Developing an Effective Poster for the Global Symposium on Health Systems Research

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Webinar Overview

• Why Posters?
• What to include on your poster
• Making posters more engaging
• Planning your poster
• Getting creative
• Poster examples
• Presenting your poster

*Special thanks to Kate Hawkins (Pamoja Communications) for putting together much of this material.
Benefits of Posters 1

• Enable you to really engage and have meaningful conversations with your audience

• Are an excellent opportunity for networking with people who may not come to your panel presentation because the title doesn’t fit with their research interests

• Can be reused and displayed after the conference
Benefits of Posters 2

- People can return to your poster and read it at their leisure
- Are good for those of us who get flustered by a large audience and are much better at one-to-one conversations
- Are a chance to jolt people out of the inertia induced by viewing a thousand PowerPoint slides
Posters...

• Are a tool which enables you to convey the main messages from your research

• Take the middle ground between writing a paper and presenting findings orally

• Require oral, written, and design skills

• Are a chance to use text, images, and graphics to summarise and reinforce the points that you want to make to a particular audience
Adapting your main message to the audience

Who is your audience?

- What interests them?
- How much do they already know?
- How much technical language can you use?
- Will there be others at the conference who might be interested in your research?
Content: The Basics

• Create a catchy title to attract attention (short, relevant, specific for the event)

• Make poster eye catching and engaging

• Need to think carefully about what is most important to include on poster as space is limited

• Keep text minimal
  o Restrict quantity of information
  o Keep headings short
  o Avoid clutter
  o Posters should be read in 5 minutes maximum

• Follow poster guidelines (size and orientation) – 106cm X 106cm for Health Systems Conference
Content

• Posters are usually read from top-to-bottom and left-to-right

• Traditionally academic posters follow a similar pattern to journal articles and include sections like:
  
  - Introduction
  - Methods
  - Results
  - Discussion
  - Conclusion

• However, there is nothing stopping you from doing something different
Key Messages

• From your research formulate one to three main messages

• Use the poster as a way of explaining and reinforcing these messages

• Everything else in poster should support key message(s)

• Make ‘take home’ messages prominent and brief – have 11 seconds to grab and retain audience’s attention – most will only take home key message(s)
Content

Do:

• Include is a section where you situate your ideas and pitch your research as something novel and interesting that people should be aware of

• Say or show what your methods are/were

• Tell the audience **what you found out** and tell them **why it is important**

• Use active voice. E.g. “It can be demonstrated that” becomes “The data demonstrates”...

• Include contact information
Don’t:

• (Over) use acronyms – they can exclude people from understanding the points you are trying to make

• Use specialist language – keep language plain and clear

• Use too much text

• Use complicated graphs or tables that can’t be understood without being explained (use captions)
Typeface (Font)

Keep text easy to read

*Vivaldi may be fun, but it is not easy to read*

• Be consist with type of font; change font with purpose (e.g. different fonts for headings and main text)
Must be big enough to read from 5 feet away

• Posters are read by a mobile audience; main headings need to be visible from 3-4m away (nothing should be too small to read from 1m away)

• Main headings should be no less than 100pt font

123

• Subheadings should be at least 40pt

123

• Actual text should be no smaller than 20pt

123
Make your poster engaging
Quotations

A winning quote can tell a powerful story

"It takes intelligence, even brilliance, to condense and focus information into a clear, simple presentation that will be read and remembered. Ignorance and arrogance are shown in a crowded, complicated, hard-to-read poster."

Mary Helen Briscoe
Photographs

• What photographs represent your research/topic? (consider resolution/quality)

http://www.ecolourprint.co.uk/blog/how-to-check-the-resolution-on-your-artwork
India (2005-06) – Percentage of women who do NOT have control over how they spend their earnings

- **Age**: 15-19: 39, 40-49: 13
- **Residence**: Rural: 21, Urban: 10
- **Education**: None: 21, 12+: 6
- **Wealth Index**: Lowest: 21, Highest: 8

(Ravindran 2015)
Relevant Statistics

75% of the health workforce is comprised of women

http://www.who.int/hrh/statistics/spotlight_2.pdf
Leave a lot of

White Space
Leave a lot of

White Space

Poster should consist of:

20-30% text
30-40% figures
40% space

Hockenberry 2015
Colour!

- Don’t use too many colours, can be distracting
- Use colours to unify themes
- Muted colours for backgrounds
- Brighter colours for boarders/ arrows

### Avoid poor colour contrast
- Green on orange and vice versa
- Red on purple and vice versa
- Purple on blue and vice versa

### Avoid clashing
- Too much yellow and orange
- Red and pink

*Remember colours can vary between the computer screen and printed poster.*
Flow...

• Think about how information will flow from one section of your poster to another and what it looks like

• A poster has a visual hierarchy → more important info is bigger and has more prominence; there are up to two levels under this for subsidiary information

• Posters tell a story – lead viewers through yours

Hockenberry 2015
Planning Your Poster

• Make an outline: organize material into sections
  o Determine logical sequence for your material
  o Write 2-4 key bullet points under each heading; can expand these later

• Make a sketch of the poster
  o Arrange content in a series of columns
  o Place elements of poster in their positions
  o Will facilitate logical organization and reading of the poster

• When ready create your poster in Powerpoint or Publisher
Getting Creative...

• This is one of the rare opportunities that we get within academia to put time aside to be creative

• Put aside at least two hours, get your pens, sticky labels, highlighters, and glitter out and do some art work

• Use a piece of flip chart paper and start to draw the different elements of your argument
Getting Creative...

• You might need to go through several drafts; try out different formats

• It is ok to revert back to a traditional way of designing the poster, however, think about taking a risk and do something new!
<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>
Diagram of the Causes of Mortality
In the Army in the East.

April 1854 to March 1855.

April 1855 to March 1856.

The areas of the blue, red, & black wedges are each measured from the centre as the common vertex.
The blue wedges measured from the centre of the circle represent areas for the deaths from Preventible or Mitigable Zymotic diseases, the red wedges measured from the centre the deaths from wounds, & the black wedges measured from the centre the deaths from all other causes.
The black line across the red triangle in Nov. 1854 marks the boundary of the deaths from all other causes during the month.
In October 1854, & April 1855, the black area coincides with the red, in January & February 1856, the blue coincides with the black.
The entire areas may be compared by following the blue, the red, & the black lines enclosing them.
Step 1
Arrive at clinic for medical abortion appointment. Take pills, get counselling.

Step 2
Sign up for study and start receiving SMSs to guide through the abortion process. Start receiving SMSs with instructions, tips and support.

Step 3
2 days later, take second set of pills and follow SMS instructions.

Step 4
Timed SMSs guide through cramping, bleeding, with reassurance on what’s normal. SMSs encourage family planning uptake.

Step 5
Give feedback on SMSs.

99% would recommend the SMSs to others

98% felt that the SMSs helped them through their abortion

90% did the questionnaire on their mobile to check the progress of their abortion

“Felt someone was holding my hand through the whole process.”

“Did not feel so alone even if it was an SMS. Encouraging. SMSs not judgemental, comforting”

“The symptoms I could see what I went through was normal, it was like a guide”

“I felt supported by getting these SMSs and they told me everything before it happened”

“Liked the reminder of taking tablets and like different contraceptive methods. Made me feel good and like someone cared.”
Finding Inspiration

• Look at magazine spreads (online or in print) to see how text and images have been laid out and to find creative ideas to visually represent your information
“[He told me] Fashion is not a matter of bold prints or strange outfits. It never is. Fashion is a matter of mind.”
Examples of Posters

What do you like/dislike about these posters?
Adverse Drug Reactions During Antiretroviral Therapy in Zimbabwe

T. Mudzviti, C. Maponga, S. Khoza, D. Tagwireyi, Q. Ma, G.D. Morse
University of Zimbabwe, School of Pharmacy, Harare, Zimbabwe
SUNY, University at Buffalo, Buffalo, NY, United States of America
University of Texas at Austin, Austin, Texas, United States

ABSTRACT

Objectives: This study aimed to determine the incidence, nature, and predictors of adverse drug reactions (ADRs) during antiretroviral therapy (ART) in Zimbabwe.

Background: Several challenges exist in resource-limited settings when balancing the cost and efficacy of antiretroviral drugs for the management of HIV/AIDS patients. Adverse drug reactions (ADRs) are common among HIV/AIDS patients taking antiretroviral therapy (ART) and can limit treatment adherence and efficacy.

Methods: Hospital-based prospective cohort study involving 250 patients on ART who were followed up and reviewed regularly. Data on adverse drug reactions (ADRs) were collected using a standardized questionnaire. Logistic regression analysis was used to identify the factors associated with the risk of ADRs.

Results: A total of 250 patients were included in the study. Of these, 150 (60%) were female and 100 (40%) were male. The mean age of the patients was 35.5 years (SD ± 10.2). The incidence of ADRs was 24% (60 patients). The most common type of ADR was gastrointestinal (45%), followed by skin rash (25%) and dizziness (15%). Factors associated with a higher risk of ADRs included higher age, longer duration of ART, and higher CD4 count.

Conclusion: The incidence of ADRs during ART is high in Zimbabwe and care providers should be aware of the risk factors associated with ADRs to optimize treatment adherence and efficacy.

ACKNOWLEDGEMENTS

The University of Zimbabwe Research Board provided funding for this study. The authors would like to acknowledge the support of the referring doctors and nurses who assisted in the collection of data.

REFERENCES

Medical Education at a Medical-Student Run Health Clinic

Scott A. Simpson, BA¹, Elliot P. Nacke, BA¹, Judith A. Long, MD¹,²,³
¹University of Pennsylvania School of Medicine, Philadelphia, PA; ²Philadelphia Veterans Affairs Center for Health Equity Research and Promotion, Philadelphia, PA; ³Leonard Davis Institute of Health Economics, University of Pennsylvania, Philadelphia, PA

Background
Medical student-run health clinics (MSRHCs) are popular medical school programs, praised for teaching students clinical skills, medical humanism, and community service. Students often volunteer at these clinics early in their training, potentially magnifying the influence of volunteer experiences on their clinical practice and attitudes.

No research has described the educational significance of these clinics.

Objectives
- Describe volunteerism at a student-run health clinic.
- Understand the educational experience of a student-run clinic from the perspectives of students, faculty, and patients.

Methodology
- Semi-structured interviews with medical student and faculty volunteers, and patients at one student-run clinic
- Thematic analysis
  - Interviews were recorded and transcribed.
  - Two independent coders, with disagreements settled by consensus or third party arbitrator.
- Survey of medical students
  - Informed by qualitative interviews

Participants
- 8 students, 5 faculty, and 14 patients were interviewed to achieve thematic convergence
- Second-year (preclinical) medical students surveyed in the Fall
  - 91% response rate (141/155)

How popular is volunteering at a MSRHC?
- 56% of second-year students volunteered at least once since matriculating

Why do students volunteer?
- Learn clinical skills
  - Forty percent of second-year students first took a patient history and presented a patient to an attending at a MSRHC; about one-third first learned to take a blood glucose (33%), blood pressure (32%), and perform a physical exam (22%).
- Desire to serve community
- Spend time with patients
  - “It reminds me of why I’m suffering from med school!”
- Enjoyment
- Students were not motivated by spending time with friends, enhancing their resumes, or peer pressure.

What difficulties did students encounter?
- Lack of medical knowledge
- Time constraints on patient visits
- Patients’ inability or unwillingness to change behaviors in spite of health problems
  - “There is nothing we can really do if [patients] don’t want to change their lifestyle habits.”

What do patients think of students?
- Attracted to clinic because of students
  - “They’re my friends, too.”
  - “Students make the best medical people because they learn.”
- Recognize educational mission
  - “I know you all need patients to practice.”
  - “...it’s like one hand washes the other, really.”

Results
- Did students’ clinical attitudes change?
  - Volunteer experiences prompted different reactions, both positive and negative
    - “[Volunteering] hasn’t...fundamentally changed the way I think about patient care.”
    - “[Volunteering] has raised [my] suspicion a little bit in terms of patient who will come in with complaints in order to get painkillers.”

Why do faculty volunteer?
- Serve disadvantaged patients
- Provide a role model for students
- Support good learning environment
  - “People want to be there and like being there...there is generally positive excitement.”
- Teaching

Conclusions
- A student-run clinic can be a significant venue for skills acquisition and training.
- Students have both positive and negative patient experiences in this setting. Clinics’ effect on medical humanism is not clear.
- Patients are active, conscientious partners for education in this setting.
- Educators should recognize the impact of these clinics among their students.

Acknowledgements
We would like to thank the volunteers and patients of the UCHC clinical. This work was supported by the New York Academy of Medicine (NY) and the Arnold P. Gold Foundation (NJ).
by Paula Bialski and Dominik Batorski, Institute of Sociology, University of Warsaw

analyzing the structure and function of trust networks

problem

Trust is not a simple concept, it is not easy to know that we "trust" or "mistrust" someone. Trust has varying degrees, and not enough studies focused on the different levels of trust and what situations are more conducive to strengthening trust.

Trust is dependent on the various psychological and cultural factors of the trustor and the trustee (Buss & Kenrick 1989), as well as on the duration of the relationship and context of the acquaintance (Hawkins & Yomigoshi 1994). The process of familiarization also plays a crucial role in the trust exchange (Uslaner, 2002).

research procedures

This study investigates which variables play a key role in strengthening or weakening trust.

1. The network is built on a unique friendship network which shows the type of relationship and the degree of trust between users. We are not able to map the entire network of connections, but we can determine the degree of trust (both tied to a tie of 1-5).

2. The analysis was performed using the dataset of TrustyCouch, which had over 42,000 active users, including 221,100 friendship ties.

3. While Couchsurfing is a global network, the majority of users are from Europe or North America (see graph: Couchsurfing WorldRegion). The average age of couchers declines to 25, and 42% are female.

4. Each user has a profile, which includes the number of times they have visited, have been visited, and other details.

Conclusions

The approach to trust, despite the rise in online user interactions, is still a fairytale tradition. It is hard to create a high level of trust online, whereas those who interact with each other from an offline setting, are likely to have a very trusting relationship. Trust is thus dependent on the context of exchange, and the risk of loss. The more one risks (Couchsurfing = high risk, Online = low risk), the more one will trust the other. Also, the longer the process of exchange is, especially if it is an "infinite" exchange where vulnerability and risk are both present, the easier it will be for two individuals to trust one another. Thus, trust is dependent on points-of-reference which are accumulated over time and close contact with another person.

While the output it appeared that we had whole network data, we ran into a noteworthy problem. Couchsurfing.com adopted a new, detailed design of the membership ratings in August, 2008, and only 60% of members actually updated their rating (link system). This means that a large proportion of our network data is missing. It must be said that this study still begins for further investigation due mainly to the fact that our data set is not complete.
Molecular Epidemiology and Trends in Antibiotic Susceptibility Patterns of MRSA isolated from Major Hospitals in Riyadh, Saudi Arabia

**Introduction**

- *S. aureus* is becoming widespread and notorious.
- A major attribute of *S. aureus* which complicates treatment of its infections, is the resistance to multiple antibiotics.

**Objectives**

- Track the presence of MRSA strains.
- Perform comparative chromosomal DNA analysis of MRSA strains using pulsed-field gel electrophoresis.
- Detect decreased susceptibility to vancomycin.
- Document trends in susceptibility and MIC to various antibiotics.

**Material and Methods**

- A total of 512 isolates of MRSA were procured from 7 major hospitals in Riyadh, Saudi Arabia.
- Isolates were identified as MRSA strains according to The Clinical Laboratory Standards Institute (CLSI) guidelines.
- A comparative study has been carried out between Pulsed Field Gel Electrophoresis (PFGE) according to the Matsushita technique, the standardized Canadian technique, and the standardized European technique.
- Molecular typing of MRSA in major hospitals in Riyadh, Saudi Arabia was carried out by the Matsushita PFGE using Smal enzyme which is the “gold standard” for typing MRSA.
- Surveillance of MRSA with decreased susceptibility to vancomycin was performed according to NCCLS guidelines.
- Antibiotic susceptibility and MIC by E-test for various antibiotics and distribution over time was studied.

**Results**

<table>
<thead>
<tr>
<th>Type</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1</td>
<td>187</td>
</tr>
<tr>
<td>M2</td>
<td>105</td>
</tr>
<tr>
<td>M3</td>
<td>27</td>
</tr>
<tr>
<td>M4</td>
<td>73</td>
</tr>
<tr>
<td>M5</td>
<td>29</td>
</tr>
<tr>
<td>M6</td>
<td>7</td>
</tr>
<tr>
<td>Unique</td>
<td>84</td>
</tr>
</tbody>
</table>

**Conclusions**

- Six major lineages of MRSA have been found in the hospitals studied with type M1 being the most prevalent (187 isolates).
- M1 has been isolated from all included hospitals indicating its widespread existence.
- M1 was statistically associated with male patients while the unique types were associated with female patients.
- M2 was associated with isolates from wounds and age group <5 years.
- M4 was associated with isolates from patients admitted to ICUs.
- M5 was highly correlated with low sensitivity to linezolid.
- No vancomycin resistant strains were found.
- Trends over time show a tendency towards decreased susceptibility to gentamicin and linezolid with increasing susceptibility to gentamicin and suflfa/trimethoprim.

**References**

YOUNG ADULT INTERMITTENT SMOKERS: DEFINING AND CHARACTERIZING NON-DAILY SMOKING

Kathleen M. Lenk MPH¹, Debra H. Bernat PhD², Vincent Chen PhD³, Peter A. Rode MA⁴, Jean L. Forster PhD¹
¹School of Public Health, University of Minnesota  
²School of Nursing, University of Minnesota  
³School of Public Health, University of Texas at Houston  
⁴Center for Health Statistics, Minnesota Department of Health

GOALS
- Define intermittent smoking among young adults
- Determine characteristics of young adult intermittent smokers
- Compare young adult intermittent and daily smokers

DEFINITIONS
- Defined two types of intermittent smokers:
  - Low Intermittent: smoked 1-14 days in the past 30
  - High Intermittent: smoked 15-29 days in the past 30

BACKGROUND
- Young adults have the highest smoking rate of any age group
- Occasional/intermittent smoking is a risk factor for:
  - Nicotine dependence
  - Cancers
  - Other diseases
- Little is known about non-daily young adult smoking

SAMPLE
- 732 young adult smokers
  - Smoked at least one day in last 30
  - Ages: 18 to 22
- Cross-sectional
  - Population-based
  - Part of large cohort study (78% overall retention rate)
  - Telephone survey
  - Data collected in 2006

RESULTS

Bivariate
- Low Intermittent smokers were significantly different from High Intermittent smokers on almost all characteristics tested
- Daily smokers were significantly different from High Intermittent smokers on almost all characteristics tested

Multivariate
- Low Intermittent smokers compared to High Intermittent smokers were:
  - LESS likely to
    - Be addicted
    - Consider themselves smokers
    - Smoke with friends
- Daily smokers compared to High Intermittent smokers were:
  - MORE likely to
    - Be addicted
    - Smoke more cigarettes per day
  - LESS likely to
    - Be male
    - Be sure they could quit

VARIABLES
- Outcome variable
  - Three level smoking status:
    - Daily (n=288)
    - High intermittent (n=160)
    - Low intermittent (n=284)
- Independent variables
  - Six types of characteristics:
    - Demographics
    - Addiction behaviors
    - Smoking history
    - Alcohol consumption
    - Smoking exposures
    - Smoking in social situations

ANALYSES
- Two step analyses:
  - Bivariate: Chi-square
  - Multivariate: Generalized mixed model

CONCLUSIONS
- Intermittent smokers are not a homogeneous group. In contrast to High Intermittent smokers, most Low Intermittent smokers do not think of themselves as smokers and feel they are not addicted.
- Researchers and health professionals need to consider intervention strategies for intermittent smokers. Cessation programs, for example, may not be applicable to intermittent smokers, as many do not consider themselves to be addicted or even a smoker.
- Not all intermittent smokers appear to be 'social' smokers. Most Low Intermittent smokers reported that they did not usually smoke when they were with their friends, at bars, or at parties.

ACKNOWLEDGEMENTS
This research was funded by the National Cancer Institute of the National Institute of Health (R01-CA066191); Jean Forster, PI
PROTEIN BIOSYNTHETIC COST AND ATOMIC COMPOSITION AS PREDICTORS OF GENE EXPRESSION

1. BIOSYNTHETIC COST OF AMINO ACID SYNTHESIS
   - Aromatic amino acids, produced here, require more ATP to synthesise, and use up a metabolite that could have been sent through the TCA cycle.
   - Amino acids made here are less expensive and ATP is produced from passing through glycolysis and TCA cycle.

2. PROTEIN ATOMIC COMPOSITION
   - The atomic composition of a protein varies widely, and it may be expected that this has an effect on its expression.

3. AIMS
   - The aim of this research is to determine whether the atomic composition or biosynthetic cost of a protein are factors in its expression.

4. METHODS
   - Using linear regression, we estimate the importance of the relationship between each of the explanatory variables and transcript levels.
   - Five explanatory variables were used: carbon, nitrogen, and sulfur content, average amino acid cost, and codon usage.

5. RESULTS
   - How important the variable is in explaining transcript levels.

6. CONCLUSIONS
   - Our initial analysis indicates that biosynthetic cost and atomic composition do have a role in its expression, however this is very small when compared to other factors such as codon usage.

7. OPEN NOTEBOOK SCIENCE
   - All the results and analyses of this experiment are available online.
   - The aim is to provoke wider access and collaboration.

DATA SOURCE
- The data used in this analysis comes from a yeast continuous culture experiment, Castrillo et al. 2007.

FUNDING
- Natural Environment Research Council
Strategies for Integrating Family Planning into HIV Treatment and Care: Preliminary Findings from Ghana

Authors: Edward Boniku, Keryn Bruce, Olivia Agyap, Peter Preko, Richard Kilian
Quality Health Partners Project

Background:
The HIV and AIDS pandemic affects women disproportionately, particularly women of reproductive age. In Ghana in 2007 the overall national prevalence of HIV was 2.6%, but in the 20-24 age group the prevalence was 9.2% and in the 25-29 age group the prevalence was 3.5% (2007 HIV Sentinel Surveillance Report). Sixty percent (60%) of these infections are in women (2006 NACP Annual Report).

Clinical care for PLHIV patients and access to anti-retroviral therapy has been scaled up rapidly in Ghana. In 2005 there were only four ART sites in the country and at the end of 2007 there were 95 ART and 422 PMTCT sites.

In this context, where clinical care for patients is rapidly improving, there is an increased interest in sexual activity among PLHIV and also in planning a family. The universal recognition that, all men and women, regardless of the HIV status have the right to make free and informed choices regarding their sexual health and reproduction has apparently not received as much attention as treatment.

In 2006, the Quality Health Project, in cooperation with the National AIDS Control Programme (NACP) and the ACQUIRE project conducted a performance needs assessment at two pilot sites before FP-ART integration implementation. Some of the key findings from this assessment included:

1. At FP clinics providers routinely talk about HIV, however providers at HIV clinical care do not routinely discuss FP.
2. There is an absence of formal referral systems between HIV and FP clinics.
3. Client record forms do not prompt the provider to discuss sexual activity, family planning or disclosure to partners beyond the first assessment visit.
4. The concepts of “dual protection” and “dual method use” were not properly understood (50% of HIV clinical staff could not correctly state what the terms meant).
5. 40% of women clients attending the HIV clinic would have liked the nurse or doctor to have talked with them about FP during their consultation.

Initial FP-ART Integration Strategy (2005—2006):
The initial strategy focused on two pilot facilities (Korlebu–Teaching Hospital and Atuata Government Hospital). Training materials, health education materials and job aids were developed to train HIV clinical care providers in FP methods so they could provide FP services during the clinic itself. This intervention included:
1. Routine health talks at the HIV clinic on FP for PLHIV clients.
2. HIV clinic providing injectables, oral contraceptives and condoms on site.
3. Referral systems for PLHIV who want long acting or permanent methods.
4. Registers to compile data on FP uptake among clients.

PLHIVs Use of FP Methods During Integration Pilot at Two Hospitals

<table>
<thead>
<tr>
<th>Month</th>
<th>Total Counted</th>
<th>Male Condom</th>
<th>Female Condom</th>
<th>Pills</th>
<th>Implants</th>
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<th>Site 2, AGH</th>
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<tr>
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<td>Aug 06</td>
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Challenges:

Uptake among PLHIV in the pilot facilities was very slow due to a number of factors:
1. HIV Clinic staff already felt overburdened and adding FP counseling and service provision added to their already heavy workload. They were also hesitant to use their new FP counseling skills.
2. Transfers of trained staff out of the clinic, reduced the effectiveness of the intervention.
3. There were problems with accessing and accounting for FP commodities outside the FP clinic.

To compound problems, there was also a nationwide strike by health workers to demand better pay in the middle of the pilot that affected service provision for more than one month.

Using the lessons learned from the pilot, FP-ART integration was incorporated into QHP’s main HIV intervention called HIP (High Impact Package), which was designed to address gaps in the quality of service provision at 25 ART sites throughout Ghana. The HIP initiative focuses on improving clinical care, reducing stigma of HIV+ patients in facilities and ensuring access of patients to the continuum-of-care.

At the same time, in coordination with the ACQUIRE project, QHP worked with other in-country partners to incorporate awareness of FP services for HIV+ clients into PLHIV community activities. This was accomplished by training 75 peer educators to work with 37 support groups to stimulate discussion about FP.


As part of the HIP! Initiative and following from the results of the pilot, a new strategy to integrate FP into ART services was developed. The key tenets of this new approach were:
1. Ensure FP providers in facilities received contraceptive technology updates on FP and ART.
2. Ensure that FP providers participate in stigma reduction training so they did not turn PLHIV away due to fear.
3. Strengthen health education on FP during HIV clinical days by asking the FP provider to come and talk to patients and ensure that referral mechanisms are in place to get clients interested in FP to the clinic.
4. Place reminder “stickers” in client folders to prompt the provider to discuss FP with clients and refer them to the FP clinic when appropriate.
5. Include discussions of FP in the general discussions of clinical care during COPE® exercises at the facility.
6. Work with community groups to increase discussion of FP at the community level and refer clients to facilities for care.

This strategy is now being employed in 15 facilities in Ghana and is being introduced in all 25 facilities where the HIP! Initiative is being introduced.

Results and the Way Forward:

Early results show that stickers have been effective in reminding providers to explore FP needs with clients and that training for providers has increased the numbers of clients seeking FP services. However, unplanned pregnancies in the PLHIV population are still occurring.

The growing interest among ART clients to have children indicates a need for new initiatives to provide information to clients on planning safe pregnancies coupled with access to non-stigmatizing FP services. The availability of routine FP services alone will not entice PLHIV to participate.

QHP plans to work with providers throughout 2008 and 2009 to discuss how pregnancy counselling can be introduced into clinical care services, coupled with improving the quality of FP counselling for those who would like to use it. There is no definitive successful strategy for FP-ART integration in Ghana at present, but adaptability to changing circumstances will best address the needs of the clients.

For more information—please visit our website at: [www.ghanahq.org](http://www.ghanahq.org)
Tips when presenting your poster 1

• A typical poster visitor appreciates a 2-sentence overview of why your research is interesting and relevant

• Get them hooked on your question before explaining anything more about your poster

• Keep it general, and make it clear to the visitor why you find the topic interesting
Tips when presenting your poster 2

• Do not refer to notes when explaining your poster
• Speak directly to viewers
• Point to specific parts of your poster when possible
• Walk viewer through figures
• If more viewers arrive halfway through your talk, finish explaining the poster to first viewers before addressing newcomers
Tips when presenting your poster 3

• Have on hand printouts of your work (manuscript, poster, brief, etc.)

• If there’s space, pin them up for the taking

• Have business cards to allow people to follow-up with you if they want more information

• Thank your viewers for visiting. If they have stayed more than 4 minutes, you have succeeded!
Poster Checklist

- Does the poster explain the research in a clear, concise manner that a non-specialist audience could understand?
- Is it easy to understand and follow the order of the text/information? i.e. is the order logical?
- Can the poster stand alone (without explanation)?
- Is the text size appropriate?
- Is there too much/too little text and information?
- Can the poster be read in approx. 5 minutes?
- Is there a good balance between text, images, and space?
- Is the poster visually attractive to look at?
# Bad poster bingo

<table>
<thead>
<tr>
<th>Different parts of poster don’t line up</th>
<th>Boxes within boxes</th>
<th>Zigzag order</th>
<th>More than three typefaces</th>
<th>Long-winded title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gradient fills in coloured boxes</td>
<td>Big blocks of text</td>
<td>Photographic background</td>
<td>Unlabelled error bars on graphs</td>
<td>Pixelated pictures</td>
</tr>
<tr>
<td><strong>More than five colours</strong></td>
<td>Institutional logos bookending title</td>
<td><strong>Free space</strong></td>
<td><strong>ALL CAPITALS</strong></td>
<td>Text with shadows, outlines, or bevels</td>
</tr>
<tr>
<td>Abstract</td>
<td>Underlined text</td>
<td><strong>Comic Sans</strong></td>
<td>3-D graphs</td>
<td>Checking tablet or phone during presentation</td>
</tr>
<tr>
<td>Tables showing data that could be in a graph</td>
<td>Poster does not fit on poster board</td>
<td><strong>Comic Sans (it's that annoying)</strong></td>
<td>Objects almost touching or overlapping</td>
<td>Tiny, unreadable type</td>
</tr>
</tbody>
</table>

By Zen Faulkes, betterposters.blogspot.com

Inspired by: http://www.monicametzler.com/bad-presentation-bingo/
Resources

• **Poster Presentations - Designing Effective Posters**

• **Designing conference posters**

• **Posters: Designing Effective Posters and Presentation Tips** (Stoss 2016)

• **Research Poster Design** (Hockenberry 2015)

• **Better Posters: A Resource for Improving Poster Presentations**
Stay in Touch!

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- RinGs LinkedIn: https://www.linkedin.com/groups/Gender-Health-Health-Systems-Group-8293050/about
References


• Ravindran, Sundari TK (2015). Health financing mechanisms in India and their implications for women’s access to health care (presentation). In Health Systems Financing – What’s gender got to do with it?.