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Background: Global Health is an important component of the University of Arizona's curriculum. International collaboration and exposure to global health is vital to develop resident's and student's skills, to improve multicultural and linguistic experiences and to integrate opportunities for new academic collaboration and research development. We describe the initial results of an international collaborative program which aims to enhance academic development and capacity building efforts across organizations.

Methods: In 2015, the University of Arizona (UA) signed an international memorandum of understanding (IMOU) with the University of Cuenca (UC) and a letter of understanding with the Cinterandes Foundation - a NGO that serves underserved communities in Ecuador through a mobile program. These agreements endorsed clinical, research, community outreach, and intercultural exchange opportunities. In 2015, a short-term exchange program for students, residents and faculty began. Participants enrolled in the program during its inaugural year were surveyed on their experiences using a scale 1 (Not at all) to 5 (Very well) to measure the success of the program in meeting educational objectives. Work teams were created to develop other specific elements of this innovative program.

Findings: A total of ten residents and students participated in the program during the last year. Clinical, community involvement, public health and cultural experience were rated 4/5, specific goals of participants were also measure and included language learning 4/5, social experience 3/5 and multi-specialty learning 5/5. Cost was also analyzed. The institutions work teams as well agreed on various educational activities which included: A faculty development course, a workshop on postpartum hemorrhage management for faculty, residents, and nursing staff of UC, and multiple virtual sessions on key clinical and research topics via live video conference. This activities will be administrated at UC during 2017.

Interpretation: Inter-institutional collaborative efforts enhance academic development and help build capacity when specific institutional objectives are targeted. Despite being in the early stages of development and implementation, this program is already proving to be an efficient and cost-effective way to enhance international collaboration and advance Global Health education.

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Abstract #: 2.003_HHR

Residency Building From Your Home Office: Effectiveness of Videoconference Based Tele-education for Emergency Medicine Residents and Providers in Vietnam

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Background: Emergency Medicine (EM) was recognized as a specialty in the United States in 1979, and has spread globally. There remain many areas of the world where EM remains non-existent or underdeveloped. The country of Vietnam recognized EM as a specialty in 2012, but progress has been slow and physicians are working to establish and promote the specialty. One particular

continued area of need is the creation and support of resident training programs.

Methods: A novel approach of collaborative curriculum development and videoconference based tele-education was developed and implemented. The EM leadership of University Medical Center (UMC) and Cho Ray (CR) hospitals in Saigon, Vietnam collaborated with the University of Utah Division of EM to develop a year-long curriculum of high-yield topics in EM, Trauma Care, and Critical Care. This curriculum was delivered via bi-monthly videoconference lectures to trainees and attending physicians in Saigon, Vietnam. The curriculum was divided into modules, and effectiveness of the educational intervention was assessed through pre- and post-tests administered for each module with mean scores calculated for each module. Improvement in scores was considered evidence of efficacy. A longitudinal study was developed to track progress over a 12-month period.

Findings: Each course attendee was asked to complete pre module questions prior to their attendance at bi monthly lectures and then again at the conclusion of modules. After compiling scores and calculating mean scores for each module, evidence of efficacy of educational intervention was assumed if mean scores improved. Initial results suggest that the interactive videoconference format is effective at delivering education to this target population.

Interpretation: Web-based education has been utilized in a variety of settings, but there exists a paucity of literature to support its use in Global Health. The process of collaborative curriculum development and content delivery via videoconference can be an effective and feasible model for education in areas that are attempting to develop and sustain medical training in emerging specialties. Advantages of this model of education include decreased costs, increased accessibility, greater involvement and decreased time commitments. Further study is required to assess knowledge retention at greater time intervals, however our data suggests short term knowledge acquisition is effective using this educational format.

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Improving Anatomic Pathology in Sub-Saharan Africa to Support Cancer Care

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Background: This project focused on determining the best training approach to improve the ability of anatomic pathologists in East, Central and Southern Africa (ECSA) to perform staging of four common cancers. It was approached as a partnership among organizations in ECSA and the US. It involves three 2.5-day workshops that included 46 pathologists from thirteen institutions across eleven ECSA countries. Three different approaches to training were

compared; traditional lectures, case-based studies, and a blended approach.

Methods: Educational assessments were developed to measure knowledge gained through each approach. Pre- and post- training results of an online survey tool to assess diagnostic capacity at each institution were compared, followed by site visits to validate survey responses. In addition, qualitative surveys to assess differences in the effectiveness of the approaches were conducted.

Findings: Results of individual and departmental assessments were analyzed to determine which teaching approach is most effective in this context. Case-based teaching resulted in a 13% higher average post-assessment score; reports of increased engagement from the faculty; and increased reports of changes in practice patterns, as indicated by both online survey tools and institutional site visits. The third workshop, which will feature a combination approach of training approaches, will be held in January 2017.

Interpretation: The study has showed that case-based training is more effective at engaging participants, allowing participants to retain information, and ultimately improving the expertise of the pathology workforce in ECSA. As a result of qualitative surveys, we hypothesize that the combination approach of training approaches may be more effective than one approach in isolation. Data from all three workshops will be available by the date of presentation.

The findings of the workshop facilitate a broader discussion of the challenges of training pathologists in complex topics when faced with limited time and resources. The training was logistically challenging, expensive, required significant resources for planning and organization, and necessitated the assistance of a local host. The challenges faced throughout this workshop indicate that expanding access to cancer care will require a higher level of planning and organization than has been used in past efforts to build health care capacity.

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Mentorship in Malawi: A Model for Empowering Medical Students with Skills for Coping, Resilience, and Career Success

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Program/Project Purpose: Mentoring programs are widely accepted as a critical component of medical education. Mentorship not only supports professional growth, it has also been shown to improve student well-being and reduce career burnout. High levels of stress are common amongst medical students across the globe, especially for those practicing in resource-limited settings. At the University of Malawi College of Medicine, students have limited access to faculty mentors and have expressed a desire for more structured mentorship opportunities. The aim of this study was to assess the impact and feasibility of a mentorship program designed to improve Malawian medical students' mechanisms for resiliency and coping, as well as to provide them with structured career counseling from local physicians.

Structure/Method/Design: Third year medical students at the University of Malawi College of Medicine were invited to participate in a weekly mentoring group led by internal medicine residents from the University of Pittsburgh Medical Center's Global Health and Underserved Populations track. The group met in an intimate classroom setting on a weekly basis for a total of eight weeks in 2015. Topics addressed included professional burnout; making mistakes; dealing with difficult supervisors; death and dying; communication and breaking bad news; as well as narrative medicine and reflective writing. Two of the six sessions focused on career counseling, with local faculty members speaking about their own careers.

Outcome & Evaluation: A total of 15 students participated in the mentoring group, with eight students participating on a regular basis. Students were asked to complete a survey at the conclusion of the eight weeks. On average, the students rated the group useful (4.75 out of 5), and felt comfortable sharing during the sessions (4.5 out of 5). They cited such reasons as "being listened to", the "lack of judgment", and the "shared experiences" as the most useful aspects of the mentoring group.

Going Forward: This study demonstrates that small-group sessions led by visiting Global Health residents can be an effective and well-received method of mentoring for Malawian medical students. Future goals include sustaining the mentorship program with local mentors and further assessing the impact of mentorship sessions on stress levels, coping ability, and career decisions.

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Role Development of Community Health Workers for Cardiovascular Disease Control in India

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Background: Cardiovascular disease (CVD) is the leading cause of mortality in India. Since Community health workers (CHWs) have historically played a pivotal role in improving maternal and child health, it has been hypothesized that they have the potential to mitigate the impact of CVD in low and middle income countries such as India. Project SEHAT (clinicaltrials.gov number- NCT02115711) is a cluster RCT to test the hypothesis that CHWs can improve the control of cardiovascular risk factors in a community in West Bengal, India.

Methods: This study sought to quantitatively assess the training outcomes of CHWs recruited for Project SEHAT, and qualitatively assess their recruitment, training and fieldwork experiences. CHWs were recruited through a 2 step process- a written test and an interview. Upon completion of training, their knowledge was assessed by direct interview, using a standard questionnaire. Their qualitative experience was captured through a focus group discussion (FGD).

Findings: 58 applications were received, of which 48 appeared for the screening test. 30 applicants were invited for an interview and 12 CHWs were selected, 6 each in the intervention and control groups.