

asked to report on expansion of partnership opportunities through GEMx.

**Outcomes & Evaluation:** Based on their responses to open-ended questions, the participating partner schools indicated that the GEMx application system could be useful in promoting transparency because schools can promote the exchange opportunities they provide. Two schools formed new partnerships during the initial phase of GEMx. While virtual meetings could be used for information sharing, face-to-face meetings were thought to increase familiarity and promote engagement that would provide the basis for formation of virtual relationships. Some representatives of partner schools recognized the need for additional effort on the part of their schools and stated that dedicated staffing and time were needed to support these efforts. GEMx regional meetings are planned to foster a sense of community that can support virtual team formation and foster multi-institutional collaboration.

**Going Forward:** Global virtual partnerships may not work without the integration of face-to-face meetings establishing an atmosphere of trust in order for global virtual partners to collaborate. The identification of common needs and goals of partner schools by a facilitator

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### Implementing and evaluating a sustainable early child development program in Limpopo, South Africa: A pilot study

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**Background:** According to the World Health Organization, inadequate cognitive stimulation affects 20-25% of children in the developing world, resulting in an estimated 20% loss in adult productivity. Consistent evidence from early child development (ECD) literature states that interventions providing increased cognitive stimulation or learning opportunities to young children significantly increase cognitive and social-emotional competence later in life. The purpose of this study was to determine the suitability and feasibility of an ECD assessment tool and program to improve ECD in Limpopo, South Africa.

**Methods:** A mixed-method approach was used to determine the feasibility and cultural acceptance of an ECD assessment tool and intervention. The sample consisted of 18 primary health nurses employed in the Vhembe Health District of South Africa. Focus groups were conducted to select an appropriate assessment tool and discuss the barriers and feasibility of implementing an ECD program. The Ages and Stages developmental screening tool and the CAT/CLAMS developmental assessment tool were taught and discussed with the focus group participants. An educational intervention was used to teach nurses about ECD, the ECD program, and ECD interventions for parents. Knowledge surveys were used to compare pre-existing and learned content related to ECD. Quantitative data were analyzed using descriptive and inferential statistics to compare pre- and post- intervention knowledge. Qualitative data were analyzed using conventional content analysis.

**Findings:** The Ages and Stages program was most feasible for this population. Knowledge of ECD significantly improved after the educational intervention ( $p < 0.0001$ ). Nurses believed that ECD monitoring and interventions are needed to improve child health;

however, time constraints, cultural and language modifications, financial concerns, and administrative challenges were identified as barriers to implementation.

**Interpretation:** Overall, a child development monitoring program using low-cost and culturally appropriate tools is feasible in this community. Limitations include time, cultural barriers, and a small non-generalizable sample. Future research includes assessing children using a culturally adapted tool and increasing the area of screening and participation.

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### Reflection and debriefing: Tools for fostering student emotional learning during and after international health electives

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**Program/Project Purpose:** During international health electives (IHEs) medical students experience the challenge of working in resource-limited healthcare settings firsthand. In addition to the mental and physical challenges related to their clinical, laboratory, and scholarly work, students often experience challenges that are emotional in nature. To help students identify and explore these emotional challenges, the Center for Global Health Education at the University of Texas Medical Branch (UTMB) piloted a Reflection and Debriefing assignment for students participating in summer 2014 IHEs. This assignment had two components: A written reflection narrative, and attendance at an optional debriefing session three weeks after the IHE. For the reflection narrative, students described and critically reflected on a specific experience during their IHE that had a significant emotional impact on them. The debriefing session was a faculty-facilitated discussion on ethical, moral, and emotional challenges experienced during the IHE; as well as readjustment to life at home. Reflective writing and debriefing are techniques that have benefitted students and professionals returning from emotionally-charged situations, helping them process and learn from the situation, preventing burnout, and fostering professional identity formation.

**Structure/Method/Design:** The goal of this assignment is to identify and help students more effectively process emotions, challenges, and ethical dilemmas potentially encountered during IHEs. Participants in the assignment include all students who travelled on IHEs through UTMB. Completing the reflection narrative is required to receive credit; while debriefing session participants were self-selected. Faculty mentors are available to assist students throughout the IHE and reflective writing process to encourage assignment viability.

**Outcomes & Evaluation:** Forty-nine students completed reflection narratives and nine students participated in the debriefing session in summer 2014. To measure the effectiveness of the assignment's ability to identify and help students process emotions, challenges, and ethical dilemmas potentially encountered during IHEs, monitoring and evaluation will be conducted by analyzing the content of the reflection narratives through an analysis of key words, and by analyzing the results of an evaluation survey for the debriefing session. Evaluation questions assessed the session's ability to help students explore, process, and better understand their emotions during and after their IHE.

**Going Forward:** Ongoing challenges include the low participation rate in the debriefing session. This challenge is partly due to student schedule conflicts. Giving students more advanced notice of the sessions is a potential solution. Preliminary findings from the evalua

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### A novel peer mentoring consultant program for career development of clinician-scientists in Uganda

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**Program/Project Purpose:** The Uganda Cancer Institute (“UCI”)/Hutchinson Center Cancer Alliance was established in 2008 to study infection-related cancers and build capacity for research and medical care. Local faculty and scientists have limited time to mentor junior Alliance scientists. We launched a structured, facilitated peer mentoring and career development program (“PMCD”) for approximately 20 scientists-in-training, including UCI medical officers, nurses and Alliance research investigators (“peer mentees”). This innovative program empowers, supports, builds skills, and provides networking opportunities and access to mentors to develop the next generation of Ugandan clinical scientists.

**Structure/Method/Design:** PMCD fosters independent scientific research in Uganda by: 1) Providing a structure for ongoing peer exchange; 2) Leveraging limited time of local experts; 3) Developing leadership skills; and 4) Providing a network of scientists and mentors. Participants include: (a) Twenty peer mentees who attend and present research their progress or challenges at weekly Alliance research-in-progress meetings; (b) A faculty facilitator (WP); (c) PMCD “Consultants,” a panel of 56 faculty members and 5 deans of Makerere University’s College of Health Sciences (“CHS”). Prior to PMCD’s launch in September, 2013, peer mentees identified 33 career development topics in research methods, scientific writing, teaching, career management, mentoring, and skills training. Regularly, during their research-in-progress meetings, PMCD mentees select Consultants to address these topics. They also select a peer leader to facilitate each monthly Consultant presentation.

**Outcomes & Evaluation:** Scaled surveys (30 questions) were administered at PMCD launch (N=24) and one year later (N=43). At launch, 42% agreed or strongly agreed with the statement “I possess a good deal of knowledge on how to conduct effective research”, compared with 83% (15/18) of those surveyed who had been in the program for at least 6 months. Other survey indicators of program success included increases between launch and follow up survey in the proportion of those agreeing or strongly agreeing to: “opportunities to develop leadership skills” (42% vs 58%); “feeling supported” (43% vs 68%); and “finding a mentor” (38% vs 74%). Nine Consultant presentations, including 4 workshops, have covered skills related to reading, searching, and managing scientific references; manuscript writing, evaluating statistical measures in papers, designing clinical trials, ethics, finding a mentor, and work-life balance. Attendees (25 -> 50) represent diverse academic and scientific research interests. Peer mentees have gained leadership skills by facilitating 11 (>42%) of the

last 26 research-in-progress meetings and by independently initiating and running a monthly journal club.

**Going Forward:** The PMCD is meeting aims to increase peer mentee confidence, research skills, and leadership. As PMCD topics evolve from basic skills to design, analysis, and ethics in clinical research, we will engage local partners, seek funding, and support mentoring

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### Taught to teach others: A preliminary analysis of the effectiveness of trained community leaders in creating demand for HIV/AIDS services in rural Zambia

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**Program/Project Purpose:** Although Zambia’s HIV prevalence remains high at 14.3%, traditional and other leaders in rural communities have been under-utilized by stakeholders implementing HIV/AIDS interventions. Such leaders wield enormous power and influence in their communities and can effectively mobilize people towards behavior change, including increasing demand for HIV-related services. To address this gap, the Support to the HIV/AIDS Response in Zambia II (SHARe II) project works with 29 of Zambia’s 288 chiefdoms, training traditional leaders to address key drivers of the HIV epidemic.

**Structure/Method/Design:** SHARe II trained 232 traditional and other leaders (131 male and 101 female) as HIV/AIDS messaging champions in four chiefdoms in the Luapula Province of Zambia between June and September 2014; participants were chosen by each chief and included village headpersons and influential community members. Six weeks after training, the participants had reached 5,392 community members with messages on topics such as multiple concurrent partnerships, condom use, male circumcision, sexual cleansing, HIV testing and mother-to-child transmission. The names of each community member reached were documented on a form, recording their age, sex, village and mobile phone number.

**Outcomes & Evaluation:** SHARe II conducted in-person and mobile phone interviews of 42 people (26 male and 16 female) reached by trained leaders via a convenience sample, based on their having access to a mobile phone or being in an area re-visited by the SHARe II team. All 42 interviewees confirmed having been taught about the key drivers of HIV in Zambia by the trained leaders. Sixty-seven percent (28) attested to having learned something they did not previously know about HIV prevention, and 61.9% (26) indicated that because of this encounter, they were planning on taking actions that would increase their protection from HIV. Almost half (12) of the men indicated that they were contemplating circumcision, and 19% (8) of the male interviewees indicated that because of the teachings they had gone for circumcision; additionally, 40.5% of respondents (7 male and 10 female) had taken their children to be circumcised. Thirty-one percent (13) had gone for HTC due to these lessons and 81% (34) said they would teach other community members the information they had learned.

**Going Forward:** This intervention is currently being rolled out to 25 additional chiefdoms. Going forward, service providers should work closely with trained traditional leaders to increase demand for