

confidence in the ability to present a clinical case, and 100% reported they were less afraid of caring for patients with HIV. Ninety percent reported the rotation was useful for their education. All nine mentors reported increased confidence in their mentoring skills and improved job satisfaction.

Going Forward: A pilot of early longitudinal clinical training in community-based HIV clinics improved student confidence in history and physical examination skills, reduced fear of HIV patients, improved the mentoring skills of community based clinicians and served as a model for introducing students to the outpatient management of chronic disease. The lessons learned from this pilot will inform the university's planned expansion of community-based clinical training opportunities.

Funding: US Centers for Disease Control through Cooperative Agreement 1U2GGH001140-01.

Abstract #: 01ETC078

Management in global health education: A new health innovation fellowship in central America

A. Prado¹, L. Figueroa², C. Barry², N. Bertelsen³; ¹INCAE Business School, San Jose, CR, ²Central American Healthcare Initiative, San Jose, CR, ³New York University School of Medicine, New York, NY/US

Program/Project Purpose: Interprofessional education is increasingly recognized as fundamental for health education worldwide. Although effective management is essential for health care improvement, business schools have been underrepresented in global health education. Here we report the Health Innovation Fellowship (HIF), a new training program created for practicing health professionals offered by the Central American Healthcare Initiative (CAHI) and INCAE Business School, Costa Rica. The initial period for this annual program is July 2014 to February 2015. HIF aims to catalyze improvements in the quality, efficiency, and delivery of healthcare for Central Americans in greatest need.

Structure/Method/Design: HIF's goal is to provide training in management and leadership for fellows, in order to carry out an innovative health care improvement project in their local region. Participants are selected based on a submitted outline for their proposed project, and why it is innovative and relevant within their current local health care system. The initial cohort of 16 fellows represent eight health-related professions in six Central American countries. HIF is supported by CAHI stakeholders. Desired outcomes for HIF include successful completion of each fellow's project, and providing a positive impact on achieving their goals. All fellows attend four one-week on-site modular training sessions, receive ongoing mentorship, and stay connected through formal and informal networks and webinars to exchange knowledge and support each other. Viability is encouraged by creating a network of increasingly sustainable projects and health professional leaders across Central America, with each successive annual training program.

Outcomes & Evaluation: Preliminary data are positive. During each on-site training module, fellows present updated project profiles, which are compared to their earlier project profiles to track progress. A "check-out" process has fellows set concrete goals and timelines to accomplish by the next module, and a "check-in" process reports whether they achieved their previous goals. After the first and second modules, 100% of the fellows considered HIF and its training sessions as "very good" or "excellent" toward meeting their project's goals. More than 50% of the projects have found either financial or political support for their implementation. Upon

completion of HIF, fellows complete a quantitative-qualitative exit interview to measure 1) project outcomes and 2) the fellowship's impact on their project design, implementation, quality and effectiveness.

Going Forward: Strengths include that both leadership and trainees come from the Global South, and that HIF offers a Global South platform to collaborate with partners in the Global North. Across sites, common themes are defined and unique lessons are learned. The seven-month period is a challenge, which is short for health system improvement efforts. By focusing on innovation and management within a Central American school of business, HIF is a novel capacity-building effort within global health education efforts.

Funding: HIF is funded by CAHI.

Abstract #: 01ETC079

Culturally adapted obstetrics training course for traditional mayan birth attendants: Evaluation of knowledge

R. Rana¹, T. Shirazian²; ¹Rowan University School of Osteopathic Medicine, Lodi, NJ/US, ²Icahn School of Medicine at Mount Sinai, New York, NY/US

Program/Project Purpose: Guatemala has the third highest maternal mortality rate in Latin America, with 140 maternal deaths/100,000 live births. Majority of Guatemala's maternal deaths occur among indigenous Mayan women. Traditional Mayan birth attendants with minimal formal obstetric training provide majority of prenatal and delivery care in rural settings. Because they are first line providers for many rural Guatemalan women, proper training is necessary to give women the care they need. We assess knowledge before and after a culturally adapted 16-week curriculum on basic obstetric practice and emergency management.

Structure/Method/Design: The purpose of this project is to determine the ability to provide formal obstetric training and to assess whether Traditional Birth attendants, with minimal education training can effectively be taught to manage pregnancy and address acute complications during delivery. Twenty-three women were recruited in Santiago Atitlan through a local hospital partnership with the ministry of health. Majority had a maximum of 1 year of formal healthcare training as community health workers. The women came from various education levels ranging from no education to completion of high school. Local providers and Saving Mothers volunteers taught 3 didactic modules with 29 4-hour sessions in Spanish. On the first day of each module, participants received a pre-test that was repeated the last day of that module.

Outcomes & Evaluation: Average cumulative scores improved by 17% points between pre and post tests ($p=0.000002$). Module 1, 2, and 3 scores improved by 16% ($p=0.005$), 18% ($p=0.004$) and 17% ($p=0.004$) respectively. Prior to the course, only 35% of participants scored correctly in multiple basic knowledge areas such as anatomy, physiology, and pregnancy diagnosis/management. Post-test assessment improved by 20 to 35 % but knowledge in anatomy/physiology still remained lowest. Participants' strongest baseline areas were Newborn Assessment/Care, Labor & Delivery, and Family Planning. Knowledge in obstetrical management, such as labor and delivery, emergency complications, postpartum care and sterile techniques, improved by 20-30% after the course.

Going Forward: Baseline knowledge of obstetrics and anatomy was low in this Mayan birth attendant population. A formal education led to a measurable increase in knowledge despite low levels in education and prior experience. Care should be given to create