

recommended strategies for preventing cryptosporidiosis in HIV/AIDS persons.

SP-065

Kap Study Regarding Universal Precaution Practices towards HIV/AIDS among Medical Students in District Quetta, Pakistan

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This KAP study was to assess the current level of Knowledge, Attitude and Universal Precaution Practices among 3rd, 4th and 5th year M.B.B.S. students of Bolan Medical College Quetta-Pakistan of the year 2007 towards HIV/AIDS. Two hundred and twelve medical students from year 3rd to 5th were invited to fill out a self-administered questionnaire. A total of 200 medical students consented to participate in this study, giving a response rate of 94%. Among them 35% had good universal precaution practices, 49% had moderate and 16% had poor universal precaution practices towards HIV/AIDS. Practices regarding universal precaution practices among medical students mostly at moderate level but some students had risky behavior, such as recap, bent or broke needles by hand after used to patients and disposed sharp instruments with other clinical waste. Moreover, the knowledge and attitude level of the medical students were found moderate towards HIV/AIDS and universal precaution practices. Statistical analysis indicated that there was significant association between knowledge and universal precaution practices ($p=0.003$) and attitude and universal precaution practices ($p=0.033$). Medical students still had limited knowledge about mode of transmission of HIV because of lack of understanding, and had no experience on it. Knowledge on HIV/AIDS and universal precaution should be enhance and implement in the medical college core curriculum, it should give emphasis on misconception, lack of understanding and supporting and promoting the students to adapt positive attitude towards universal precaution practice

SP-066

The Barrier Factors and Promotion Factors of Disclosing Medical Errors and Their Effects on Doctor's Willingness to Disclose and Apologize for Medical Errors

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In Taiwan, for the cost and impact of adverse events and medical errors, efforts focused on preventing in advance. However, some countries introduce "disclosure" to solve the problems. This research is to explore the barriers and the promotion factors of doctor's disclosing medical error in Taiwan. In addition, we want to know what kind of factors will affect disclosure and apology. We provide

510 the questionnaires in six hospitals. The response rate is 82.9%. "Concerning to be sued" is the major barrier factor. "When patient is reasonable to communicate" is the major promotion factor. From logistic test, "Concerning of professional reputation", "Severity of medical error", "Patient with higher social-economical status", "Patient with higher education background", "Doctor knowing patient or his/her family well", "Patient and his/her family are reasonable to communication" and "Patient and his/her family realizing patient's condition very well" are the common factors to affect disclosure and apology for minor medical errors. In addition to above factors, "Concerning to be sued", "Concerning impact on doctor-patient relationship", "Concerning patient having unreasonable response", "Patient with serious condition" and "Old aged patient" are the common factors to affect the disclosure and apology for serious medical error. This research suggests that an open discussion working environment may encourage doctors face medical error more positively.

SP-067

The Acceptance of Heart Model to Overcome Children Under Five Malnourish in Selayar, South Sulawesi, Indonesia

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Rationale Positive deviance: feeding practice, hygiene practice, and health seeking behavior from children who have normal nutritional status, can be developed and introduced as Heart model to overcome children malnutrition. Introduction of the model are needed for community in Selayar which is the risk area of children malnutrition.

Objective: To get information of the mothers acceptance toward positive deviance through Heart model, and their effect on nutrient intake and growth of child under five years

Method: A Quasi-Experiment research was conducted in different group of nutritional status of children. Subjects were 35 children under five who undernourished ($-2SD$ W/H) as an intervention group, and 56 children under five who have normal nutritional status as control. The Intervention group was programmed in hearth model with using 4 heart points, in three months. The Research variables are included: the acceptance of mother toward positive deviance, nutrient intake, nutritional status, and growth status of children under five.

Result: The result of this study shown that the acceptance of mother for feeding practice about 48 %, Hygiene practice (22.9%), and Health seeking behavior (51.4%). Nutrient intake were also increase before and after intervention ($P0.05$). Growth velocity for group intervention got 28.6%.

Conclusion: The acceptance of mother toward positive deviance through Hearth model will effect on nutrient intake and growth status of child under five years.