

Structure/Method/Design: An in-country needs assessment was conducted to ascertain the concerns of funders, health care providers, and hospital management at each site prior to program implementation. After the needs assessment, two expert clinicians (one master nurse educator, one midwife) were sent to design and implement a week long clinical mentoring program for expert Tanzanian midwives. Clinical case studies served as the curriculum framework to discuss how mentorship and clinical teaching could be integrated into an overburdened environment to enhance professionalism and support best practice. The nurse midwives for the training were selected by hospital management to participate.

Outcomes & Evaluation: To date, nine midwives have received the week long training. Initial program evaluation has been positive with participant comments on new knowledge acquired in mentoring, clinical case management, and newborn resuscitation. A second training is scheduled for a second rural hospital with follow-up and monitoring of the first site in January 2015. Three themes have emerged from program implementation: curriculum development in low resources settings requires a rapid assessment of the clinical and practical needs of the participants; flexibility and creativity in teaching methods are essential to engage students; and finally, access to students prior to program implementation may facilitate a more tailored approach and lead to greater participant engagement.

Going Forward: Health workers' ability to educate future generations of Tanzanian health care providers must be enhanced and sustained to maximize gains for the women they serve. The shortage of human resources threatens the effectiveness and sustainability of efforts to build capacity among staff. Offering curriculum development and implementation support— through university partnerships — may offer a key strategy to filling a need to support nurses and midwives who work under resource-strained conditions.

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Education for male reproductive health in andean Peru

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Background: Abstract: Background. Education gaps regarding male reproductive health were assessed in the town of Ollantaytambo, Peru and surrounding areas. The goal of the project was to identify the three greatest needs for educational intervention, design an effective curriculum to address those needs, and test the curriculum to determine acceptability. Male reproductive health is a major issue of importance because sparse resources are allocated to address this issue, which has a major negative health impact on Ollantaytambo and surrounding areas. Machismo, or a culture of masculine pride, is present in the area as well which facilitates a greater onus of contraception and sexually transmitted disease prevention on women than men.

Methods: 13 people were interviewed in a community needs assessment to determine men's needs for education on male reproductive health. Interviewees ranged in age from 26-64, and included local health workers, health promoters, NGO workers, and residents of Ollantaytambo and surrounding communities in Peru. Information from this interviews was then used to design a curriculum, which was field tested with a group of nine males in the community of Huilloc.

Findings: The community needs assessment elucidated three major gaps in male reproductive health knowledge, which included knowledge about contraceptive methods, sexually transmitted diseases, and

proper condom use. These three areas were therefore targeted in the curriculum, which included lesson plans, examples of contraception, and assessment materials. After the field test, each man knew how to properly put on a condom and learned more about contraception. Additional questions regarding sexually transmitted diseases, vasectomies, and tubal ligation were discussed. Curriculum materials were revised and improved after the field test, and will be used by Sacred Valley Health (SVH), a community-based organization, to continue education targeting men.

Interpretation: Male reproductive health is a topic that needs to be addressed in Ollantaytambo and its surrounding communities. Language barriers are present in the forms of Spanish and Quechua, and should be considered with all interventions. Education of males in the area regarding contraception, sexually transmitted diseases, and proper condom use with this curriculum should continue, with revisions and improvements by SVH as needed.

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Understanding how rural trauma patients arrive to centers of care in Peru

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Program/Project Purpose: The WHO predicts by 2030 that death and disease attributed to road traffic trauma will outnumber most other causes of death worldwide. Resource poor countries will shoulder the majority of these injuries and deaths, with literature suggesting that up to 81% of these deaths occur in areas without established Emergency Medical Services (EMS). Few studies have investigated and implemented trauma education to improve these disparities. By investigating trauma trends at a large referral center in Peru, we hope to better understand existing methods of transportation for these patients and the feasibility of layperson trauma education. We hypothesize that the majority of trauma patients will be transported via non-EMS methods.

Structure/Method/Design: After performing a needs-based assessment in March 2014 and obtaining IRB approval, investigators were placed at a large referral hospital in Cusco, Peru, Hospital Regional. During the month of July 2014, investigators performed a survey of trauma patients arriving to the Emergency Department (ED), focusing on mode of transport, age, distance traveled, and type of injury. By specifically focusing on the mode of patient transportation, we hope to demonstrate that private transport, rather than traditional EMS, was the main method of transport utilized for the majority of trauma patients arriving at Hospital Regional.

Outcomes & Evaluation: During the study period, information was compiled from 302 trauma patients presenting to Hospital Regional in Cusco, Peru, with an average age of 32 years old. 52% of the trauma patients arrived from outside of Cusco, with some patients traveling over 3 days by foot, boat, and road. The most common mode of transportation to the hospital was taxi (49%), followed by ambulance (19%), bus (13%), private vehicle (8%), foot (3%), police (2%), and fire department (2%). Non-EMS transport was the method utilized by the majority of patients surveyed (70%), confirming our hypothesis that most of the trauma patients arrived to the referral center without EMS support.

Going Forward: Our research demonstrates that most trauma patients at a large referral center in Southern Peru arrive via non-EMS