

organizations and several new grants and awards. Each of these linkages have contributed to improving and increasing training, and locally relevant research. Drawing on PRIME-K's experience, there are four key lessons from these MEPI-enabled partnerships: establishing strong foundations can lead to new collaborations; infusing existing partnerships with resources enables innovative and sustainable solutions to long term problems; connecting new partners with different strengths can expand their scope of impact; and providing opportunities to search for local solutions within Kenya and Sub-Saharan Africa strengthens South-South collaborations.

Going Forward: Partnerships have been integral to meeting the goals of MEPI in Kenya by enhancing quality of trainings and expanding medical education and research opportunities. The lessons learned from PRIME-K's partnerships are important to future large scale collaborative interventions addressing health system needs in low resource settings.

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Palliative care education and training workshop for caregivers of patients with cancer in Ghana

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Program/Project Purpose: In Ghana, where there are no hospices, few nursing homes and hospitals are filled to capacity, family caregivers are the linchpin of chronic care delivery, yet despite this responsibility, they receive minimal training and support. This 8-week study assessed the needs of caregivers of cancer patients and provided training in an identified area of need to equip the caregivers for their role.

Structure/Method/Design: Needs assessment questionnaires were administered to 60 caregivers accompanying their patients at the Radiotherapy Department of the Korle Bu Teaching Hospital in Accra to assess barriers to caregiving. To be eligible for the study, the participant had to self-identify as a caregiver for a patient with cancer. The caregivers identified many areas of difficulty [e.g. Dealing with Patient Pain (62%); Personal Emotional Support (62%)], however the training module created focused only on Patient Signs and Symptoms to Manage since 88% and 85% of caregivers reported having no or little knowledge of treatment side effects and symptoms to watch for respectively. 26 caregivers were enrolled in the training session, conducted during the patient's treatment appointment. A pre-training, immediate post-training and two-week post-training assessment were conducted.

Outcomes & Evaluation: Training improved knowledge, retained at 2 weeks after training. A Friedman Test and Post hoc analysis with Wilcoxon signed-rank tests were conducted with a Bonferroni correction applied, resulting in a significance level of $p < 0.017$. Median (IQR) score for the pre-training assessment, immediate post-training assessment and 2-week post-training assessment were 5 (4 to 6.75), 10 (9 to 10.75) and 10 (9.25 to 10.75), respectively. The maximum possible score was 11. There was a statistically significant difference between the pre-training assessment score and the immediate post-training assessment score ($Z = -4.274$, $p = .000$) as well as between the pre-training assessment score and the 2-week post-training assessment score ($Z = -4.035$, $p = .000$). 100% of caregivers reported the training to be very useful. Family caregivers are willing to participate in training; gain and retain new knowledge; rate utility very high.

Going Forward: 43% of caregivers would prefer not to attend training at the expense of leaving the patient alone during their appointment. Transportation cost must be covered to ensure caregiver attendance on a separate occasion. Impact of training on patient outcome should be measured in future studies. Results from the needs assessment may be used to formulate ways to alleviate the burden on caregivers. Other modules may be designed to address perceived knowledge gaps. Currently, a palliative care team at Mount Sinai is working to partner with an organization in Accra to further training.

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Master of family medicine distance learning program in Laos

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Program/Project Purpose: In 2006 the Laos Ministry of Health and University of Health Sciences [UHS] partnered with Boston University Global Health Collaborative to design and implement a model of primary care retraining with the goal of enhancing the quality of generalist physicians in disadvantaged communities in Laos.

Structure/Method/Design: In March 2010, we implemented the Master in Family Medicine training program at the Luang Prabang Provincial Hospital (LPPH). The first cohort was comprised of five physicians who were working in remote district hospitals surrounding LPPH. In this distance training model, physicians followed a cycle of training in LPPH for three months, and then returned to work in their district for three months with cycles repeated for three years.

Outcomes & Evaluation: We sought to assess the program and areas for improvement. Quantitative data was obtained through self-assessment questionnaires administered to the trainees and to non-trained physicians' peers. 360-degree evaluations were administered to medical colleagues, supervisors, and patients. A one-tailed T test was used for statistical comparison between the trained and untrained physicians. Descriptive statistics were used to analyze 360-degree evaluation data. Analysis of questionnaires shows significantly higher self-assessment scores of trained physicians in the treatment of 19 common illnesses. Importantly, trainee's scores were significantly higher for normal, assisted and operative vaginal delivery. The 360-degree evaluation supports these findings, showing > 80% of evaluators 'completely agree' with the following statements: trainees are able to care for more types of diseases since training, are better at caring for common diseases, are more appropriate in prescribing antibiotics, and are more appropriate in prescribing other medications. Qualitative interviews were conducted with trainees, instructors at LPPH and UHS key stakeholders and analyzed using nVIVO software, further confirming the findings of the quantitative data. Grounded theory analysis revealed a number of important themes that identified changes in practice such as enhanced computer skills and clinical skills, especially in maternal-child health. Qualitative analysis also revealed specific facilitators to the program, such as the distance model, emphasis on self-directed learning and practical skills including community and public health. Qualitative analysis also identified a powerful model of spread, where trainees actively sought to disseminate their learned knowledge and skills to a variety of local