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Novel approach to engage medical students in global health education and application

S. Folsom¹, S. Schoenhals¹, L. Jensen², B. Fassl², T. Dickerson²; ¹The University of Utah School of Medicine, Salt Lake City, UT, United States, ²Department of Pediatrics, University of Utah, Salt Lake City, UT, United States

Program/Project Purpose: Medical student interest in global health has increased dramatically in recent years, but providing meaningful experiences for busy students has proven a challenge. In a grass-roots effort to develop the global health curriculum at the University of Utah School of Medicine (UUSOM), faculty and students hosted master training simulation courses in Helping Babies Breathe (HBB), Essential Care for Every Baby (ECEB), and Helping Mothers Survive (HMS). These evidence-based programs have been shown to reduce maternal and child morbidity and mortality when applied in resource limited settings, but there is little information regarding their efficacy as part of medical student education. The ultimate goal was to determine the utility of these courses in a medical school setting and assess student interest in incorporating such trainings into the UUSOM global health curriculum.

Structure/Method/Design: Master training courses in HBB (June 9-11, 2015), ECEB (September 30-October 1, 2015), and HMS (November 3-4, 2015) were offered to interested UUSOM students free of cost. Students were recruited via a student body email, and were signed up for the courses on a first come, first serve basis. The training courses took place on weekday evenings outside of formal lecture time. After the courses, surveys were sent to participating students to assess whether they thought the courses were useful and if they should be offered on a more formal basis.

Outcome & Evaluation: 17/18 participating students felt that these courses were beneficial to their medical education. 17/18 felt that the trainings were a good use of medical student time, and 17/18 would be interested in using these trainings in a future international elective. 18/18 students felt that these trainings should be available to future students. As a result of this positive feedback, a three credit Maternal and Neonatal Survival Course has been developed at the UUSOM. The new course will include online teaching modules, simulation trainings, as well as opportunities for students to facilitate trainings in global settings.

Going Forward: Other medical schools can benefit from similar programs. Future studies are needed to enhance and modify these new pathways for global health education.

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Implementation of the first dedicated Ebola screening and isolation for maternity patients in Sierra Leone

D.L. Garde¹, A.M.R. Hall¹, R.H. Marsh^{1,2}, K.P. Barron¹, K.L. Dierberg¹, A.P. Koroma³; ¹Partners In Health, Boston, MA,

USA, ²Harvard Medical School, Boston, MA, USA, ³Princess Christian Maternity Hospital, Freetown, Sierra Leone

Program / Project purpose: Prior to the 2014-2015 Ebola epidemic, maternal mortality in Sierra Leone was amongst the highest in the world. The epidemic strained healthcare delivery and further increased maternal mortality. Given the high risk for EVD transmission at delivery and that many high acuity maternity patients meet case definition, screening at triage requires additional consideration for pregnant women to identify possible cases and allow for isolation, rapid laboratory diagnosis and safe delivery. We describe the implementation of the world's first maternity-specific screening and isolation system at Princess Christian Maternity Hospital (PMCH) in Sierra Leone.

Structure/Method/Design: In November 2014, we established a triage and isolation center at PCMH with the Ministry of Health to triage all pregnant and peripartum patients presenting to the hospital, and then isolate and care for those meeting case definition. Critical components included infrastructure, human resources, training and infection prevention control (IPC) management. 102 isolation staff were trained in IPC, EVD and emergency obstetric care protocols.

Outcome & Evaluation: Since opening, approximately 3500 patients were triaged monthly. 610 met case definition and were admitted to isolation; 30 were EVD positive. All 89 facility deliveries were attended in full PPE. Staff met EVD standards and provided essential emergency obstetric care. There have been no healthcare worker infections. Improvements were made to the facility, staffing, training and systems over time. Increased efficiency and quality was seen in patient flow, screening accuracy, nursing skill, IPC and quality of care.

Going Forward: EVD and other emerging diseases present new public health threats, requiring rapid mobilization of systems to mitigate risk. Our experience at PCMH provides a model for the triage and isolation of possible EVD maternity patients, addressing infection risk and mortality. Key components included screening of all patients, emphasis on IPC and health worker safety, and strengthening of public sector capacity. Initial limitations included a lack of prior standards for this vulnerable patient group, however rapid implementation served to immediately mitigate infection risk. This model may provide lessons for future similar epidemics.

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Epidemiological study of childhood injuries and its correlates in Dhankuta-hilly District

Ghimire Anup¹, Rayamajhi Rajan. Bikram², Pradban Prnil. Man Singh³, Pokharel Paras. Kumar⁴; ¹School of Public Health and Community Medicine, B. P. Koirala Institute of Health Sciences, Dharan, Nepal, ²World Health Organizations, Butwal, Nepal, ³Patan Academy Of Health Sciences, Kathmandu, Nepal, ⁴School of Public Health and Community Medicine, B. P. Koirala Institute of Health Sciences, Dharan, Nepal