HOW TO: POSTER SESSION

Oak Sonfist, EAF. March 13th, 2024.

Presentation created for student preparation for Future Physicians 4 Change 2024 Conference, Poster Session.

POLL QUESTIONS ABOUT YOU

- Where are you in your training?
- Have you submitted a poster before?
- What category are you thinking about submitting?

INTRO: OAK SONFIST

- **Education and Advocacy Fellow** for **2022 - 2024**
  - In charge of 2024 #FP4Change Poster Session & Advocacy Day
- Uses They/Them Pronouns
- Current 3rd Year Osteopathic Medical Student
  - Gap year between OMS 3 & 4 for EAF
- Dog parent to Prudence the dog

WHAT IS OUR POSTER SESSION

- **First** you have to **register for** the 2024 Future Physicians 4 Change (FP4Change) **Conference.**
  - Make sure to indicate you would like to submit a poster to the poster session.
- **Then, Submit a poster abstract** by **March 25th, 2024** on the online eventsair portal.
- **Finally, Create a poster** by May 30th, 2024 - save PDF of it, print at home or the conference, and **present on May 31st, 2024 from 6:30 PM - 9 PM.**

POSTER ABSTRACT

- Abstracts should be no longer than 350 – 400 words and follow a standard format:

1. **Background/Vision**
2. **Methods/Process/Action**
3. **Results/Impact**
4. **Conclusions/Connections/Meanings**

→ Ethical considerations for subjects should be mentioned, if applicable.

POSTER ABSTRACT

- Only one abstract may be submitted per author.
- No charts, graphs, special characters, or formatting will be possible using the online abstract submission form. **You must write your abstract in text paragraphs to avoid formatting errors online.**
- Email submissions will not be accepted or reviewed.

POSTER ABSTRACT

- For those **submitting Chapter Activities** posters, please submit a 350 – 400 word abstract explaining the overall endeavors and successes of your chapter.
- For those **submitting a case report,** please submit a 350 - 400 word abstract explaining a case introduction, patient presentation and disease course, intervention and management, and outcome and discussion. Case reports will be considered on a limited basis according to the rarity or unusual nature of the case.

ABSTRACT SCORING CRITERIA

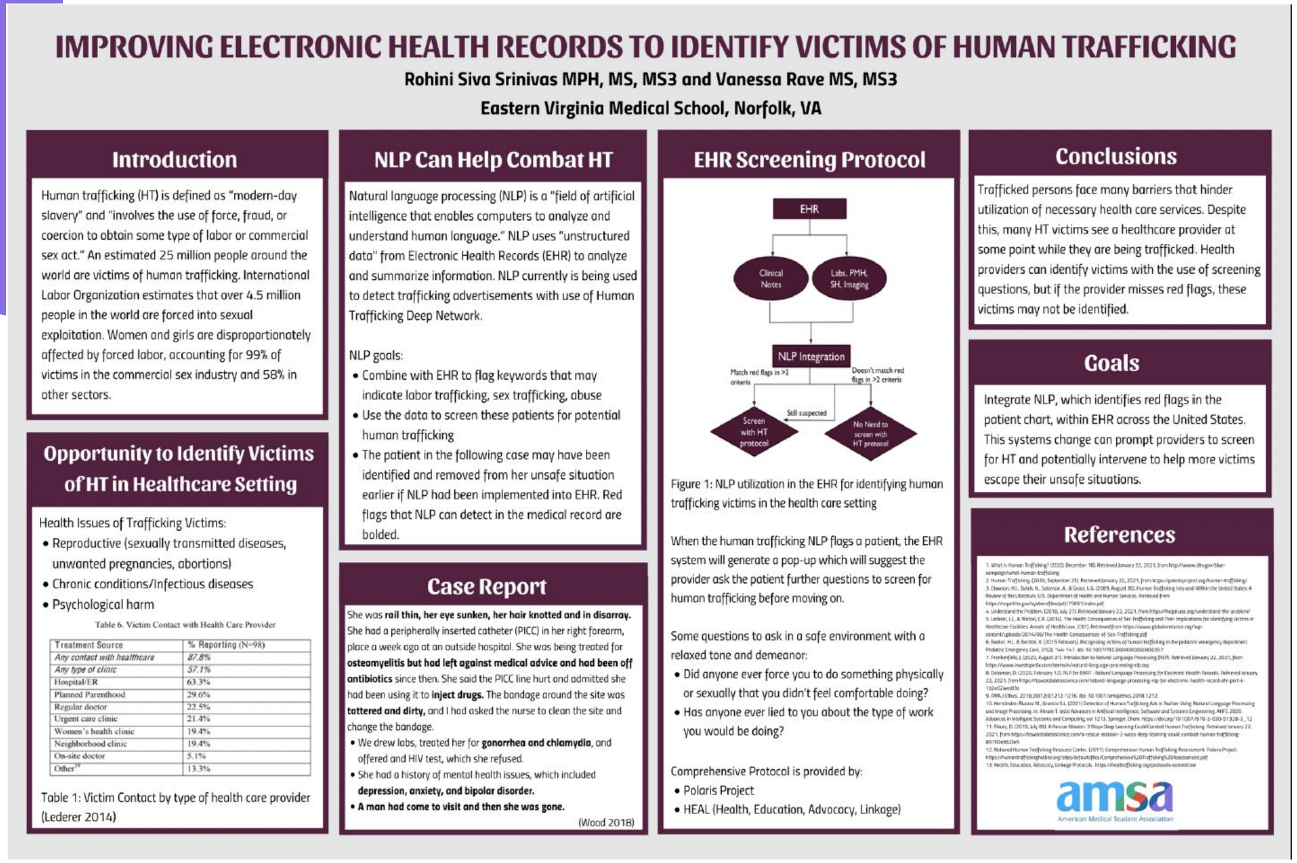
- Clearly shows development of study or research
- Conclusions are stated clearly
- Conclusions are supported by results
- Content is clear and easy to understand
- I understand why someone might be interested in the question and results
- The question being addressed is stated clearly
- There is enough detail about methods for me to understand the results

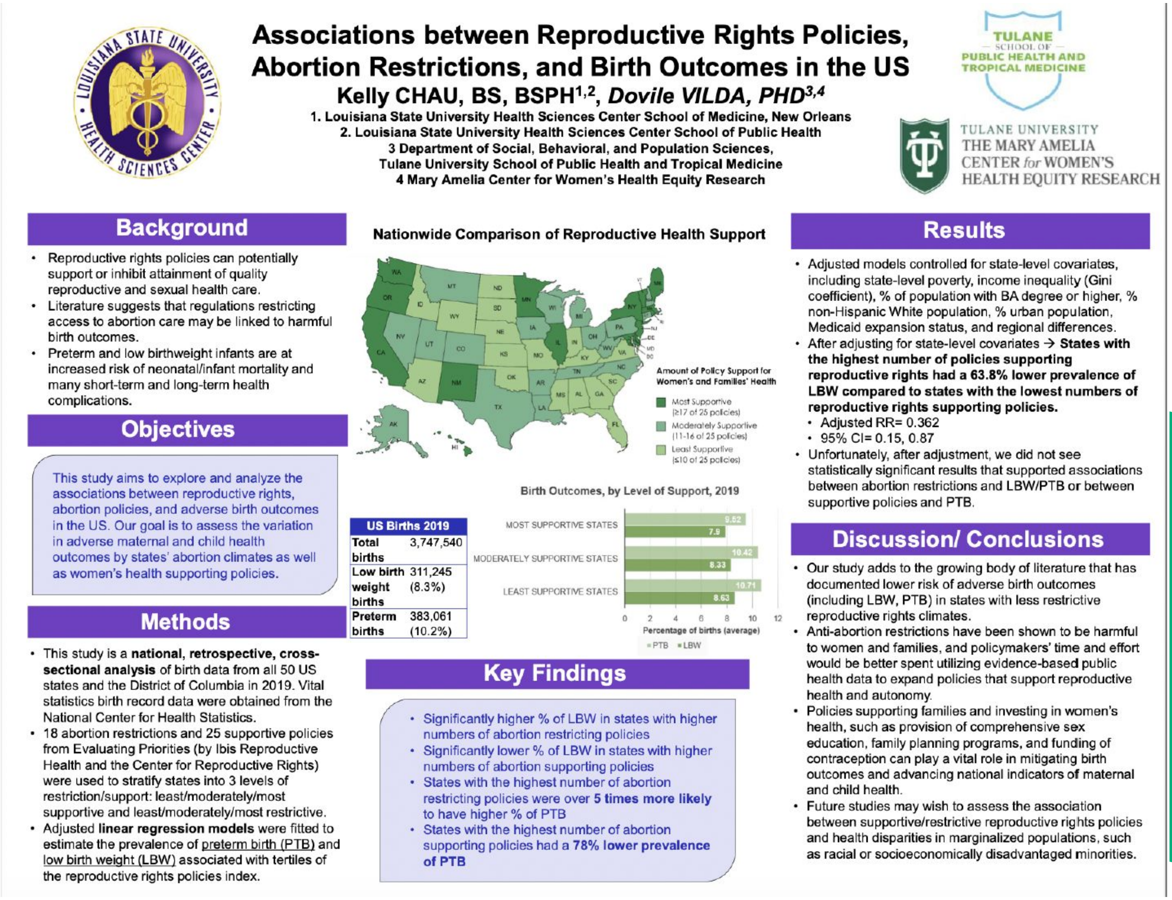
INTRO SCIENTIFIC POSTERS

- This year marks the **29th annual AMSA Poster session,** at the 2nd annual FP4Change Conference. It will be **Friday May 31st, 6:30 - 9:00 PM**
- This year we will have **12 categories:**

1. **Advocacy, Grassroots, and Policy projects**
2. **Community development and service projects**
3. **Curriculum development and educational projects**
4. **Patient-oriented and epidemiology projects**
5. **Basic and translational science projects**
6. **Reproductive Justice and Abortion-related projects**
7. **International Impact**
8. **AMSA Academy Scholars Programs and Institutes participant project**
9. **Chapter activities**
10. **Global Autoimmune Institute**
11. **Best Overall Pre-Medical (People's choice award)**
12. **Best Overall Medical (People's choice award)**

EXAMPLE SCIENTIFIC POSTER





Poster Session Info, March 13th, 2024

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EXAMPLE SCIENTIFIC POSTER

The Importance of a Community-Based Medical Outreach Project in the Dominican Republic

Jamilette Valdez Roa, Alyssa Carrasco
Universidad Iberoamericana UNIBE

Introduction

In the Dominican Republic, healthcare disparities are prevalent in rural and low-income communities where health resources are scarce. Due to the COVID-19 pandemic, socioeconomic factors worsened for many citizens and their communities are still recovering. Enriquillo de Herrera is a small town within the district of Santo Domingo Oeste, where the citizens of this town are underserved and many are living below the poverty line.

- The intended goal of this outreach project was to provide free primary health care services and health education to a disadvantaged local community.
- Our chapter, alongside our benefactors, were able to provide general and specialized consultations, COVID-19 testing and vaccines, HIV testing, pap smears, and medication free of cost to the individuals that attended.

Methods

STEP 1 Received approval from our university to create a medical outreach.

STEP 2 Created a medical outreach proposal that outlined our events and its necessities.

STEP 3 Secured a location encompassing an underserved population.

STEP 4 Obtained sponsors, partnerships and volunteers.

- Contacted and met with the local politician regarding a health initiative.
- Sent the proposal to various healthcare associated companies to participate and or donate.
- Contacted local physicians and other AMSA chapter affiliates to volunteer.

STEP 5 Created data collection forms.

- Created a demographic information google form.
- Created a patient satisfaction questionnaire google form evaluating 3 areas:
  - Satisfaction with services provided
  - Satisfaction with doctor patient communication
  - Likelihood of patient return to other AMSA UNIBE sponsored health projects

Results

Over 300 children and adults were seen in the Herrera medical outreach and data was obtained from 205 voluntary patients that gave verbal informed consent.

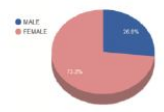


Figure 1. Gender distribution.

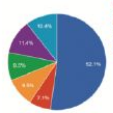


Figure 2. Age distribution.

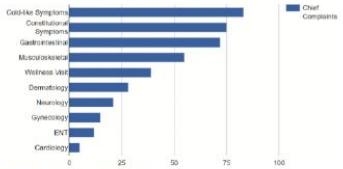


Figure 3. Chief complaints.

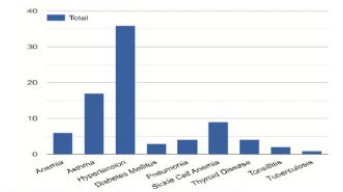


Figure 4. Chronic conditions referred by the patients.

Figure 5. Patient satisfaction questionnaire results.

Out of the 135 patients surveyed, 99% said they were pleased with the service provided. 100% of patients surveyed said they were highly satisfied with doctor patient communication regarding their health information and management. 100% of patients said they were most likely to return to other ASMA UNIBE sponsored events.

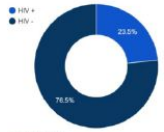


Figure 6. Results of HIV testing.

Conclusions

Medical outreach projects are imperative to disadvantaged communities. In order to best serve the community, we found that the medical outreach project should include the following:

- Preventive and primary services
- Disease prevention
- Patient education
- Mental health services

Due to the demographic information collected, we have already started planning for the future health initiatives for this community and those alike. The identification of certain health risks allow us to expand our efforts to combat the most prevalent conditions. In this community, our chapter has begun preparing for additional health initiatives particularly including pediatrics, sexual health reproduction and HIV testing and management. The patient satisfaction feedback showed an overwhelming positive response to continue working within this community.

We are excited for future partnerships and collaborations to help us succeed in our next projects.

Ethical Considerations

Patient confidentiality, anonymity and verbal informed consent was upheld while obtaining health information and conducting the surveys.

Acknowledgements

- Mayor of Santo Domingo Oeste, Ing. Jose Andujar.
- Dra. Ana Luisa Lora.
- Farmacias Carol.
- Farmacias Los Hidalgos.
- UNPHU AMSA Chapter & INTEC AMSA Chapter.

Emergency Department Utilization in Adult and Pediatric Patients at Crossroad Health Center

Joseph Walden[1,2], Hanna Ghefe[1,2], Grant Barnett[1,2], and Rosanne Hountz, DNP[3]
[1]University of Cincinnati College of Medicine MS2; [2]Urban Health Project; [3]Crossroad Health Center

Introduction

Crossroad Health Center is a federally qualified health center (FQHC) based in Over-The-Rhine that provides primary care and other medical services to various populations in the Cincinnati area. As a FQHC, special emphasis is placed on serving community members with social and financial limitations that would otherwise be a major barrier to accessing quality healthcare. Crossroad offers a wide variety of services to make primary care more accessible, including walk-in appointments, extended hours of operation, and a 24-hour on-call services through which a medical professional is available to answer questions and support patients at any time. Despite these resources, many of the patients at Crossroads rely on local emergency services for primary and non-urgent medical attention.

Our research focused on reviewing recent emergency department (ED) visits by Crossroad patients to identify patterns in ED usage. We hypothesized that the majority of visits would be by the most at-risk patients for non-urgent concerns. We sought to identify which factors significantly contribute to inappropriate use of emergency services and compare those patterns between adult and pediatric patients. Once these contributing factors are identified, Crossroad can more effectively intervene to reduce the burden on local emergency departments, direct patients toward existing Crossroad services, and improve long-term patient care and outcomes across all Crossroad sites.

Methods

We completed comprehensive chart reviews of ED visits by Crossroad patients between July 2017 and May 2021. Each visit was coded based on chief complaint, visit urgency, and visit outcome. Visits were designated as either urgent or non-urgent using pre-set criteria from Crossroad. Patient demographic information was recorded including zip code, age, and the presence of specific pre-existing conditions requested by Crossroad (asthma, chronic kidney disease, chronic obstructive pulmonary disorder, diabetes, heart failure and hypertension). Each patient's primary care site (Over-The-Rhine, Harrison, West, Taft school-based health center, or Rothenberg school-based health center) and their most recent communications with Crossroad were also recorded.

Location	Total Number of Visits
Harrison	1252
OTR	1101
Rothenberg SBHC	15
Taft SBHC	46
West	405
Grand Total	**2819**

Table 1: The total number of visits recorded from each Crossroad site.

Results

2,819 visits by 1,259 different patients, both adult and pediatric, across all five Crossroad sites were reviewed. There was a greater proportion of non-urgent visits compared to urgent visits (62.5% vs. 37.5%), especially among the pediatric population (69.7% vs. 30.3%). In the adult patient population, we recorded 56.1% of visits as non-urgent while 43.9% of visits were urgent. Patients from the Harrison Crossroad site made up the majority of pediatric ED visits in this sample (60.9%), while patients from the OTR site were the majority of adult ED visitors (54.5%). The majority of our patients (58.6%) had at least one pre-existing condition of interest. Upper respiratory infections were the most common reason pediatric patients visited the ED, accounting for 19.51% of pediatric visits, while musculoskeletal pain was the most common chief complaint for adults (11.81%). A small minority of ED visits in this sample required hospital admission (9.7%). Of the visits that required a follow-up, 70.1% of patients completed their follow-up, while 29.9% did not. For adults, 105 days had elapsed, on average, between their most recent Crossroad visit and their ED visit, while an average of 135 days had elapsed for pediatric patients. The overwhelming majority of patients (95.1%) did not utilize Crossroad's 24/7 on-call services before going to the ED.

Total Urgent vs. Non-Urgent Visits

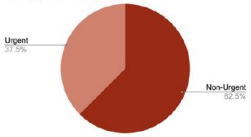


Figure 1: The total frequency of ED visits for urgent complaints vs. those for non-urgent complaints for all patients (n = 2819).

Pediatric Urgent vs. Non-Urgent Visits

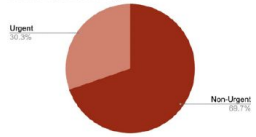


Figure 2: The frequency of ED visits for urgent complaints vs. those for non-urgent complaints in the pediatric patient population (n = 1312).

Top 10 Adult Chief Complaints	Percent of Adult ER Visits
Musculoskeletal Pain	11.81%
Trauma/Falls	8.63%
Acute Abdominal Pain	7.56%
GU Concerns	6.97%
Chest Pain (unspecified)	6.17%
Viral Respiratory Infections	6.10%
Acute Gastroenteritis/N/V/D	4.51%
Other	4.25%
Psychiatric Complaints	4.05%
Bacterial Skin Infections	3.92%
Grand Total	**63.97%**

Table 2: The top 10 chief complaints for adult patients.

Top 10 Pediatric Chief Complaints	Percentage of Pediatric ER Visits
Viral Respiratory Infections	19.51%
Trauma/Falls	10.29%
Non-traumatic Injuries	5.34%
Wound/Laceration	5.18%
Ear Infection	5.03%
Dermatologic	4.73%
Acute Gastroenteritis/N/V/D	4.57%
Psychiatric Complaints	4.50%
Acute Abdominal Pain	4.12%
Other	4.12%
Grand Total	**67.39%**

Table 3: The top 10 chief complaints for pediatric patients.

Pre-Existing Health Conditions	Total # of Visits
Asthma	563
COPD	210
Heart Failure	101
Hypertension	659
Diabetes	334
Chronic Kidney Disease	147

Table 4: The frequency with which patients who visited the ED suffered from pre-existing conditions of interest.

Discussion & Future Directions

For the Crossroad Health Center patients, the majority of emergency room visits were non-urgent. Viral respiratory illnesses caused the most pediatric visits, while musculoskeletal pain caused the most adult visits. Of all hospital systems in the Cincinnati area, Children's and Mercy Health accounted for the majority of our patients' visits. We are still exploring additional patterns between sites and adults vs. pediatric patients.

There were some limitations for our project to mention, specifically during data collection and analysis. During data collection, we only recorded a limited amount of demographic data. We did not record information such as race, ethnicity, language, education level, income level, etc. Therefore, we could not observe how this may have affected ED utilization in this sample. External specialist follow-ups were not always displayed in patient charts making capturing accurate follow-up data difficult for some patients. When analyzing time elapsed data, some patients (~60) did not have any prior visits recorded in their chart prior to their ED visit. These were excluded from the calculations for time elapsed. Another limitation in data analysis was we did not have access to a more advanced statistics program so we do not yet know the statistical significance of this data. Lastly, it was difficult to "fit" certain complaints into our pre-set categories and many categories had to be condensed.

For future directions, we hope the patterns we have identified will provide a solid basis for Crossroad to provide emergency department utilization education for their patients. These findings will help identify patients at-risk for emergency department misuse and prevent costly, unnecessary visits. We hope these findings will also improve long-term outcomes for Crossroad patients. We are are currently working to complete a more robust data analysis to provide more context for our findings and determine statistical significance. Future work will then be done to make comparisons between sites and between adults/pediatrics to identify additional patterns.

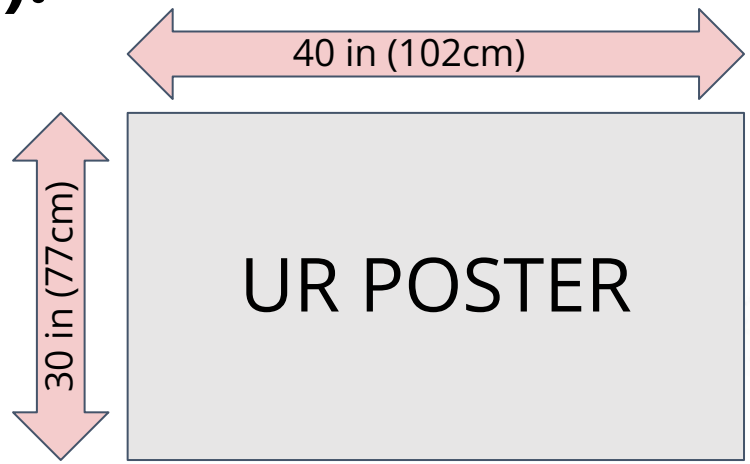
Acknowledgements

Thank you to our supervisor, Rosanne Hountz, for supporting us at every step of this project. We would also like to thank Zohabe Bakali, Dalton Hartwick, and the rest of the Urban Health Project team for allowing us the opportunity to work with Crossroad Health Center this summer.

Poster Session Info, March 13th, 2024

SIZE REQUIREMENTS

- Individual posters **must be no larger** than 40 inches (102 cm) x 40 inches (102 cm).
- **We strongly suggest a poster size of 30 inches (77 cm) x 40 inches (102 cm).**



BEST PRACTICES LOVE TO SEE

- **Font:** Stick to simple and easy-to-read fonts (e.g. Arial, Helvetica). Distinguish headings and subheadings from the rest of the text with different fonts or font sizes.Use large font sizes so it can be read from 10 ft away. Try to stay between 18 pt (for figure legends) and 85 pt (for the main title).
- **Backgrounds:** Use a simple, light, neutral-coloured background that provides enough contrast with the text. Avoid busy and distracting backgrounds. Choose one bold accent color, and use it sparingly.
- **Layout:** Use gridlines to help you align your sections, columns, text, and figures so they look neat and evenly distributed. Use your layout to create a flow that helps the audience move logically from one section to the next.
- **Images:** Use images and graphics to highlight data and key points. Only use text when absolutely necessary.

BEST PRACTICES LOVE TO SEE

1. **Clear Content:** Keep content concise and relevant.
2. **Visual Hierarchy:** Use clear headings and visuals to guide the viewer.
3. **Visual Appeal:** High-quality images, charts, and graphs.
4. **Consistent Design:** Maintain consistency in fonts, colors, and formatting.
5. **Whitespace:** Allow for adequate spacing to improve readability.
6. **Proofreading:** Eliminate errors and ensure accurate terminology.
7. **Accessibility:** Consider accessibility for all viewers.
8. **References:** Include citations for credibility.
9. **Practice:** Rehearse presentation for effective communication.

WHAT NOT TO DO:
BAD POSTER BINGO!

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

By Zen Faulkes, betterposters.blogspot.com

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

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POSTER+ABSTRACT SCORING CRITERIA

15-20 points - Strong material, summarized well. Clearly shows development of study or research, and material appears to accurately support purpose of study, hypothesis, research question or engagement project. Strong conclusion, implications and reflection/analysis of experience presented.
10-15 points - The content was adequately presented, but support for the study, research hypothesis, question(s), or engagement project is somewhat general. Conclusion, implications, and reflections were reasonable.
5-10 points - Content presented was lacking in clarity and did not sufficiently convey a connection to the study, hypothesis, research question(s), method, conclusion, implications and/or reflections.
0-5 points - Connection not found between poster content and purpose of study, research hypothesis/question(s), method, conclusions, implications or reflections.

POSTER SESSION RESOURCES

- Link to AMSA website with all the information needed
- AMSA Reproductive Health Abstract Guide
- Poster session tutorial video with Dr. Matthew Stull
- AMSA ad lib podcast episode, “Presenting your research right”
- Inspiration: 2022 AMSA Abstract Booklet

QUESTIONS? ASK OR EMAIL

- **If you have any questions this is your opportunity to ask!**
- If you would like to **email me** with any other **poster questions** email at oak.sonfist@amsa.org
- If **questions about registering for conference** events@amsa.org
- **Thank you** for attending!