

program and of each individual fellow. These ongoing evaluations will provide the opportunity to make frequent changes to improve both the fellowship and the fellows' experiences.

Going Forward: Acknowledging that health disparities exist in both domestic and international settings, the University of Washington is committed to exploring the synergies and opportunities for learning across rural Native American and low and middle income countries. Using the bidirectional nature of a “local to global” context, UW will provide its fellows with the training, knowledge, opportunities, and mentorship to develop a career working with domestic Native populations and in global health.

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Partnership and mentorship to expand research capacity in Mozambique

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Program Purpose: Centro de Investigação Operacional da Beira (CIOB) was established by the Mozambican Ministry of Health to serve as a research unit of the Instituto Nacional de Saúde (INS). CIOB is one of the few public research institutions in Africa dedicated to implementation science in the health sector. Since 2007, Health Alliance International (HAI), an NGO affiliated with the University of Washington that has been working in Mozambique for over 25 years, has been partnering with CIOB. HAI originally provided management for CIOB, but in 2011, the Health Minister appointed CIOB's first director and the INS began to oversee its operations directly.

Design: The partnership between HAI and CIOB was developed to cultivate research capacity in central Mozambique, with a focus on implementation science in the national health system and skill development of health professionals. HAI provides mentorship in designing studies, developing protocols, performing data analysis, and drafting manuscripts. HAI and CIOB collaborate on many research projects, including several NIH-funded studies and a PEER Health project funded through USAID.

Outcome Evaluation: CIOB personnel has increased from only 4 at its inception, to 22 employees in 2015. Currently, they are undertaking 10 research studies, and have received funding directly from the INS, NIH, HAI and USAID. In 2014 CIOB organized the first regional health conference, where over 300 people attended, and over 50 research studies were presented. In 2015, CIOB presented 7 posters and gave 3 oral presentations at the INS national research conference in Maputo.

Going Forward: In eight years, the research capacity of CIOB has grown immensely. They have expanded their workforce, successfully operated independently under the INS, have received several research grants, and have presented at conferences. Although significant progress has been made, funding and mentorship continue to be vital needs of this growing research institution. HAI will continue to be a dedicated partner to

CIOB through staff support, collaboration, and technical assistance, so it may become a research center of excellence in the central region of Mozambique.

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Initiative for improving pediatric clinical education in Tanzania

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Background: U.S. resident physicians routinely travel to developing countries as part of global health curricula. Given the rotations' short-term nature, it is difficult for U.S. residents to be incorporated into improving local medical student education. Therefore, visiting residents tend to function as observers or additional clinicians rather than assisting in education. We propose that more sustainable impacts come from improving the education of local students. We conducted a preliminary investigation into effective interventions that visiting residents can use to contribute to pediatric education in Tanzania.

Methods: We established local relationships in Mwanza, Tanzania with Bugando Medical Center (local tertiary hospital), Catholic University of Health and Allied Sciences (local medical school), Sekou Toure Regional Hospital, and Touch Foundation (local non-profit for improving medical education). An informal needs assessment for improving pediatric medical education was conducted with interviews of local stakeholders.

Findings: A resounding theme amongst all stakeholders is a dearth of clinical educators. Unbalanced increases in class sizes compared to the number of supervising physicians have led to 20-50 students per resident or faculty educator at the bedside. Local students and providers strongly desire visiting U.S. physicians, including residents, to function as clinical educators rather than solely providing direct patient care. However, U.S. pediatric residents often feel unprepared to effectively teach in less familiar foreign settings. Preliminary feedback from 40 Tanzanian medical students supports a more structured educational curriculum conducted by U.S. pediatric residents such as utilizing a curricular handbook—Pediatric Teaching Handbook for Global Health—created as a result of these informal needs assessments. Preliminary data from one U.S. resident's experience with the standardized curriculum demonstrated improved test scores compared with the current curriculum (average scores: 75 (18 students) versus 66 (11 students), respectively).

Interpretation: Tanzanian students and providers desire additional clinical pediatric educators and support U.S. pediatric residents functioning in such a role. U.S. pediatric residents can impact medical education on short-term electives with a standardized curriculum, such as a Pediatric Teaching Handbook for Global Health, and may improve the quality of education compared with current standards resulting in greater impact than current U.S. global health resident rotations.

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