

Interpretation: As emergency medicine continues to develop in Colombia, more residency programs are expected to emerge with a focus on standardization of training across the country. Faculty development and sustainability of academic pursuits will be critically important. In the long-term, the specialty will need to move towards certifying board exams and professional development through a national EM organization.

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The PIERS on the Move mobile health application

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Program/Project Purpose: To develop a simple decision aid for triage and treatment of women with hypertensive disorders of pregnancy (HDP) in low-resourced settings that can be sustainably implemented through public/private partnership.

Structure/Method/Design: The PIERS on the Move app uses a simple graphical user interface to assist the health care worker user with triage and treatment decisions based on validated clinical risk assessment models that identify women with a suspected hypertensive disorder of pregnancy at greatest risk of developing severe adverse maternal complications, such as eclamptic seizures or antepartum haemorrhage, within 48 hours.

Outcome & Evaluation: From 2012 - present, this app has been evaluated for usability and feasibility for large-scale implementation at primary health care level in a large multicounty cluster RCT, the Community Level Interventions for Pre-eclampsia trial (NCT01911494). During the pilot trial phase 8370 women were cared for using the app and 302 triage or treatment decisions were made. The definitive trial phase is expected to conclude in December 2017 and will establish impact of task-shifting antenatal care to community based health workers using the PIERS on the Move app on combined maternal and perinatal mortality or severe morbidity.

Going Forward: As the CLIP trial concludes, significant additional work will be required to ensure sustainability of the program through integrate into a health system. In order to transition from the context of a clinical trial to a sustainable scale-up, we have established an industry partner to design a commercial product based on our app. Through the CLIP trial process evaluation, we will identify the policy maker and end-user needs and requirements for designing a sustainable product. This will likely include expansion of the scope of the app beyond the HDP, depending on the local health system needs. A quick and effective method of iteratively testing and refining updates to the application in response to these policymaker and end-user needs will be required to maintain certainty of effectiveness as we transition from health services research to scale.

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Assessing the Impact of Standardized Educational Curriculum Modules on Medical Interns' Preparedness for Independent Practice in Botswana

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Program/Project Purpose: Currently, there is no standardized internship educational curriculum in Botswana. Medical school graduates participate in one year of internship training, after which they are assigned to practice independently as medical doctors. Challenges to training in this setting include variability in medical school backgrounds of interns and in clinical resources and supervision across eight internship sites. This project seeks to address these issues through the implementation of standardized educational curriculum modules at internship sites across Botswana.

Structure/Method/Design: Following a needs assessment using structured interviews of 14 medical interns, we developed a process for generating over 100 content-hours of curriculum materials in internal medicine. The curriculum content was developed by physicians with experience working in the Botswana healthcare context and peer-reviewed by five "lead editors." An implementation pilot currently underway is nested within a national prospective cohort study of medical interns, using pilot-site interns as the intervention group and interns at other sites as the control group.

Outcome & Evaluation: Evaluation of the curriculum is being conducted using the W.K. Kellogg Foundation Outcomes Logic Model. Basic outputs include the curriculum format/content and intern satisfaction, as assessed by questionnaire at the completion of training. Outcome and impact assessment will utilize paired questionnaires before and after the internship year to measure the degree of change within individuals at intervention and control sites with regard to the following: medical reasoning domain scores on a structured knowledge assessment, self-assessed preparedness scores across 32 clinical practice domains, self-rated confidence scores across 14 clinical skills domains. Baseline data for 53 participants (98% of incoming interns) were collected in August 2016 and paired follow-up data will be collected in August 2017. Interim data regarding outputs (curriculum details) and outcomes (baseline knowledge and skills scores) will be reported.

Going Forward: The internal medicine curriculum package is being piloted from August 2016 through August 2017. After a final editorial revision, the curriculum will be disseminated nationally in August 2017. If successful, curriculum initiatives in obstetrics and gynecology, surgery, and pediatrics will follow and will lead to the