purpose of this study was to assess the impact of the ACCESS nursing assistant training program and the current role of its graduates in rural health care work.
Structure/Method/Design: Working with local stakeholders, a team of three student volunteers developed a survey to evaluate the training outcomes of the ACCESS nursing assistant program. The survey focused on demographics, pre-training status, the ACCESS training program, post-training employment, and community impact and career development goals. Survey participants were contacted using telephone numbers stored in a pre-existing database containing 109 graduates. A short-form survey was administered via telephone to those living outside Nakaseke district while a long-form survey was administered in-person to graduates residing within a 10 mile-radius of the training school. The data generated by the survey was analyzed and presented using thematic areas outlined above. The results support a sustainable collaborative educational model by providing student feedback regarding the training received.
Outcomes & Evaluation: The mean age of the participants was 24 years, with the majority female (86.5%). All participants reported an overall positive impact of the training program. A large majority of graduates reported current employment in health care (91.9%) with place of employment primarily in health clinics (37.1%) and pharmacies (34.3%). Participants are predominantly working in rural areas (80.0%). Graduates also reported a desire to pursue more training for degree advancement (77.8%) and to return for further training at the ACCESS school (67.6%).
Going Forward: Overall, the ACCESS training program has provided a stepping-stone for many trainees and has impacted the community through increased health service provision. There is a great need for creating opportunities for students to access further studies for deg
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Redesigning dental education curricula delivary strstigy at the newly established University of Rwanda School of Dentistry

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Background: Like many other countries, Rwanda has a spectrum of healthcare challenges, especially after experiencing great civil strife nearly two decades ago. With a great need for oral health education, the University Of Rwanda School Of Dentistry (UR-SOD) was established in 2014. Its dental curriculum is organized into course blocks instead of ongoing simultaneous courses throughout the semester, similar to how it was under the Kigali Health Institute (KHI). The current system was criticized due to a difficulty of student application of didactic information in a clinical setting. New policy requires that the final tests be administered at the end of the semester which may lead to a three-month gap between early course blocks and their exams.
Methods: In 2012, KHI approved the Bachelor of Dental Surgery (BDS) curriculum. Dental students in the BDS program began their first two years along their medical counterparts in 2013, and will join dental therapy students in the Bachelor of Dental Therapy (BDT) program in September of 2015 at the dental school. The BDS, BDT, and Bridge (a program that allows dental therapy diploma holders to receive BDT degrees) curricula are currently under revision to accommodate all the programs while delivering optimum training. A curriculum committee was formed, and the plan to follow the UR medical school education guiding principles for writing course modules. UR-SOD will run the BDS, BDT and a bridge program, with vertical integration of all programs. Several challenges are anticipated, such as limitations in resources, facilities, number of faculty members and manpower. Additionally, faculty members will have to transition from the teaching block courses to semester-long simultaneous courses.
Findings: Several changes were adopted in this process. They include: adoption of semester-long modules running concurrently, completion of preclinical lab work in the second year for BDT students and first semester of the third year for BDS students, use of extensive online resources (such as lectures, lecture materials, and study aids), and elective courses. The three programs will overlap in some courses, where students from two or all three programs will receive instruction together. Students will be given continuous and summative assessments in adherence to their respective competencies.
Interpretation: The UR-SOD will shift to ongoing simultaneous courses throughout the semester, while being community oriented, emphasizing clinical, employing elective modules, and providing online access to courses, while using innovative multi-instruction methods.
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Engaging mentor mothers in a PMTCT intervention program in rural North-Central Nigeria

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Program/Project Purpose: Mentor Mothers (MMs) are HIV-infected women with comprehensive Prevention of Mother-to-Child Transmission (PMTCT) experience. MMs provide psychosocial, adherence and retention support for women living with HIV. With
Structure/Method/Design: HIV-positive women were recruited from Primary Healthcare Center (PHC)-linked mother support groups in rural North-Central Nigeria. Selection was restricted to PMTCT-experienced, community-resident women 18-45 years old, who spoke at least one local language. English reading/writing skills were considered an added advantage. Selected women received 5-day training, including sessions on HIV/PMTCT, counseling, confidentiality and documentation. Pre-/post-tests were administered; illiterate women were tested verbally. Scope-of-work and client visit/tracking logbooks were explained and provided to each MM. Up to 2 MM were targeted to each PHC's catchment area and were provided activity-related stipends. Supervisors were engaged to monitor/audit MM activities and provide MM support and PMTCT re-trainings. Pre-implementation qualitative studies were conducted to assess MM program acceptability among stakeholders.
Outcomes & Evaluation: Qualitative studies showed high-level MM program acceptability among stakeholders (HIV-positive women, healthcare providers/policy-makers, traditional birth attendants, community/religious leaders, male partners). Stigma by MM-association was a concern, so adjustments were made for client visits at non-residential locations as necessary. In 2013, we trained 38 MM;