is particularly pronounced in medicine as several studies have highlighted its importance in multiple specialties, including Family Medicine, Emergency Medicine, and General Surgery. [References] GH rotations may place trainees in high-risk situations and environments with regard to ethics, cultural sensitivity, and personal safety. Academic institutions need to provide proper guidance and education to prepare trainees for safe and effective GH rotations.

Structure/Method/Design: In order to better address institutional concerns, provide reasoned and consistent oversight, and prepare students for their GH rotations, we created, piloted, and refined a standardized preparation and approval process for resident physicians who sought to participate in GH electives as part of their training programs. A Global Health Advisory Committee (GHAC), consisting of key GME, legal, resident, and GH expert stakeholders was created. Three checklists, managed and administered via *New Innovations* (a commonly used and commercially available residency management software package), are used to provide trainees with consistent and critically important education about GH electives while also providing a mechanism for oversight, completion of relevant documents, and a debriefing tool which creates a summary of the elective that can be viewed by other residents.

Outcome & Evaluation: Several of our residents have successfully completed the checklists for GH rotations. Our GHAC will soon be meeting to gain feedback from the group on our new standardized preparation and approval method. This uniform system will also enable us to perform monitoring and evaluation of specific sites.

Going Forward: We are happy to share our checklists with other institutions. We will continue to assess our new system and make changes as needed.

Abstract #: *1.070_HRW*

The outcomes of no-job surgical training by visiting gynaecological oncologists to Mulago National Referral Hospital Uganda

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Background: WHO predicts 16 million new cancer cases per year in 2020. 70% of these will be in the developing world. In the developing world, 1/3 cancers potentially can be prevented another 1/3 are treatable if detected early. Evidence shows that cancer outcomes (survival) are better when care is provided by Specialists (Gynecologic Oncologists).This is lacking in East Africa and Uganda as well. Through partnership with University of California San Francisco (UCSF) (initiators) and other collaborator gynecologic oncologists, there has been on job surgical training and mentorship which has led to tremendous outcomes. The aim was to improve the care and management of women with gynaecologic cancers and to train a critical mass of specialists in this field starting with what is currently available in their setting.

Structure/Method/Design: This started with a needs assessment by a gynaecologic oncologist from UCSF. She then started coming twice a year to date doing ward rounds, radical surgeries and working with the administration to create an interdisciplinary team for cancer patient care that was not existent.

Outcomes: Since 2011 a gynaecologic oncologist from UCSF has worked with gynaecologists on the oncology ward at Mulago and has done at least 50 radical surgeries for gynaecologic cancers with them and has been joined by faculty from Duke University and University of Vermont. The surgeries were more appropriate in comparison to what used to be done especially for management of early CaCx with radical Hysterectomy and pelvic lymph node dissection. They have worked with at least 10 gynaecologist at the referral hospital and have mentored them in Cancer care. A multidisciplinary approach to cancer care has been started with radiation oncologists, palliative care and gynaecologists working together in the management of patients on the gynaecologic oncology unit.

Going Forward: One gynaecologist is being sponsored by UCSF to do a fellowship in gynaecologic oncology at Moi University a 2 year programme now in her second year. This will ensure sustainability. A curriculum development for a fellowship in gynaecologic oncology is underway with stakeholders meetings was held and the local faculty identified the need.

Abstract #: *1.071_HRW*

A surgical training track that meets the needs of global surgeons

Abstract Opted Out of Publication

Abstract #: *1.072_HRW*

Effect of participatory community quality improvement on maternal and newborn health care practices: a quasi-experimental study

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Background: To address the shortfall of skilled health workers required reach the health related MDGs, Ethiopia's health extension program (HEP) shifted some of the primary health care responsibilities of skilled health workers to about 34,000 female health extension workers (HEWs). Covering a population of about 17 million people in 115 districts in four of the most populous regions of Ethiopia, the Last Ten Kilometers Project (L10K) project, funded by Bill & Melinda Gates Foundation, supports the HEP to foster communities to be part of the health system to improve health outcomes. In 14 of the 115 districts, participatory community quality improvement (PCQI) is tested through fostering partnership between communities and service providers to create shared responsibility in the ownership of maternal MNH services provided by the HEP. With the aim to improve the quality of maternal and newborn health (MNH) services from the provider, client and the community's perspective, PCQI implements a cyclical process that first identifies barriers to quality services, then develops action plan to address barriers, implements the action plan, and finally monitors the quality of improvement solutions.

Methods: 82 and 34 communities respectively representing PCQI and non-PCQI areas were visited during baseline (Dec 2010–Jan 2011) and at follow-up (Dec 2014–Jan 2015). Maternal and newborn