

education. Each session is structured to be an informal, interactive learning environment. Invited speakers and student moderators co-facilitate sessions to foster collaborative learning for those in attendance. Sessions are open to all interested students, professionals, and academics. Thus, the Series promotion and recruitment efforts are aimed at multiple global health organizations and universities to bring diverse, multidisciplinary perspectives to the table. To ensure the Series remains a viable source for informal global health learning, new speakers and topics are presented each year. Popular sessions have been offered two years consecutively. Furthermore, session attendees play a significant role in shaping topic selection and session content. The goal is to create a global health community of actively networking and collaborating professionals.

**Outcomes & Evaluation:** Ongoing evaluations of the Series are conducted for each session through post-session surveys sent to attendees. In addition to asking questions about overall satisfaction, we assess how well the Series is highlighting key global health competencies and which skills/attributes attendees would like to develop through participation. Preliminary results from the 2014-2015 evaluations indicate that the Series effectively addresses the following competencies: socio-cultural/political awareness and health equity/social justice. Additionally, increase professional knowledge on a specific topic, develop a tangible skill set that can be applied in practical settings, networking with other professionals, and collaborating with academics from other disciplines, are the most frequently cited skills/attributes attendees seek to develop through participation.

**Going Forward:** On-going challenges include: low recruitment/attendance of students and professionals outside of UofT and lack of funding to bring in speakers outside of those available locally. Attendee feedback in the evaluations has also indicated a need for more professional development sessions so we will be collaborating with professional organizations to run global health skills development sessions.

**Funding:** No funding.

**Abstract #:** 02ETC028

### **An interprofessional (IPE) educational collaboration across borders with measurable outcomes: A case report**

*L.B. Glickman; U of MD, Baltimore, MD/US*

**Program/Project Purpose:** The purpose of this presentation is to describe an innovative project. The project is built on a collaborative partnership between leaders from the Kachere Rehabilitation Centre (Kachere), in the less-resourced country of Malawi and an Interprofessional (IPE) team of US-based graduate professional students and faculty from the University of Maryland, Baltimore. Through initial collaborations and ongoing discussions, a multi-purposed activity was developed and executed with sustainable activities that met the research-based and educational needs of the partners. The project was built on existing frameworks, experiences, research-based evidence, campus direction, student/faculty needs, in-country supports, and concrete expectations. The project period started summer 2013, was actively implemented in 2014, with ongoing sustainability plans through 2015, and beyond.

**Structure/Method/Design:** This project had several purposes, based on structured and unstructured activities, reflective practices, extensive formal and informal communication means, and featured several deliverables. The innovative aspect of this project was the "pairing" of research, education, cultural competence development, sustainability, and IPE collaborations with successful outcomes. Student and faculty participants were selected through a "call" for grant

submissions and a competitive application process in 2013. The basis for this project's sustainability and capacity building is the collaborative partnership begun in 2013 and actively implemented in 2014, with continuing discussions and future planning.

**Outcomes & Evaluation:** This project's global IPE experience had a significant impact on US and Malawian partners beyond the initial project expectations. IPE students described how the experience would transform their cultural perspectives/sensitivities and career as a healthcare provider. Kachere staff are using the provided visitor team's educational materials to modify practice applications and for future educational supports. Research study results provided the evidence and incentive for small successful changes, both as a staff motivator and generator of new ideas. There is also a good possibility of integrating the study findings into the Centre's long and short-term goals, objectives, and strategies. Lessons learned from this project included the importance of partnerships, collaborations, sustainability, communications, flexibility, patience, adaptability, and cultural sensitivity.

**Going Forward:** Ongoing challenges include the need for culturally-sensitive planning and communications to both respect cultural differences between the professionals in two diverse countries, yet facilitate the implementation of change activities, the need for project funding to sustain ongoing collaborations, and on-the-ground regular funding streams for program implementation beyond the "great" ideas and realistic expectations. To date, there are no unmet short-term goals. Long-term unmet goals are the need for continued collaborations to brainstorm sustainable implementation ideas brought to the surface in 2014.

**Funding:** University of Maryland, Baltimore, Center for Global Health Education Initiatives

**Abstract #:** 02ETC029

### **Cervical cancer screening education in Ethiopia: Challenges and opportunities**

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**Program/Project Purpose:** Cervical cancer is the second most common cancer and the second leading cause of cancer deaths among women 15 to 44 years of age in Ethiopia. Estimated 27 million women over the age of 15 years are at risk for cervical cancer with 7,095 cervical cancer cases and 4,732 cervical cancer deaths occurring annually in Ethiopia. However, only 0.6% of women ages 18 to 69 years obtain cervical cancer screening due to lack of awareness, resources, screening tests and trained health care professionals. Single visit (see and treat) approach using visual inspection with acetic acid (VIA) has proven effective in low-resource countries like Ethiopia. The purpose of this study was to assess knowledge and clinical skills of cervical cancer screening coupled with an educational intervention among medical students in Ethiopia. This project was conducted over one month period in October of 2013.

**Structure/Method/Design:** This study consisted of pretest, posttest, video of power point presentation on cervical cancer screening, and speculum examination on a pelvic model. Pretest and posttest surveys assessed knowledge and clinical skills of cervical cancer screening. The post test survey consisted of open ended questions about cervical cancer screening guidelines and education provided. Subjects were medical students in clinical years 4 through 6 at St Paul's Hospital Millennium Medical College in Ethiopia. The study was announced to students during their regular didactic session and participation solicited. Participation was voluntary. Analysis consisted of calculation of pretest and posttest scores and identification of themes from open ended questions.

**Outcomes & Evaluation:** Of total 28 participants, 21 were males and 7 females. About 82% of those in years 4 and 5 and 22% in year 6 had no prior speculum examination experience. Ninety six percent had no VIA training. Average pretest and posttest scores for the knowledge portion were 44% and 46%, respectively. On the open ended questions, majority reported that cervical cancer screening should start at age 21 or 3 years after coitarche, continue annually until age 30, then every 2-3 years if 3 consecutive tests are negative. The students gave positive feedback on the education portion and reported desire in more hands on experience.

**Going Forward:** There is a significant gap in knowledge and lack of basic skills of cervical cancer screening among Ethiopian medical students. Future efforts should be focused on incorporating these into medical school education curriculum. Results of this study was informally communicated to faculty in charge of OB/Gyn rotation for medical students at St Paul's Hospital Millennium Medical College. The results will also get formally reported in written form to aid in development of student didactic and skills based training curriculum.

**Funding:** This project was supported by the Alvin Stewart Educational Fund.

**Abstract #:** 02ETC030

### Strengthening infection prevention and control at a school of dentistry: Lessons from Rwanda

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**Program/Project Purpose:** The goal of infection prevention and control (IPC) is to protect patients and staff from disease acquisition. Global consensus on the efficacy of hand hygiene in reducing healthcare associated infections (HCAI) is well established, as is the importance of improving IPC policy, implementation and compliance. At the University Of Rwanda School Of Dentistry (UR-SOD) all school personnel are required to maintain IPC standards, implementation of which is challenging in any setting. A large scale study in the US involving 6,825 dentists found high levels of non-compliance with CDC guidelines on IPC in dental settings. At UR-SOD a unique challenge exists pertaining to a low-income country setting in the implementation of evidence based IPC practices. The Dental Consultancy Center at the UR-SOD, opened in 2007, and was restructured in 2013 when all public higher learning institutions in Rwanda merged. Its foremost goal is training dental students and it receives 20-50 patients per day. Historically in the school, the integration of IPC into practice was fragmented with no clear governance or accountability and challenges in access to hand hygiene systems and personal protective equipment (PPE). Upon identifying a need for strengthened IPC at the School, a multidisciplinary team was formed with input from an IPC specialist.

**Structure/Method/Design:** Based on a needs assessment in the School, a multi faceted quality improvement plan for strengthening IPC was developed including: Undergraduate Education Dental IPC competencies developed and integrated into the Bachelors of Dental Therapy/Dental Surgery curriculum and the clinical skills log book. Clinical Site Improvement: An IPC procedural manual developed. Aid memoirs for hand hygiene, sterile field maintenance, instrument placement for reprocessing and disposal developed and placed strategically in the clinical area. Physical rearrangement of patient care articles for ease of access is planned. Staff training on IPC topics. Systems Strengthening: School wide Hepatitis B vaccinations administered to students and faculty. On-site local production of alcohol hand gel is

planned according to WHO guidelines. Revision of procurement systems for PPE. Review of sterilization systems procedures.

**Outcomes & Evaluation:** Implementation of the project plan is ongoing. Results are being recorded based on output indicators. Early successes include curriculum modifications, deployment of an IPC manual, Hepatitis B vaccination of all students and staff, and installation of hand-washing aid memoirs.

**Going Forward:** Implementation of project will continue. Additional outcomes will be measured. Through our experiences in implementing best practices at UR-SOD, others focused on preventing disease transmission in dentistry may find concepts here applicable to over-coming challenges in their own developing countries.

**Funding:** none.

**Abstract #:** 02ETC031

### USAID RESPOND project's global one health core competencies and one health modules

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**Program/Project Purpose:** Nearly 75 percent of all emerging or re-emerging diseases affecting humans originate from animals and present serious public health, economic, and development concerns. In response to these concerns, From 2009-2015, USAID funded the Emerging Pandemic Threats program, including the RESPOND project which focused on building local and regional public health capacity to respond to emerging zoonotic disease outbreaks. US partners on the RESPOND project included the University of Minnesota, Tufts University, Training Resources Group, Inc (TRG), and Ecology and Environment, Inc. The RESPOND project focused on sustainable engagement of 20 universities to prepare the future health workforces of 10 countries in Central and Eastern African and Southeastern Asia. Two university networks, One Health Central and Eastern Africa (OHCEA) and Southeast Asia One Health University Network (SEAOHUN), were created to facilitate collaborative and sustainable program and activity development.

**Structure/Method/Design:** Faculty members from schools of medicine, nursing, public health, and veterinary medicine in OHCEA and SEAOHUN, as well as the US partners, came together to develop a One Health Core Competency (OHCC) domain framework to guide training of both health professions students and the current health profession workforce. With the assumption that members of a One Health team bring discipline specific expertise, the globally developed OHCC framework contains seven domains of Planning and Management, Communication and Informatics, Culture and Beliefs, Leadership, Collaboration and Partnership, Values and Ethics, and Systems Thinking. By adding domains such as Research and Policy and Advocacy, network universities then tailored the global OHCC framework to meet regional and national needs, increasing likelihood of use and sustainability.

**Outcomes & Evaluation:** Upon completion of the OHCC framework, faculty members from SEAOHUN universities and the US partners created learning modules for use in teaching the OHCCs. One learning module was developed for each of the OHCC domains as well as an additional seven technical modules including One Health Concepts and Knowledge, Fundamentals of Infectious Disease, Infectious Disease Management, Epidemiology and Risk Analysis, Fundamentals of Public Health, Ecosystem Health, and Behavior Change. The teaching modules contain a range of activities of requiring varying amounts of time that may be used as a unit to create a new course or as individual activities inserted into an existing course. Faculty members as well as external subject matter experts evaluated the modules.