

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.

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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.

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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.