

providing a model for international collaboration in curriculum development. Baseline, formative midterm, and summative final evaluations will take place in program Years 1, 2 and 3, to assess progress and help in course-corrections as needed. Graduates of the MSc program will be prepared as educators, researchers and leaders in primary, secondary and tertiary HIV/AIDS care in India.

Funding: Indian Red Cross Society, the Obama–Singh 21st Century Knowledge Initiative, and the Mehroo and Minu Patel Endowment for Nursing Advancement in India.

Abstract #: 01ETC061

Development of a bidirectional exchange between OBGYN residents at the university of Vermont and makerere university (Kampala, Uganda)

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Program/Project Purpose: Global health is an interest to many OBGYN residents in the US. Few formal rotations exist, however, and experiences vary greatly (Kacey, 2013). In 2014, the University of Vermont (UVM) Department of OBGYN launched the Global Women's Health Medical Education Project in order to address this need. The goals of the program are two-fold: to increase US residents' knowledge of global women's health and enhance cultural awareness in participants and to enhance capacity in the host department. The program is based on a bi-directional approach and seeks to increase knowledge and practical skills for host staff and trainees in tangible ways.

Structure/Method/Design: Third year OBGYN residents in good standing at UVM are eligible to participate in a fully funded rotation at Makerere University (MU) Department of OBGYN. Participating residents undergo pre-departure training involving online modules, readings and meetings with a global health mentor. The rotation consists of one week in each of the following locations: labour suite/maternal fetal medicine, gynecology oncology, benign gynecology/gynecological emergencies, and uro-gynecology. Residents work alongside their Ugandan counterparts and participate in daily sign out, ward rounds, labor care, patient triage and surgery. A UVM faculty member is present for all or part of the resident's stay in Uganda. UVM residents and faculty also contribute to the education of MU house staff. With the addition of a departmental computer lab, developing information literacy has been a priority. Lectures and skills sessions focus on topics identified by MU house staff. In a recent survey, MU residents noted areas of interest including infertility, advances in contraception, gynecologic malignancies and minimally invasive surgery. With regards to simulations, MU residents desired more exposure to laparoscopy, gynecologic and obstetric ultrasound and massive post-partum hemorrhage. UVM residents are required to give a lecture or journal club and lead one skills session during their rotation.

Outcomes & Evaluation: UVM residents participate in post-rotation de-briefing with US and Ugandan rotation advisors, assessing the strengths and weaknesses of the program. An annual survey of MU residents will be conducted to assess which areas need improvement with the rotation, and how foreign medical residents can further enhance their education.

Going Forward: MU residents have expressed an interest in visiting UVM for a rotation. Although barriers exist to Ugandan residents fully participating in patient care in the US, they would be

able to gain exposure to a different health care system through observation.

Funding: John W. and Jan P. Frymoyer Fund for Medical Education.

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Medical schools in fragile and conflict-affected states: A global, country-level analysis

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Background: Fragile states are countries with severe development challenges due to weak institutional capacity, poor governance, political instability, and armed conflict. Although many governments, non-governmental organizations, and relief operations assist fragile states in times of humanitarian crisis, very little is known about medical schools in times of fragility. Medical schools, however, have great potential to bring populations out of the long shadow of conflict and deterioration as they remain in country and help determine a state's longer-term health indicators. We aimed to identify the impact of fragility on the number of medical schools in countries classified as "Fragile States" compared to non-fragile states, with the goal of improving the global knowledge of medical training and its challenges in fragile and conflict-affected situations.

Methods: We developed a statistical model to determine the relationship between fragility and the number of medical schools per country, using data sourced from the World Bank, World Health Organization (WHO) and World Directory of Medical Schools. "Fragile states" (n=23; Afghanistan, Angola, Burundi, Central African Republic, Chad, Comoros, Congo, Dem. Rep., Congo, Rep., Côte d'Ivoire, Eritrea, Guinea, Guinea-Bissau, Haiti, Kosovo, Liberia, Myanmar, Sierra Leone, Solomon Islands, Somalia, Sudan, Timor-Leste, Togo, Zimbabwe), those classified as fragile situations by the World Bank in both 2007 and 2012, were compared to non-fragile states (n=148). Transitional states, classified as fragile in only 2007 or 2012, were excluded. The number of medical schools per country was dichotomized at the = 2 level.

Findings: Fragile states were 2.69 times more likely to have

Interpretation: Our results provide foundational data on medical schools in fragile states, highlighting the low number of medical schools in fragile states globally. Since states in conflict often have a high exodus of health care workers during and after conflict, reliance on medical schools is likely greater in fragile states than in other countries. However, the capacity to train new physicians is already low in fragile states and in some cases absent. Next steps include understanding the determinants of medical school operations in fragile situations, including a focus on students, faculty, infrastructure, and quality of instruction at an in-country level.

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Collaborative resident education at a large teaching hospital in Kampala, Uganda

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Program/Project Purpose: Women's reproductive health is a substantive public health concern worldwide. Improving maternal health

outcomes according to the UN Millennium Development Goals cannot be achieved without appropriate surgical services¹. The Lancet Commission on Global Surgery recognizes surgical training as a cost effective intervention equivalent to vaccination and antiretroviral public health initiatives². Yet the number of adequately trained physicians to perform basic surgical procedures, especially in women's health, is severely lacking³. Combining the delivery of surplus medical equipment and ongoing surgical teaching will improve women's health globally. Surgical Training and Research (STAR) International and Danbury Hospital/Western Connecticut Health Network (WCHN) have a collaborative relationship with the Ugandan national referral center, Mulago Hospital, to improve supervision and training for OB/GYN physicians.

Structure/Method/Design: Danbury Hospital/WCHN established an innovative global health (GH) program, which includes weekly lectures, journal clubs, and monthly GH seminars. Residents are funded for a six-week elective rotation abroad. Faculty from partner institutions are invited to participate in a 4-week observership at WCHN. The OB/GYN department dedicates resources to enhance collaboration with Mulago Hospital. In one year, STAR International was created and raised twenty thousand dollars to donate four complete sets of surgical instruments necessary to perform gynecologic surgery. Additional equipment and medications including suction, cautery, antibiotics, and anesthetic agents were also donated, and a surgical teaching camp was organized. In June 2014, two gynecologic surgeons, two OB/GYN residents, an anesthesiologist, and a nurse traveled to Mulago Hospital to increase exposure, supervision, and surgical skills of Ugandan OB/GYN residents.

Outcomes & Evaluation: Over the one week surgical camp, 23 procedures were performed: 6 total abdominal hysterectomies, 8 ovarian cystectomies or salpingoopherectomies, 5 ectopic pregnancies, and debridement of 4 pelvic abscesses. Ugandan residents also received advanced training on LEEP's with a new cautery machine and supplies. All cases involved one attending gynecologist, one Ugandan resident and one Danbury Hospital resident. Seven Ugandan residents participated. The attending anesthesiologist also taught 4 Ugandan anesthesiology residents.

Going Forward: The first surgical training camp at Mulago Hospital was a successful introduction of a long-term partnership that focuses on building capacity of Ugandan physicians. Both Mulago faculty and residents received the camp well, as both parties identified teaching and supervision to be lacking at Uganda's national referral hospital. With the collaboration of academic partners, STAR International plans to hold camps several times a year and provide continuity of surgical training. The mission of STAR International is to increase the number of women treated effectively for their diseases, and to enhance the surgical skill of Ugandan physicians, allowing them to provide necessary gynecologic surgical therapies to Ugandan women.

Funding: Funds for the Surgical Training camp were recruited from crowd-sourced funding and from WCHN.

Abstract #: 01ETC064

Preparing medical students for field experiences in low-resource settings: Development and evaluation of a pre-travel trigger video and large group discussion module

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Background: Medical students increasingly seek opportunities for field experience in low-resource international and domestic settings. Participating students have been shown to care for medically

underserved populations. However, programs infrequently provide anticipatory guidance that meaningfully engages students in anticipating and preparing for predictable challenges.¹ This study sought to evaluate the impact of a trigger film, featuring medical students who had completed fieldwork in low-resource settings, on students' preparedness for their field experience.

Methods: Development and evaluation of a 30-minute trigger video and discussion guide for first-year medical students planning field experiences in low-resource settings, in international and domestic settings, to prepare students for complex decision-making and cultural awareness. The trigger tape featured medical students describing unexpected dilemmas they experienced in their field experiences in projects intended to ameliorate health care disparities, both domestically and internationally. Faculty-facilitated discussion, guided by a discussion guide, followed each student-narrated dilemma. The intended learning outcomes focused on students' ability to anticipate and identify strategies for dealing with: death or injury of collaborating community members; respect for patients in the setting; precautions for students' own exposure to infectious agents, risks to physical safety, and harassment; cultural sensitivity and humility; and managing cultural isolation. The curriculum was implemented at two points in time, to promote students' planning and reflection for anticipated field experiences in the succeeding six months. Evaluation included post-session anonymized reviews of the relevance and impact of the educational intervention.

Findings: Of the 45 M1 students who planned domestic or international disparities-focused field experience, most (over 90%) characterized their behavioral intentions following the video tape trigger and follow-up discussion as "very likely" to: anticipate and deal with potential risks to their personal safety, exposure to infectious diseases, and sexual harassment; plan for potential challenges to cross-cultural communication and cultural isolation; complete prophylactic immunizations prior to travel; and manage differences in respect demonstrated for patients. Almost all (98%) of students characterized the program as helpful for their planning and would recommend the video and discussion to other students planning field experiences in settings with low-resources and medically underserved populations. Students who disagreed characterized the session as "making them uncomfortable about challenges" or indicated the information could have been condensed into an e-mail summarizing key points.

Interpretation: Conclusions: A focused, engaging educational intervention featuring medical students' challenges in working in medically underserved populations can promote students' preparation.

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Reference

1. Crump JA, Sugarman J, and the Working group on ethics guidelines for global health training. Global health training: ethics and best practice guidelines for training experiences in global health. *Am J Trop Med Hyg* 2010;83(6):1178–82.

Frequencies of illnesses presenting to the emergency department in puerto plata, dominican republic

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Program/Project Purpose: Context: The study took place in Centro Medico Bournigal (CMB) and Hospital Ricardo Limardo (HRL) in Puerto Plata (POP), Dominican Republic. CMB is a privately run hospital, and HRL is a publicly funded hospital. Project Period: The project was conducted May 2014 – June 2014. Why the program/project is in place: The project took place in POP because no