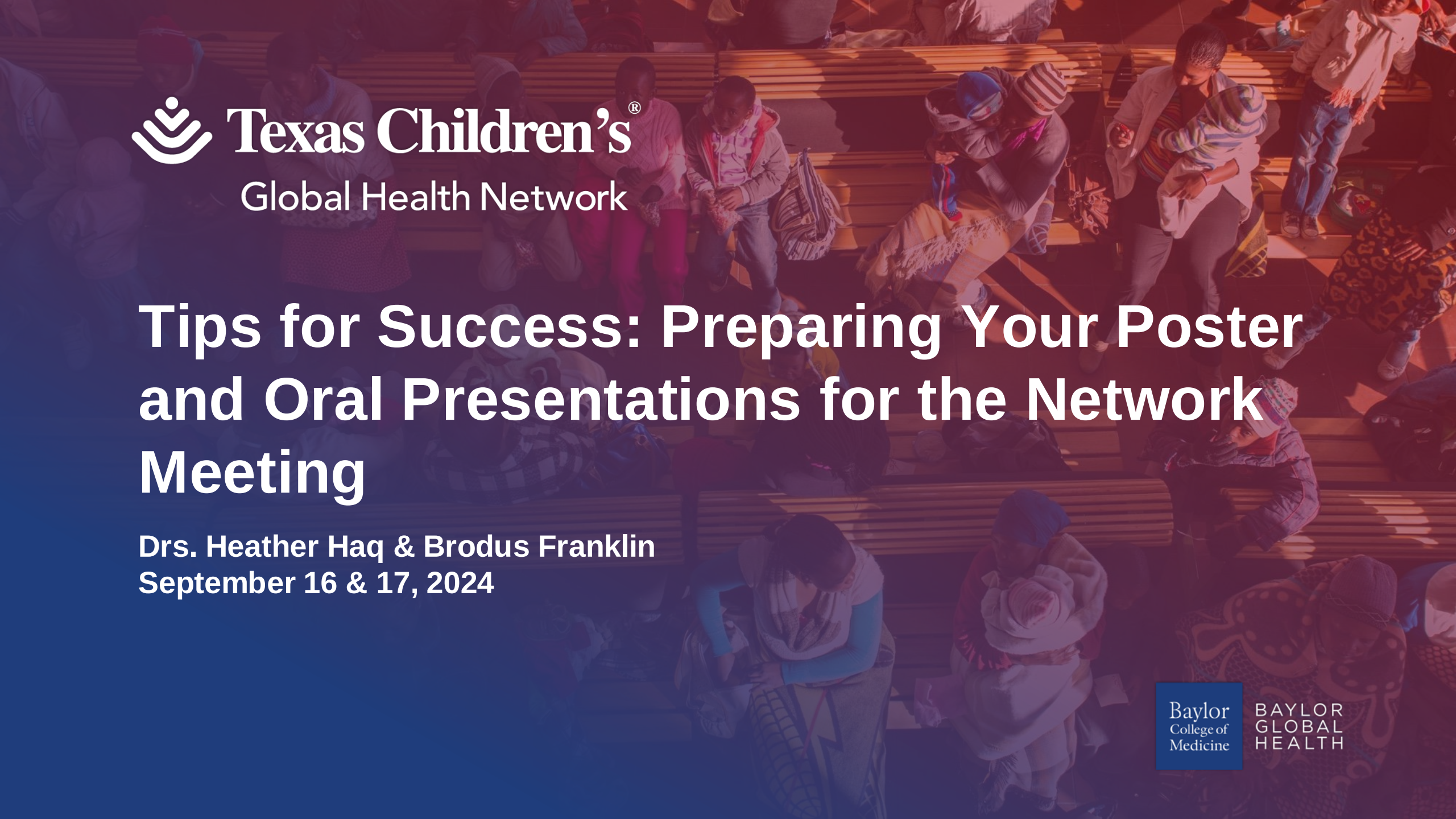


Texas Children's®
Global Health Network

Tips for Success: Preparing Your Poster and Oral Presentations for the Network Meeting

Drs. Heather Haq & Brodus Franklin
September 16 & 17, 2024

Baylor College of Medicine
BAYLOR GLOBAL HEALTH

Choose your preferred audio language on Zoom

01

Click the Interpretation button at the bottom of your screen.

Haga clic en el botón de interpretación en la parte inferior de su pantalla.

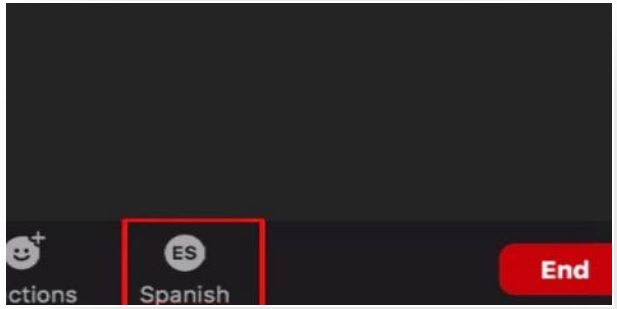
02

Choose your language channel. You must choose either **English** or **Spanish**.

Elija su canal de idioma. Debe elegir **Inglés** o **Español**.

03

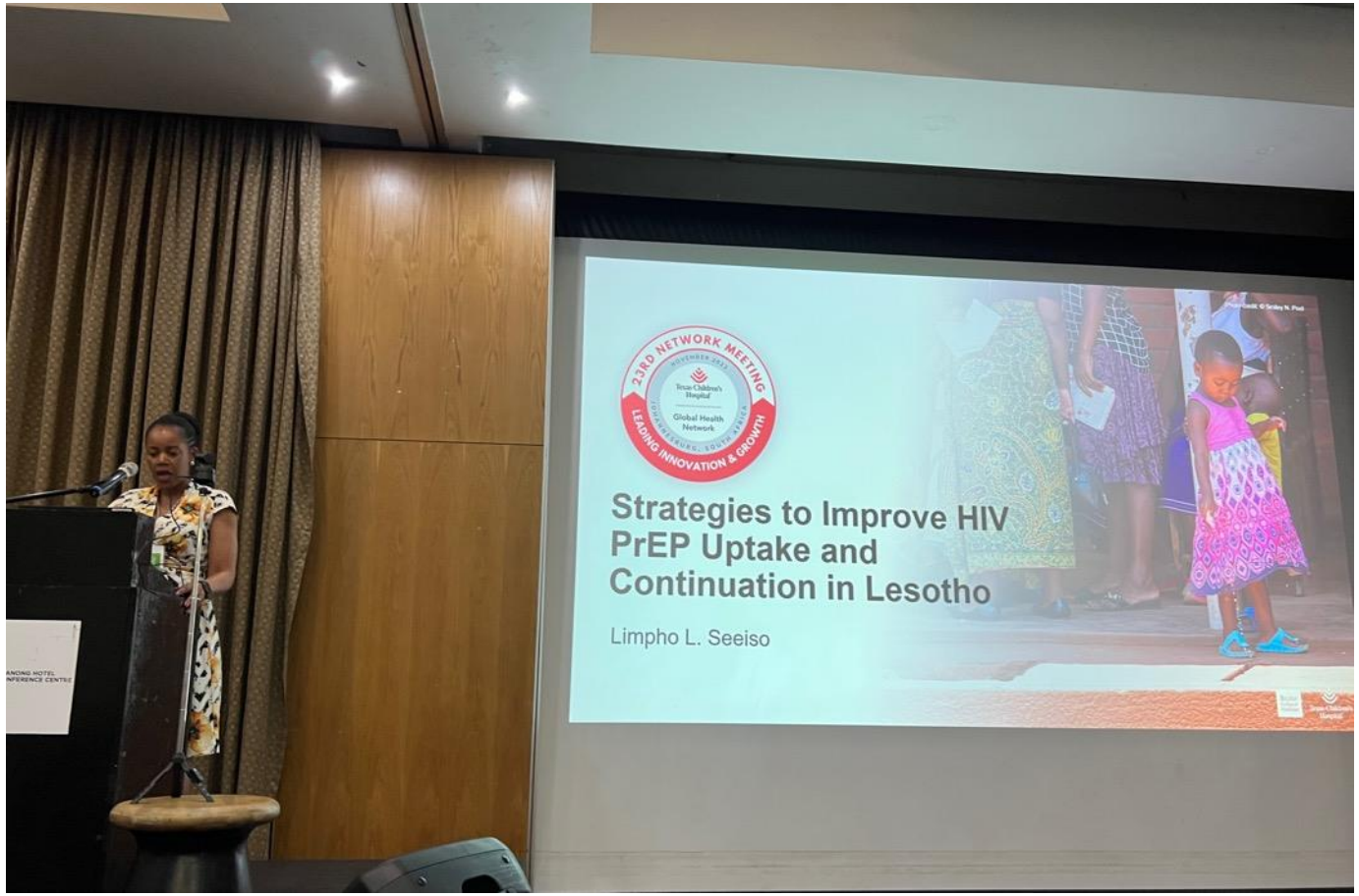
You will see the language channel chosen.



Verá el canal de idioma elegido.

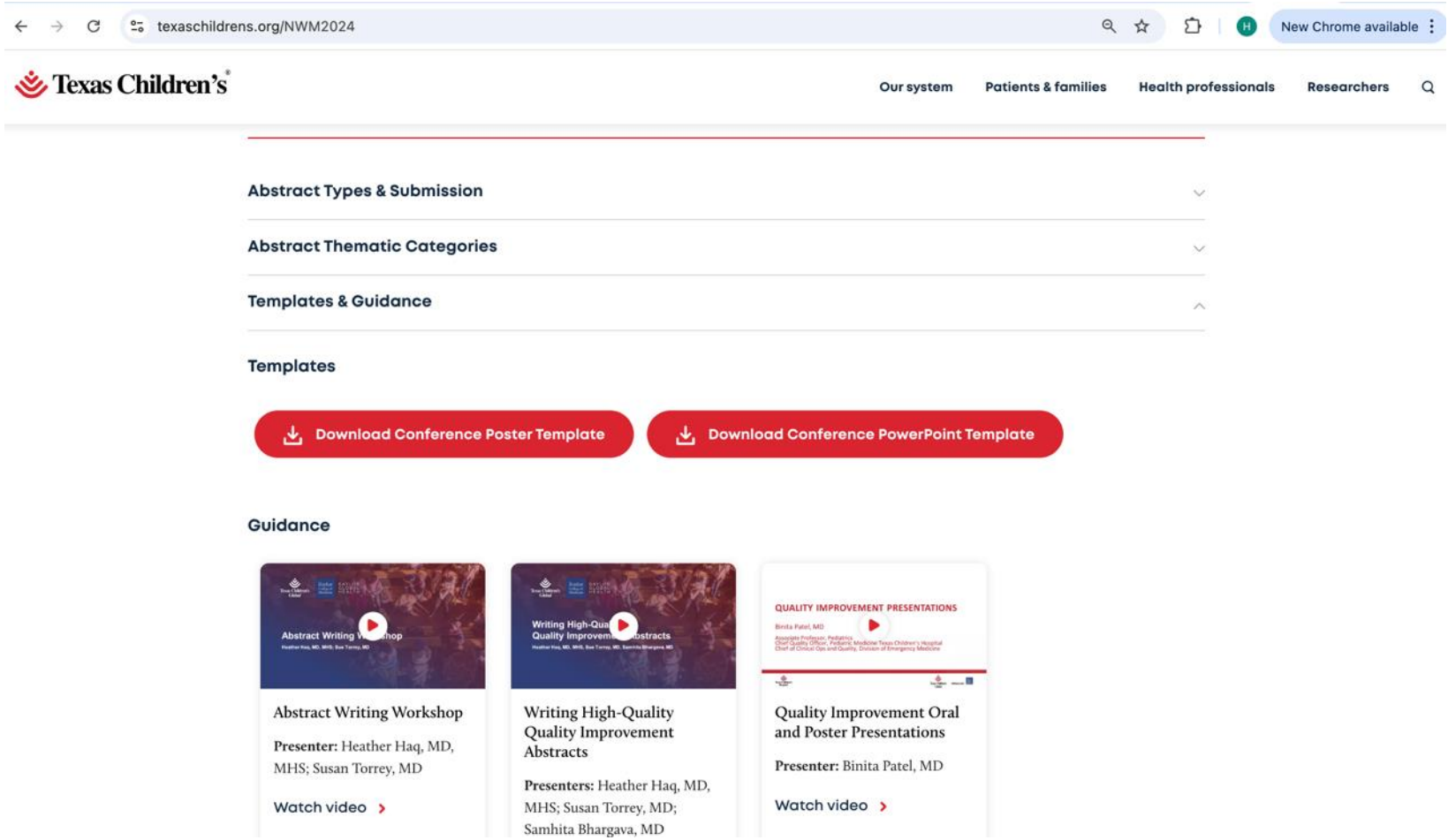
Questions

- Who has attended the Texas Children's Global Health Network Meeting before?
- Who has presented a scientific poster before?
- Who has presented an oral abstract presentation before?



Network Meeting 2024 Website

Network Meeting 2024 Website



Posters

Network Meeting Poster Template

Click here to add Poster Title

Click here to add Authors

Click here to add Affiliations

Click here to add main finding and bold the important words.

Texas Children's Global Health Network | Baylor College of Medicine | BAYLOR GLOBAL HEALTH | CLICK TO LOGO

(click to edit) BACKGROUND

Type in or paste your text here

(click to edit) OBJECTIVES

Type in or paste your text here

(click to edit) METHODS

Type in or paste your text here

(click to edit) RESULTS

Type in or paste your text here

(click to edit) CONCLUSION

Type in or paste your text here

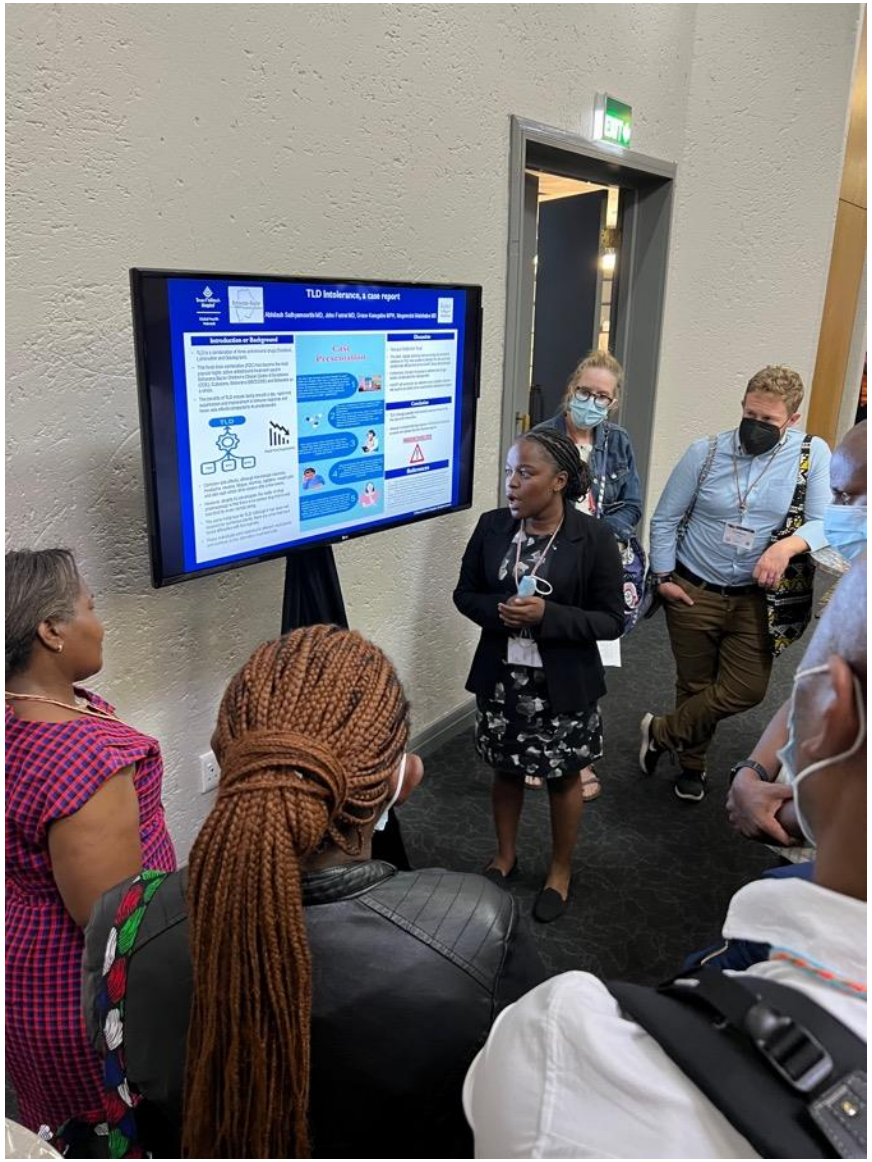
(click to edit) REFERENCES

CLICK TO ADD QR CODE

https://www.texaschildrens.org/sites/tc/files/2024-08/TCG%20Poster%20Template%202024_8.1.24_0.pptx

Your Poster Presentation at NWM2024

- You will give a 2-3 minute “elevator pitch” presentation of your prepared poster.
- Your electronic poster will be displayed on a screen. (No need to print your poster)
- Strict time limits!
- Project your voice!
- Be prepared for Q&A



Why Create a Scientific Poster?

- Showcase your research/program description/clinical case to a wider network
- Provide a high-level overview of your work
  - More detailed than a written abstract, less detailed than an oral abstract
- Facilitate discussion, feedback, and networking
- Stimulate ideas for next phases of research
- Improve your confidence in presenting scientific research and public speaking

Essential Elements of a Poster

- Title
- Authors and affiliations; relevant logos
- Background and Objectives
- Methods
- Results
- Discussion/Conclusions
- Acknowledgments and References

Think of your poster as a story board!

Title and Authors

Introduction
&
Background

Objectives

Method

Results

Can you show your text in graphics

Results

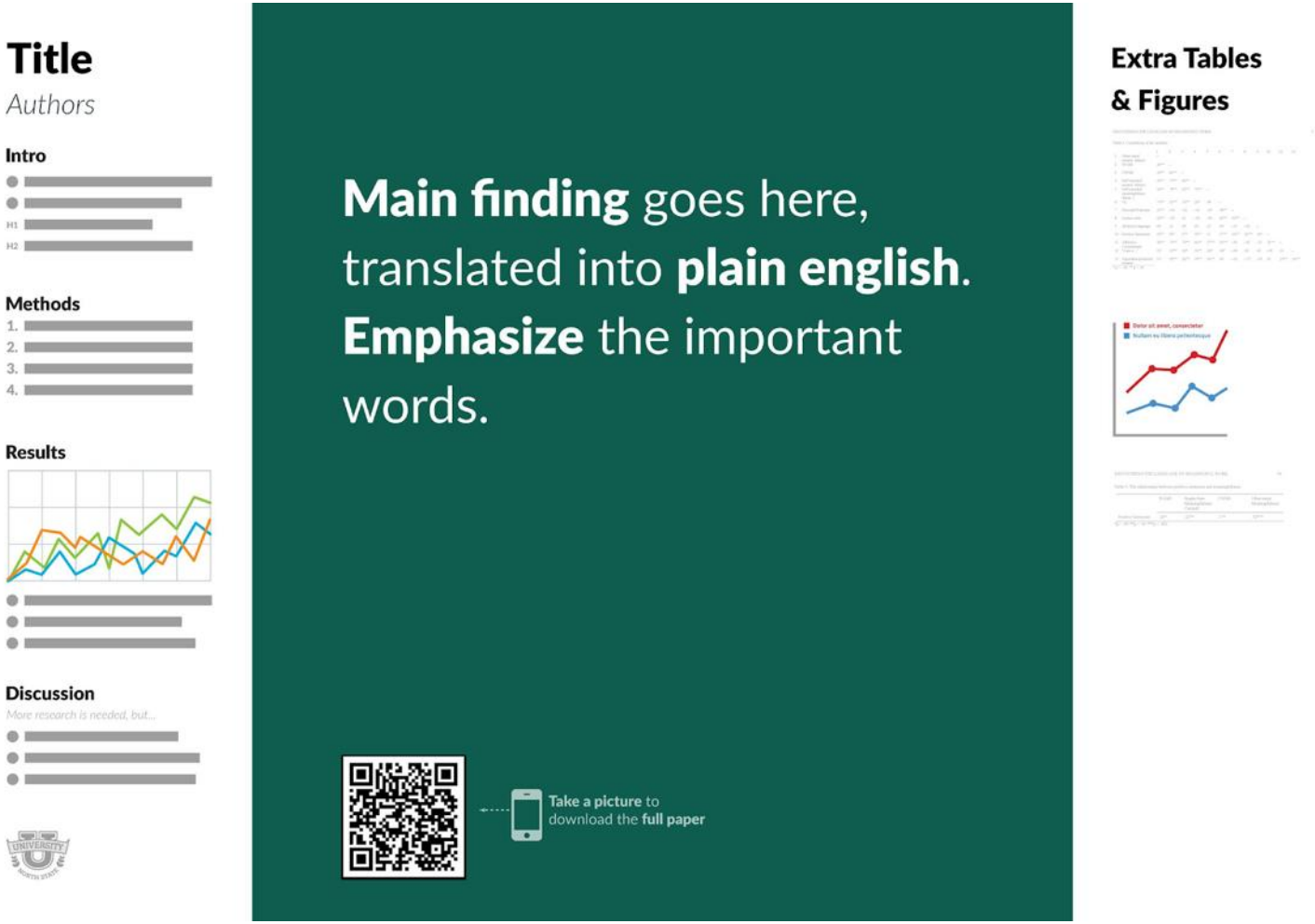
Conclusions

Limitations
Acknowledgements

#betterposter

Tips:

- Keep summary tight/concise. Think of it like “**abstract+**” with key figures only.
- Consider using a running title instead (max 6-8 words), if shorter than the original full title.
- The more content you add here, the more cognitive load you add.
- Less content = more readers.



Network Meeting Poster Template

Click here to add Poster Title

Click here to add Authors

Click here to add Affiliations

Click here to add main finding and bold the important words.

Texas Children's Global Health Network | Baylor College of Medicine | BAYLOR GLOBAL HEALTH | CLICK TO LOGO

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(click to edit) REFERENCES

CLICK TO ADD QR CODE

https://www.texaschildrens.org/sites/tc/files/2024-08/TCG%20Poster%20Template%202024_8.1.24_0.pptx

Basic Visual Design Principles

- **Contrast:** Make important elements stand out.
- **Repetition:** Use consistent elements for unity.
- **Alignment:** Ensure elements are visually connected.
- **Proximity:** Group related items together.

Nagelhout E. Creating Scientific Posters and PowerPoint Slides. Lecture presented at: Kinesiology Department Seminar; 2014 Sep 3; Las Vegas, NV. [kinesiologypresentation2-nagelhout-140903203402-phpapp01.pptx].

Structuring Your Poster

- Ensure a logical flow of information.
- Use headings, bullet points, and concise text.
- Highlight key findings and messages.
- Avoid clutter and excessive text.
- Use 16:9 poster dimensions

Harlow S. Research Poster Creation. Poster presented at: High Point University Research Symposium; 2020 Mar 10-12; High Point, NC. [researchposterfinal-131023104832-phpapp02.pptx].

Incorporating Graphics and Images

- Use high-quality images (300 dpi).
- Keep figures simple and clear.
- Annotate graphics to guide the viewer.
- Ensure visual elements support your conclusions.

Nagelhout E. Creating Scientific Posters and PowerPoint Slides. Lecture presented at: Kinesiology Department Seminar; 2014 Sep 3; Las Vegas, NV. [kinesiologypresentation2-nagelhout-140903203402-phpapp01.pptx].

Choosing Colors and Fonts

- Limit colors to 2-3 for clarity.
- Use light backgrounds and dark text for readability.
- Select legible fonts; avoid overuse of capital letters.
- Ensure text size is readable from a distance.

Martin K. Preparing a Poster. Poster presentation at: Annual Research Conference; 2021 Apr 5-7; New York, NY. [soar_poster_preparation_ref.pptx].

Final Touches and Best Practices

- Ensure all elements are legible and well-aligned.
- Proofread for errors and clarity.
- Get feedback from colleagues or mentors.
- Print and preview your poster before the event.

Nagelhout E. Creating Scientific Posters and PowerPoint Slides. Lecture presented at: Kinesiology Department Seminar; 2014 Sep 3; Las Vegas, NV. [kinesiologypresentation2-nagelhout-140903203402-phpapp01.pptx].

What A Good Poster Looks Like (traditional)

Prevalence of Vitamin D Deficiency in the United States Foster Care Pediatric Population

Anna Wojcicki B.S.[1], Priya George[3], Ann Brearley Ph.D.[4], Elise Northrop B.A.[4], Kimara Gustafson M.D.[2], Judith Eckerle M.D.[2]
[1]Medical School, University of Minnesota, [2]Department of Pediatrics, University of Minnesota, [3] College of Biological Sciences, University of Minnesota [4]School of Public Health, University of Minnesota

Introduction

- Over 437,465 children in the foster care system during 2016.[1]
- ~60% of foster care children have a developmental, emotional, or behavioral problem. [2]
- Foster care children have a history of poor prenatal care, multiple transitions, and neglect or abuse
- Vitamin D is a hormone generated in the skin through sunlight exposure
- Vitamin D levels are an important indicator of health, nutrition, and bone health
- Vitamin D has been linked to developmental issues like depression compared to normal vitamin D levels

Methodology

- Demographic variables and clinical data were extracted from EPIC and the Adoption Medicine Clinic (AMC) database for 551 participants seen between January 2013-May 2018 using REDCap
- Sample size was reduced to 421 patients excluding international adoptees and patients receiving vitamin D supplements
- Vitamin D levels were categorized into three groups: deficient (<20 ng/mL), insufficient (20-<30 ng/mL) and normal (30 ng/mL or more)
- Logistic Regression was used to characterize the effect of age and foster care and to identify possible risk factors of vitamin D deficiency
- Significance level is indicated by *p≤0.05, **p≤0.01

[1]United States. (2017). The AFCARS report #25. Washington, D.C.: U.S. Dept. of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau.

Results

Table 1. Foster care population characteristics by vitamin D category. Summarized by n(%) or mean ± standard error (SE). N=150.

Variable	Vitamin D Sufficient (>30 ng/ml)	Vitamin D Insufficient (20-29 ng/mL)	Vitamin D Deficient (<20 ng/mL)
N	77 (51)	51 (34)	22 (15)
Age (years)	6.42 ± 0.52	7.18 ± 0.69	10.27 ± 0.88
Female	36 (47)	22 (43)	8 (36)
Months in foster care	21.80 ± 2.70	27.68 ± 4.76	31.41 ± 7.72
Number of transitions	3.09 ± 0.25	3.78 ± 0.48	4.77 ± 0.71
Nonhispanic white	36 (47)	21 (41)	9 (41)
BMI	17.95 ± 0.46	18.86 ± 0.64	24.62 ± 2.11
Urban	14 (18)	16 (31)	4 (18)

Table 2. Results to a logistic regression model to assess the effect of foster care on vitamin D deficiency. N=421.

Covariate	Odds Ratio (95% CI)	P-value
Foster Care (vs. Control)	1.19 (0.63, 2.26)	0.593

Table 3. Results to a logistic regression model to assess the effect of age category on vitamin D deficiency. N=421.

Covariate	Odds Ratio (95% CI)	P-value
Age 6 to <10 (vs. 5 and under)	2.53 (1.05, 6.1)	0.039*
Age 10 or older (vs. 5 and under)	6.39 (2.74, 14.9)	<0.001**

Table 4. Results to a logistic regression model to assess the effect of age and foster care on Vitamin D deficiency after adjusting for BMI, race, and season. N=421.

Covariate	Odds Ratio (95% CI)	P-value
Foster Care (vs. Control)	0.93 (0.45, 1.94)	0.852
Age 6 to <10 (vs. 5 and under)	3.01 (1.19, 7.64)	0.02*
Age 10 or older (vs. 5 and under)	4.59 (1.61, 13.11)	0.004**

Table 5. Results to univariate logistic regression models to find risk factors for Vitamin D deficiency among the foster care group. N=150.

Covariate	Odds Ratio (95% CI)	P-value
Age	1.19 (1.07,1.33)	0.001**
Male	1.17 (0.44,3.1)	0.757
Urban Residence	0.82 (0.25,2.65))	0.738
BMI	1.2 (1.09,1.31)	<0.001**
Hispanic or Latino	1.31 (0.34,5.05)	0.692
Black (vs. White)	0.65 (0.21,2.03)	0.457
Other (vs. White)	1.09 (0.31,3.84)	0.898
Currently in Foster Care	0.39 (0.13,1.14)	0.086
Time in Foster Care	1.01 (1,1.02)	0.15
Number of Transitions	1.18 (1.02,1.37)	0.024**
Antidepressant Medication	1.77 (0.52,5.99)	0.361
Depression	2.27 (0.42,12.2)	0.338
Anxiety	1.54 (0.5,4.7)	0.451
ODD	2.1 (0.52,8.45)	0.296
ADHD	5.39 (1.9,15.3)	0.002**

Conclusions

- Vitamin D insufficiency is common in the pediatric population
- Most patients with a history of out of home placement had a psychiatric comorbidity at the time of blood draw (72.05%) compared to only 6.8% of the general population.
- The majority of the foster care patients (95%) were exposed to illicit substances prenatally
- Children over 10 years old have higher odds of vitamin D deficiency compared to children 5 years old and under
- Foster care patients had a higher risk of vitamin D deficiency, but failed to meet statistical significance (p=0.234)
- ADHD, increased BMI, and number of transitions were risk factors for vitamin D deficiency in the foster care population
- Providers should be aware of these risk factors and supplement with vitamin D accordingly.

Acknowledgments

This project was funded by the Undergraduate Research Opportunities Program (UROP). Thank you to Tony Tholkes of the Clinical and Translational Science Institute for support with biomedical informatics and data access. Thank you to the M Health Adoption Medicine Clinic

This research was supported by the National Institutes of Health's National Center for Advancing Translational Sciences, grant UL1TR002494. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health's National Center for Advancing Translational Sciences.

What A Good Poster Looks Like

- **Title:** “Prevalence of Vitamin D Deficiency in the United States Foster Care Pediatric Population”
- **Why it’s good:**
  - Clean and visually appealing with effective use of colors.
  - Well-organized layout that guides the reader logically through the content.
  - Uses high-quality images and clear, well-labeled graphs.
  - Limited text, with concise bullet points that highlight key findings.
  - Effective use of white space to avoid clutter.

Wojcicki A, George P, Brearley A, Northrop E, Gustafson K, Eckerle J. Prevalence of Vitamin D Deficiency in the United States Foster Care Pediatric Population [poster]. Presented at: University of Minnesota Medical School Research Symposium; Minneapolis, MN.

What A Good Poster Looks Like (#betterposter)

How Are You Feeling Today, Dave?
Using IBM's Watson Supercomputer to Extract Emotions from Natural Language

Mike A. Morrison

INTRO
- **IBM Watson** is a supercomputer able to process naturally written language. It can reportedly read a body of text, and extract from that the emotions that the author was feeling when they wrote it.
- **This study** compared Watson's ratings of emotional tone in text to self-report ratings, using a sample of crew members participating in NASA analog science mission in Antarctica.

METHODS
- **Participants:** N = 6 crew members participating in a NASA Science Mission in Antarctica. T = 42 (average) mission days per crew member
- **Diaries:** Crew members **wrote freeform** in **daily diaries** each day . Diaries typically discuss activities from the day, and other crew members.
- **Self-Reports:** Crew members completed self-report measures of psychological distress, happiness, conflict management, and physical activity.
- Using Watson's Alchemy Language service, **Watson analyzed diary text** and reported estimates of Fear, Joy, Sadness, Anger, and Disgust in each diary entry.
- **Analysis:** I tested for significant correlations between Watson's measures of Fear, Joy, Sadness, Anger, and Disgust against a battery of self-report measures of daily attitudes.

RESULTS
- Watson's estimates of happiness and sadness correlate significantly with related self-report measures, but Watson's estimates of disgust, fear, and anger showed no significant correlations.

MICHIGAN STATE UNIVERSITY

IBM Watson can accurately **detect joy** and **sadness** in samples of **written language.**

	Watson **Happiness**	Watson **Sadness**
Self-report **Happiness**	.21**	-.22**
Self-report **Distress**	ns	.19*
Self-report **Conflict Management**	ns	-.24*
Self-report **Physical Activity**	.19**	-.25**

Participants:
- **N = 6** crew members participating in a Science Mission in Antarctica
- **T = 42** (average) mission days per crew member

How do Natural Language Processors Like IBM Watson Work?

1. A software algorithm reads-in a body of text (in this case, a diary entry).
2. The text is converted into features (e.g., frequency of specific words, punctuation usage, sentence length).
3. An algorithm identifies which features in the text are associated with scores on a 'known' criteria (e.g, self-reported happiness, or other-rated emotional tone).
4. Machine learning algorithms create a set of combined language features that reliably predict scores on the criteria of interest in the test data.
5. The 'trained' algorithm looks for these special features in new bodies of text, and outputs an estimate of the criteria.

https://astrobites.org/2020/02/28/fixing-academic-posters-the-betterposter-approach/

What A Good Poster Looks Like

- **Title:** “How Are You Feeling Today, Dave? Using IBM’s Watson Supercomputer to Extract Emotions from Natural Language”
- **Why it’s good:**
  - **Take-home message front-and center**
  - Clean and visually appealing with effective use of colors.
  - Well-organized layout that guides the reader logically through the content.
  - Uses high-quality images and clear, well-labeled graphs.
  - Limited text, with concise bullet points that highlight key findings.
  - Effective use of white space to avoid clutter.

What A Bad Poster Looks Like

PIGS IN SPACE: EFFECT OF ZERO GRAVITY AND AD LIBITUM FEEDING ON WEIGHT GAIN IN CAVIA PORCELLUS

Colin B. Purrington
6673 College Avenue, Swarthmore, PA 19081 USA

ABSTRACT:

One ignored benefit of space travel is a potential elimination of obesity, a chronic problem for a growing majority in many parts of the world. In theory, when an individual is in a condition of zero gravity, weight is eliminated. Indeed, in space one could conceivably follow ad libitum feeding and never even gain an gram, and the only side effect would be the need to upgrade one's stretchy pants("exercise pants"). But because many diet schemes start as very good theories only to be found to be rather harmful, we tested our predictions with a long-term experiment in a colony of Guinea pigs (Cavia porcellus) maintained on the International Space Station. Individuals were housed separately and given unlimited amounts of high-calorie food pellets. Fresh fruits and vegetables were not available in space so were not offered. Every 30 days, each Guinea pig was weighed. After 5 years, we found that individuals, on average, weighed nothing. In addition to weighing nothing, no weight appeared to be gained over the duration of the protocol. If space continues to be gravity-free, and we believe that assumption is sound, we believe that sending the overweight — and those at risk for overweight — to space would be a lasting cure.

INTRODUCTION:

The current obesity epidemic started in the early 1960s with the invention and proliferation of elastane and related stretchy fibers, which released wearers from the rigid constraints of clothes and permitted monthly weight gain without the need to buy new outfits. Indeed, exercise today for hundreds of million people involve only the act of wearing stretchy pants in public, presumably because the constrictive pressure forces fat molecules to adopt a more compact tertiary structure (Xavier 1965).

Luckily, at the same time that fabrics became stretchy, the race to the moon between the United States and Russia yielded a useful fact: gravity in outer space is minimal to nonexistent. When gravity is zero, objects cease to have weight. Indeed, early astronauts and cosmonauts had to secure themselves to their ships with seat belts and sticky boots. The potential application to weight loss was noted immediately, but at the time travel to space was prohibitively expensive and thus the issue was not seriously pursued. Now, however, multiple companies are developing cheap extra-orbital travel options for normal consumers, and potential travelers are also creating news ways to pay for products and services that they cannot actually afford. Together, these factors open the possibility that moving to space could cure overweight syndrome quickly and permanently for a large number of humans.

We studied this potential by following weight gain in Guinea pigs, known on Earth as fond of ad libitum feeding. Guinea pigs were long envisioned to be the "Guinea pigs" of space research, too, so they seemed like the obvious choice. Studies on humans are of course desirable, but we feel this current study will be critical in acquiring the attention of granting agencies.

MATERIALS AND METHODS:

One hundred male and one hundred female Guinea pigs (Cavia porcellus) were transported to the International Space Laboratory in 2010. Each pig was housed separately and deprived of exercise wheels and fresh fruits and vegetables for 48 months. Each month, pigs were individually weighed by duct-taping them to an electronic balance sensitive to 0.0001 grams. Back on Earth, an identical cohort was similarly maintained and weighed. Data was analyzed by statistics.

RESULTS:

Mean weight of pigs in space was 0.0000 +/- 0.0002 g. Some individuals weighed less than zero, some more, but these variations were due to reaction to the duct tape, we believe, which caused them to be alarmed push briefly against the force plate in the balance. Individuals on the Earth, the control cohort, gained about 240 g/month ($p = 0.0002$). Males and females gained a similar amount of weight on Earth (no main of effect of sex), and size at any point during the study was related to starting size (which was used as a covariate in the ANCOVA). Both Earth and space pigs developed substantial dewlaps (double chins) and were lethargic at the conclusion of the study.

CONCLUSIONS:

Our view that weight and weight gain would be zero in space was confirmed. Although we have not replicated this experiment on larger animals or primates, we are confident that our result would be mirrored in other model organisms. We are currently in the process of obtaining necessary human trial permissions, and should have our planned experiment initiated within 80 years, pending expedited review by local and Federal IRBs.

ACKNOWLEDGEMENTS:

I am grateful for generous support from the National Research Foundation, Black Hole Diet Plans, and the High Fructose Sugar Association. Transport flights were funded by SPACE-EXES, the consortium of wives divorced from insanely wealthy space-flight startups. I am also grateful for comments on early drafts by Mañana Athletic Club, Corpus Christi, USA. Finally, sincere thanks to the Cuy Foundation for generously donating animal care after the conclusion of the study.

LITERATURE CITED:

NASA. 1982. Project STS-XX: Guinea Pigs. Leaked internal memo.
Sekulić, S.R., D. D. Lukač, and N. M. Naumović. 2005. The Fetus Cannot Exercise Like An Astronaut: Gravity Loading Is Necessary For The Physiological Development During Second Half Of Pregnancy. Medical Hypotheses. 64:221-228
Xavier, M. 1965. Elastane Purchases Accelerate Weight Gain In Case-control Study. Journal of Obesity. 2:23-40.

What A Bad Poster Looks Like

- **Title:** “Pigs in space: effect of zero gravity and ad libitum feeding on weight gain in Cavia porcellus”
- **Why it’s bad:**
  - Overloaded with text, making it difficult to read and follow.
  - Poor contrast between background and text, making it hard to read.
  - Images are low resolution and pixelated.
  - Disorganized layout with no clear flow of information.
  - Inconsistent font sizes and excessive use of capital letters, making the text difficult to read.

Purrington CB. Pigs in space: effect of zero gravity and ad libitum feeding on weight gain in Cavia porcellus [poster]. Presented at: National Research Foundation Symposium; Swarthmore, PA.

Presentation Content

Refer to what type of research you are presenting and follow the initial abstract guidelines for what to include in your presentation.

Scientific	Program & Project	Case Report
• Background • Methods • Results • Conclusion • Funding • IRB Approval	• Background • Description • Lessons Learned • Next Steps	• Introduction • Case • Discussion • Conclusions

Examples: Program/Project Posters

Implementing Telemedicine in a Paediatric Clinic: A Programmatic Approach to Healthcare Delivery through Digital Transformation

Florence Anabwani-Richter[1], Sandile Dlamini [1, 2], Samuel Kizito[1, 2]

[1] Baylor College of Medicine-Bristol Myers Squibb Children's Clinical Centre of Excellence, Mbabane, Eswatini
[2] Baylor College of Medicine, Houston, Texas

BACKGROUND

The World Health Organization (WHO) defines telemedicine as the delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies (ICT).

The surge in technological advancements during the COVID-19 pandemic revolutionized healthcare delivery, offering an unprecedented opportunity to improve healthcare accessibility and effectiveness for children and adolescents living with HIV (CALHIV).

This abstract outlines the successful implementation of telemedicine in a paediatric clinic, highlighting implementation procedures, challenges and outcomes.

OBJECTIVES

We aimed to enhance healthcare delivery, reduce geographical constraints that impeded healthcare access and maintain quality of care during the COVID-19 pandemic.

DESCRIPTION

- Our telemedicine program was meticulously implemented in three phases.
- First, we sought authorization from the Ministry of Health and Eswatini Medical and Dental Council (EMDC).
- We deployed a multidisciplinary team comprising healthcare professionals, IT specialists, and administrative staff to design and implement the telemedicine program.
- We examined the clinic's technical capacity, conducted a comprehensive needs assessment, reviewed ethical considerations and developed standard operating procedures (SOPs).
- The primary technological platform selected for this program was identified through expert consultation.
- The second phase involved extensive staff training and system testing, focusing on the operational aspects of the telemedicine platform.
- The final phase involved a small-scale pilot test with a selected patient group to assess acceptability, followed by an evaluation of the system's performance.
- Necessary adjustments were made before launching the service to the clinic's full mainstream client flow system.
- We evaluated connectivity lag/speeds and established protocols for patient data security.
- Key metrics for evaluating the program's success included real-time patient and clinician satisfaction, accessibility improvements, and clinic transit time.

RESULTS

- Successful implementation of telemedicine and teleradiology platforms
- **1608** patients seen
- Continuity of care at all sites during the COVID-19 pandemic

LESSONS LEARNED

- Users were able to facilitate virtual patient consultation, review laboratory results and accelerate patient transit through the Clinic.
- Teleconsultations were accepted by patients of all ages
- This platform allowed secure video consultations, remote patient monitoring, and digital communication between patients and healthcare providers.
- EMRx access ensured continuity of care.
- Challenges included resistance to change among some patients and staff members and technical difficulties
- A separate telemedicine router solved the problem of high internet latency.
- We adopted a collaborative problem-solving approach to address these issues and made necessary adjustments.

NEXT STEPS

- Implementation of telemedicine in a pediatric clinic underscores the viability of digital health technologies in enhancing healthcare delivery.
- Future research should focus on long-term effects and scalability of this model across diverse pediatric settings.
- Our experience may provide a template for other healthcare organizations planning to incorporate telemedicine services.

CONTACT DETAILS

fanabwani@baylorswaziland.org.sz
Infographics: Dr. Florence Anabwani-Richter

Examples: Program/Project Posters

The Role of mobile money transfer system in improving cash payments for Baylor College of Medicine-Children's Foundation Malawi (BCM-CFM) supported Teen Club sessions in Malawi

Sangwani Longwe[1], Valentine Banda[1], Albert Kaonga[1], Precious Chakanika[1], Golden Kang`oma[1], Katherine Simon[1,2], Alick Mazenga[1], Carrie Cox[1,2], Elizabeth Wetzel[1,2] and Tapiwa Tembo[1]

[1]Baylor College of Medicine Children's Foundation Malawi, Lilongwe, Malawi

[2]Baylor College of Medicine, Houston, Texas, USA

BACKGROUND

- Majority of organizations in Africa have transitioned from cash payments to digital modes of payments.
- Mobile money (MM) transfer has become a common digitized cash payment model.
- MM is a safe, secure, quick and transparent payment system for numerous organizations in Africa.
- In 2020, BCM-CFM recognized that with lack of banking institutions in rural areas and the COVID pandemic, a MM payment system would mitigate these challenges.
- Thus, BCM-CFM piloted MM transfers to improve cash payments for Ministry of Health (MOH) Health Care-Workers (HCWs) facilitating Teen Clubs (TCs) in the 5 supported districts of Malawi (Figure 1).

Figure1: Craft making activity at COE Teen Club, Lilongwe-Malawi

OBJECTIVE

We describe the MM transfer process and its associated reconciliation procedure for TCs at BCM-CFM supported sites.

DESCRIPTION

- BCM-CFM supports 77 TCs with an average of 7 TCs per weekend (Saturdays).
- TCs are facilitated by Ministry of Health (MOH) Health Care Workers (HCWs) and BCM-CFM staff on Saturdays.
- MOH HCWs receive lunch allowance of MK6,000 (~USD6.00) for TCs support.
- BCM-CFM supervisors at central level developed a MM payment Standard Of Procedure (SOP) in consultation with the Finance team between 2020-2021.
- District teams were oriented on MM payment process (Figure 2) and BCM-CFM registered MM accounts with telecommunication network providers: Airtel and TNM.
- To monitor payment flow, a TC MM tracker was developed.

Figure 2: MM payment process flowchart

LESSONS LEARNT

- In the period between January 2022-January 2023;
  - **401** TCs sessions were conducted across 5 BCM-CFM supported districts.
  - Approximately **3,300** MOH HCWs participated and were paid through MM transfers (AIRTEL money or TNM Mpamba).
- MM payments were categorized based on payment period (Figure 3).
- Payment gaps were addressed (Table 1) for improved results (Figure 4):

Figure 3: Teen club MM payments between Jan 2022- Jan 2023

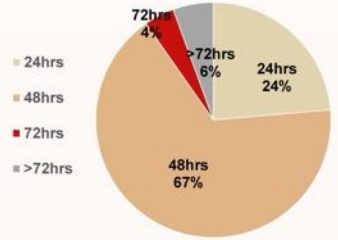

Figure 4: Teen club MM payments between Mar-Apr 2023

Table 1: MM process challenges and interventions to improve timely payment delivery.

Challenges	Responses
Processing timeframe of TC payments.	Additional staff recruited and assigned to process.
Delayed submissions and missed MM payments for some TCs.	Monitor MM payments using tracker with ongoing follow ups via email.

CONCLUSION

- BCM-CFM successfully implemented a secure and direct MM transfer payment system.
- 37% Of TCs were paid according to protocol and all payments were reconciled automatically.
- BCM-CFM continues to optimize MM transfers to ensure all MM payments for TCs are issued within 24 hours. Some of the initiatives in place include:
  - Reminders and follow up emails between program and finance.
  - WhatsApp forum for DAOs and TC supervisors to share payment forms timely.

ACKNOWLEDGEMENTS

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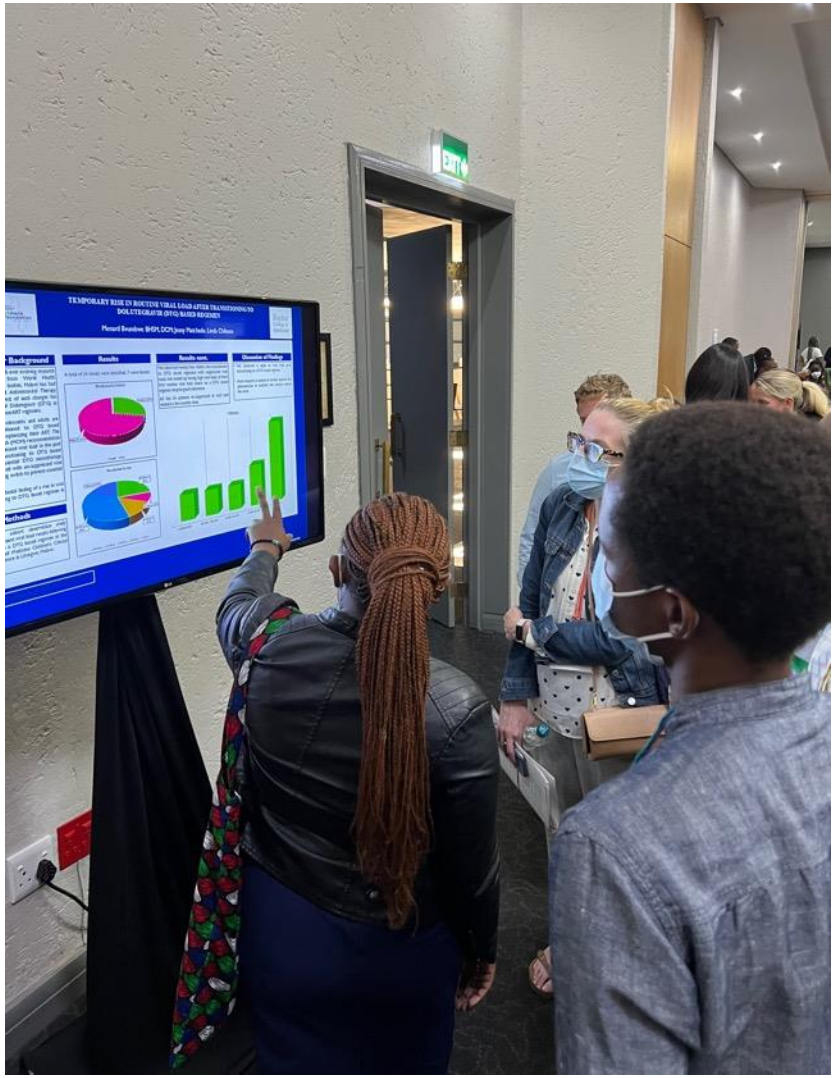
Presenting your Poster



Great presenters, combine great ideas with the ability to communicate those ideas.

The key to a great presentation is **rehearsal**.

Practice the complex and technical aspects.

Start and end strong.

Stay within the time limit: 3 minutes.

Anticipate and be prepared for questions.

Additional Resources

- Visit colinpurrington.com/tips/poster-design for more templates and tips.
- Explore tutorials and guides at https://www.posternerd.com/tutorials.
- Betterposter video:How to create a better research poster in less time https://www.youtube.com/watch?v=1RwJbhkCA58

Harlow S. Research Poster Creation. Poster presented at: High Point University Research Symposium; 2020 Mar 10-12; High Point, NC. [researchposterfinal-131023104832-phpapp02.pptx].

Oral Abstracts

Key Guidelines for Oral Presentations

- State the study type and key points upfront.
- Use 5-7 slides maximum.
- Limit presentation to 5 minutes
- Questions will be saved for the end of all panelists' abstract presentations.
- Follow a clear structure:
  - Introduction, Methods, Results, Conclusion.

Content Tips

- Present one concept per slide.
- Highlight key findings and relevance to Texas Children's Global Health Network.
- Use visual aids like graphs and tables to support data.
- Summarize results and conclusions effectively.
- When relevant, use the PICOT format to summarize.

PICOT stands for:

- **P**: **Population** (or **Patient** or **Problem**) – Who is the patient or what is the population of interest?
- **I**: **Intervention** – What is the intervention or treatment being considered?
- **C**: **Comparison** – Is there a comparison intervention, treatment, or control group?
- **O**: **Outcome** – What are the expected outcomes or results?
- **T**: **Time** – Over what time frame is the intervention's effect measured?

Example Summary Statement Language

In this **[Type of study]**, we investigated the following research question: In **[Population/Problem]**, how does **[Intervention]** (compared to **[Comparison]**) affect the **[Outcome(s)]** over a period of **[Time]**?

- Population/Problem: "**patients** (or **clients**) **with [disease/disorder/dilemma]**"

Key Findings include:

1) Finding #1
2) Finding #2
3) Finding #3

Delivery Tips

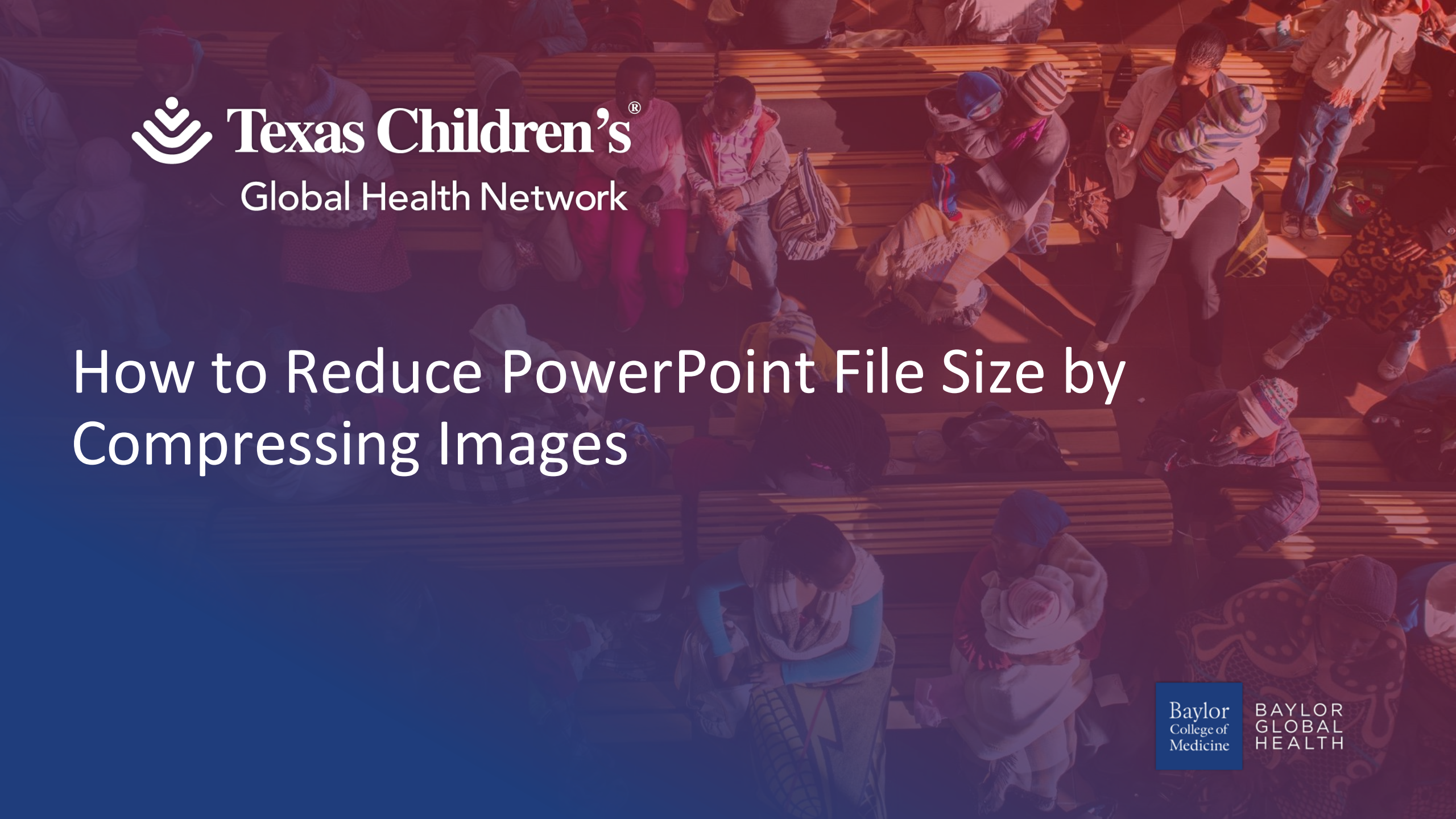
- Be ready and near the podium
- Speak clearly, make eye contact, and avoid reading directly from slides.
- Use a pointer, if available, to highlight key data points.
- Stick to the allotted time: 5 minutes.

Q&A Session

- Questions will be reserved for the end of the abstract panel.
- Restate the question to ensure understanding.
- Answer to the entire audience, not just the questioner.
- Be honest if unsure of the answer.
- Maintain professionalism throughout.

Slide Design Tips

- **Limit text**: Use bullets, not sentences.
- **Keep it simple**: Avoid clutter and unnecessary graphics.
- **Font size**: Use 24-point or larger for visibility.
- **Consistency**: Use a single background and font style throughout.



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— African Proverb

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