

Outcomes & Evaluation: We successfully developed a palliative care needs assessment and curriculum and conducted a one week course. We used daily surveys to improve and customize the course and an end-of-course survey to evaluate satisfaction, relevance, and to identify gaps in our curriculum. The course was well-received – participants reported improved understanding of palliative care, skills in managing symptoms and increased comfort in discussing prognosis. Future surveys will be implemented to evaluate knowledge retention, practice changes, and knowledge dissemination.

Going Forward: A National Palliative Care Center is now being developed in Belarus. We plan to provide additional training courses on advanced topics (e.g., interventional pain management, enhanced communication techniques), improve our translated curriculum, provide video consultations and ongoing mentorship. Furthermore, the needs assessment, intermediate palliative care curriculum and surveys, will be adapted for palliative care education beyond Belarus. Ultimately, we hope that our experience and materials provide resources for additional palliative care education and development worldwide in LMICs.

Funding: The project was supported and funded by the US Embassy, the Belarusian Ministry of Health, Belarusian Post-Graduate Medical Education Academy, Janssen, Gedeon Richter, and Med-Interplast.

Abstract #: 02ETC045

Humanitarian crisis simulation

S. Kesler¹, E. James², M. Peck³; ¹University of Minnesota, Minneapolis, MN/US, ²Chicago, IL/US, ³University of Minnesota School of Public Health, Minneapolis, MN/US

Program/Project Purpose: International humanitarian response is a dynamic and immensely challenging field that requires the most of the professionals who provide relief. There is a high level of interest amongst students and health professionals in humanitarian relief, but most prospective humanitarian workers have low levels of knowledge and skills for participating in such work. Faculty in the Medical School and at the Humphrey School of Public Affairs at the University of Minnesota saw an opportunity to create a participatory and multidisciplinary course on Humanitarianism. Our goal is to give prospective humanitarian workers a realistic and hands on introduction to the profession. We held our third annual course in September 2014.

Structure/Method/Design: The course practicum is held over three days in a large outdoor setting. The first morning and afternoon are devoted to interactive didactic sessions on issues common to most humanitarian crises, for example, malnutrition, security, water sanitation and hygiene. This is followed by a two day simulation exercise. 50 participants are then divided into multidisciplinary teams of 5. Students came from many disciplines within the University of Minnesota including Medicine, Public Health, Public Affairs, Engineering, Social Work, GIS, et al, as well as a number of external institutions. Teams must work and live together to navigate a fictionalized area that is experiencing a humanitarian crisis. Seasoned experts from within the University of Minnesota and from other institutions collaborate to organize and conduct the course. Approximately 150 volunteers helped throughout the three-day course with logistics, role playing, and teaching.

Outcomes & Evaluation: The exercise has been enthusiastically received and has strengthened collaborative relationships between disciplines and organizations. This year, for the first time, participants took both pre- and post- tests to assess baseline and post course

knowledge. In addition, a survey was sent to participants one week after the class, and a second one will be administered 3 months following the course. The survey asks students to assess their pre and post course levels of competence, for their opinions of how it will impact their further career plans, and for their general reflections on the experience. The results of this data will be available for presentation at the meeting.

Going Forward: There are innumerable opportunities for improving and expanding our course. Similarly, there are opportunities for collaboration with external partners and conducting research. Lack of protected time and financial resources are the major barriers.

Funding: course fees and tuition, PERL Grant

Abstract #: 02ETC046

Multidisciplinary pediatric oncology training in Botswana

D. Kollar¹, P. Semetsa², M. Raletshegwana², J. Hesselgrave¹, A. Slone³, J. Slone⁴, P.S. Mehta⁵; ¹Texas Children's Cancer & Hematology Centers, Houston, TX/US, ²Princess Marina Hospital, Gaborone, Botswana, ³Texas Children's Cancer & Hematology Centers, Gaborone, Botswana, ⁴Texas Children's Cancer & Hematology Centers, Gaborone, Botswana, ⁵Texas Children's Hospital & Baylor College of Medicine, Houston, TX/US

Program/Project Purpose: 80% of the 175,000 children who develop cancer annually live in low & middle income countries (LMIC) where survival is considerably less than in resource-rich settings. A major challenge in treating pediatric cancer in LMIC is a lack of trained providers. Baylor College of Medicine (BCM) and Texas Children's Cancer and Hematology Centers (TXCH) have had a partnership with Princess Marina Hospital (PMH) since 2007 as the only center in Botswana treating children with cancer. PMH has two full time pediatric oncologists and a care coordinator from BCM/TXCH. Staff including nurses, pharmacists, dieticians and social workers receive very little, if any, pediatric cancer-specific training. We aim to develop a multidisciplinary pediatric oncology curriculum for Botswana in partnership with Botswana RNs/MDs, to train Botswana RNs/MD at TXCH prior to the workshop in Botswana, and conduct a workshop for health workers caring for children with cancer in Botswana.

Structure/Method/Design: We conducted a multidisciplinary workshop to improve cancer care in Botswana. Two nurses and one pediatric resident from PMH were invited to BCM/TXCH for intensive training prior to the workshop. They served as instructors along with Botswana and Houston-based TXCH staff. The novel curriculum designed for this workshop included: an overview of pediatric cancer and treatment; supportive care; chemotherapy safety and administration; pain management; family-centered care; and palliative care presented as case studies, didactic lectures and open forum discussions. The trained nurses and doctors will serve as future trainers to build capacity.

Outcomes & Evaluation: The one week workshop was attended by 30 participants representing nine Botswana institutions. Eight disciplines were represented including physicians, nurses, pharmacists, surgeons, dieticians, and social workers. Pre and post-tests conducted daily demonstrated the curriculum's effectiveness in relaying key principles to learners. Participant evaluations strongly supported the need for this training.

Going Forward: The two major ongoing challenges are to disseminate this training and awareness of pediatric cancer throughout the country and retention of trained nurses in the pediatric oncology ward. We have therefore obtained funding to present 12 mini-workshops throughout Botswana over the next 3 months to improve awareness at local clinics,