

Outcomes & Evaluation: Of total 28 participants, 21 were males and 7 females. About 82% of those in years 4 and 5 and 22% in year 6 had no prior speculum examination experience. Ninety six percent had no VIA training. Average pretest and posttest scores for the knowledge portion were 44% and 46%, respectively. On the open ended questions, majority reported that cervical cancer screening should start at age 21 or 3 years after coitarche, continue annually until age 30, then every 2-3 years if 3 consecutive tests are negative. The students gave positive feedback on the education portion and reported desire in more hands on experience.

Going Forward: There is a significant gap in knowledge and lack of basic skills of cervical cancer screening among Ethiopian medical students. Future efforts should be focused on incorporating these into medical school education curriculum. Results of this study was informally communicated to faculty in charge of OB/Gyn rotation for medical students at St Paul's Hospital Millennium Medical College. The results will also get formally reported in written form to aid in development of student didactic and skills based training curriculum.

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Strengthening infection prevention and control at a school of dentistry: Lessons from Rwanda

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Program/Project Purpose: The goal of infection prevention and control (IPC) is to protect patients and staff from disease acquisition. Global consensus on the efficacy of hand hygiene in reducing healthcare associated infections (HCAI) is well established, as is the importance of improving IPC policy, implementation and compliance. At the University Of Rwanda School Of Dentistry (UR-SOD) all school personnel are required to maintain IPC standards, implementation of which is challenging in any setting. A large scale study in the US involving 6,825 dentists found high levels of non-compliance with CDC guidelines on IPC in dental settings. At UR-SOD a unique challenge exists pertaining to a low-income country setting in the implementation of evidence based IPC practices. The Dental Consultancy Center at the UR-SOD, opened in 2007, and was restructured in 2013 when all public higher learning institutions in Rwanda merged. Its foremost goal is training dental students and it receives 20-50 patients per day. Historically in the school, the integration of IPC into practice was fragmented with no clear governance or accountability and challenges in access to hand hygiene systems and personal protective equipment (PPE). Upon identifying a need for strengthened IPC at the School, a multidisciplinary team was formed with input from an IPC specialist.

Structure/Method/Design: Based on a needs assessment in the School, a multi faceted quality improvement plan for strengthening IPC was developed including: Undergraduate Education Dental IPC competencies developed and integrated into the Bachelors of Dental Therapy/Dental Surgery curriculum and the clinical skills log book. Clinical Site Improvement: An IPC procedural manual developed. Aid memoirs for hand hygiene, sterile field maintenance, instrument placement for reprocessing and disposal developed and placed strategically in the clinical area. Physical rearrangement of patient care articles for ease of access is planned. Staff training on IPC topics. Systems Strengthening: School wide Hepatitis B vaccinations administered to students and faculty. On-site local production of alcohol hand gel is

planned according to WHO guidelines. Revision of procurement systems for PPE. Review of sterilization systems procedures.

Outcomes & Evaluation: Implementation of the project plan is ongoing. Results are being recorded based on output indicators. Early successes include curriculum modifications, deployment of an IPC manual, Hepatitis B vaccination of all students and staff, and installation of hand-washing aid memoirs.

Going Forward: Implementation of project will continue. Additional outcomes will be measured. Through our experiences in implementing best practices at UR-SOD, others focused on preventing disease transmission in dentistry may find concepts here applicable to over-coming challenges in their own developing countries.

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USAID RESPOND project's global one health core competencies and one health modules

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Program/Project Purpose: Nearly 75 percent of all emerging or re-emerging diseases affecting humans originate from animals and present serious public health, economic, and development concerns. In response to these concerns, From 2009-2015, USAID funded the Emerging Pandemic Threats program, including the RESPOND project which focused on building local and regional public health capacity to respond to emerging zoonotic disease outbreaks. US partners on the RESPOND project included the University of Minnesota, Tufts University, Training Resources Group, Inc (TRG), and Ecology and Environment, Inc. The RESPOND project focused on sustainable engagement of 20 universities to prepare the future health workforces of 10 countries in Central and Eastern African and Southeastern Asia. Two university networks, One Health Central and Eastern Africa (OHCEA) and Southeast Asia One Health University Network (SEAOHUN), were created to facilitate collaborative and sustainable program and activity development.

Structure/Method/Design: Faculty members from schools of medicine, nursing, public health, and veterinary medicine in OHCEA and SEAOHUN, as well as the US partners, came together to develop a One Health Core Competency (OHCC) domain framework to guide training of both health professions students and the current health profession workforce. With the assumption that members of a One Health team bring discipline specific expertise, the globally developed OHCC framework contains seven domains of Planning and Management, Communication and Informatics, Culture and Beliefs, Leadership, Collaboration and Partnership, Values and Ethics, and Systems Thinking. By adding domains such as Research and Policy and Advocacy, network universities then tailored the global OHCC framework to meet regional and national needs, increasing likelihood of use and sustainability.

Outcomes & Evaluation: Upon completion of the OHCC framework, faculty members from SEAOHUN universities and the US partners created learning modules for use in teaching the OHCCs. One learning module was developed for each of the OHCC domains as well as an additional seven technical modules including One Health Concepts and Knowledge, Fundamentals of Infectious Disease, Infectious Disease Management, Epidemiology and Risk Analysis, Fundamentals of Public Health, Ecosystem Health, and Behavior Change. The teaching modules contain a range of activities of requiring varying amounts of time that may be used as a unit to create a new course or as individual activities inserted into an existing course. Faculty members as well as external subject matter experts evaluated the modules.