

purpose of this study was to assess the impact of the ACCESS nursing assistant training program and the current role of its graduates in rural health care work.

Structure/Method/Design: Working with local stakeholders, a team of three student volunteers developed a survey to evaluate the training outcomes of the ACCESS nursing assistant program. The survey focused on demographics, pre-training status, the ACCESS training program, post-training employment, and community impact and career development goals. Survey participants were contacted using telephone numbers stored in a pre-existing database containing 109 graduates. A short-form survey was administered via telephone to those living outside Nakaseke district while a long-form survey was administered in-person to graduates residing within a 10 mile-radius of the training school. The data generated by the survey was analyzed and presented using thematic areas outlined above. The results support a sustainable collaborative educational model by providing student feedback regarding the training received.

Outcomes & Evaluation: The mean age of the participants was 24 years, with the majority female (86.5%). All participants reported an overall positive impact of the training program. A large majority of graduates reported current employment in health care (91.9%) with place of employment primarily in health clinics (37.1%) and pharmacies (34.3%). Participants are predominantly working in rural areas (80.0%). Graduates also reported a desire to pursue more training for degree advancement (77.8%) and to return for further training at the ACCESS school (67.6%).

Going Forward: Overall, the ACCESS training program has provided a stepping-stone for many trainees and has impacted the community through increased health service provision. There is a great need for creating opportunities for students to access further studies for deg

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Redesigning dental education curricula delivery strstigny at the newly established University of Rwanda School of Dentistry

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Background: Like many other countries, Rwanda has a spectrum of healthcare challenges, especially after experiencing great civil strife nearly two decades ago. With a great need for oral health education, the University Of Rwanda School Of Dentistry (UR-SOD) was established in 2014. Its dental curriculum is organized into course blocks instead of ongoing simultaneous courses throughout the semester, similar to how it was under the Kigali Health Institute (KHI). The current system was criticized due to a difficulty of student application of didactic information in a clinical setting. New policy requires that the final tests be administered at the end of the semester which may lead to a three-month gap between early course blocks and their exams.

Methods: In 2012, KHI approved the Bachelor of Dental Surgery (BDS) curriculum. Dental students in the BDS program began their first two years along their medical counterparts in 2013, and will join dental therapy students in the Bachelor of Dental Therapy (BDT) program in September of 2015 at the dental school. The BDS, BDT, and Bridge (a program that allows dental therapy diploma holders to receive BDT degrees) curricula are currently under revision to accommodate all the programs while delivering optimum training. A curriculum committee was formed, and the plan to follow the UR

medical school education guiding principles for writing course modules. UR-SOD will run the BDS, BDT and a bridge program, with vertical integration of all programs. Several challenges are anticipated, such as limitations in resources, facilities, number of faculty members and manpower. Additionally, faculty members will have to transition from the teaching block courses to semester-long simultaneous courses.

Findings: Several changes were adopted in this process. They include: adoption of semester-long modules running concurrently, completion of preclinical lab work in the second year for BDT students and first semester of the third year for BDS students, use of extensive online resources (such as lectures, lecture materials, and study aids), and elective courses. The three programs will overlap in some courses, where students from two or all three programs will receive instruction together. Students will be given continuous and summative assessments in adherence to their respective competencies.

Interpretation: The UR-SOD will shift to ongoing simultaneous courses throughout the semester, while being community oriented, emphasizing clinical, employing elective modules, and providing on-line access to courses, while using innovative multi-instruction methods.

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Engaging mentor mothers in a PMTCT intervention program in rural North-Central Nigeria

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Program/Project Purpose: Mentor Mothers (MMs) are HIV-infected women with comprehensive Prevention of Mother-to-Child Transmission (PMTCT) experience. MMs provide psychosocial, adherence and retention support for women living with HIV. With **Structure/Method/Design:** HIV-positive women were recruited from Primary Healthcare Center (PHC)-linked mother support groups in rural North-Central Nigeria. Selection was restricted to PMTCT-experienced, community-resident women 18-45 years old, who spoke at least one local language. English reading/writing skills were considered an added advantage. Selected women received 5-day training, including sessions on HIV/PMTCT, counseling, confidentiality and documentation. Pre-/post-tests were administered; illiterate women were tested verbally. Scope-of-work and client visit/tracking logbooks were explained and provided to each MM. Up to 2 MM were targeted to each PHC's catchment area and were provided activity-related stipends. Supervisors were engaged to monitor/audit MM activities and provide MM support and PMTCT re-trainings. Pre-implementation qualitative studies were conducted to assess MM program acceptability among stakeholders.

Outcomes & Evaluation: Qualitative studies showed high-level MM program acceptability among stakeholders (HIV-positive women, healthcare providers/policy-makers, traditional birth attendants, community/religious leaders, male partners). Stigma by MM-association was a concern, so adjustments were made for client visits at non-residential locations as necessary. In 2013, we trained 38 MM;

20 were attached to 10 intervention PHCs. Median age was 31.5yrs (IQR 26.8-35.3, range 20-38); 31 (81.6%) were married. Highest education was primary-level for 12 (31.6%), secondary for 14 (36.8%), tertiary for 7 (18.4%), and none for 5 (13.2%). English-speaking proficiency was “none” for 1 (2.6%), “basic” for 21 (55.3%), “moderate or better” for 16 (42.1%). Median time-period since HIV diagnosis was 2.0 years (IQR 1.8-4.3). Mean pre-test and post-test scores were 72.4% and 87.7% respectively. The MM program’s early successes included better MM work attendance, improved documentation, increased timeliness/less missed opportunities for client tracking and increased frequency/quality of MM-client interactions.

Going Forward: Even though education and English proficiency were relatively low, MMs were able to absorb and retain training knowledge. Their relatively high baseline PMTCT knowledge was encouraging. With appropriate supervisory support, these lay HIV-positive women c

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Academic skills building through global health: The UTMB scholarly project model

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Program/Project Purpose: At the University of Texas Medical Branch (UTMB), the Center for Global Health Education (CGHE) sends approximately 50 first year medical students abroad on international rotations every year. In 2011 the focus of the first year experience changed from that of clinical-shadowing to required, value-adding, scholarly projects. This shift was deemed necessary due to first year medical students’ limited clinical skills and to avoid medical tourism. These projects have been termed Academic Skills Building through Global Health or ASB. The project entails developing and implementing a scholarly project abroad, writing an abstract, and presenting a poster at the Annual UTMB Global Health Education Symposium. The purpose of this presentation is to describe the model used for training students in the development, implementation, and dissemination of scholarly projects abroad at UTMB.

Structure/Method/Design: After the first year (2012) of the ASB, it was apparent that our students needed more training in how to develop, implement, and disseminate a scholarly project. Face-to-face workshops were hosted for students participating in the global health first year experience in 2013. While much progress was made, the team at CGHE decided to make the workshops into four online modules in 2014 to free up faculty time for mentorship and allow students the ability to review the materials anytime, anywhere, and as many times as needed. The modules focused on: 1) Developing a Scholarly Project, 2) Implementing a Scholarly Project Abroad, 3) Developing an Abstract, and 4) Developing a Poster Presentation. In Developing a Scholarly Project, students learn how to narrow a research question and conduct a literature review. The module on Implementing a Scholarly Project Abroad focuses on the ethics of international research. The modules on Abstracts and Posters are designed to take students step-by-step through each of those processes to arrive at a final product to disseminate.

Outcomes & Evaluation: To date, fifty-one students have viewed the ASB modules. Students have also successfully submitted abstracts and disseminated their projects at the UTMB Global Health Education Symposium via poster presentations and oral presentations.

Going Forward: A study is planned to discern any significant educational differences in abstract quality from face-to-face workshops versus online modules. Findings from this study will inform future pedagogical practices for the UTMB ASB instructional series. It is hoped

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Para nuestra comunidad: A spanish video promoting clinical trials, biospecimen studies and research participation for advancing cancer research and quality care

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Background: The recruitment of ethnic minorities, particularly Latinos, into clinical trials (CT) and biospecimen studies (BB) is a formidable challenge. Latinos equal 17% of the US population and cancer is their leading cause of death. Increasing their inclusion in biomedical research contributes to advancing public health and medical research and practice. Videos have been used widely in health education with Latinos; yet videos promoting Latino participation in CT and BB are scarce. Most materials and videos have focused solely on CT participation and are translated from their English counterpart but do not address BB. Therefore, we created a culturally and linguistically tailored 3-minute Spanish video to promote Latino participation in CT and BB studies. The specific aims are to: 1) educate on the importance of CT and BB studies; and 2) promote acceptability and willingness to participate in CT and BB studies.

Methods: The Theory of Reasoned Action/Planned Behavior was used to guide the video production. The literature, community assessments, and focus group data informed the development of the video. The video was finalized using a consensus process, and evaluated by City of Hope’s community partners and City of Hope clinicians who were fluent in Spanish and serve the Latino community. Preliminary evaluation was conducted with Latino advocates, survivors and/or family members (n=69). Participants viewed the video then completed a short evaluation measuring knowledge, acceptability and willingness to participate in CT and BB.

Findings: The mean levels of knowledge about the importance of research participation before and after viewing the video were 3.58 and 4.38, respectively. The difference was statistically significant ($z=4.95$, p

Interpretation: Preliminary evaluation shows that the video increased knowledge, acceptability and willingness to participate in CT and BB among Latinos. Therefore, this culturally and linguistically appropriate video has potential as an effective strategy for engaging Latinos in CT and BB. The limitations to our study findings include our relatively small sample size, which doesn’t allow us to determine differences in other demographics characteristics (e.g. age, income, etc). Also, the participants were primarily from the Los Angeles area, and thus are not necessarily representative of the larger national Latino community so the findings cannot be generalized.

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A curriculum and assessment tool for point of care ultrasound training in a limited resource setting

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