

Rural rotation of medical students: Move towards reducing health care disparities in Tanzania

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Program/Project Purpose: Maldistribution of health care workers is a global health challenge that exacerbates health disparities especially in resource-limited settings. Interventions to assuage the problem have targeted qualified personnel with little focus on medical students. However, studies have demonstrated that rural rotations positively influence students to practice in rural settings upon graduation. Within this context, the Kilimanjaro Christian Medical University College introduced a 13-week clerkship rotation in rural hospitals for third-year medical (MD3) students in 2012. To assess students' perceptions, and attitudes toward rural practice after graduation, we surveyed them after their rural rotation.

Structure/Method/Design: Anonymous questionnaires were administered to MD 3 students in April 2014. The questions assessed perceptions of the experience, and attitudes towards rural practice upon graduation. The perceptions were assessed using strength of consensus measures (sCns). The effect of the experience on likelihood for rural practice was assessed using Crude Odds Ratio (COR) at 95% Confidence Interval (CI), and 5% level of significance. Binary logistic regression analysis was used to determine predictors accepting rural practice after graduation with Adjusted Odds Ratio (AOR) at 95% CI, and variation assessed with Nagelkerke R².

Outcomes & Evaluation: One hundred and eleven MD3 students participated; 62% male; 62% < 25 years; and 72% direct from secondary school students. Overall, 81% MD3 students were satisfied with rural rotations (sCns = 83%). Likelihood of accepting to be deployed in rural practice after graduation was predicted by being satisfied with the rural rotation program (AOR, 4.32; 95% CI, 1.44-12.96; p, 0.009) and being male (AOR, 2.73; 95% CI, 1.09-6.84; p, 0.032). Also, being an in-service student increased the likelihood of accepting rural practice after graduation by 300% compared to enrolment direct from school, although the difference was not significant (AOR, 4.99; 95% CI, 0.88-28.41; p, 0.070). 29% of variation was explained these variables (Nagelkerke R², 0.289). However, students who joined school after health-related practice were almost 3X more likely to be satisfied than students direct from school, with no significant difference (COR, 2.6; 95% CI, 0.7-9.4; p, 0.310). Likewise, in-service students were more 2X more likely to be satisfied than direct from school students with insignificant difference (COR, 2.4; 95% CI, 0.9-6.4; p, 0.073). No significant difference was exhibited for students born in rural or urban areas.

Going Forward: The rural rotation program increased the likelihood of rural practice after graduation. More effort should be undertaken to further improve the program to increase student satisfaction with rural rotations, and hence likelihood for rural practice after graduation.

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Equitable access to global health internships: A pilot programme at the World Health Organization Headquarters (WHO-HQ)

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Program/Project Purpose: The World Health Organization Headquarters (WHO-HQ) office in Geneva, Switzerland, runs a competitive unpaid internship programme accepting over 400 interns per year, that can help launch careers in global health. However, access to these internships is not equitable. The vast majority of interns come from countries with a Very High Human Development Index - 72% of interns in 2011 and 80% in 2013. The high cost of living in Geneva and lack of salary are likely among the factors preventing those from low- and middle-income countries (LMICs) from completing internships at WHO-HQ. This inequitable representation squanders a valuable opportunity to build human resources for health in LMICs through experiential education. The Network of WHO Intern Alumni (NWIA), an organization of former WHO interns, is piloting a programme to promote equitable access to WHO-HQ internships by financially supporting interns from LMICs and advocating within the wider international community.

Structure/Method/Design: The NWIA is collaborating with the WHO Intern Board, an organization of current WHO-HQ interns, to develop this initiative. In the pilot phase in summer 2015, the NWIA aims to support 3 interns from LMICs, with the aim of expanding to support 15 interns per year. Funds for the pilot will be raised through online crowd-sourced platforms and publicized amongst former WHO interns. This initiative benefits from interaction with stakeholders at WHO-HQ, the support of the UK-based Royal Society for the Arts, and advisors affiliated with WHO and other global health agencies. Our objective is to advocate for all major global health agencies to provide more equal training opportunities for students from LMICs as part of their mandates for health systems strengthening through capacity building.

Outcomes & Evaluation: The pilot programme will be evaluated qualitatively and quantitatively. Supported interns will write an essay following their internship to discuss the impact of their experience. Additionally, they will be required to share their learnings from their internship upon return to their home country. Finally, the demographics of current WHO-HQ interns will be surveyed annually. Such surveys have been conducted in 2011 and 2013 in partnership with the WHO Intern Board.

Going Forward: This initiative's success is highly dependent upon the funds that can be raised for the pilot programme. An additional challenge is maintaining communication with current WHO-HQ interns, as the pool of interns is in constant turnover. To ensure long-term success, the NWIA is seeking support from additional partners who may play a longitudinal role in the initiative. We hope to build stronger relationships with organizations with similar aims to our own and with global health agencies, to raise awareness of equitable internship access as a critical method of investing in human resources for health in LMICs.

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Evaluating the global health service partnership: Year one and future directions

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