

was selected as the VH-ATTC hub, as it is the country's leading institution in coordinating curriculum development in many fields of medicine and public health. UCLA provides consultation to HMU in developing a plan to become a self-sustaining training and technical assistance resource.

**Outcomes & Evaluation:** The VH-ATTC has succeeded in building the capacity to develop a skilled and knowledgeable local workforce by establishing: master trainers with considerable technical knowledge and capabilities, an abundance of Vietnamese language materials, resources and curricula, and a website, newsletter and listserv. The VH-ATTC has been designated as a national training institution, and its staff members have provided technical assistance to clinics in more than 10 provinces. Evaluation activities are designed to determine whether the VH-ATTC is effectively providing ongoing workforce development and training resources, and meeting U.S. Government (GPRA) reporting requirements. Since its inception, the VH-ATTC team has carried out more than 60 trainings, 15 lectures on addiction science, and two large conferences; far exceeding projected GPRA targets (380+% of goal).

**Going Forward:** During Phase II, a second high-functioning VH-ATTC will be created in southern Vietnam at the Ho Chi Minh City University of Medicine and Pharmacy. The priority of this project is to expand training and technical assistance resources throughout Vietnam and strengthen the capacity of the addiction services system. The VH-ATTC at HMU will play a substantial role in mentoring the South VH-ATTC in the foundation components of a newly established VH-ATTC. By the end of the current work plan, each university will "own" their VH-ATTC, and will have developed a plan to generate revenue for sustainability beyond the project period.

**Funding:** Substance Abuse and Mental Health Services Administration (SAMHSA)

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### Qualitative mid-term evaluation of a maternal, newborn and child health training and research capacity building program in Kenya

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**Program/Project Purpose:** Kenya has made small gains on morbidity and mortality for Maternal, Newborn, and child health (MNCH) over the last 25 years. Mortality rates remain high at 400 maternal deaths per 100,000 live births and 73 deaths per 1000 live births for under-five mortality. Medical Education Partnership Initiative (MEPI) Linked award at the University of Nairobi (UON) has worked to improve MNCH through providing opportunities and support for graduate level research and training for healthcare professionals at eight decentralized Kenyan health centers. Trainings consist of short courses and emergency obstetrics and newborn resuscitation simulation (PRONTO).

**Structure/Method/Design:** A rapid assessment of 28 key informant interviews with administrators and clinical staff, as well as six focus group discussions from six of the sites, was conducted and gross data was disseminated to MNCH award leadership to evaluate the program and develop a final impact evaluation plan. A deeper analysis to develop a more nuanced understanding of how MNCH activities are influencing the work environment at the facilities is going to be conducted through thematic coding and analysis.

**Outcomes & Evaluation:** Healthcare providers reported that the presence of graduate students conducting research temporarily improved

quality of care and catalyzed change in clinical practices and policy. Having the students present provided extra hands for the overworked staff and brought current knowledge of best practices in clinical care to their teams. Several interviewees at one center reported a drop in pediatric mortality rates from 11% to 6-7% due directly to UON student and adjunct faculty presence. The nursing staff reported improved confidence and increased quality of care as a result of PRONTO simulation drills and constructive feedback of performance. Short course trainings led to development of new management systems.

**Going Forward:** Some institutional policies, such as internal and external rotation of staff, have reduced the potential effectiveness of the trainings. These frequent rotations need to be addressed at the policy level or trainings need to include healthcare workers who will be rotating through those areas in the future. Overall the impact of these interventions has been perceived as positive and effective by the centers and if they were expanded could have a much larger impact on MNCH in Kenya.

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### The global health leadership track: Collaborative training for future leaders in global health

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**Program/Project Purpose:** 1) To create a training program that develops collaboration across health disciplines. 2) To provide an educational foundation in global health that is applicable to all residency programs. 3) To bring residents together from multiple disciplines to share their unique areas of knowledge. Doing this, we aim to develop leaders in global health who will be capable of examining and improving health systems as much as individual medical conditions and who will appreciate the complex community factors that contribute to each individual patient.

**Structure/Method/Design:** The Global Health Leadership Track (GHLT) at the University of Virginia involves local didactics, international clinical training and international research. Didactics include: a two-week course on Global Health Policy and Implementation, a two-week course on Tropical Medicine, a monthly journal club organized on a rotating schedule by each GHLT department, and quarterly global health dinners on careers in global health. In addition to these required activities, most departments host monthly international rounds or telemedicine conferences. Residents travel internationally to sites that have typically been established by members of their department, allowing them to develop their medical skills in an appropriately supervised environment. As the sites become more established and faculty from other departments become involved, a more interdisciplinary group of residents will travel to the sites. In these locations residents do clinical work and research, guided by our local partners' needs.

**Outcomes & Evaluation:** The GHLT was started in 2010 by Family Medicine and Internal Medicine. For the first 4 years there were between four and seven GHLT residents. The GHLT now includes the departments of Emergency Medicine, Family Medicine, General Surgery, Internal Medicine, Pediatrics, and Radiology. There are currently 22 GHLT residents from across these departments. International clinical sites include locations in Guatemala, Uganda, Costa Rica, Rwanda and a community health rotation in South Africa. Areas of research for GHLT participants have included enteric infections, traditional mid-wives, peripheral vascular disease, tuberculous

meningitis, non-falciparum malaria, neonatal respiratory arrest, and cardiovascular disease risk factors. GHILT participants have also provided critical assistance in the development of community health worker training in noncommunicable disease in rural South Africa.

**Going Forward:** As the number of GHILT participants grows, so does our need for international partners. Developing these relationships must be gradual and this will continue to be an area of growth. With our current partners we are working on developing bi-directional exchange and increasing our connection through telemedicine case conferences. Finally, we will begin a more intensive evaluation process of our GHILT graduates to better quantify the value of the training they have received.

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### Collaborations between MEPI and NEPI at addis ababa university

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**Program/Project Purpose:** Collaboration between the Medical Education Partnership Initiative (MEPI) and the Nursing Education Partnership Initiative (NEPI) is critical for achieving the President's Emergency Plan for AIDS Relief (PEPFAR) goals of meeting the health care needs of persons with HIV within the health care systems of developing countries. Objectives: To describe the collaborative activities between MEPI and NEPI in Addis Ababa University, and demonstrate lessons learnt and their relevance for advancing health and workforce capacity and health systems strengthening in Ethiopia.

**Structure/Method/Design:** In 2010 and 2011 respectively, the MEPI and NEPI were launched in Ethiopia through PEPFAR funding awarded under the Health Resources and Service Administration (HRSA). The Addis Ababa University MEPI grant aims to: 1) Improve the medical education system by increasing number of physicians and quality of training; 2) Human capacity building and retention through enhanced recruitment and retention of qualified faculty; and 3) Enhancement of research and bioethics capacity. NEPI Ethiopia aims to produce clinically competent nursing and midwifery graduates to practice professionally, effectively and safely in diverse public health service settings. AAU utilized MEPI and NEPI support to respond to the Ethiopian government's HRH strategy, including dramatically increasing the number of medical students and resulting graduates, working to retain these new physicians in-country, and reaching out to support many of the newly established medical schools. The NEPI program is led by an Advisory Group that includes the Federal Ministry of Health, Ministry of Education, the nursing/midwifery education community, the ICAP Ethiopia NEPI Coordinating Center, and the USG.

**Outcomes & Evaluation:** MEPI has expanded the number of community-based sites, allowing large number of students have greater access to patients. They have launched a textbook initiative to significantly decrease the book to student ratio. Faculty are supported with research training opportunities, IRB resources, resources to present scholarly work at national and international conferences, and incentive pay for extra teaching load. MEPI has also been a leader in supporting the nationwide transition to a modular curriculum to be implemented at all Ethiopian medical schools. MEPI supported enhancement of the IT infrastructure of the College of Health Sciences, including the establishment of computer labs and internet

connectivity, providing wireless access in the compound. CHS faculty and students have been trained on the use of the learning content management system and the e-Library.

**Going Forward:** AAU and MEPI consortium partners are training significant proportion of the Ethiopian medical doctors and nurses. MEPI and NEPI have also enabled innovative ways and improved quality in training, and provided additional opportunities for faculty to ensure that they stay in Ethiopia and train future generations of physicians. MEPI investments have also facilitated improved employee work environment and professional development opportunities by fostering multidisciplinary approaches to patient care.

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### A qualitative assessment of the rapid scale up of medical students in Ethiopia: An evaluation at Addis Ababa University

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**Background:** Ethiopia has one of the most severe physician shortages in the world with only 2.5 physicians per 100,000 persons. To address this shortage, the Ethiopian government initiated a "flood and retain" policy to rapidly increase the number of physicians in Ethiopia. As a result, Addis Ababa University (AAU) School of Medicine has increased enrollment from 100 to approximately 350 medical students per class. The U.S. government funded Medical Education Partnership Initiative in Ethiopia (MEPI-E) has provided new and additional resources to strengthen the quality of medical education at AAU. The objective of this assessment was to evaluate the impact of the rapid scale up of medical students on the quality of medical education at AAU.

**Methods:** Qualitative, semi-structured, in-depth interviews were conducted with key informants in Addis Ababa, Ethiopia. The sample (n=22) consisted of faculty members, administrators and medical students. Respondents were selected for an interview if they were currently enrolled or employed at AAU School of Medicine. A gatekeeper at AAU provided access to respondents and additional medical students were recruited through snowball sampling. Domains of inquiry included perceptions on the quality of medical education as it relates to the rapid increase of incoming medical students, evaluation of newly implemented educational technologies, lessons learned and future programmatic directions. All 22 interviews were transcribed verbatim and analyzed with thematic analysis.

**Findings:** Several key themes were noted in the interviews with regarding the impact of the rapid scale up: 1) perceived decrease in the quality of medical education due to a marked increase in the number of medical students; 2) negative learning and teaching experiences; 4) need for infrastructure improvement to support increased numbers of students; 5) positive initiatives implemented by MEPI-E; and 6) low satisfaction with medical education for students and faculty.

**Interpretation:** The unprecedented rapid scale up of medical students has markedly impacted multiple facets of medical education at AAU. Initiatives developed and supported by MEPI-E are perceived to be enhancing the quality of medical education at AAU during a challenging period. The AAU and MEPI-E partnership provides insight for resource limited countries hoping to expand medical education.