**Going Forward:** Ongoing challenges: The project has only minor challenges thanks to great supports from TNHD and local health workers. Scalingup to other provinces that do not have a computerized HMIS would be a challenge in the future. The project does not anticipate a **Funding:** IDRC Canada. Abstract **#:** 02ITIS021

## Distant peer-tutoring of clinical skills, using tablets with instructional videos and Skype: A pilot study in the UK and Malaysia

J. O'Donovan<sup>1</sup>, A.R. Bersin<sup>2</sup>, J. Edwards<sup>2</sup>; <sup>1</sup>Harvard University, Leeds, UK, <sup>2</sup>Harvard University, Cambridge, MA/US

**Program/Project Purpose:** One way to help solve the problem of a lack of funding and trained educators in developing countries is to harness new developments in technology such as mobile health and online learning. This study aimed to assess the feasibility and impact of using specially designed low-cost Android tablets to deliver video tutorials and remote online peer-tutoring for clinical skills between two countries, the UK and Malaysia.

Structure/Method/Design: Nine junior medical students from Malaysia were paired with five senior medical students from the UK, who played the role of peer-tutors. Medical students from NUMED, Malaysia, volunteered to participate in response to an email advertising the scheme that was sent through the medical school administration to all students who were in the lowest quartile of their year group based on first year clinical examination scores. Students from NUMED were selected on a first-response basis and paired randomly and assigned a peer-tutor. Students from Malaysia were given a low-cost Android tablet from which they could access instructional video tutorials. At the end of each week, the peer-tutors would observe their peer-learners as they performed a clinical examination. Tutors would then provide individual feedback using a videoconferencing tool. Outcomes were assessed using Observed Structured Clinical Examination (OSCE) scores, post-study questionnaires and semi-structured interviews with participants. To ensure project sustainability, students who received a tablet paid a nominal fee.

**Outcomes & Evaluation:** Peer-learners reported an increased confidence in clinical examination of 8.4 ( $\pm$ 1.0) on a 10-point scale and all nine said they would recommend the scheme to their peers. Both peer-tutors and peer-learners were able to establish a strong rapport over video, rating it as 8.4 ( $\pm$ 0.6) and 8.4 ( $\pm$ 0.9) respectively. Peer-learners' rated the sound and video quality of the tablet as 7.0 ( $\pm$ 1.1) but were less satisfied with the screen resolution of the tablet, rating this as 4.0 ( $\pm$ 1.5). **Going Forward:** This program illustrates the potential benefits to healthcare professionals in dramatically different locations provided by our frugal innovation in the realm of video tutoring and telemedicine. With improvements to the hardware and refinements to the pro **Funding:** We received funding from Newcastle University, UK. Abstract #: 02ITIS022

## Performance monitoring and accountability 2020: Using mobile phone technology to monitor progress towards family planning 2020

Abstract opted out of publication. Abstract #: 02ITIS023

Data sharing for neglected tropical disease drug discovery: Creating a framework for reducing redundancy and improving global collaboration

M. Pollastri; Northeastern University, Boston, MA/US

Program/Project Purpose: Context. With the ever widening interest in drug discovery for neglected tropical diseases, increasing numbers of academic and industrial research teams are performing medicinal chemistry optimization of potential new drug agents. One risk of this expansion is the duplication of effort caused by compartmentalized prosecution of research projects that are unknowingly focused on pursuing highly similar research directions. The root cause of this issue is the common practice of doing drug discovery research with high levels of confidentiality, a "best practice" that is typical in the for-profit pharmaceutical industry, where developing and protecting intellectual property (IP) is paramount. A new way of thinking about sharing and protecting research data for NTDs is needed. Project Period. January 2014-onward (indefinite). Why the program/project is in place. The development of a secure data sharing portal could strongly enhance and accelerate NTD drug discovery efforts worldwide, both by reducing redundancy and by engaging smaller, resource-constricted organizations who are performing drug discovery research. Aim. To establish, populate, and operate a new data sharing portal that supports drug discovery for neglected tropical diseases.

Structure/Method/Design: Desired Outcomes. We intend to develop a self-sustaining, collaborative data sharing portal that captures chemical structure and biological screening data and that enables the collaborative and informed progression of NTD drug discovery projects, while balancing researchers' desire for information protection (confidentiality). Participants: The recruitment of participants in the program has been primarily by word of mouth, utilizing social media platforms, professional scientific networks, research seminars and posters, and an opinion piece published in PLOS-Neglected Tropical Diseases (DOI: 10.1371/journal.pntd.000286). Sustainability: Viability will be dictated by: (1) Engagement. We plan to have r portal teleconference meetings to discuss recent deposits and ongoing projects. In addition, we aspire to make available unique research resources for participating members in order to incentivize active participation. (2) Funding: we will seek funding from other organizations (NIH, BMGF) in order to further operate the portal.

**Outcomes & Evaluation:** Successes We have secured \$25,000 in funding via crowdfunding and established the database. We have also identified large tranches of data for deposit and shared, and have engaged other academic NTD drug discovery groups Monitoring. None conducted.

**Going Forward:** Ongoing challenges? The primary challenge has been to recruit participants who will deposit data into the portal and agree to deposit new data on an ongoing basis. Are there any unmet goals? No How are/may future program activities change as a result? N/A

**Funding:** The pilot phase of this project has been funded by a crowdfunding campaign (\$25,000):

Abstract #: 02ITIS024

## An assessment of data quality in Haiti's multi-site electronic medical record system

N. Puttkammer<sup>1</sup>, J. Baseman<sup>2</sup>, B. Devine<sup>2</sup>, N. Hyppolite<sup>3</sup>, G. France<sup>4</sup>, J. Honore<sup>3</sup>, A. Matheson<sup>2</sup>, S. Zeliadt<sup>2</sup>, K. Yuhas<sup>2</sup>, K. Sherr<sup>2</sup>, J. Cadet<sup>5</sup>, S. Barnhart<sup>2</sup>; <sup>1</sup>University of Washington, Seattle, WA/US, <sup>2</sup>University of Washington, Seattle, WA/US, <sup>3</sup>International Training and Education Center for Health (I-TECH)-Haiti, Portau-Prince, Haiti, <sup>4</sup>Ministry of Health and Population (MSPP), Portau-Prince, Haiti, <sup>5</sup>National Program for Control of Malaria (PNCM), Port-au-Prince, Haiti

Background: The World Health Organization has identified health information systems as a "building block" for health systems