

students on global health rotations each. Since 2012, these rotations have focused on value-adding, mentored scholarly projects, developed with host site collaborators rather than on clinical observation. This change was prompted by the need to find meaningful ways preclinical medical students could engage with international partners while minimizing the supervisory burden on host partners that accompanies preclinical students placed in clinical situations. The mentorship component of this endeavor is critical to successful development, implementation, and appropriate dissemination of the scholarly projects. In 2015 an evaluation of the scholarly training and mentorship component was conducted. This presentation will report the results of the evaluation of the mentorship component, both from the mentors' perspective and the students' perspective and discuss best practices, lessons learned, and future directions.

**Structure/Method/Design:** The formal evaluation included semi-structured, one-on-one interviews were conducted with mentors and students who participated in the 2015 global health preclinical preceptorship experience. Mentors were asked to describe student preparedness to participate in scholarly activity, challenges faced, and discuss their mentorship experience, both with UTMB medical students and non-UTMB students. Students discussed their thoughts on the mentorship received and asked to provide feedback on changes needed to make the mentorship experience better.

**Outcome and Evaluation:** Overall, both mentors and students were highly satisfied with the mentorship experience. Mentors suggested additional and new preparation needed for students and outlined challenges to mentoring such as lack of time and student accountability to deadlines. Students reported satisfaction with the opportunity to develop a close relationship with a mentor, both in terms of academic skills and in personal development. The common theme brought up by students was communication. The better the communication, the better the experience. Other students reported that a lack of communication as well as slow response to questions negatively impacted their view of the mentor experience.

**Going Forward:** Feedback from mentors, students, staff, and host site supervisors has been collated and a revised mentorship plan will be implemented in 2016 to address these challenges.

**Funding:** None.

**Abstract #:** 2.064\_HRW

### Meeting unmet need for family planning in rural Uganda through village health worker distribution of emergency contraception: Assessing attitudes and use

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**Program/Project Purpose:** Doctors for Global Health, in partnership with Kisoro District Hospital, has trained Village Health Workers (VHWs) in Kisoro, Uganda, for 10 years. Once "certified", VHWs serve as primary health providers and educators in their villages, equipped with medications and treatment algorithms. In this rural district, emergency contraceptive pills (EC) are inaccessible. Given our extensive existing

network of VHWs, we assessed their willingness to provide EC to women in their villages and whether this is a feasible way to alleviate the unmet need for family planning in this area.

**Structure/Method/Design:** We initially introduced EC in lectures at two training days and reinforced the concepts in monthly tutorials in the community. We administered written evaluations before and after each training to evaluate attitudes toward and knowledge about EC and conducted seminars to share experiences, answer questions, and evaluate use of EC. We emphasized that EC is not an abortifacient and the lower effectiveness of EC compared with other contraceptive methods. EC pills (levonorgestrel 1.5 mg tabs) were purchased locally and distributed to VHWs along with a treatment algorithm if they attended the community-based tutorials.

**Outcome & Evaluation:** Initial familiarity with EC was low and attitudes mixed, with many VHWs stating it is appropriate only for unmarried women or that it could cause fetal harm. However, after tutorials, all acknowledged that "EC is safe for all women", and 36 of 40 reported that they would feel comfortable providing EC to women in their villages. All followed the treatment algorithm correctly. At three months, 9 of 15 VHWs who had received EC supplies reported using it correctly at least once in the village. Clinical supervisors continue to validate use monthly.

**Going Forward:** VHWs are capable of using antibiotics and anti-malarials, yet their role in family planning has been limited. EC should be an element of a robust family planning system, especially in areas where women are looking for safe and short-acting methods that they can self-administer. Well-trained VHWs are key to overcoming barriers to access and, with adequate education, many are eager to provide this service to their communities.

**Abstract #:** 2.065\_HRW

### Development of a global database for health policy and systems research training opportunities

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**Program/Project Purpose:** Capacity-building opportunities need to expand to support the growing field of Health Policy and Systems Research (HPSR). In 2014, the Thematic Working Group (TWG) on Teaching and Learning HPSR in Health Systems Global mapped the existing training opportunities in HPSR around the world. To promote existing training and access to materials, we created an online database of HPSR training, including a repository of open access training materials. This database is a valuable tool for those wishing to participate in, establish, or support HPSR training programs.

**Structure/Method/Design:** The global mapping study for HPSR training included structured online searches, a global survey of HPSR courses, and key informant interviews with instructors to identify as many existing training opportunities as possible. Building on this study, respondents were asked to provide materials for inclusion into an accessible and easy-to-use online database for students, faculty, institutions, and donors to use in promoting and strengthening their work.

**Outcome and Evaluation:** We created a database and pilot-tested it in April 2015 and have since expanded its functionality; we will launch it in November 2015 at (<http://healthsystemsglobal.org/courses/ibdex.php>). Since its initial release, the database has grown substantially, and we continue to accept additions on an ongoing basis. Training opportunities from the original study were used as a starting point, but via the networks of Health Systems Global, contributors to the database, and the study team, we have also identified many additional training opportunities. Currently, the database includes over 70 training opportunities worldwide, and a growing collection of syllabi, lecture materials, and other supporting documents.

**Going Forward:** The TWG has recently convened a global strategy group to direct the next phases of our work, including further development of the training database. The aims of the strategy group include identifying priority activities, seeking funding, and providing feedback on the database content and functionality. We also welcome feedback from CUGH conference participants on both additional trainings that we should be capturing and possible additional functionalities of the database.

**Funding:** This project received funding from the Wellcome Trust and the Alliance for Health Policy and Systems Research.

**Abstract #:** 2.066\_HRW

### **Train, transfer, and sustain: Building capacity for online learning at The University of the West Indies Diploma in the management of HIV infection program**

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**Program/Project Purpose:** In partnership with The University of the West Indies (UWI), the International Training and Education Center for Health (I-TECH) and University of Washington Department of Global Health's eLearning Program (eDGH) transitioned a one-year Diploma program in the Management of HIV Infection to a blended learning platform with online courses and clinical practicum or a research project. This required a shift in pedagogy, methodologies, and technologies.

**Structure/Method/Design:** A 3-phased approach was implemented to train, transfer, and sustain the skills of online facilitation to UWI faculty and staff. Phase 1 included in-person workshops, just-in-time training, and hands-on simulations in the Learning Management System (LMS). Phase 2 utilized virtual mentoring to allow faculty and staff to apply their skills to the online environment. Phase 3 supplied them with Reusable Learning Objects (RLOs) and a detailed implementation guide for problem solving. Faculty application, experience, and satisfaction of the teaching methods were evaluated twice using questionnaires and virtual debrief discussions after a pilot of two modules and at the end of the 2014/2015 program.

**Outcome & Evaluation:** Capacity building of faculty and staff to instruct and administer a blended learning program was a critical

component in ensuring long-term sustainability, and regional scale-up in the Caribbean. To date, 20 faculty members and 4 UWI staff have completed capacity building for online facilitation of the HIV diploma program. Phase 1 data found 100% of faculty felt confident in their skills after completing the in-person workshops. Faculty noted timely support from eDGH and administrative staff throughout the program, which contributed to making the online teaching experience exceptional. Administrative staff also reported frequent use of the implementation guide, with success. In addition, 20 health care providers graduated from the program via the blended learning platform in 2015.

**Going Forward:** In its second year as a blended learning online program, the Diploma program has scaled-up to include healthcare workers from Jamaica and Suriname. It will continue to expand enrollment outside of Trinidad, refine its practicum and research components, and recruit new staff.

**Funding:** The project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under Cooperative Agreement No. U91HA06801, the International AIDS Education and Training Center, for \$12,659.70 USD. The content and conclusions are those of the author(s) and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

**Abstract #:** 2.067\_HRW

### **Development of a comparative health systems global pharmacy fellowship**

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**Program/Project Purpose:** The WHO reports progress in health promotion and education among vulnerable populations is stagnating. To continue forward, health systems strengthening and innovation is needed. Pharmacists are trained to provide health education, pharmaceutical counseling, and evidence-based health research. Pharmacists' expertise in medication procurement and therapeutic equivalence promotes access to quality, cost-effective medications. Pharmacists are trained to conduct research and data analyses, tools with which to monitor evidence-based health outcomes and quality indicators. To promote global health system strengthening a two-year quality improvement (QI) fellowship was developed with the following aims: Education in principles of QI, training in implementation science to allow for systematic documentation, dissemination, reproducibility and scalability of projects, and engagement of domestic and international pharmacists to become active partners in designing and implementing changes to improve health systems in their settings.

**Structure/Method/Design:** The process for creating a sustainable fellowship included the following: 1) Reaching out to partners with whom we had existing relationships to determine interest in a comparative systems approach to QI, 2) Preliminary agreement from both sides on thematic area of research prior to identifying fellow/s, 3) Identification of mentors on both sides with expertise in the research theme, and 4) Participation by mentors and fellows in an existing QI leadership course. Goals: Develop a domestic and international cohort of