

transport, with many traveling a far distance to receive care. Currently, operators of non-EMS transport vehicles in Peru receive no medical training and are not prepared to provide basic trauma care or stabilization en route to definitive care. Our data identifies a potential target population for basic trauma education. The development of a basic trauma-training program targeted towards a pilot group of taxi drivers is a logical next step. Future challenges include gaining the acceptance of local taxi drivers, determining the feasibility of a layperson trauma-training program, and accurately measuring patient outcomes following the training.

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### Enhancing the quality of clinical clerkships in a resource limited settings medical school

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**Program/Project Purpose:** To reduce healthcare workers shortage in Sub Saharan Africa, medical schools have increased enrolment. However, this expansion has not been accompanied by adequate increase in faculty size or physical infrastructures. Consequently, classes are overcrowded hence reduction in the quality of training, especially in the clinical clerkship. Aiming at exposing medical students to rural working environments and reducing overcrowding at the main teaching hospital, in 2012 Kilimanjaro Christian Medical University College (KCMUCo) introduced a 12-week rural clerkship rotation.

**Structure/Method/Design:** 16 hospitals operating in the northern zone of Tanzania were identified and Memorandum of Understanding (MoU) were drawn between 8 hospitals in Kilimanjaro and Arusha regions, District Medical Officers (DMOs) and KCMUCo. Minimum standards for providing clinical training in these hospitals were established. Preceptors in the peripheral hospitals were training by KCMUCo faculty and they were awarded adjunct faculty positions at KCMUCo. Acceptable minimum and maximum number of students at the hospitals was established. To assess effectiveness of program implementation, a paper-based questionnaire was anonymously administered to students after their rural clinical rotation in 2014. The questions addressed student satisfaction with their ability to apply knowledge and skills gained from previous training. Descriptive statistics were used, and tests for significance ( $p < 0.05$ ) and strength of consensus measure (sCns  $\geq 80\%$ ) were applied.

**Outcomes & Evaluation:** Of 148 MD3 students, 111 (75%) responded to the survey; 62% male and 62% < 25 years. Overall student satisfaction was high with 19.4% very satisfied and 61.6% satisfied. All questions regarding student satisfaction had a high degree of consensus (81.9-83%) with the exception of accepting deployment at a peripheral hospital in the future (73%). Students felt that it was easier to practice clinical skills in a peripheral hospital ( $p=0.028$ ), learned new clinical skills ( $p=0.028$ ), and desire to return to practice clinical skills ( $p=0.004$ ), Student-preceptor contact was rated highly by nearly 80% of students (sCns=79%). Students described limited laboratory support for clinical care, but only 39% attempted to utilize their own laboratory skills to address shortcomings. Students also expressed concern that access to learning resources was not adequate at the rural practice hospitals, and poor internet access was identified as a challenge.

**Going Forward:** Overall student experiences in peripheral clerkship rotations were positive with high levels of student satisfaction. Students felt comfortable in using their clinical skills, learned new skills, and desired further experiences in peripheral locations. Student-preceptor contact was rated highly. However, student utilization of their laboratory skills did not occur; this shortcoming will be addressed in an ongoing study of rapid diagnostic test “toolkits”, deployed with a group of students on their peripheral rotation. Finally, to better enhance Internet connectivity and access to web-based learning materials, groups of students have been deployed with “mifi” devices.

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### Creating future leaders: An interprofessional experiential training in advocacy and global health at the world health assembly

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**Program/Project Purpose:** The World Health Assembly (WHA) is the annual decision making body of the World Health Organization (WHO). Youth organisations and Non-Governmental Organizations (NGOs) are increasing in their formal engagement with UN bodies; yet meaningful engagement requires training and understanding of the processes. In 2014 for the second consecutive year, the International Federation of Medical Students Associations (IFMSA) organised a four day youth training workshop prior to the 67th WHA in order to increase civil society involvement in international diplomacy.

**Structure/Method/Design:** The workshop brought together more than 50 youth from 23 countries, 6 continents, and a variety of fields: future doctors, public health practitioners, veterinary doctors, pharmacists, dentists, and economists. Participants were recruited through messages sent over various electronic media to IFMSA's and partner youth organizations' members. The workshop consisted of knowledge based sessions and advocacy skills training. The impact of this event was assessed in order to add to the evidence base creating competent advocates within the health community.

**Outcomes & Evaluation:** The impact of this workshop was assessed with a 14 item questionnaire where participants rated their competency using 1-5 on a Likert Scale. The questionnaire, previously piloted in three student training workshops assessed self-perceived competency in advocacy, knowledge, and confidence in interacting with peers and key stakeholders. Participants completed the questionnaire at three points in time: before and after the workshop and after the WHA. The responses showed a trend towards an improvement in knowledge and skills in all areas evaluated; it was statistically significant in 8 of the 14 areas after the conference whereas in only 2 of after only the workshop.

**Going Forward:** This workshop demonstrates the importance of providing experiential multidisciplinary training in fields relating to leadership and advocacy. Immediate implementation resulted in further increases in knowledge, skills and competence. The improvement of leadership skills and confidence to interact with key stakeholders demonstrates the potential of such workshops to create confident health advocates for future generations and emphasises the importance of providing experiential learning to apply new skills. IFMSA will conduct a similar workshop prior to the next WHA and we hope that other youth organizations will learn from the example