his postdoctoral research at Ohio University studying the mechanism of action of 2 biological response modifiers. Todd is currently serving as the Chair Elect for the ISMPP Board of Trustees.
Jude D’Souza (Spirit Group Medical Communications)

Jude has worked in Medical Communications for 14 years, specializing in presentation design for pharmaceutical clients across a wide range of therapy areas including oncology, depression and rare diseases. He is based in the UK, where he oversees Creative Services at Spirit Medical Communications Group. A writer and poet in his spare time, Jude applies storytelling principles to presentation development and has delivered several workshops on building and delivering more effective presentations to both industry staff and international HCPs, including a well-received session at ISMPP 2019. He is the co-organizer and speaker consultant for TEDx Macclesfield, where he has helped develop presentations and coach presenters on topics as varied as astrophysics, economics and mental health.
Kelly Soldavin is a Medical Editor for the publisher Taylor & Francis and a member of their London-based Medicine & Health Editorial team. In this role, Kelly manages Current Medical Research & Opinion, a MEDLINE-indexed, peer-reviewed, international journal for the publication of original research focused on new and existing drugs, Phase II through IV studies, and post-marketing investigations. She also manages Journal of Drug Assessment, an official publication of the National Association of Specialty Pharmacy, and previously managed Journal of Medical Economics. Kelly is an advocate for, and has a special interest in, open science and ethical and transparent publishing, as well as patient engagement and plain language summaries. She has spoken on these topics for the International Publication Planning Meeting (TIPPA), International Society for Medical Publication Professionals (ISMPP), and Special Libraries Association (SLA). In addition, Kelly is a member of the ISMPP Social Media & Web-based Metrics Working Group. Prior to joining T&F, Kelly spent 14 years in the veterinary medicine publishing industry. She works in Philadelphia and received her Bachelor of Science degree from Delaware Valley University, Doylestown, Pennsylvania.
Dr. Matheis has a long tenure within scientific and medical communications and has been an integral part of ISMPP for more than a decade. He joined ISMPP in July of 2019 from his role as the Executive Director and Head of Global Scientific Communications at Celgene Corporation. Previously, he was Senior Director of Evidence Based Medical Communications at Sanofi. Rob began his ISMPP journey as inaugural Chair of the ISMPP Credentialing Board of Trustees, with oversight of examination development and establishment of credentialing criteria. He also served as the 7th President of the ISMPP Board of Trustees. During his tenure, Rob was an influential champion for transitioning ISMPP governance to a permanent board-appointed President and CEO. Most recently, Rob has been Chair of the ISMPP Global Transparency and Trends Committee and a Workstream Lead for the ISMPP Authorship Selection Best Practices Task Force. His professional interests include establishing the value proposition for medical affairs and enriching the role of medical publication professionals to include medical communication capabilities. Dr. Matheis is a licensed clinical psychologist with specializations in behavioral statistics, neuropsychology, and organizational psychology. He is well-published with an extensive bibliography covering brain and spinal cord injury, multiple sclerosis, and alternative medicine.