

pharmacy students. The students were chosen based on international medical service trip experience. Sustainability was created through medical student created workshops which involved platform setup and interface walkthrough. EHR use in a clinical setting was practiced with Spanish speaking standardized patients in the Clinical Skills and Simulation Center at the UCF COM. Additionally, Wi-Fi extenders and a patient routing system were added to improve the clinic. During the service trip, the data was recorded on UCF COM issued iPads with portable keyboards which then delivered data wirelessly to a Latitude E6410 server laptop powered by a transportable gasoline generator.

Outcomes & Evaluation: Improved server function allowed the EMR to fully function for the duration of the trip without unmanageable outages, which was an improvement compared to previous years. A total of 573 patients were seen over 5 days and all were successfully recorded into the EMR, which is more than any previous year. A post-trip survey was conducted and indicated an improvement of the user interface compared to prior years, however there is still a need to improve EHR use during times of large patient intake.

Going Forward: The challenge of improving the interface for future service trips involves further interface customization to a more concise yet equally effective, student-friendly version, and improving the routing of patients. Unmet goals include implementation of a photo identification system, which would enhance documentation and overall clinic privacy and functionality.

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Abstract #: 01ETC057

Translating data into actionable information: A network-centered approach to building data visualization capacity

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Program/Project Purpose: Global health programs generate monitoring data, evaluation findings, and implementation research in order to share insights and knowledge to empower evidence-driven decisionmaking. When results are buried in long-form reports, the translation of information to action often falters: creating compelling data visualizations and visual reporting formats increases the likelihood of stakeholder uptake and use of learning. Building individual and organizational capacity for data visualization design provides a sustainable, team-centered approach to translating information into action through a network of visualization champions. Starting in March 2014, JSI developed and implemented an evolving strategy to build visualization capacity through facilitating workshops, developing targeted resources, and creating an internal data visualization learning network. As a result, staff are increasingly taking responsibility for and developing improved information sharing products through print, web, video, and interactive tools. This presentation will highlight the process and challenges of building individual and organizational data visualization capacity, highlight how our strategy can be adapted to other organizational contexts, and share tools and resources for data visualization design.

Structure/Method/Design: The strategy aimed to build individual and organizational capacity to create effective data visualizations and promote the use of evidence being generated through JSI's global health programs and research. Activities targeted all interested persons across the organization, with an emphasis on M&E, communications, and program management staff. Routine invitations to join

the interest group were circulated electronically, and new staff are invited to connect with the network. Training and idea-sharing events were open to all staff, and resources are shared on web portals including Google Drive and SlideShare. A network facilitator manages ongoing capacity building events and material development.

Outcomes & Evaluation: JSI staff are increasingly experimenting with and using innovative platforms, tools, and approaches to visualize data, including videographic design in PowToon, transitioning from long form narrative reports to highly visual SlideDocs, and using Piktochart to design visualizations to augment presentations and reports. The resources produced as part of this initiative have received more than 2,000 views on SlideShare, and the internal interest group now boasts more than 200 members.

Going Forward: Finding meaningful ways to reach field-based staff is a continued challenge, due technology limitations and time differences. Creative approaches to addressing these challenges include piloting an ambassadorial approach, liaising directly with field-based

Funding: No external funding was provided for these activities.

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Development of a family medicine specialty training program (FMSTP) in Lesotho

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Program/Project Purpose: Lesotho suffers from a severe shortage of human resources for health. With no medical school and no postgraduate training for physicians, young and talented Basotho have had no other choice but to leave the country to attend medical school. Few return, in part because of the lack of opportunity for continuing education and specialty training in Lesotho. The purpose of the Family Medicine Specialty Training Program (FMSTP) is to increase the number of well-trained physicians in Lesotho who have the knowledge, skills and commitment needed to meet the health needs of the people of Lesotho, particularly in district hospitals.

Structure/Method/Design: The FMSTP is the first and only physician specialty training program in Lesotho. The FMSTP accepts Basotho doctors after they have completed medical school and at least one year of internship and who intend to stay in Lesotho long term. The four year program includes training in maternity care, pediatrics, adult and geriatric care, HIV/AIDS and TB, surgery, mental health, preventive care, community care, public health, health management, and working as a team within the districts. The FMSTP operates as a partnership between the Lesotho Ministry of Health, the Boston University School of Medicine (BUSM), and the University of the Free State in Bloemfontein, South Africa. The teaching is consistent with international best practices. The first two years of the four year program are focused intensely on clinical training at district hospitals in the north. Second year trainees also have specialty learning experiences for 1-2 month rotations in Maseru and in Bloemfontein, South Africa. The third and fourth years have a greater focus on community health with more rotations in community health centers. During the last two years, trainees also prepare a relevant research project. The FMSTP was accredited by the Council on Higher Education (CHE) in Lesotho, and graduates of the program are able to get

paid at a higher specialist-level salary. Salaries and housing costs for physician trainees are now paid for by the Government of Lesotho. The Government of Lesotho also pays the salaries and housing costs for two physician specialist educators.

Outcomes & Evaluation: The Boston University School of Medicine certifies that graduates successfully complete the program as outlined in the detailed curriculum documents approved by the CHE. To date, 2 physicians have graduated from the FMSTP and are the first Lesotho-trained specialists in the country.

Going Forward: Our program has seven students who are enrolled and ready to begin training in January 2015. We are also working with the Ministry of Health to expand our program to include additional hospitals in Lesotho's southern districts.

Funding: Funding has been received from the Kellogg Foundation, PEPFAR, and the Global Fund.

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Integrating social medicine into international curricula: A case study across Uganda and Haiti

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Program/Project Purpose: Medical education worldwide fails to adequately instruct health professionals in the social causation of disease. This can lead to partnerships between resource-limited and resource-rich settings that are well-intentioned but offer limited capacity building, or to health service delivery that lacks integration of social medicine. To address this gap, the nonprofit organizations SocMed and Physicians for Haiti (P4H) collaborated to adapt a social medicine curriculum created by SocMed and implemented in Uganda. The aim of this partnership is to enable future global healthcare leaders to become agents of change for medical education.

Structure/Method/Design: The goal of the SocMed-P4H partnership is to apply the successful Ugandan curriculum to a Haitian context, creating a transferable model of collaboration in medical education that fosters partnership-building between local and international students, critical self-reflection, and application of concepts through pragmatic advocacy skills. SocMed and P4H work with implementing partners Lacor Hospital (Uganda) and the University of the Aristide Foundation (Haiti) to create a curriculum that can be tailored to different contexts and levels of health profession students. This partnership was actualized through a yearlong process of dialogue between SocMed and P4H regarding adaptation of the Ugandan curriculum to a Haitian context and broader student base. Participating Haitian students are nominated by their universities, and international candidates are recruited via email outreach and are chosen based on a written application and interview. Haitian faculty and teaching assistants are deeply involved in curriculum planning and teaching, and past students are encouraged to pursue continuing involvement. A core professoriate of experienced instructors from SocMed and P4H provide continuity and international perspective to both courses.

Outcomes & Evaluation: To gauge the success of the course, a monitoring and evaluation system was established that includes student, professor, and institutional feedback. The course has been very well-received overall: of the 38 students involved in the Haiti course to date (evenly split

between Haitian and international), 94% have been satisfied with their experience in the course and 97% have agreed that the course would impact the way they practice medicine in the future. Feedback has particularly emphasized the value of site visits to hospitals and nonprofits around Haiti and the opportunity to work closely with peers from different backgrounds.

Going Forward: Meeting the needs of a diverse classroom and helping students translate concepts into advocacy efforts remain top priorities. Course leaders will strive to broaden the range of participants, create stronger avenues for alumni collaboration, and provide PL

Funding: The course is financed through P4H resources, fund-raising efforts, and student tuition.

Abstract #: 01ETC060

Collaborating to develop an HIV/AIDS master's specialty curriculum for advanced practice nurses in India

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Program/Project Purpose: India has over 2 million persons living with HIV, and prevalence continues to increase in some areas and target groups. Over a 10-year relationship, Bel-Air Hospital and University of Illinois at Chicago (UIC) College of Nursing have worked together, first to identify the need for a college of nursing and then to establish the Bel-Air College of Nursing in Panchgani, India. The aim of the latest step in our collaboration is to develop a master's-level program to prepare nurse leaders for HIV/AIDS care and prevention in India. In this presentation we will describe an innovative Master of Science in Nursing program, collaboratively developed by Bel-Air and UIC Colleges of Nursing to prepare advanced practice nurses as clinicians, educators and researchers who will provide comprehensive HIV/AIDS care and prevention in rural and urban hospital and community settings in India.

Structure/Method/Design: Through exchange visits to UIC and Bel-Air and frequent Skype conferencing, faculty collaborated to develop a MSc HIV/AIDS curriculum that includes: HIV-related virology, immunology, pathophysiology, co-morbidities, and pharmacology; Assessment and evidence-based management of complex clients; Continuity of care and adherence to treatment through integrated behavioral change approaches; Indian contextual factors affecting HIV care and prevention, e.g., stigma, cultural beliefs and socioeconomic disparities; Engagement of individuals, families and communities in universal prevention and compassionate care of those infected and affected by HIV/AIDS. UIC faculty have also consulted on innovative methods for teaching course content for this new curriculum and shared resources for developing course content.

Outcomes & Evaluation: The curriculum received approval by the Indian Nursing council and Maharashtra University of Health Sciences; five new MSc-level faculty were hired and the first class of 8 students matriculated in October 2014. Graduates will be prepared to: Manage and evaluate advanced-level care of complex clients living with HIV and other co-morbidities such as tuberculosis; Serve as a knowledge resource/educator to nurses and other health care providers to provide competent, compassionate HIV/AIDS care in a non-stigmatizing manner; Design, implement and evaluate prevention and support programs for families and communities; Conduct HIV-related research; Disseminate research and best practices through presentations and publications; Provide evidence to influence policy-making.

Going Forward: This ongoing collaboration will continue to integrate the expertise, knowledge and resources of each partner,