

Outcomes & Evaluation: To date, what are the successes and outcomes achieved? Idea sharing & building coalitions, 2007-present. Memo of Understanding [MoU] signed by UC and MKU, 2011. "The MKU-UC Summit," Thika, Kenya: MKU and UC faculty met to discuss ways to share human, technical, material, and networking resources, 2012. Activities as listed below, 2007-present. Monitoring & Evaluation Results (if conducted) Faculty MKU to UC = 5 exchanges. Faculty UC to MKU = 7. Students UC to MKU = 2. Research = Three proposals written & submitted. Community = Hosting the national Water Summit at MKU Lodwar.

Going Forward: What are the ongoing challenges? Complex and conflicting bureaucracies; Consistent communications. Long-term goals: joint curricula, programming, degrees. How are/may future program activities change as a result? We will expand our current initiatives, li

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"Empowering rural women: An investment for the future"

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Program/Project Purpose: The objective of our project was to educate and connect forty rural, impoverished women in the district of Janamora, Amhara, Ethiopia through a series of reproductive health workshops that would serve to counter harmful, prevalent local practices such as early marriage, unsafe sex, and sexual violence/pressure. These practices preclude women from having a safe space to discuss the implications of these topics in their own lives. Our curriculum covered topics including puberty, female reproduction, menstruation, pregnancy, healthy relationships, sexual decision-making, sexual violence, STDs, and harmful traditional practices such as early marriage. In addition to the workshops, each participating woman received two sheep in a micro-investment scheme in the hopes that she would return to her own community with greater economic self-sufficiency and to act as a reproductive health educator and change-maker in her own right.

Structure/Method/Design: Our project took place over a two-week period in July 2014. We received support from the NGO ActionAid Ethiopia in recruiting our participants and purchasing sheep. Requirements for participation for the women included: literacy up to grade five, residency in one of the five adjacent villages in the district of Janamora, active participation, marital status, and membership within the lowest 10% of women in the government census' socio-economic records. Our program is sustainable in motivating women to continue dialogues on female health and gendered rights as they are eligible to join ActionAid women's watch groups, enabling them to serve as representatives and liaisons for their communities.

Outcomes & Evaluation: Post-program metrics confirmed high degrees of information retention, typically around 80-85% across the workshop units, through evaluation activities and post-lesson quizzes. To ensure the sustainability of the micro-investment component of our project in generating regular income for the women, the Janamora local government has promised its assistance in tracking the success of the program as a means of monitoring and evaluation. To date, each participating woman has received two sheep and a certificate that attests to her participation. ActionAid reports on the

successes of the women's watch groups and micro-investment scheme will be available in the coming year.

Going Forward: Due to the physical distance between us and the women, it is difficult to conduct frequent evaluation studies to measure program impact. We are reliant on local organizations to conduct studies and relay information to us, which ActionAid has promised to

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The effect of simulation education in teaching senior medical students advanced cardiovascular life support at a public teaching hospital in Guatemala city, Guatemala

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Program/Project Purpose: In the Latin American medical system, medical students function as a combination of student, nurse, and intern. Hospital Roosevelt in Guatemala City, Guatemala, is a public teaching hospital that treats a variety of chronic degenerative illnesses that are accompanied by cardiovascular complications. Quality Advanced Cardiovascular Life Support (ACLS) has been shown to save lives when appropriately administered, yet Roosevelt's medical students are not trained in ACLS algorithms. Previous research demonstrates that high-fidelity simulation education is effective when teaching resident physicians ACLS and improves patient outcomes. We investigated its effect in teaching senior medical students ACLS in a resource-poor environment through written materials and low-fidelity simulated workshops translated into their native language.

Structure/Method/Design: In this prospective, cohort study, medical students first taught themselves ACLS from documents written in Spanish. During the intervention, a certified ACLS instructor taught the general approach to an unstable patient, how to secure an airway, and ACLS algorithms in their native language using low-fidelity simulation. Participants completed pre- and post-intervention simulated code scenarios graded against a global three-by-three score and an itemized checklist. Two evaluators graded each scenario twice, at a one month interval. Students subjectively ranked their confidence with ACLS protocols pre- and post-intervention on Likert surveys.

Outcomes & Evaluation: Random effects linear model identified a statistically significant mean increase of 3.833 (p=0.0037) in global three-by-three scores and of 3.833 (p=0.0014) in total checklist scores after simulation education. Intra-rater and inter-rater scores correlated well for global scores (r 0.965, 95% lower bound 0.921 and r=0.914, 95% lower bound 0.715, respectively) and for total checklist scores (r=0.956, 95% lower bound 0.900 and r=0.896, 95% lower bound 0.666, respectively). Students demonstrated significant increase in their comfort with ACLS protocols after simulation education on Likert scale responses. Outcomes: This study demonstrates that simulation education translated into participants' native language is an effective medium for teaching medical students ACLS in a resource-poor environment. It also improves their confidence with ACLS algorithms.

Going Forward: This was a pilot study. The next step would be to make it a mandatory course for all junior and senior medical students and measure the change in their ability to apply ACLS algorithms in simulated scenarios. A long-term post-intervention simulated code s

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