

(CHNs), trained by Center for Global Health personnel, deliver the maternal and child programs, which provide education and screening interventions. To better meet the needs of the CHNs and to reduce costs in faculty time and travel, a plan to conduct weekly training sessions via telehealth was actualized in May 2015, with the aim of strengthening the local team's knowledge and capacity.

Structure/Method/Design: The curriculum of the 30-minute weekly trainings includes content and guidelines from the World Health Organization, the Breastfeeding Telephone Triage and Advice Book (author MB), the Wellstart International Lactation Self-study Modules and recommendations from the Guatemala Ministry of Health. Trainings are conducted using the Vidyo® technology platform. The initial curriculum focused in breastfeeding and has since included topics requested by participants such as fever, cough and pneumonia, dengue fever and chikungunya, diarrhea, child development and infant rashes.

Outcome & Evaluation: Initial evaluation of the telehealth project through participant discussions and assessments shows positive impact on knowledge, confidence and capacity. Customizing the training content to meet the participants' specific needs enhanced acceptance of the remote training. In addition to the educational component, having formalized weekly contact with the CHNs allows for a more effective mechanism for feedback that further strengthens the programs themselves to ultimately improve maternal and child health in the region.

Going Forward: Special attention to adult learning techniques such as case-based, interactive teaching to improve engagement and knowledge retention is important for project sustainability. Furthermore, there is a need to determine if certain content is better delivered only in-person versus via telehealth, or via telehealth augmented with in-person training. Revisiting of topics is essential and should be guided by recurring evaluation.

Funding: There is no direct funding for this program but is supported by the institutions named above.

Abstract #: 2.005_HRW

Tackling maternal mortality in rural Liberia: a field and facility-based approach

A.S. Landau¹, J.A. Bender¹, A.E. Waters¹, A.S. Ulku¹, E.J. Ly²; ¹HEAL Initiative, University of California San Francisco, San Francisco, CA, USA, ²Last Mile Health, Monrovia, Liberia

Program/Project Purpose: Liberia's maternal mortality rate (1,072 deaths/100,000 live births) is among the highest in the world. Contributory factors include low rate of facility-based deliveries (56%) and limited antenatal care. After years of civil war and the worst Ebola outbreak in history, the Liberian health system has struggled to rebuild comprehensive maternal health care. Last Mile Health (LMH), an NGO committed to improving health for remote populations through work with community health workers (CHWs), is a partner of the Liberian Ministry of Health (MOH). LMH has developed new programs to increase facility-based deliveries and improve access to ANC services.

Structure/Method/Design: LMH will address maternal mortality in two counties in Liberia through a comprehensive field and

facility-based program. Process objectives include: number of CHWs trained in maternal health; number of facilities receiving midwife delivery kits; number of facility-based midwives who receive basic obstetric lifesaving skills (BLSS) training; and number of communities per month receiving ANC services via outreach programs. Outcome objectives include: percentage of women receiving antenatal care during pregnancy; percentage of facility-based deliveries; and maternal mortality rates. Participants include CHWs, their supervisors, and midwives. County Health Teams (CHTs) and the women of rural Liberia will be engaged as key stakeholders. The program focuses on training and ongoing mentorship of facility-based midwives and field-based staff. Additionally, the design and implementation process are done collaboratively with the respective CHTs and the Liberian MOH to facilitate ease of integration into national plans for community health initiatives.

Outcome & Evaluation: Midwife delivery kits have been delivered to most facilities in target areas in both counties. Re-design of curriculum and program activities are currently ongoing.

Going Forward: The improvement of maternal mortality is a complex endeavor. While the current program is designed to tackle many contributing factors, poor road conditions and long distances to health facilities present ongoing challenges.

Funding: Several project activities are funded by grants from Direct Relief and the ELMA Foundation.

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Global health competencies for undergraduate nursing students in South Korea

Abstract Opted Out of Publication

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Assessing point of care ultrasound in Nicaragua: A survey of utility, access, training, and interest amongst health care providers in rural and urban centers

K.J. Lehn, R.M. Jensen, N. Rivera, D.F. Ha, A.R. Schlenz, L. Jacobs, Z. Soucy; University of California Davis School of Medicine, Sacramento, CA, USA

Background: This study explored the functional need for and potential receptivity to point of care ultrasound (POCUS) in urban and rural health care settings to guide future research and training programs within an annual exchange program between the University of California Davis and La Universidad Nacional Autónoma de Nicaragua (UNAN), León. It was hypothesized that there would be limited POCUS availability; that patients and physicians could benefit from greater access to POCUS; and that urban health care systems will have fewer barriers to POCUS use as compared to rural settings.

Methods: The study consisted of a survey in written Spanish given to a subject population that included 142 physicians, medical students, nurses, and nursing students selected on a convenience sampling basis from rural and urban clinics associated with UNAN- León in León, Totogalpa, and Sabana Grande, Nicaragua. Oral informed consent was obtained from each participant. The study was approved by the IRB of UC Davis and the Dean of UNAN- León.

Findings: Only 23% of subjects had used an ultrasound before. Primary care providers comprised the largest subgroup of those with ultrasound exposure. 44% percent of all subjects believed that using POCUS in their clinic would change the delivery of patient care in 50% of cases. 100% of study participants indicated an interest in receiving more ultrasound training. Preliminary analysis did not show clinically significant differences between urban and rural subjects.

Interpretation: The present study demonstrates a lack of ultrasound training and a functional need for and interest in learning more about POCUS in rural and urban clinics in Nicaragua. A limitation of this study was the low number of medical professionals in rural clinics in Nicaragua, which makes it difficult to accurately compare the differences in ultrasound use in rural vs. urban health care settings.

Funding: Medical Student Research Funding Scholarship, UC Davis School of Medicine.

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Educational initiative in Myanmar training practicing physicians in emergency care

R. Walker, B. Lindquist, K. Koval, S.V. Mahadevan; Stanford University School of Medicine, Department of Emergency Medicine, Stanford, CA, USA

Program/Project Purpose: The recent institution of Sustainable Development Goals (SDGs) has underscored the global priority to improve the provision of emergency medical services in developing countries. In Myanmar, patients often receive emergency treatment from medical providers without specialized training in treating emergency medical conditions. Compounding this problem, very few physicians in Myanmar are trained in emergency medicine, and fewer inhabit rural areas.

Fortunately, the advancement of emergency care in Myanmar has recently received increased attention from the country's Ministry of Health to improve the delivery of life-saving treatment to the citizens of Myanmar. In alignment with this focus, Golden Zaneke Public Company and Stanford University School of Medicine have partnered to develop and pilot the Emergency Medicine Diploma Course, a novel educational curriculum. The course is designed to be more comprehensive than short 'certificate' courses, yet more concentrated than a three-year residency program. This course aims to increase the public's access to trained emergency care providers by increasing the number of physicians in Myanmar with emergency medical skills training.

Structure/Method/Design: The Emergency Medicine Diploma Course covers an 18-month period with nine distinct training modules. Each module consists of two weeks of intensive classroom-based lectures, hands-on procedural workshops, simulation, and leadership training. During the intervening time between each module, trainees complete assignments, maintain procedure and patient encounter logs, and pursue clinical opportunities.

Outcome & Evaluation: To assess trainee competency and progress, Stanford faculty and clinicians at Golden Zaneke perform individual physician assessments. Multiple choice testing is used to assess content knowledge prior to and after each module. Trainees

are also assessed for competency in the management of simulated cases and performance of emergency medical procedures.

Going Forward: One ongoing challenge is ensuring that clinical experience at local hospitals provides the trainees with adequate exposure to patients with emergency medical conditions and allows for the performance of emergency skills in the areas of trauma, orthopedics, anesthesia, and critical care. If our program is successful, we hope to provide a scalable solution that may train future cadres of physicians in order to meet the country's growing need for emergency care providers.

Funding: Golden Zaneke.

Abstract #: 2.009_HRW

Advancing implementation science through global health education: A Mentored Peace Corps Master's International program

A. Lofthouse, A. Dykens, K. Peters; University of Illinois at Chicago

Program/Project Purpose: Low- and middle-income country (LMIC) health systems increasingly rely on academic partnerships to address barriers to capacity development. Peace Corps Master's International (PCMI) programs (23 health-specific programs nationwide) provide graduate students the opportunity to apply academic training to a 27-month global health field experience as a Peace Corps Volunteer (PCV). In 2010, a partnership among Kedougou, Senegal regional Ministry of Health, the University of Illinois at Chicago (UIC) School of Public Health and College of Medicine, and Peace Corps Senegal collaboratively identified cervical cancer prevention as a major service gap. Through this partnership, PCVs have been integral to the advancement of the project. In 2014, UIC embarked on a three-year pilot project with the U.S. Peace Corps specifying interested UIC PCMI students as Senegal-specific PCVs as a means to enhance project continuity and impact. The pilot aims to explore the benefits and challenges of the Mentored PCMI program in order to inform future replication of the mentored PCMI approach at other institutions.

Structure/Method/Design: The proposed partnership consists of 1) a local community advisory board and health system leaders, 2) Peace Corps Master's International volunteers, and 3) a US-LMIC academic institutional collaboration. Within the proposed partnership approach, the contributions of each partner are as follows: the local community and health system leadership guides the work in consideration of local priorities and context; the Peace Corps provides logistical support, community expertise, local trust, and advocacy; and the academic institutions offer interdisciplinary technical resources and research support.

Outcome & Evaluation: The mentored PCMI approach shows potential to increase recruitment for PCMI programs, improve retention, provide structured, contextual mentored field experiences, strengthen community partnerships, and impact local populations in LMICs.

Going Forward: We are proposing this framework as a scalable model to facilitate the creation of or strengthen existing global health implementation research partnerships at institutions offering PCMI programs. Such an approach could facilitate collaboration, resource and knowledge sharing, and timely feedback to global