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Program/Project Purpose: In preparation for regional cancer screening programs in Liberia, South Africa and Grenada a program to educate local nursing staff in performing gynecologic examinations, including speculum exams, collecting smears, performing visual inspection with acetic acid and cryotherapy procedures training was implemented in each country.

Structure/Method/Design: Educational Intervention consisting of didactic curriculum training, program manual, training tools utilizing simulation models and one-on-one supervision. Pretest followed by a workshop and post-test to assess impact were performed for all 3 groups of nurses.

All trainees were supervised in performing 50 VIAs and 10 cryotherapy procedures before they screened independently.

Six-month interventions at all three sites were used to assess quality, and reinforce training.

Outcome & Evaluation: In South Africa 5 nurses were trained. Post test assessment showed increase in knowledge regarding HPV, its association with HIV, prevention and treatment strategies. Five trained nurses screened 596 HIV positive/at risk patients with VIAs over one year. Clinical assessment showed improved skills in speculum examination and cryotherapy treatment procedures.

In Liberia 14 nurses were trained. Post test assessment showed increase in knowledge regarding HPV, prevention and treatment strategies. Fourteen trained nurses screened 978 patients over a period of 2 years and performed VIAs on all patients. Clinical assessment showed improved skills in speculum examination, visual inspection of the cervix and cryotherapy treatment.

In Grenada 60 nurses were trained. Post test assessment showed increase in knowledge and clinical assessment showed increase in clinical skills. 60 trained nurses screened 500 women over one year.

In South Africa and Liberia, training improved nurses' clinical skills and knowledge, improved interaction with patients and all nurses reported a sense of empowerment and ownership of the programs. In Grenada nurses reported increased clinical skills and ownership; training resulted in a change in country wide policy that allowed nurses to perform procedures independently. The program in Grenada is still ongoing.

Going Forward: Educational programs in cervical cancer screening should be tailored to meet the gaps in knowledge of trainees and available resources. Supervision and interval reinforcement of training is essential to the sustainability of these programs.

Source of Funding: The Women Global Cancer Initiative www.thewomen.org.

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Developing a Comprehensive Cancer Education Program to Increase Clinical And Research Capacity in Mozambique

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Program/Project Purpose: In 2011, cancer surpassed coronary heart disease and stroke as the leading cause of death worldwide. 14.1 million new cancer cases and 8.2 million cancer-related deaths

occur annually worldwide. 57% of new cases and 65% of cancer deaths occur in Low and Middle Income Countries (LMICs), and some cancers occur primarily in LMICs. For example, 90% of cervical cancer deaths occur in LMICs and cervical cancer is the most frequent cause of cancer mortality among women in Sub-Saharan Africa. Currently there are not enough medical specialists to provide prevention, screening and treatment services. For example, there are 245 physicians per 100,000 people in the US and 4 physicians per 100,000 people in Mozambique.

The aim of this program is to increase clinical capacity and to improve cancer prevention and treatment services, ultimately reducing cancer mortality, and to build on these partnerships to develop joint research projects.

Structure/Method/Design: Our cancer education program has three complementary components: 1) Strong partnerships with four academic institutions in Brazil, the Ministry of Health of Mozambique, Maputo Central Hospital and the General Hospital of Mavalane to develop educational programs and collaborative research; 2) Use of video-technology to deliver a regular telementoring program; and 3) In country, hands-on training twice a year. Collaboration with Brazilian institutions facilitates communication, and provides clinical expertise and opportunities for additional partnerships through provider exchanges. The telementoring component uses the Project ECHO® model, a program developed at the University of New Mexico, to engage providers in a horizontal manner, through videoconferencing and regular case-based discussions.

Outcome & Evaluation: To date 113 training hours have been provided through videoconferences to an average of 11 participants in breast, cervical and head & neck cancers. Two in-country workshops have provided an average of 1,000 training hours to about 100 providers in diagnosis and surgical management of breast cancer, pathology, colposcopy, LEEP (Loop Electrosurgical Excision Procedure) and surgical management of cervical cancer, medical oncology, surgical management of head and neck cancer, oncology nursing, palliative care support and radiation physics.

Going Forward: A funded joint research project is underway to demonstrate the feasibility of using HPV DNA testing for cervical cancer screening.

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Exchange the World: Clinical and Research Exchanges as a Means to Promote Understanding of Other Health Care Systems in Medical Students

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Program/Project Purpose: The Quebec chapter of the International Federation of Medical Students' Associations (IFMSA-Quebec) organizes annually over 130 nonprofit, student-run clinical and research exchanges in 39 countries, which are recognized as credited courses in 3 of 4 medical faculties. Its objective is to