

Cessation clinics are needed to help smokers who desire to quit. Increased awareness on the dangers of smoking and the use of alternative culturally significant products should replace tobacco products currently being used as cultural artefacts in some parts of Southern Nigeria.

Funding: Partly funded by a doctoral research grant from the University of KwaZulu-Natal, South Africa.

Abstract #: 1.025_MDG

Examine the critical thinking capabilities of Chinese urban and rural medical students

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Background: Global Minimum Essential Requirements (GMER) indicated critical thinking is an essential competency a medical graduate should possess. This study was to investigate the disposition for critical thinking that Chinese medical students possess, exam the differences between urban and rural areas, and to explore the impact of current trends in medical education on the cultivation of these students' critical thinking capabilities.

Methods: We used Multistage Stratified Cluster Sampling to recruit a total of 1241 medical students, from three different levels of the medical schools in China (Shanghai; Soochow, Jiangsu; and Gannan, Jiangxi), and in five different years of training. The Critical Thinking Disposition Inventory–Chinese Version (CTDI-CV) was used to collect cross-sectional data. One hundred and twelve students underwent a scrutinized longitudinal study between their third and fourth years.

Findings: The mean CTDI-CV score of the total population of 1241 was 287.04. 729 (58.7%) received a 280 or higher. There is a significant difference between the urban and rural medical students ($p < 0.05$). Statistically significant differences were also found among years of school attended, GPA, time spent learning after class, medical students' attitude toward medicine, desire to be a doctor after graduation, and perception of critical thinking. Chinese students scored the highest on "Inquisitiveness" and the lowest on "Truth seeking" for CTDI-CV subscale. The 112 students in the longitudinal study had significantly lower CT subscale scores and percentage possesses positive CT disposition (>280) after one academic year.

Interpretation: Even though Chinese medical students demonstrate a positive disposition for critical thinking in general, there is a disparity between urban and rural medical students. Moreover, the Chinese system of medical education may not do enough to stimulate critical thinking skills in the students it cultivates. That is, there exists a gap between current critical thinking abilities and the standard for which they should strive for. Chinese medical schools should

institute reforms to their traditional curricula, teaching methods, and evaluation systems, as a means to bridge these gaps and further develop critical thinking abilities within their medical students.

Funding: None.

Abstract #: 1.026_MDG

Assessment of perinatal outcomes, health practices and health system capacity in Solukhumbu, Nepal

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Background: Despite recent investments in maternal-neonatal health services in rural Nepal, deficiencies in care persist. Limited information exists about the quality of maternal-neonatal (MN) health services, current care practices and capacities.

Study objective: To assess maternal-neonatal care capacity, health practices and outcomes in Solukhumbu District.

Methods: We evaluated 16 health facilities (HFs) in Solukhumbu using a previously validated HF assessment tool for MN care quality and care capacity. 9 of these HFs were also birthing centers (BC) that provide basic obstetric and neonatal care services. We conducted focus group surveys with HF providers and reviewed HF medical records. We randomly surveyed families who utilized MN care services in the preceding 12 months and assessed care quality through a previously validated questionnaire about evidence based care interventions. Qualitative and quantitative methods were used to characterize our findings.

Findings: All HFs (16/16) provided antenatal services, and 88% had nurse midwives available 24 hours per day. At BCs, 33% had functional delivery sets per government standards. 100% had neonatal resuscitation equipment; only 11% reported knowing how to properly use it. 89% of BC staff were trained in the management of neonatal asphyxia; 25% felt this training was adequate. 75% of providers identified additional training and delivery equipment as a top priority.

55 families with a delivery during the past year were surveyed. 100% had at least 1 antenatal visit; 72% had at least 4 visits. 60% were counseled on birth preparedness and pregnancy complications. 45% of deliveries were at any HF, and 47% were attended by a skilled provider.

HF records revealed a total of 346 deliveries in the past 12 months; there were 15 neonatal deaths, 15 stillbirths, and 2 maternal deaths. 32% of women experienced a pregnancy danger sign, only 22% of them were referred for higher care. 46% of newborns were weighed at birth and breast-feeding was initiated within 1 hour of birth in 68% of cases. 32% of newborns had symptoms consistent with suspected neonatal sepsis.

Interpretation: Significant challenges in perinatal care delivery, primarily for intrapartum and postpartum care, persist in Solukhumbu. Targeted interventions are highly needed.

Funding: None.

Abstract #: 1.027_MDG