

confidence in the ability to present a clinical case, and 100% reported they were less afraid of caring for patients with HIV. Ninety percent reported the rotation was useful for their education. All nine mentors reported increased confidence in their mentoring skills and improved job satisfaction.

Going Forward: A pilot of early longitudinal clinical training in community-based HIV clinics improved student confidence in history and physical examination skills, reduced fear of HIV patients, improved the mentoring skills of community based clinicians and served as a model for introducing students to the outpatient management of chronic disease. The lessons learned from this pilot will inform the university's planned expansion of community-based clinical training opportunities.

Funding: US Centers for Disease Control through Cooperative Agreement 1U2GGH001140-01.

Abstract #: 01ETC078

Management in global health education: A new health innovation fellowship in central America

A. Prado¹, L. Figueroa², C. Barry², N. Bertelsen³; ¹INCAE Business School, San Jose, CR, ²Central American Healthcare Initiative, San Jose, CR, ³New York University School of Medicine, New York, NY/US

Program/Project Purpose: Interprofessional education is increasingly recognized as fundamental for health education worldwide. Although effective management is essential for health care improvement, business schools have been underrepresented in global health education. Here we report the Health Innovation Fellowship (HIF), a new training program created for practicing health professionals offered by the Central American Healthcare Initiative (CAHI) and INCAE Business School, Costa Rica. The initial period for this annual program is July 2014 to February 2015. HIF aims to catalyze improvements in the quality, efficiency, and delivery of healthcare for Central Americans in greatest need.

Structure/Method/Design: HIF's goal is to provide training in management and leadership for fellows, in order to carry out an innovative health care improvement project in their local region. Participants are selected based on a submitted outline for their proposed project, and why it is innovative and relevant within their current local health care system. The initial cohort of 16 fellows represent eight health-related professions in six Central American countries. HIF is supported by CAHI stakeholders. Desired outcomes for HIF include successful completion of each fellow's project, and providing a positive impact on achieving their goals. All fellows attend four one-week on-site modular training sessions, receive ongoing mentorship, and stay connected through formal and informal networks and webinars to exchange knowledge and support each other. Viability is encouraged by creating a network of increasingly sustainable projects and health professional leaders across Central America, with each successive annual training program.

Outcomes & Evaluation: Preliminary data are positive. During each on-site training module, fellows present updated project profiles, which are compared to their earlier project profiles to track progress. A "check-out" process has fellows set concrete goals and timelines to accomplish by the next module, and a "check-in" process reports whether they achieved their previous goals. After the first and second modules, 100% of the fellows considered HIF and its training sessions as "very good" or "excellent" toward meeting their project's goals. More than 50% of the projects have found either financial or political support for their implementation. Upon

completion of HIF, fellows complete a quantitative-qualitative exit interview to measure 1) project outcomes and 2) the fellowship's impact on their project design, implementation, quality and effectiveness.

Going Forward: Strengths include that both leadership and trainees come from the Global South, and that HIF offers a Global South platform to collaborate with partners in the Global North. Across sites, common themes are defined and unique lessons are learned. The seven-month period is a challenge, which is short for health system improvement efforts. By focusing on innovation and management within a Central American school of business, HIF is a novel capacity-building effort within global health education efforts.

Funding: HIF is funded by CAHI.

Abstract #: 01ETC079

Culturally adapted obstetrics training course for traditional mayan birth attendants: Evaluation of knowledge

R. Rana¹, T. Shirazian²; ¹Rowan University School of Osteopathic Medicine, Lodi, NJ/US, ²Icahn School of Medicine at Mount Sinai, New York, NY/US

Program/Project Purpose: Guatemala has the third highest maternal mortality rate in Latin America, with 140 maternal deaths/100,000 live births. Majority of Guatemala's maternal deaths occur among indigenous Mayan women. Traditional Mayan birth attendants with minimal formal obstetric training provide majority of prenatal and delivery care in rural settings. Because they are first line providers for many rural Guatemalan women, proper training is necessary to give women the care they need. We assess knowledge before and after a culturally adapted 16-week curriculum on basic obstetric practice and emergency management.

Structure/Method/Design: The purpose of this project is to determine the ability to provide formal obstetric training and to assess whether Traditional Birth attendants, with minimal education training can effectively be taught to manage pregnancy and address acute complications during delivery. Twenty-three women were recruited in Santiago Atitlan through a local hospital partnership with the ministry of health. Majority had a maximum of 1 year of formal healthcare training as community health workers. The women came from various education levels ranging from no education to completion of high school. Local providers and Saving Mothers volunteers taught 3 didactic modules with 29 4-hour sessions in Spanish. On the first day of each module, participants received a pre-test that was repeated the last day of that module.

Outcomes & Evaluation: Average cumulative scores improved by 17% points between pre and post tests ($p=0.000002$). Module 1, 2, and 3 scores improved by 16% ($p=0.005$), 18% ($p=0.004$) and 17% ($p=0.004$) respectively. Prior to the course, only 35% of participants scored correctly in multiple basic knowledge areas such as anatomy, physiology, and pregnancy diagnosis/management. Post-test assessment improved by 20 to 35 % but knowledge in anatomy/physiology still remained lowest. Participants' strongest baseline areas were Newborn Assessment/Care, Labor & Delivery, and Family Planning. Knowledge in obstetrical management, such as labor and delivery, emergency complications, postpartum care and sterile techniques, improved by 20-30% after the course.

Going Forward: Baseline knowledge of obstetrics and anatomy was low in this Mayan birth attendant population. A formal education led to a measurable increase in knowledge despite low levels in education and prior experience. Care should be given to create

culturally appropriate educational material that leads to an increase in knowledge retention and greater emphasis on female anatomy and physiology.

Funding: Saving Mothers, a 501 c3 nonprofit organization

Abstract #: 01ETC080

Emergency medicine education in low-resource settings: A residency program model from Haiti

S. Rouhani¹, R.H. Marsh¹, K. Checkett², C. Edmond³, L. Rimpel³,
¹Harvard University, Boston, MA/US, ²Hopital Universitaire de Mirabalais, Chicago, IL/US, ³Hopital Universitaire de Mirebalais, Mirabalais, Haiti

Program/Project Purpose: Globally, including in resource-limited settings, a significant proportion of the global burden of disease could be addressed by quality emergency care. Despite this, emergency medicine (EM) specialists are rarely available in low and middle-income countries. In Haiti, there are no current EM residency training programs. The newly established EM residency at Hôpital Universitaire de Mirebalais (HUM) aims to train emergency medicine specialists in Haiti to address this gap.

Structure/Method/Design: The residency program was developed and is run in conjunction with the Haitian National Medical School, Ministry of Health, HUM, and the non-governmental organizations Zamni Lasante/Partners In Health. The program is a three-year residency in EM, with a curriculum adapted from that of the Accreditation Council for Graduate Medical Education (ACGME) and the African Federation of Emergency Medicine. The permanent program faculty consists of three US-trained board certified EM physicians (a program director and two departmental co-chairs), and two Haitian family physicians with emergency medicine work experience and a six-month certificate in EM. Given the limited in-country capacity, EM physicians from the United States and Canada volunteer as visiting professors and provide bedside teaching, clinical supervision, and didactic lectures. Over time, as the Haitian EM community is developed, the residency will transition to an entirely Haitian run program.

Outcomes & Evaluation: The first class of EM residents began in October 2014. Residents were selected through a written examination and scored interviews. Throughout the program, resident performance will be evaluated with faculty evaluations and written annual examinations. Logbooks will be used to verify that residents meet the required number of procedures, ultrasounds, and supervised cases. Residents must pass an end of residency competency examination. Lastly, residents, permanent and visiting EM faculty, and Haitian medical education leadership will evaluate the residency program as a whole. This includes an evaluation of the residency model, which relies on a combination of transient and permanent faculty.

Going Forward: There are a number of challenges to the first EM residency in Haiti, including local leadership, curriculum adaptation, and sustainability. Currently, the program relies heavily on visiting EM faculty. We anticipate the new Haitian residents and faculty will assume program leadership over the next 3 years, with support from permanent and visiting EM faculty. Additionally, existing EM curricula are being adapted to fit the Haitian context and burden of disease. Lastly, the program will require full integration into the Haitian medical education system, permanent funding, and further professionalization of the specialty to ensure its sustainability. The program structure is designed to be adaptable yet robust to meet these challenges.

Funding: Funding for the residency is included within the operational budget of HUM, which is supported by Partners In Health, the Haitian government, and private donors.

Abstract #: 01ETC081

The Toronto international program to strengthen family medicine

K. Rouleau¹, G. Marcos², K. Cassia², K. Israel³, R. Jamie¹, P. Ruiz¹, S.J. Aileen⁴; ¹University of Toronto, Toronto, ON/CA, ²Clinica da Familia, Rio de Janeiro, Brazil, ³Partners in Health, Haiti, Saint Marc, Haiti, ⁴University of the West Indies, Mona Campus, Kingston, Jamaica

Program/Project Purpose: Context: Family Medicine in Canada is highly regarded internationally, with family physicians comprising 51% of all Canadian physicians. Why the program is in place: The Department of Family and Community Medicine (DFCM) at the University of Toronto is frequently approached to collaborate in the development of family medicine internationally. Program: In 2013 the DFCM launched a program for international leaders engaged in strengthening family medicine through policy, academia or care delivery in their contexts. Aim: The goal of the program called TIPS-FM (Toronto International Program to Strengthen Family Medicine) is to enhance leadership capacity in family medicine and primary care, building on lessons learned in the Canadian and global context.

Structure/Method/Design: The two week program includes workshops, site visits to clinics and community organizations and mentorship from top Canadian faculty. Participants are encouraged to adapt lessons learned where possible. The program also offers opportunities for cross cultural exchange and serves to spark collaborations and the formation of networks among participants. Desired Outcomes: By the end of the program, participants have a deeper knowledge and understanding of key policy and medical training features to strengthen family medicine, describe key challenges and next steps, and apply lessons learned to the development of family medicine in their contexts. Participants/Stakeholders: The course is open to family physicians, primary care professionals, policy and academic leaders. Capacity Building/Sustainability: Both senior and junior DFCM faculty are recruited to teach in the program. Plans for the future include the involvement of the program's graduates as faculty.

Outcomes & Evaluation: Successes/outcomes achieved: Two cohorts and 17 professionals have completed the program. Participants have included a mix of clinicians, educators, policy leaders and administrators from Shanghai China, Jamaica, Haiti, Brazil, Ethiopia and the United States. Evaluation results: Evaluations have been outstanding with the majority of participants rating the course as excellent. Participants have highlighted learning about family medicine training in Canada as particularly informative and relevant to the development of the discipline in their context.

Going Forward: Ongoing Challenges: Enrollment remains our main challenge. While numerous inquiries indicate a keen interest in the program, tuition has limited participation despite the provision of financial assistance. Unmet goals: Despite efforts, participants to date have not produced a strategic plan or a draft article as planned in the curriculum. How may future program activities change as a result: Future participants will be contacted prior to their arrival in Toronto and will be primed to identify a focus for their academic product.

Funding: This is a self-funded program with limited tuition support. Efforts are being made to secure funds for scholarships to support participants who may otherwise not be able to partake in the program.

Abstract #: 01ETC082