

Outcomes & Evaluation: During the two months of active pilot project implementation, the number of ANC visits at the participating health center increased by 20%; however, these results were not sustained and ANC visit numbers returned to their pre-implementation baseline. Based on this data, and findings from the interviews conducted, the implementation phase has been increased from two months to one year. In order to enhance the evidence supporting this model, an expanded monitoring and evaluation plan will be implemented, including monitoring of the number of male partners presenting to the clinic for testing, and the number of births attended by a skilled birth attendant.

Going Forward: The use of incentives, and cultural expectations surrounding them will be a continued topic of interest for this project. The context-specific appropriateness and effectiveness of monetary and non-monetary incentives will be monitored. Additionally, the strict doctrine of the Ethiopian Orthodox Church (EOC) surrounding sexuality limits the amount and type of outreach conducted by religious leaders; for example the EOC prohibits condom use. Respecting the authority and convictions of the church is paramount to the success of this program. Public health professionals working in this context must look for ways to compromise as they work toward mutually established goals.

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Non-cognitive attributes predict medical and nursing students' intentions to migrate or work rurally: An eight-country cross-sectional survey in Asia and Africa

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Background: In low- and middle-income countries (LMIC), admission to medical and nursing school has traditionally been determined by applicant academic merit. However, migration of graduates from rural to urban areas and other countries has prompted reconsideration of admissions standards. Non-cognitive attributes including

student career values and professional priorities might be incorporated into admissions evaluation, but their relation to migration intentions remains unstudied.

Methods: We surveyed first- and final- year medical and nursing students at 16 premier government training institutions in eight LMIC (Bangladesh, Ethiopia, India, Kenya, Malawi, Nepal, the United Republic of Tanzania and Zambia.) Surveys assessed trainees' career value preferences and professional priorities by having them rate the importance of 19 job, location, and work environment attributes. Principal component analysis (PCA) was used to reduce these heterogeneously related attributes to discrete priority categories, with Cronbach's alpha assessing category internal consistency. Students were assigned a score for each category, based on their responses to the corresponding attributes. Demographic variables were also assessed. Primary outcomes were likelihood within five years post-training: (1) to migrate for work outside the country, or (2) to work in a rural area in the country. We assessed 14 predictors of migration (including priority category scores) using multivariable proportional odds models. All sites granted research ethics committee approval, and informed consent was obtained.

Findings: Survey response rate was 84% (3199/3822). PCA revealed four categories of student priorities: (1) altruistic job values, (2) individualistic job values, (3) optimal location attributes, and (4) high-resource work environment characteristics. Independent of demographic characteristics, students who prioritized individualistic career attributes (large income, respect from people in authority, managerial autonomy) were more likely to plan international careers (OR 1.43, 95%CI 1.13-1.81), while students who prioritized altruistic career values (advancing medical research, mentoring others, caring for the poor, improving their nation) were nearly twice as likely to choose rural careers (OR 1.69, 95%CI 1.37-2.08). Trainees strongly valuing high-resource work environments were more likely to intend practice abroad (OR 1.34, 95%CI 1.09-1.65) and less likely to seek rural work (OR 0.62, 95% CI 0.50-0.77).

Interpretation: Our data suggest there exist identifiable patterns in the way students prioritize various career characteristics including job values, location and work environment attributes. These preference patterns may help predict students' ultimate migration intentions. This study is unique in size, and is the first to evaluate the association of students' career priorities with their migration intentions independent of demographic characteristics. Such non-cognitive attributes might be used in medical and nursing admissions processes in LMIC to increase retention in high-need areas. Further research is needed to investigate how such attributes might be reproducibly evaluated in admissions reform.

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