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Background: The Healthy Beginnings Initiative (HBI) is a congregation-based program designed to promote birth outcomes through an integrated approach to health education, depression screening and prenatal laboratory testing in Southeast Nigeria. HBI creates a network of community churches and local health facilities and use trained lay volunteer health advisors (VHAs) to recruit, test and educate pregnant women and their male partners. The aim of this study was to evaluate the impact of HBI through the VHAs perspectives.

Methods: A cross-sectional survey conducted during a 2-day training in September 2014, among 60 males and females VHAs selected by their communities from 40 churches in Southeast Nigeria. We utilized a mixed method approach using a structured and semi-structured 17-item questionnaire and a focus group analysis. The VHAs received training on preventable illnesses during pregnancy such as anemia, malaria, HIV, syphilis, sickle cell disease and hepatitis B and implemented an education program with onsite laboratory testing during church-organized baby showers from March 2013 through June 2014.

Findings: Ninety-seven percent of participants completed the survey and participated in the focus group meeting. A majority of the participants were females (78.9%), aged 40-49 (49.1%), married (82.5%), college educated (64.9%) and were employed (77.1%). The most commonly identified impacts of HBI were support for pregnant women (87%), increased awareness of these diseases (86%), male partner involvement (70%). Commonly identified barriers included insufficient support for completing tasks (69%), insufficient incentive (39.7%), lack of church leader support (43.1%) and losing participants during follow up (67.2%). A majority (82.5%) said they will continue their participation and role without an incentive.

Interpretation: Most church-based Volunteer Health Advisors indicate HBI had tremendous impact in their community and would like to see the program sustained even if they do not receive any financial incentive.

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Shared learning in a mozambican clinic - internal medicine residents as medical student preceptors

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Program/Project Purpose: Interest in global health continues to grow among US medical students and residents as evident by the growing number of global health curricula. Emphasis has been placed on developing educational frameworks for US trainees, teaching about global burden of disease, health disparities, cultural competencies, health care systems and sustainability. Conversely, less attention is given to the education of medical students in developing countries whose training experiences intersect with these visiting US trainees. The University of Pittsburgh and Catholic University of Mozambique have partnered to create a shared clinical learning experience for Mozambican medical students and US medical residents which focuses on partnering resident preceptors with a group of medical students in a busy outpatient clinic with the aim to provide bidirectional learning.

Structure/Method/Design: Second and third year internal medicine residents from the University of Pittsburgh Medical Center's Global Health track joined 4th and 5th year medical students from the Catholic University of Mozambique in a busy urban clinic. The rotation was designed such that students evaluated patients individually then presented patients to the residents. Residents then saw patients with students allowing for bedside teaching, further history taking and clinical decision-making. The staff physician provided the role of consultant, seeing difficult cases in person when requested by students or residents and providing teaching to both sets of learners. Medical students and residents were surveyed on the educational benefits and drawbacks of working in this model.

Outcomes & Evaluation: Mozambican medical students and US residents reported strong overall satisfaction with the shared clinical learning experience model. Medical residents valued seeing a larger volume of cases and the balance of teaching students on chronic disease evaluation and management while having the appropriate supervision to learn management of common tropical infectious, respiratory and dermatologic diseases. Medical students valued increased preceptor availability, increased teaching particularly on diabetes, hypertension, and heart failure and instruction on EKGs and ultrasound use. Both groups noted benefit from comparing differences in disease management between countries. Both groups reported language barriers and increased patient visit length as primary drawbacks.

Going Forward: We find that a shared clinical learning experience model incorporating US residents as supervised preceptors to Mozambican medical students has benefits to both groups of learners. Mozambican medical students were particularly interested in US resident's teaching on non-communicable diseases, which had not been emphasized elsewhere in their training. Appropriate supervision from a local staff physician was identified as a key component for success. Future development of specified curricula for both groups of learners may increase the educational yield of this experience. This collaborative educational partnership may also allow for expansion to partnered quality improvement and scholarly projects.

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Developing rheumatology capacity in Haiti: Piloting a rheumatology training program, establishing a teaching clinic, and advancing medical curriculum

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Program/Project Purpose: As of September 2014, Haiti has only two rheumatologists for a population of nearly 11 million, thus rheumatic diseases are often undiagnosed and undertreated. At the population level, there is demand for serologic testing and anti-rheumatic drugs, but diagnostic capabilities are limited, as are therapeutic options. Improved diagnostic and therapeutic modalities are possible, but no developmental incentive exists without practicing rheumatologists. The medical curriculum at the State University of Haiti (UEH) calls for rheumatology training, but the UEH Medical