

Outcome & Evaluation: Educational, infrastructure and financial objectives were identified and elaborated into a three phase, 15-year plan. Educational strategic objectives emphasized stability of student enrollment, clarity of academic programs, overcoming limited availability of qualified physician educators including their recruitment and retention, implementation of digitized “flipped-classroom” curriculum, student-services provision, and government-academic partnerships. Infrastructure emphasized national accreditation standards for healthcare facilities and human-centered built infrastructure for education and patient care. Local epidemiology was considered to determine ordering and scale of addition of patient facilities and specialty services. Financial objectives included stability of annual budgets, establishment of borrowing, savings and debt strategies, development of capital projects including opening of University Development and Alumni Affairs bureaus, and growth of faculty and staff salaries and student aid.

Going Forward: The qualitative process of human-centered design coupled with quantitative analysis of infrastructure and financial assets and needs empowers nascent institutions to plan for growth, operating beyond timescales and the perspective of immediate challenges for the realization of the long-term institutional vision and mission.

Source of Funding: Funding for this work was received from the Autodesk Foundation (San Francisco, CA, USA).

Abstract #: 2.054_HHR

Assessing Clinician Compliance with National Guidelines for Pediatric HIV Care and Treatment in Rwanda

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Background: Children infected with HIV in resource-limited settings such as Rwanda do not fare well; it is estimated that, without treatment, more than half of HIV-infected children in sub-Saharan Africa will die before age two. Over the past decade, Rwanda has made great strides in increasing access to antiretroviral therapy (ART), however, obstacles remain, particularly for children, including difficulties with early HIV diagnosis, commencement of a treatment plan, and retaining children in long term care.

Methods: A retrospective cohort of 932 pediatric patients (<15 years old) who commenced ART between 2007 and 2009 were analyzed for adherence to National HIV Treatment Guidelines, specifically whether standard protocols were followed for: recording weight before and during ART treatment; prescribing Bactrim prophylaxis to all; screening and providing treatment of tuberculosis (TB); meeting eligibility criteria for starting ART; and whether the correct ART regimen was prescribed. 90% compliance with these measures is the minimum expected threshold for providers in the country.

Findings: While 97.1% of patients had their weight checked at ART start, only 47.5% had their weight checked at every subsequent visit (i.e., 6, 12, 18, and 24 months and the most recent visit). For Bactrim prophylaxis, 94.8% of patients were correctly prescribed medication, but 3.0% did not have documentation. 92% of children

were screened for TB at ART initiation. Of those that screened positive, 25.1% were treated for active TB and 15.2% did not have any documentation. Overall, only 73.4% of patients met all of the eligibility criteria for starting ART according to the national guidelines. Of those that did not meet the criteria, 79.0% started ART earlier than recommended, and 21.0% did not have documentation. Additionally, only 67.0% of ART regimens were correctly prescribed based on national guidelines. Of the patients co-infected with TB, only 53.5% received a compatible ART regimen.

Interpretation: Although Rwanda has surpassed many other sub-Saharan African countries for scaling up ART, further efforts focused on educating providers about current national protocols will be necessary to obtain the best HIV-related outcomes for the population.

Source of Funding: 2016 Student Global Health Interprofessional Grant, Center for Global Education Initiatives, University of Maryland, Baltimore.

Abstract #: 2.055_HHR

The Naiku Dee (Good Teacher) Training Project for Medical Educators in the Lao People’s Democratic Republic

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Program/Project Purpose: Lao PDR has set a goal to, “Ensure that all the Lao people have access to healthcare,” as part of their Health Strategy 2020. However, non-qualified health providers and shortages of medical educators continue to be an obstacle. The *Naiku Dee Training Project for Medical Educators* is a four year educational and mentorship program directed by Health Leadership International (HLI) to create a cohort of Lao medical educators to address this need.

Structure/Method/Design: The program will take place between January 2017 and December 2020. Participants consist of four current medical residents with an interest in medical education at the University of Health Sciences in Vientiane, Laos. The program faculty are volunteer physician members of HLI. The residents will be paired up with HLI physician mentors throughout the four year project. Yearly, two-three week training sessions will be held where residents will learn theories and different teaching modalities, participate in a Medical Educator Training of the Trainer course, and serve as HLI co-faculty in the Emergency Clinical Training course at Colleges of Health Sciences in Lao PDR. The Lao residents will then participate in a 4-6 week faculty development and skill enhancement short-term fellowship in the United States.

Outcome & Evaluation: Evaluations to assess the resident’s understanding and ability to apply acquired knowledge will be performed through yearly pre-post tests and peer and faculty evaluations. Residents will maintain a reflective journal log to document their application of course content in both their clinical and teaching practices. They will also identify new areas of learning to be covered during the yearly HLI training sessions. This ongoing evaluation of the project will help in improving the resident’s daily clinical practice and their future roles as medical educators.

Going Forward: Fostering a learning environment that promotes scholarship and professional development of medical educators will not only build capacity but also improve the overall quality of health care in the Lao PDR.

Source of Funding: None.

Abstract #: 2.056_HHR

Factors Affecting the Implementation of a Mental Health Training Program in Tunisia: Perspectives of Trainers and Tutors

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Background: Due to a shortage and an uneven distribution of mental health specialists in Tunisia, general practitioners (GPs) receive between 30–40% of mental health consultations. However, it is not uncommon for them to lack knowledge and skills to adequately address mental illness. To address this gap, a mental health training based on the World Health Organization (WHO) Mental Health Gap Action Programme (mhGAP) Intervention Guide (IG) was implemented in the Greater Tunis Area of Tunisia. This initiative follows international efforts which seek to build the mental health capacity of non-specialists. We aim to describe emerging factors affecting the implementation of this training, from the perspectives of psychiatrist-trainers and GPs responsible for continuing medical education (tutors).

Methods: Semi-structured group interviews were conducted with the psychiatrist-trainers (3) and tutors (5) after the completion of the training. Interviews were audio-recorded, transcribed verbatim, and analyzed using thematic analysis based on Chaudoir et al. (2013)'s implementation model.

Findings: Four implementation factors emerged from the data, and were identified as enablers or challenges to implementation. First, enabling *structural factors* include support during the training from the Ministry of Health, the WHO and regional directors. Challenges include the continual presence of mental health stigma. Second, enabling *organizational factors* include strong infrastructure for continuing medical education. Challenges include lack of resources (ex., psychotropic medication) in primary healthcare clinics. Third, both enabling and challenging *provider factors* include the level of GPs' personal motivation to ensure that mental health is integrated in clinical practice. Last, enabling *innovative factors* include the practicality of the training; challenges include scheduling.

Interpretation: Factors influencing the implementation of the training helped us understand particularities about the local primary healthcare setting; the perception of mental health in primary care; and issues that may arise when scaling up or sustaining this training.

In addition, these findings will be used to explain the results of an effectiveness trial, which aims to evaluate the impact of the training on GPs' clinical practice.

Source of Funding: The presenter (JS) is supported by Fonds de recherche du Québec - Santé (FRQS, 33774) and Mitacs Globalink (research fellowship, #IT06835). The study is funded by Institut de recherche en santé publique de l'Université de Montréal (IRSPUM) - New Initiative Grants.

Abstract #: 2.057_HHR

Evaluating Residents' Perceptions of Post-Graduate Training Programs at St Paul's Hospital Millennium Medical College (Addis Ababa, Ethiopia)

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Program/Project Purpose: Physician migration remains a limiting factor in healthcare delivery throughout Ethiopia despite efforts to increase the number of physicians. University of Michigan Health System (UMHS) efforts in Ghana have provided a highly effective model for physician retention through postgraduate training programs. In 2012, a similar partnership was launched with St. Paul's Hospital Millennium Medical College (SPHMMC) in Ethiopia.

Structure/Method/Design: The purpose of this study was to assess perceptions and effectiveness of postgraduate training programs at SPHMMC, defined in terms of ensuring retention and adequately preparing physicians for satisfying national careers. Surveys would also evaluate for what types of in-country opportunities would increase desire to continue practicing in Ethiopia. Anonymous surveys were distributed to residents in the departments of Internal Medicine (IM), Pediatrics, Obstetrics and Gynecology, and Surgery at SPHMMC. Thematic data analysis was completed in Qualtrics.

Outcome & Evaluation: Compared to 40% medical students surveyed in their final year of training, no residents of the 39 surveyed (50% response rate) had plans to leave Ethiopia. While some were unsure (N=10, 26%), most planned to stay for their whole career (N=29, 74%) to improve healthcare delivery, serve as role models, and stay near family. Those unsure ranked higher salaries equally with opportunity to utilize unavailable technologies, followed by desire for specialty training. Many cited UMHS partnership as a reason to train at SPHMMC (N=15, 40%), and agreed or strongly agreed that their training would offer a satisfying career (N=25, 64%). A majority of those who did not agree were IM residents, with only one agreeing (N=11, 9%). Of the other programs, 24 residents agreed (N=28, 86%). Overall, residents were unsatisfied with research (N=23, 59%) and leadership training sessions (N=33, 94%), as well as other learning resources including simulation centers, computers, and reference material.

Going Forward: In order to ensure that physicians are equipped with the skills necessary for a satisfying career in Ethiopia, the partnership should be expanded to include additional research and leadership trainings. Efforts should also focus on improving the existing learning resources, and continuing to develop subspecialty training