

Structure/Method/Design: An osteomyelitis clinic adjunct to HUEH was established in an available facility space and stocked with preliminary supplies including antibiotics, debridement tools, and wound dressings. Two orthopaedic surgery residents and one attending physician from HUEH staff the clinic. The clinic is open once a week and receives referrals from the HUEH main hospital both pre- and post-surgically. An attempt to maintain a registry of incoming patients for follow up has been implemented. Currently, a framework for data collection utilizing the support of academic medical centers and involvement of medical students in Haiti and the U.S. for infrastructural support is being designed.

Outcomes & Evaluation: To date, approximately 100 patients have been treated in the Osteomyelitis clinic over the past two years. An estimated 10 patients are referred to and treated in the clinic with an average of 2 patients undergoing a surgical procedure related to their condition per week. Difficulties documenting patient follow up have prohibited more robust evaluation of clinical outcomes. The disproportionate disease burden on impoverished patients has presented serious challenges with regards to acquiring antibiotics and treatment supplies and has threatened the financial stability of the clinic.

Going Forward: Establishing a formalized, reliable method for data collection and patient follow-up is paramount. ORSI intends to implement a three phase plan moving forward: 1) An epidemiological and cost-analysis study in tandem with relief services 2) implementation

Funding: There is no established external funding source for this clinic.

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E-mentoring is effective and cost saving in resource limited settings

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Program/Project Purpose: Achieving and maintaining good quality of care in HIV programs is a significant challenge. On-site clinical mentoring has been recommended for building and maintaining healthcare worker (HCW) capacity at treatment sites. However limited numbers of qualified mentors, staff turnover, and changes in clinical guidelines create the need for more sustainable models. Electronic mentoring (e-mentoring) is a novel way of delivering case based learning and longitudinal co-management of patients by specialists and clinicians through the use of multipoint video-conferencing. This model has been shown to improve HCW capacity and lead to improved patient outcomes, but has not yet been shown to be feasible in resource limited settings.

Structure/Method/Design: We piloted e-mentoring to HCWs in HIV clinical sites in ten southern provinces of Vietnam. A multi-disciplinary team consisting of experts in infectious diseases, HIV, and family medicine was connected to clinical sites in the provinces with the use of cloud videoconferencing software and standard ADSL broadband. Participants utilized clinic computers and were provided with webcams, microphones, and LCD projectors when needed. Sessions were held every 1-2 weeks and included case discussion and didactic presentations. Cases were prepared by the provincial sites according to a standard format. Mentors provided recommendations on patient management following standard treatment protocols (e.g.

Vietnam HIV guidelines). We calculated the cost (per site reached) of e-mentoring compared to the cost of traditional on-site mentoring.

Outcomes & Evaluation: During a four month pilot from June through September 2014, 12 video-conferencing sessions were organized. On average, 42 HCWs from ten clinical sites joined each session. Each session included at least one didactic presentation and discussion of an average of three cases. Eighty-six percent (31/36) of participants surveyed rated the quality of the technology as either good or excellent. Excluding start-up costs, the cost per site reached through e-mentoring was \$17.5 per session. In comparison, a traditional on-site clinical mentoring visit to a distant province in southern Vietnam costs \$535.

Going Forward: E-mentoring is a feasible and cost-saving model for delivering HIV clinical mentoring and continuing medical education to HCWs in a resource limited setting. Lesson learned from this pilot will inform Vietnam's national strategy for HIV technical assist

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A pilot project for CPR instruction in urban Peru

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Program/Project Purpose: Cardiovascular mortality is the second leading cause of death in Peru. However, first responders and health care professionals who are likely to encounter situations requiring resuscitation do not consistently have access to cardiopulmonary resuscitation (CPR) instruction. To this end, we conducted CPR presentations at an urban clinic in Peru. We utilized post-intervention surveys to determine the effectiveness of this intervention. The aim of this project was to improve the knowledge of and confidence with CPR for first responders and to assess the impact of intensive practical CPR sessions on knowledge of and willingness to perform CPR.

Structure/Method/Design: Interactive, practical 30-minute CPR presentations were conducted over the course of 2 weeks at an urban health clinic in Peru. Target audiences included emergency and health care workers and educators who were referred to our program by local physicians and hospital employees. Classes were conducted primarily by medical students under the supervision of physicians. To ascertain the existing level of basic CPR knowledge, participant's willingness to perform CPR and the impact of our presentation, we performed pre- and post-surveys. Changes in knowledge level and participant's perceptions of CPR were analyzed by paired t-test and McNemar's test. Continued partnership with local Peruvian organizations will allow the project to continue in future years at the same clinic. The goal will be to expand the pilot program and implement a train-the-trainer model to ensure sustainability.

Outcomes & Evaluation: Participants (n = 100) had a high level of basic knowledge prior to the presentation and demonstrated a statistically significant increase in knowledge after the presentation (pre-test = 88%, post-test = 94%; p < 0.01). There was an improvement both in willingness to perform CPR (pre-test = 80%, post-test = 92%; p < 0.001) and in their confidence with recognizing a situation requiring CPR (pre-test = 76%, post-test = 92%; p < 0.001).

Going Forward: CPR presentations increased participant's self-reported willingness to perform CPR and ability to recognize when