

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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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

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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