Learning objectives

1. List the characteristics of a high-quality abstract

2. Differentiate between abstract types

3. Identify and differentiate between primary authors and non-author contributors in scholarly publications

4. Explain the process for submitting an abstract on the Oxford abstract platform.

NWM 2025 Abstract Types

- Scientific Research

- Program Descriptions

→ Covered today

- Quality Improvement

→ **Writing High-Quality Quality Improvement Abstracts Workshop**
Date: Wednesday, May 21, 2025
Time: 08:00 Houston & Colombia
15:00 Botswana, Lesotho, Eswatini, Malawi
16:00 Romania, Uganda, Tanzania

- ~~Case report/Case series~~

→ *Stay tuned, more information on clinical chin scratcher submissions forthcoming*

26th Texas Children's Global Health Network Meeting

"Innovating Under Pressure: Creative Solutions Amid Resource Constraints."

3-7 November 2025
Johannesburg, South Africa
aha-Kopanong Hotel and Conference Centre

https://www.texaschildrens.org/NWM2025

Deadline: Friday, June 13, 2025

Abstract Submission Now Open!

Submit your **Scientific Research**, **Quality Improvement**, and **Program Description** abstracts by **Friday, June 13, 2025**, and contribute to shaping impactful global health dialogue and collaboration at **NWM 2025**!

📝 **Submit Your Workshop Proposal by May 2!**

📝 **Submit Your Abstract Now!**

Resources

Below, you will find information on the following topics: abstract submission, an explanation of this year's abstract thematic categories, templates & guidance, and frequently asked questions (FAQs).

Abstract Types & Submission +

Abstract Thematic Categories +

Templates & Guidance +

FAQs +

NWM 2025 Timeline

- April 25:   Call for Abstracts

- May 16:   Coaching request deadline

- June 13:   Abstract submission deadline

- ~August: Notification of acceptances

- November 3-7:   Network Meeting!

Abstract Thematic Categories & Abstract Types

Abstract Thematic Categories

- **Clinical Excellence** (e.g., Mental Health Integration in Patient Care, Health Literacy as a Foundation for Patient Empowerment, Innovations and Differentiated Service Delivery Models, Test-Treat-Link Strategies for Communicable Diseases, and Innovative Models for Chronic Disease Management)
- **Technology Innovations for Health System Strengthening**
- **Quality Improvement Methodologies in Resource-Constrained Settings**
- **Doing More with Less** (e.g., Crisis Response Strategies and Adaptations and Healthcare Worker Resilience)
- **Education and Training Innovations for Healthcare Workers**

Abstract Thematic Categories - tips

- Intended to inspire a wide array of submissions across different thematic areas

- Select the best fit for your abstract

- It's ok if it's not a perfect fit, just select whichever option fits best!

Abstract Types

- Scientific Research

- Program Descriptions

- Quality Improvement

- ~~Case report/Case series~~

Scientific Research

Best suited for: Original research studies using formal research methodology across any discipline.

Scientific Research Abstracts are appropriate for submissions that describe original research with a **clearly defined research question, study design, and analysis plan**. These projects are typically **hypothesis-driven** and aim to generate new knowledge or test existing theories. Research **may be quantitative, qualitative, or mixed methods** in nature.

Scientific Research

Use this category if:

- Your project involved **data collection and formal analysis** to answer a **specific research question**.
- You are presenting **novel research findings** rather than describing implementation or quality improvement.
- Your work received **IRB**/ethical approval or was exempt.

Scientific Research

Structure

- **Background:** Clearly state the purpose and objective of the research, the gap in knowledge being addressed, and the specific research question or aim of the study.
- **Methods:** Describe the study period, setting and location, study design, study population, data collection, and data analysis used. Were there any ethical considerations/IRB approvals?
- **Results:** Present the study findings in as much detail as possible, including statistical results or qualitative themes.
- **Conclusions:** Explain the significance of your findings for clinical care, policy, or future research. Discuss the strengths and limitations of your study and implications for future work.

Program Description

Best suited for: Descriptions of innovative programs, activities, or initiatives that address specific needs in clinical care, public health, or health systems in unique or effective ways.

Program Description Abstracts provide an opportunity to share **new, adapted, and/or replicable programs that address a specific gap or challenge**. These abstracts are descriptive in nature and **emphasize program development and implementation**, and should include **some evaluation component**, even if final results/formal evaluation are not yet available.

These may include service delivery innovations, training or mentorship programs, advocacy initiatives, piloting a new tool, or other organized programs addressing specific health needs. The focus should be on implementation and real-world outcomes.

(Unlike QI Abstracts, which focus on systematic performance improvement using defined QI methods (e.g., PDSA cycles), Program Description Abstracts emphasize implementation and practical insights from real-world experiences without necessarily using QI tools.)

Program Description

Use this category if:

- Your project describes **the design and implementation a program or initiative**, along with some evaluation measures
- The project was not conducted as formal research or QI but includes thoughtful analysis and **lessons learned**.
- You want to **share best practices and practical insights** that could inform similar efforts in other settings.
- The **focus is on program design, implementation, and early impact,** rather than a measurable improvement aim or iterative testing.

Program Description

Structure

- **Background**: Describe the problem or gap the program addresses. What was the context, and why was this program needed? Clearly state the overall purpose and objectives of the program.
- **Description**: Provide enough detail about the program's structure, target population, activities/interventions, and implementation process so that someone else could replicate the program in a similar setting. Include key components such as resources required, team roles, and any adaptations made for the specific context.
- **Evaluation and outcomes:** Describe how the program's effectiveness was measured and what impact it had on the target population, What was the intended outcome of the program? How were data collected and analyzed? What were the key findings? While formal outcome data may still be emerging, abstracts should include at least some evaluation measures (e.g., participant feedback, early results, reach, process data, or short-term indicators).
- **Lessons learned:** Interpret the outcomes. Did you achieve your objectives? Did the program, activity, project adequately address the identified need? Share successes, challenges, and key takeaways. What insights did you gain from implementation? Were there unexpected results? What might others need to know to replicate or adapt your approach? What were the program's strengths and limitations?
- **Next Steps**: Explain the significance of your findings and/or outcomes of the program, activity, project towards strengthening care. Describe future directions of the efforts. Discuss plans for future implementation, improvement, scale-up, or continued evaluation. What resources are needed? Could this program be useful in other settings?

Quality Improvement

Best suited for: Projects using quality improvement (QI) methods to improve systems, processes, or outcomes in healthcare delivery.

Quality Improvement Abstracts are designed for projects that apply **systematic approaches** to assess and enhance professional practice or service delivery. These projects often use **iterative cycles of testing and evaluation** (e.g., PDSA cycles), and **aim to produce local or system-level improvements**.

Quality Improvement

Use this category if:

- Your project focused on improving clinical or operational process, outcome, or system **using recognized QI tools or frameworks**.

- You **tested a change idea** in a real-world setting and **tracked results over time**.

- Your goal was to achieve **local or institutional change** rather than to test a research hypothesis for generalizable knowledge.

Quality Improvement

Structure

- **Purpose (Why did you start?)**: Briefly describe the care or service delivery problem being addressed, the local context, the desired improvement, and the aim statement. Include any relevant baseline data.
- **Methods (What did you do?)**: Outline the setting, how the problem was selected, team formation, planning and implementation of the intervention(s) and implementation, and the data collected. Include how measures were defined and tracked.
- **Results (What did you find?)**: Describe what happened during implementation (sequence of events, PDSA cycles [how the interventions and implementation evolved]), number of participants at key points), and success of implementation. Present data as run charts when appropriate. Describe contextual factors that may have impacted results (such as resources, staffing, organizational culture).
- **Discussion (What does it mean?)**: Summarize key findings, particularly strengths, compare to findings of others, limitations, next steps.
-

Abstract Types - Summary

Category	Scientific Research	Program Description	Quality Improvement (QI)
Purpose	Share original research findings	Share innovative programs or initiatives and lessons learned	Share projects using QI methods to improve processes/outcomes
Focus	Investigating a specific question or hypothesis	Designing, implementing, and reflecting on a program or activity	Assessing and improving practice through structured QI methodology
Typical Content Areas	Clinical, public health, social science, operational research	Service delivery, training/mentorship models, advocacy, outreach	Systems change, clinical care improvement, process optimization
Evaluation Requirement	Completed results and analysis	At least some evaluation or preliminary outcomes required	Data from implementation cycles (e.g., PDSA) and outcome measures
Structure	Background, Methods, Results, Conclusions (including strengths/limitations)	Background, Description (replicable detail), Evaluation & Outcomes, Lessons Learned, Next Steps	Purpose, Methods, Results, Discussion (including Strengths/Limitations)

Is my project ready to present as an abstract?

Stage of project	Abstract type	Focus of abstract
Hypothesis generation	Literature review, case series	Why this question is important generally and to your program
Development of study design	Descriptive report (program description)	The current state of your experience. How you will answer the question
Pilot	Scientific research, quality improvement	Initial implementation, modifications that will improve project
Preliminary results	Scientific research, quality improvement	What you have learned so far, next steps to complete the project
Final results	Scientific research, quality improvement	Final results, relevance beyond your program, next steps

Courtesy of Joseph Mhango, Malawi

A good abstract is like a road sign that clearly and accurately shows what lies ahead.
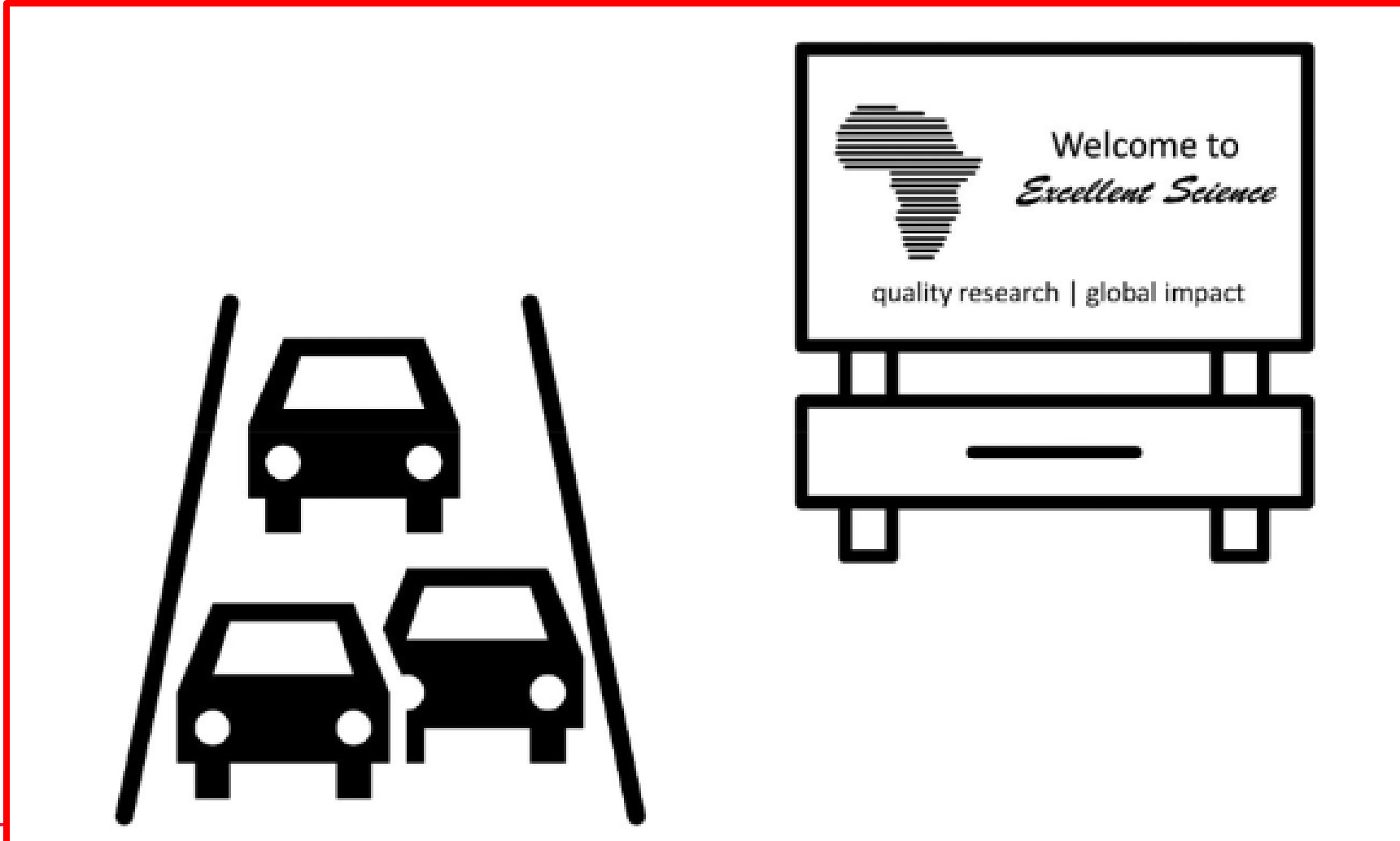
Anatomy of an Abstract

Anatomy of an abstract

- ## Title
- ## Structured components
  - Scientific: Background, Methods, Results, Conclusions
  - Program Description: Background, Description, Evaluation & Outcomes, Lessons Learned, Next Steps
- ## Tables/Figures
- ## Max 450 words (not including tables/figures)

Characteristics of a Strong Abstract Title

- **Concisely summarize the core message** of your abstract (usually <18 words)
- **Draw the reader in** and **persuade readers to continue** to the abstract or poster
- **Clearly reflect the objective, approach, and context (i.e. location if relevant)**
- **Communicate relevance**, showing how your study or program addresses a gap or adds value
- **Include key searchable terms** to ensure visibility in databases and literature reviews
- **Differentiate your work** from others in the field
- **Creativity** is encouraged!
- **Avoid** jargon or abbreviations!

*Remember: The title is your **first impression** - make it compelling and informative.*

Considerations for a Scientific Research Abstract Title

Consider including:

- **Study type or design**, if relevant:
eg., "A Cross-Sectional Survey of…" or "A Retrospective Chart Review of…"

- **Population studied**, especially if specific (e.g., adolescents, healthcare workers)

- **Intervention or exposure**, if the focus is experimental or comparative

- **Outcome or key variable**, if it's central to the study's purpose

EXAMPLES – Scientific research abstract

Example—Scientific Research Title

Low-level viremia leads to increased risk for virologic failure in children and adolescents living with HIV on antiretroviral therapy in sub-Saharan Africa: a multicenter, retrospective cohort study

- Is it clear and jargon-free? Is it concise (ideally under 15–18 words)?
- Does it reflect the key objective or innovation?
- Would it appear in a search by someone looking for this topic?
- Could it stand alone and still convey meaning?
- Does it reflect the study type or program scope (e.g., "quality improvement initiative," "randomized trial," "pilot program")?
- Does it provide enough context for the reader to understand what, where, and why?

Background – Set the stage

- This section sets the stage for your abstract

- Usually 2 to 3 sentences

- Makes a good "sales pitch" to capture interest, draw the reader in
  - includes interesting elements eg. potential impact, morbidity, resource use, cost, variability in practice, etc)

- States the gap in knowledge

- Ends with a clearly defined statement for the objective of the study

- <u>Hint:</u> Depending on study type, PICO, SMART aim statement, or statement of what is being explored
  - PICO: problem/population, intervention, comparison, outcome
  - SMART: specific, measurable, achievable, relevant, time-bound

Example - Background

Background: A viral load (VL) of 1000 copies/mL marks the cutoff for defining virologic failure (VF) in children and adolescents living with HIV (CALHIV) in many low and middle-income countries. However, evidence in adults suggests that low-level viremia (LLV), or VL between 50-999 copies/mL, increases risk of later VF. There are fewer studies that address LLV in CALHIV.

- **Does the background explain why the problem is important?**
- **Is the knowledge or practice gap clearly stated?**
- **Does the objective or aim statement clearly articulate what the study set out to do?**

Methods – What did you do?

- This is the most important part of the abstract

- Think of this as a recipe! It should provide a clear and replicable description of what you did, how you did it, and where. If someone wanted to reproduce your study, they should be able to follow your steps.

- Describes the setting and context: Where did the study take place? Who was involved?

- Outlines the planning and implementation: What steps were taken to design and carry out the intervention or research?

- Explains how data were collected and analyzed: What data were gathered, how were they measured, and what statistical or qualitative analysis methods were used?

- Addresses validity and reliability: How did you ensure the data were accurate and consistent? (eg., piloting tools, training data collectors, interrater reliability)

Example…Methods

Methods: A retrospective chart review was performed on data collected from October 2004 to December 2022 from the Baylor College of Medicine Children's Foundation – Tanzania sites in Mbeya and Mwanza. CALHIV (0-19 years of age) on antiretroviral therapy (ART) for ≥6 months with at least one VL <50 copies/mL plus ≥2 subsequent VLs were included. Data analysis was performed with two VF categories, VL ≥1000 copies/mL and ≥200 copies/mL. Multivariable Cox regression modeling was performed to evaluate the association between LLV and VF; hazard ratios (HR) with 95% confidence intervals (CI) are presented.

- **Is the setting and study population clearly described?**
- **Are the procedures explained clearly and in sequence?**
- **Are data collection methods and analysis approaches (quantitative or qualitative) described in enough detail?**
- **Are strategies to ensure validity or reliability of the data included?**

Results – What did you find?

- Clearly and concisely presents key findings

- If applicable, report the total number of study sample

- Use appropriate descriptive statistics
  - (eg. means reported with SD, and median with range or inter-quartile range)

- If available, includes confidence intervals and not just p values

- If applicable, include table or figure

- <u>Do not </u>reiterate how results were calculated. This should be in the methods

- <u>Do not </u>provide interpretation or commentary on the results. This should be in the conclusions

Results – notes on Figures/Tables

- Figure/table can be used to shorten word count
- Figure/table should enhance/add value to the abstract text
- Results should include a call-out to the table/figure (eg. See Figure 1)
- Narrative portion should summarize figure/table but does not need to report out each finding presented in figure/table.
- Figure/table should include a caption that is <u>specific enough to stand on its own</u>.
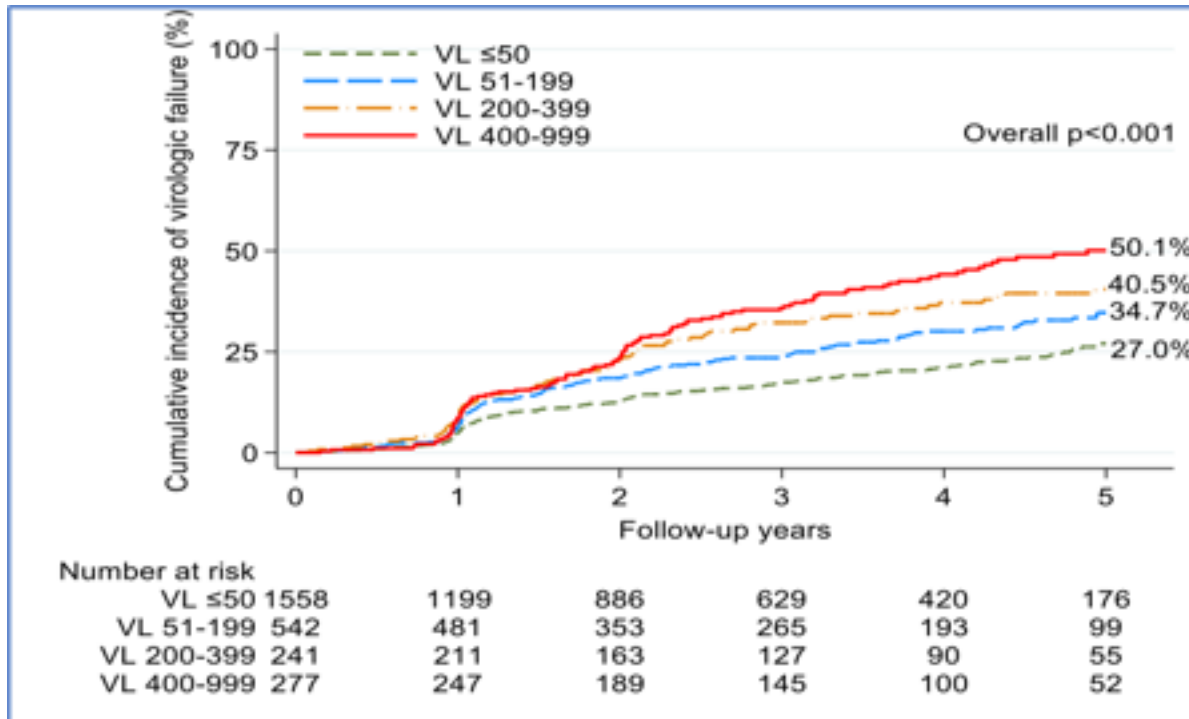- Abbreviations should be defined in caption.

Example...Results

Results: A total of 2618 CALHIV were included in the outcome analysis with a median age of 13.2 (IQR 9.7, 16.7), and 52.5% were female. Most participants (81.9%) were on 1-line dolutegravir (DTG)-based regimens. LLV was found in 40.5%. When defining VF as ≥1000 copies/mL, those with a history of LLV had a HR of 1.63 (1.38, 1.91) for VF. When stratifying by LLV (50-199, 200-399, and 400-999), all levels were associated with an increased risk for VF with HR of 1.39 (1.13, 1.69), 1.69 (1.33, 2.16), and 2.03 (1.63, 2.53), respectively. When defining VF as ≥200 copies/mL, HRs for VF rose to 3.85 (3.33, 4.46) for any LLV and 1.41 (1.15, 1.72), 7.99 (6.68, 9.57), and 9.37 (7.85, 11.18) for LLV of 50-199, 200-399, and 400-999, respectively.

- **Are the results clearly presented and aligned with the study objective?**
- **Is the sample size reported, including how many participants were included in the analysis?**
- **Are appropriate summary statistics and statistical tests used (with measures of dispersion and/or confidence intervals)?**

Example – Figure/Table

Figure 1. Kaplan Meier plot showing incidence of virologic failure (VL ≥1000 copies/mL) by low-level viremia category.

- Is visual well-chosen, adding value to the narrative?
- Is the caption specific enough to stand on its own?
- Are abbreviations defined?

Conclusions – So what?

- States your "So what?" — the Single Overriding Communication Objective (SOCO) — and why your findings matter.

- Aligns with purpose of the study

- Summarizes strengths; addresses limitations

- Significance of the findings contextualized for the audience

  - Why do these results matter for practice, policy, or future work?

- Identifies next steps

- <u>Do not</u> introduce any new results in the conclusion

Example—Conclusions

Conclusion: LLV in CALHIV is associated with a greater risk of VF that increases with higher levels of LLV.

- Does the conclusion clearly state the main message or implication of the findings?
- Are the conclusions supported by the data and aligned with the study's objective?
- Does the section acknowledge key limitations and/or strengths?
- Are next steps or broader implications mentioned and meaningful for the target audience?

Recap – Scientific Abstract Sections

Section	Characteristics of a Strong Section	Common Pitfalls
Title	Clear, concise, and engaging. Reflects key concept or finding.	Too long, vague, or jargon-heavy.
Background	Clearly explains the problem, knowledge gap, and significance. Anchored in relevant literature.	Lacks context or rationale; jumps into topic without showing why it matters.
Objective/aim	Specific and focused purpose or hypothesis. One to two sentences max.	Missing or overly broad; not linked to the background.
Methods	Clear description of study design, setting, population, interventions, and analysis. Ethics mentioned.	Lacks sufficient detail to understand what was done. Includes results prematurely.
Results	Organized, key findings aligned with objectives. Includes sample characteristics and data.	Overwhelming detail or unclear. Includes conclusions or interpretation prematurely.
Conclusions	Interprets findings in context of objective. Discusses significance, limitations, and next steps.	Not linked to results. No clear take-home message. Omits limitations or implications.

Example: Program Description Abstracts

Examples—Program Description Title

Expanding a Permaculture Garden for Patient Education and Food Security: Cultivating Wellness and Sustainability

- Is it clear and jargon-free? Is it concise (ideally under 15–18 words)?
- Does it reflect the key objective or innovation?
- Would it appear in a search by someone looking for this topic?
- Could it stand alone and still convey meaning?
- Does it provide enough context for the reader to understand what, where, and why?

Background – sets the stage

The Background sets the stage for your program by explaining why it was developed and why it matters.

- Provides relevant context: What is the problem or need the program addresses?

- States the knowledge or implementation gap the program responds to

- Explains the significance: who is affected, and why it's important to address now

- Ends with a clear, specific program objective or aim

Examples - Background

Background: This abstract explores the expansion of a permaculture garden as a multifaceted initiative to promote wellness and sustainability within a clinical setting. Faced with rising concerns over food insecurity and limited access to nutrient-rich foods among clinic patients, it prompted a decision to expand an existing garden into a larger educational resource.

- **Does it clearly explain the problem the program addresses?**
- **Is the knowledge or practice gap well stated?**
- **Is the significance of the program well contextualized?**
- **Is there a clear program aim or purpose?**

Description – how to

The Description is the "how-to" — someone should be able to replicate the program based on this section alone.

- Describes the setting and population served

- Details how the program was planned and implemented

- Includes core components: staffing, tools, partners, timelines, resources, adaptations

- Written with enough clarity and specificity to allow replication

Examples - Description

Description: Through collaborative efforts involving UNICEF funding and Baylor Children's Foundation Malawi, the expanded permaculture garden offers hands-on sessions and interactive demonstrations on sustainable gardening practices, organic cultivation techniques, and the use of herbal plants. In addition, the garden serves as a supply of fresh produce that is nutrient dense for food-insecure clients and guardians of children admitted to Kamuzu Central Hospital without enough food.

- Is the program implementation described clearly and in enough detail to be replicable?
- Is the setting and target population defined?
- Are major components of the program (who, what, when, how) included?
- Is it clear how the program adapted to the context?

Evaluations & Outcomes – share successes!

This section presents how the program's success was assessed and what the initial findings were.

- Describe how the program's effectiveness was measured and what impact it had on the target population

- Describe the intended outcome of the program.

- Describe any data that was collected, Including data on outputs, outcomes, or preliminary results — qualitative or quantitative
  - *Examples of preliminary data may be: attendance numbers, pre- & post-test scores, number of sessions held, number of patients reached, informal feedback from stakeholders*

- Acknowledges if evaluation is still in progress but provides at least some preliminary findings

Examples – Evaluations & Outcomes

New section this year

Evaluations & Outcomes: From October 2023 to April 2024, the permaculture gardening sessions covered 942 clinic clients, including adolescents and pregnant or lactating young women. Of these, 600 received seeds, while 53 obtained planting materials such as mint, strawberries, and lemon grass. The other 34 clients got the fresh produce from this garden were from food-insecure households. The other 15 clients did not have enough food while admitted to the KCH pediatric ward also benefited from the fresh produce. Additionally, 294 clients reported establishing gardens at home, with 27 providing photographic evidence. Others, lacking access to phones or suitable devices, were unable to submit images. We are still receiving this feedback as others' clinic visit dates have not yet arrived.

- **Are evaluation methods or metrics clearly described?**
- **Is there at least some preliminary data or outcome information?**
- **Are findings appropriate to the program's scope and goals?**
- **Are limitations of the data acknowledged?**

Lessons Learned

This is where reflection happens! What worked, what didn't, and what others can learn from your experience?

- Discusses challenges encountered and how they were addressed

- Shares unexpected insights or key enablers of success

- Connects the lessons to broader practice or system-level issues

- Offers lessons useful to others in similar contexts

Examples – Lessons Learned

Lessons Learned: Overall, integrating gardening principles into nutrition counselling and education has been associated with a reduction in undernutrition cases at the Baylor Clinical Centre of Excellence over the past two years. For example, one of the clients is a young adult or mother, who, as a divorced single parent, faced the challenge of a malnourished infant and food insecurity. Inspired and educated in permaculture gardening, she took initiative and set up a backyard garden at her home. Today, her child's malnutrition is a thing of the past, as she has achieved food security and generates additional income by selling surplus vegetables, enabling her to afford essentials such as sugar, relish, and soap.

- **Are the lessons practical and specific?**
- **Are both successes and challenges reflected on?**
- **Do the lessons apply beyond the immediate project?**

Next Steps – looking forward

This section looks forward: how will the program evolve, be scaled, or inform future work?

- Describes plans for sustainability, scale-up, adaptation, or further evaluation

- Identifies what's needed for continued success (funding, policy change, partnerships)

- Offers a realistic, forward-looking vision based on lessons learned and results

Examples – Next Steps

Next steps: This abstract highlight the transformative potential of incorporating gardening initiative through the principles of permaculture design into clinical settings, thereby addressing social determinants of health, promoting environmental management, and enhancing resilience among vulnerable populations. The plans are to maintain the garden and to continue distributing seeds and planting materials to the clinic clients.

- **Are clear and realistic next steps described?**
- **Do next steps build logically from the outcomes and lessons learned?**
- **Is there mention of future evaluation, dissemination, or replication?**
- **Does the section convey a meaningful future direction?**

Recap – Program Description Abstract Sections

Section	Characteristics of a Strong Section	Common Pitfalls
Title	Brief, specific, and engaging. Reflects the program's purpose or innovation.	Too vague, long, or lacking focus.
Background	Clearly outlines the issue addressed, its significance, and context.	No clear problem statement. Lacks rationale for the program.
Program Description	Concise, detailed description of program design, implementation, and components. Replicable by others.	Too vague or high-level. Missing key details needed to understand or replicate.
Evaluation & Outcomes	Provides qualitative or quantitative evaluation data or early outcomes, even if informal.	No data or outcome shared. Too anecdotal or purely descriptive.
Lessons Learned	Thoughtful reflections on what worked, what didn't, and why. Generalizable insights where possible.	Overly generic. No analysis of challenges or unexpected findings.
Next Steps	Clear plan for program continuation, scale-up, or further evaluation.	Vague or missing. No indication of future direction or sustainability.

Other Tips For Success

A note on grammar

- Proofread your abstract for grammar! **And proofread again!!**

- Avoid jargon as much as possible

- Spell out acronyms with first use

- Use concise, clear language

- Start with long draft and edit down!

A practical approach to the writing process

Use structured headings as indicated in meeting abstract submission guidelines.

⬇

Reread your study proposal and collected data. Make a list of the main points that you want to convey in each section.

⬇

Now that you have your list of main points into the appropriate sections, condense them into one or two sentences for each section. Get straight to the point with each sentence. Delete any extraneous information

⬇

The next step is to work on the flow from section to section.

⬇

Read what you have written. Is each section clear? Is there a logical flow between each section? Use active verbs.

⬇

the methods section complete? Could a reader repeat your study from what you have included?

⬇

Get a friend to read your abstract. Can they understand it?

Review and Scoring

What are Texas Children's Global Health Reviewers Looking For?

Priority: Assess how important or relevant the abstract is to the broader field or Network. Consider how well it addresses a significant/timely issue, advances understanding, or fills an important gap.

Quality: Assess the overall quality of the abstract based on clarity, rigor, methodology, and impact. Consider whether the abstract provides meaningful insights, clear explanations, and whether the work presented is well-executed.

Constructive Feedback!

What are Texas Children's Global Health Reviewers Looking For? – Scientific Research Abstracts

Criteria	1 (Poor)	2 (Fair)	3 (Moderate)	4 (Strong)	5 (Excellent)
Study Design & Methodology	No clear design, major flaws	Weak methodology, lacks rigor	Basic methodology, minor gaps	Well-structured, some limitations	Highly rigorous, strong study design
Data Analysis & Interpretation	No data analysis or flawed approach	Weak analysis, unclear results	Some analysis, but lacks depth	Clear analysis with minor gaps	Strong, well-supported conclusions
Strength & Significance of Findings	Findings unclear, not meaningful	Findings unclear or unclear implications	Findings are presented but limited significance	Meaningful findings with some implications	Significant findings, Advances knowledge with clear implications for research, practice, or policy.
Network Relevance	Too narrow; limited applicability to other sites	Somewhat relevant; limited learning for others	Moderately relevant across Network sites	Broadly relevant across multiple sites	Highly relevant; all Network sites can learn from this work
Innovation & Novelty	No new ideas, work has been presented previously	Slightly innovative	Some new elements or perspectives	Clearly innovative, introduces a fresh approach	Highly original; significantly novel contribution
Writing Quality & Organization	Poorly written; many grammar/ spelling errors; confusing structure	Weak writing; multiple issues with grammar/ spelling or organization	Mostly clear, some grammar or clarity issues	Clear, well-structured with minor grammatical issues	Excellent clarity and logical flow with no grammatical errors

What are Texas Children's Global Health Reviewers Looking For? – Program Description Abstracts

Criteria	1 (Poor)	2 (Fair)	3 (Moderate)	4 (Strong)	5 (Excellent)
Program Implementation Description	No clear description of program or vague purpose	Weak description, lacks key elements	Program described, lacks clarity or depth	Well-documented program, some gaps	Clearly described, strong implementation details
Outcomes & Lessons Learned	No outcomes or impact reported	Outcomes unclear or weak	Some outcomes, but lacks strong evidence	Clear impact with some gaps	Strong evidence of impact; valuable, well-supported lessons
Scalability & Sustainability	No mention of future application	Weak justification for scalability	Some discussion of sustainability or scalability	Clearly considered scale and future sustainability	Well-supported plan for scale and sustainability
Network Relevance	Too narrow; limited applicability to other sites	Somewhat relevant; limited learning for others	Moderately relevant across Network sites	Broadly relevant across multiple sites	Highly relevant; all Network sites can learn from this work
Innovation & Novelty	No new ideas, work has been presented previously	Slightly innovative	Some new elements or perspectives	Clearly innovative, introduces a fresh approach	Highly original; significantly novel contribution
Writing Quality & Organization	Poorly written; many grammar/ spelling errors; confusing structure	Weak writing; multiple issues with grammar/ spelling or organization	Mostly clear, some grammar or clarity issues	Clear, well-structured with minor grammatical issues	Excellent clarity and logical flow with no grammatical errors

What are Texas Children's Global Health Reviewers Looking For? – Quality Improvement Abstracts

Criteria	1 (Poor)	2 (Fair)	3 (Moderate)	4 (Strong)	5 (Excellent)
Intervention Design & Implementation	No clear intervention or rationale	Weak design, minimal description	Intervention described, but lacks details	Well-described, minor gaps	Strong, well-executed intervention
Measurement & Evaluation	No clear evaluation method	Poorly defined measures	Some evaluation, but lacks rigor	Strong evaluation, some limitations	Excellent measurement strategy with clear outcomes
Impact & Sustainability	No evidence of impact or sustainability	Minimal impact, unclear sustainability	Some impact shown, sustainability unclear	Demonstrates clear impact & future application	High-impact, sustainable improvement
Network Relevance	Too narrow; limited applicability to other sites	Somewhat relevant; limited learning for others	Moderately relevant across Network sites	Broadly relevant across multiple sites	Highly relevant; all Network sites can learn from this work
Innovation & Novelty	No new ideas, work has been presented previously	Slightly innovative	Some new elements or perspectives	Clearly innovative, introduces a fresh approach	Highly original; significantly novel contribution
Writing Quality & Organization	Poorly written; many grammar/ spelling errors; confusing structure	Weak writing; multiple issues with grammar/ spelling or organization	Mostly clear, some grammar or clarity issues	Clear, well-structured with minor grammatical issues	Excellent clarity and logical flow with no grammatical errors

Submission

Submit!!

- Submit under the appropriate abstract type

- New abstract submission portal this year. Navigate to NWM 2025 landing page

https://www.texaschildrens.org/NWM2025

Texas Children's Global Health

26th Texas Children's Global Health Network Meeting

About the Network | About the Network Meeting | Submit Your Workshop Proposal | Submit Your Abstract

"Innovating Under Pressure: Creative Solutions Amid Resource Constraints."

3-7 November 2025
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