Use of simulation to support role development for nurses and MBBS doctors in Nepal

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Program/Project Purpose: Context Nursing and medical education in Nepal is based on rote learning, and does not introduce skills of initiative and critical thinking until after the student is already in a work environment. Program/Project period 2011 to present. Why the program/project is in place, in one or two sentences: to model teaching techniques and promote adoption of best practices at all MBBS programs and nursing schools in Nepal. We teach a two- or three-day interactive class based on teamwork principals as in American Heart Association Advanced Cardiac Life Support, adapting the methods to Nepali learning style. Aim embed the training.

Structure/Method/Design: Program/Project Goals, Desired Outcomes teach situational awareness and flexible emergency response skills in clinical problem-solving, as well as rapid emergency response skills. Participants and Stakeholders: How were they selected, recruited? MBBS medical students about to graduate. Capacity Building / Sustainability: What is the plan, structure in place to encourage viability? To develop local expertise at every participating medical and nursing school by identifying leaders

Outcome & Evaluation: To date, what are the successes and outcomes achieved? We trained 2,130 nurses and doctors. About 800 of these in Kathmandu Valley were on site when the April 2015 earthquake struck. Monitoring & Evaluation Results (if conducted) student self-reporting of changed outlook in initiating and participating in resuscitation as well as preventing "failure to rescue" events.

Going Forward: What are the ongoing challenges? We do this on a shoestring budget and need to reach all MBBS schools due to geographical challenges. Are there any unmet goals? Yes. We wish to set up the system for all 21 MBBS programs to be able to offer this. How are/may future program activities change as a result? We hope to hold a national conference within Nepal focused on use of simulation learning.

Abstract #: *2.037_HRW*

Evaluation of a visual aid toolkit for water, sanitation, and hygiene education in the Bateyes of La Romana, Dominican Republic

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Project Purpose: By promoting peer-to-peer learning, the Community Health Club (CHC) participatory health education model empowers vulnerable communities to increase health literacy and stimulate behavior change. The CHC model uses a set of drawings depicting day-to-day activities related to water, sanitation and hygiene (WASH) to spur discussions around health behaviors. In order for the visual aids to be effective, they must reflect local contexts, customs, and practices. As such, we tested preexisting drawings from an earlier program in Western Dominican Republic for clarity and relevance to sugarcane production communities (*bateyes*) surrounding La Romana, Dominican Republic.

Methods: We selected 147 drawings from the preexisting WASH toolkit for testing. Over four days, a convenience sample of 112 respondents was taken from 8 communities identified by our in-country partner. Five teams of two medical students and a Spanish/Creole translator showed each respondent 10 drawings and asked a series of questions about each drawing. Qualitative analyses of the interview data were conducted to assess respondents' ability to understand the drawings. Population subsets were evaluated for associations between specific demographics and visual literacy.

Outcomes & Evaluation: Respondents included 88 women and 24 men ranging from 18 to 88 years of age with varying levels of education and areas of employment. Of the 112 respondents, only 7.1% of respondents could interpret actions or connotations for all 10 images they were shown. Younger and more educated respondents tended to more accurately observe and interpret images. 60 of the 147 drawings were identified for revision or exclusion from the tool kit, as fifty percent or more of the respondents were found to consistently misinterpret these images.

Going Forward: Survey results and feedback will guide visual aid revisions for greater cultural applicability and implementation in future CHCs. The interview data also suggests associations between age, education, and pictorial literacy. Future research projects should be conducted to support these associations. Finally, this study supports the foundation of CHCs using image-based educational models within La Romana bateyes.

Abstract #: *2.038_HRW*

The effectiveness of a comprehensive four-week course in HIV medicine for postgraduate doctors at University of Nigeria

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Program Purpose: A critical shortage of well-prepared health care workers in resource-limited settings leads to major bottlenecks in implementing evidence-based interventions to improve health outcomes, particularly in HIV and TB. In 2012 the Center for Clinical Care Research Nigeria (CCCRN) in collaboration with University of Maryland Baltimore (UMB) signed a cooperative agreement with CDC to strengthen pre-service HIV training programs for postgraduate health care workers.

Method: UMB/CCCRN selected University of Nigeria (UNN) as the partner tertiary institution, and developed a comprehensive short course in HIV medicine for doctors-in-training that included clinical practicums. Multiple consensus building and curriculum