

organizations and several new grants and awards. Each of these linkages have contributed to improving and increasing training, and locally relevant research. Drawing on PRIME-K's experience, there are four key lessons from these MEPI-enabled partnerships: establishing strong foundations can lead to new collaborations; infusing existing partnerships with resources enables innovative and sustainable solutions to long term problems; connecting new partners with different strengths can expand their scope of impact; and providing opportunities to search for local solutions within Kenya and Sub-Saharan Africa strengthens South-South collaborations.

Going Forward: Partnerships have been integral to meeting the goals of MEPI in Kenya by enhancing quality of trainings and expanding medical education and research opportunities. The lessons learned from PRIME-K's partnerships are important to future large scale collaborative interventions addressing health system needs in low resource settings.

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Abstract #: 01ETC034

Palliative care education and training workshop for caregivers of patients with cancer in Ghana

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Program/Project Purpose: In Ghana, where there are no hospices, few nursing homes and hospitals are filled to capacity, family caregivers are the linchpin of chronic care delivery, yet despite this responsibility, they receive minimal training and support. This 8-week study assessed the needs of caregivers of cancer patients and provided training in an identified area of need to equip the caregivers for their role.

Structure/Method/Design: Needs assessment questionnaires were administered to 60 caregivers accompanying their patients at the Radiotherapy Department of the Korle Bu Teaching Hospital in Accra to assess barriers to caregiving. To be eligible for the study, the participant had to self-identify as a caregiver for a patient with cancer. The caregivers identified many areas of difficulty [e.g. Dealing with Patient Pain (62%); Personal Emotional Support (62%)], however the training module created focused only on Patient Signs and Symptoms to Manage since 88% and 85% of caregivers reported having no or little knowledge of treatment side effects and symptoms to watch for respectively. 26 caregivers were enrolled in the training session, conducted during the patient's treatment appointment. A pre-training, immediate post-training and two-week post-training assessment were conducted.

Outcomes & Evaluation: Training improved knowledge, retained at 2 weeks after training. A Friedman Test and Post hoc analysis with Wilcoxon signed-rank tests were conducted with a Bonferroni correction applied, resulting in a significance level of $p < 0.017$. Median (IQR) score for the pre-training assessment, immediate post-training assessment and 2-week post-training assessment were 5 (4 to 6.75), 10 (9 to 10.75) and 10 (9.25 to 10.75), respectively. The maximum possible score was 11. There was a statistically significant difference between the pre-training assessment score and the immediate post-training assessment score ($Z = -4.274$, $p = .000$) as well as between the pre-training assessment score and the 2-week post-training assessment score ($Z = -4.035$, $p = .000$). 100% of caregivers reported the training to be very useful. Family caregivers are willing to participate in training; gain and retain new knowledge; rate utility very high.

Going Forward: 43% of caregivers would prefer not to attend training at the expense of leaving the patient alone during their appointment. Transportation cost must be covered to ensure caregiver attendance on a separate occasion. Impact of training on patient outcome should be measured in future studies. Results from the needs assessment may be used to formulate ways to alleviate the burden on caregivers. Other modules may be designed to address perceived knowledge gaps. Currently, a palliative care team at Mount Sinai is working to partner with an organization in Accra to further training.

Funding: The Mount Sinai Global Health Office provided a stipend to the presenter for the project.

Abstract #: 01ETC035

Master of family medicine distance learning program in Laos

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Program/Project Purpose: In 2006 the Laos Ministry of Health and University of Health Sciences [UHS] partnered with Boston University Global Health Collaborative to design and implement a model of primary care retraining with the goal of enhancing the quality of generalist physicians in disadvantaged communities in Laos.

Structure/Method/Design: In March 2010, we implemented the Master in Family Medicine training program at the Luang Prabang Provincial Hospital (LPPH). The first cohort was comprised of five physicians who were working in remote district hospitals surrounding LPPH. In this distance training model, physicians followed a cycle of training in LPPH for three months, and then returned to work in their district for three months with cycles repeated for three years.

Outcomes & Evaluation: We sought to assess the program and areas for improvement. Quantitative data was obtained through self-assessment questionnaires administered to the trainees and to non-trained physicians' peers. 360-degree evaluations were administered to medical colleagues, supervisors, and patients. A one-tailed T test was used for statistical comparison between the trained and untrained physicians. Descriptive statistics were used to analyze 360-degree evaluation data. Analysis of questionnaires shows significantly higher self-assessment scores of trained physicians in the treatment of 19 common illnesses. Importantly, trainee's scores were significantly higher for normal, assisted and operative vaginal delivery. The 360-degree evaluation supports these findings, showing > 80% of evaluators 'completely agree' with the following statements: trainees are able to care for more types of diseases since training, are better at caring for common diseases, are more appropriate in prescribing antibiotics, and are more appropriate in prescribing other medications. Qualitative interviews were conducted with trainees, instructors at LPPH and UHS key stakeholders and analyzed using nVIVO software, further confirming the findings of the quantitative data. Grounded theory analysis revealed a number of important themes that identified changes in practice such as enhanced computer skills and clinical skills, especially in maternal-child health. Qualitative analysis also revealed specific facilitators to the program, such as the distance model, emphasis on self-directed learning and practical skills including community and public health. Qualitative analysis also identified a powerful model of spread, where trainees actively sought to disseminate their learned knowledge and skills to a variety of local

health workers. This was perhaps related to an identified program benefit of increased respect and trust from colleagues. A number of challenges were identified as targets for improvement, along with recommendations from participants and key stakeholders.

Going Forward: This program is a successful pilot that may serve as a model for retraining of rural physicians in low-resourced developing nations.

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Abstract #: 01ETC036

Improving refugee women's health: building self-efficacy through monthly health workshops

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Program/Project Purpose: The Refugee Reproductive Health (RRH) Committee is composed of individuals from state government, refugee communities, and University of Utah researchers. The purpose of the RRH is to build capacity among women in refugee communities to manage their own health and the health of their families through increasing their knowledge of, and ability to access, appropriate services. One aspect of this program is to provide workshops on health-related topics identified by refugee women.

Structure/Method/Design: Our goal is to increase women's self-efficacy to seek and obtain appropriate services to improve their health and the health of their families. The Utah Refugee Services Office (RSO) initially convened stakeholders from government agencies, leaders from 2 refugee communities (Somali and Congolese), and researchers from the University of Utah. From this group, the RRH Committee emerged and meets monthly, taking on the task of developing and implementing the workshops. In 2014, leaders from the Somali and Congolese refugee communities were employed as Community Specialists by RSO to facilitate having an ongoing relationship.

Outcomes & Evaluation: To elicit refugee women's views on health topics of interest, we conducted an initial workshop using the 7 Domains of Health (physical, social, emotional, intellectual, environmental, financial, and spiritual). We asked women to express their thoughts about each domain, and whether it was relevant to them. We held two community-specific initial workshops in April 2014, with 40 Somali women and 21 Congolese women in attendance. In both groups, women identified aspects of health related to each of the 7 Domains, and also identified topics for future workshops. They expressed a desire to have monthly workshops, which started in August 2014. At these workshops, additional topics are identified and incorporated into our schedule. To date, we have been able to identify topic area experts who have participated in 2-hour workshops.

Going Forward: Two challenges are transportation to and from workshops, and assuring interpretive services. The Congolese group has been proactive in addressing these problems by organizing geographic pick-up locations for transportation, and has identified community members to translate into Swahili, French, and 2 dialects. These efforts have resulted in participation of over 30 women at each of the August and September workshops. Critical to these efforts has been strong leadership and coordination by the RSO Community Specialist for the Congolese community. Similar support is not yet organized for the Somali community. We have plans to expand the RRH Committee to include Community Specialists from other refugee communities.

Funding: The Congolese Community Specialist (5% FTE) devotes part of her effort to this project; involvement in this project is within the scope of employment of our governmental partners.

Abstract #: 01ETC037

Information seeking needs and behaviors for global health: Mapping Welch Medical Library's global health information services

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Program/Project Purpose: One primary component of the mission of Johns Hopkins Medical Institutions (JHMI) is to improve the health of individuals and diverse communities locally and globally through leadership and excellence in education, research, practice, and service. Activities are currently occurring in 120 countries and involve students, faculty and staff across the university. To align with the mission of the university, Welch Medical Library explored capacity building for a Global Health Information Services Program. The aim of this project was four-fold: 1) establish a base-line measurement for informationist and resource use; 2) develop a conceptual map for capacity building in the context of Welch Library's Global Health Information Services Program; 3) design a research phase to assess needs for future program implementation; and, 4) use preliminary research results to establish a logic model to identify resources, informationist activities, and measurable outcomes of a Global Health Information Services Program.

Structure/Method/Design: A Global Health Task Force was created by the Welch Medical Library Director to conduct a campus wide needs assessment to identify opportunities to improve awareness of and training in the use of information resources and services. Until now there had not been a unified program dedicated to the faculty, staff and students working in the global health arena. Using the conceptual map and needs assessment, the Task Force defined program objectives and clarified the vision and strategy for a dedicated Global Health Information Services program. Depth and breadth of program opportunities and implementation were guided by the following primary research questions: 1) What are the current information-seeking needs and behaviors of faculty, staff, and students engaging in globally focused clinical, nursing, and public health work? 2) In what ways are those global health information needs and behaviors being met? 3) What other opportunities exist for additional library services? Stakeholders were selected from the Schools of Medicine, Nursing, Public Health, hospitals and research centers with a global health focus to insure comprehensive data collection. Semi-structured interviews were conducted with each stakeholder to elicit feedback about the services and resources needed to improve capacity to use and access information.

Outcomes & Evaluation: The task force used preliminary research results to establish a service model identifying resources, informationist activities, and measurable outcomes for the Global Health Information Services Program. Library staff time was allocated as needed to accomplish the aims outlined in the conceptual model. On the basis of the data collected, modifications were made to the service model and steps undertaken for program implementation.

Going Forward: Based on the outcomes of this process, the Task Force will expand its scope to include a quantitative survey to be administered to students and staff involved in global health activities.

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Evaluation of Ghana health and education initiative's neonatal resuscitation training program at delivery facilities in the Bibiani-Anhwiaso-Bekwai District, Ghana

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