

of the e-learning platform. Student assessment is done together with the full time pre-service BSN students.

**Findings:** The first intake of 98 was done in 2012 and 65 (66%) will be graduating in December 2015. A total of 449 nurses have been enrolled into the course and there is a high demand with applications exceeding current capacity. The performance by the e-based students is comparable to their full-time counterparts.

**Interprtation:** Blended RN-BSN potentially increases numbers, qualification of nurses while providing rural HIV care, primary health services and remaining available for their families. This model not only improves nurses retention but also unlocks growth opportunities for nurses and may be adapted for direct entry training. Deeper evaluation of the program is underway to determine satisfaction, appropriateness of learning methods and content.

**Abstract #:** 1.038\_HRW

### Engagement of decentralized health facilities in research and training

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**Background:** Prior to Medical Education Program Initiative (MEPI) funding, undergraduate training of medical professionals at the University of Nairobi (UoN) was mainly conducted at Kenyatta National Hospital (KNH), the National referral facility that is in an urban setting. Clinical research by residents was also mainly concentrated in KNH with little interdisciplinary collaboration. External partners also often led research activities conducted in the rural health facilities with little local participation. As part of the MEPI activities, we endeavoured to involve rural hospitals in medical education and research. We describe the process used to introduce and advocate for clinical training and research at decentralized clinical sites.

**Methods:** A stakeholder's analysis that included the Ministry of Health (MOH) identified facilities and the strategies for integrating decentralized clinical training into existing medical education programs. The training and research infrastructure was strengthened in the 17 sites that were identified sequentially. Potential adjunct faculty underwent medical education principles and together with junior staff taken through interpretation and use of data generated locally for purposes of generating research questions and decisions. Priority research topics were developed from broad areas in the MOH-MNCH research agenda that were relevant to each site.

**Outcomes:** Each site now has adjunct faculties appointed by UON. Part of the undergraduate student's clinical rotations now happens in these devolved sites and the feed back provided from the adjunct faculty and students indicates a symbiotic relationship. Fifteen teams consisting of 83 Postgraduate students have conducted interdisciplinary researches and 55 have so far completed. Twenty-seven conference abstracts have been presented and 9 articles published with the rest being in the process. Out of 9 research proposals led by staff from decentralized training sites, 4 have received ethical approval and are currently ongoing.

**Interpretation:** Peripheral facilities that traditionally are not teaching hospitals can be developed to undertake this role in addition to conducting research. Engagement with leadership at Ministry and potential satellite teaching sites is essential in implementing decentralized training. Establishment of these sites enhances the student's diverse teaching environment and expands research scope for students and can catalyse local staff to engage in research.

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### Creation, implementation and impact of an evidence based medicine curriculum in Kazan, Russia

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**Program/Project Purpose:** Until the early 90's, medical practice in Russia relied heavily on community or national experts' opinion. However, critical evaluation suggested that these practices did not reliably assimilate scientific information into clinical decision-making. Kazan State Medical University (KSMU) leaders have acknowledged the validity of a structured EBM course in their curriculum after becoming familiar with this discipline through collaboration with American Medical Schools.

**Structure/Method/Design:** A 22-hour course similar to an American Medical School EBM curriculum was designed, and introduced into KSMU's international curriculum in 2007. This EBM course originally was mandatory for English-speaking 5<sup>th</sup> or 6<sup>th</sup> year medical students at KSMU. Since then, this curriculum was translated into Russian and offered to Russian students, interns, and residents.

**Outcomes & Evaluation:** 196 foreign students, from seven different countries, have completed the English program. The number of students enrolled in the English and Russian EBM course grows annually. Verbal feedback from graduates suggests that they feel more prepared to search literature and to find answers to their daily clinical questions, as compared to their peers. More objective data is being collected via surveys. Instructors of this course have also noted significant improvement in the students' skills in searching medical literature. In addition, pre and post-course evaluation tools have been implemented to measure participant EBM knowledge. A post-graduate survey has been designed and circulated among alumni of the program to assess their current EBM knowledge. Preliminary data show mild improvement in mean scores; more data is being collected to assert statistical significance.

**Going Forward:** One challenge to be addressed is the low voluntary participation of Russian-speaking students. In order to make this course mandatory, permission from the Russian government is required. From a logistical standpoint, access to reliable digital medical information in both languages needs to be improved, and course schedule still needs to be optimized to be more convenient for all students. Finally, additional feedback will be elicited to increase data sample size, and to further assess strengths and weaknesses of the course.

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