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**Background:** In 2007, the World Health Assembly passed Resolution 60.22, highlighting the role for strengthening Emergency Care (EC) systems in reducing the burden of acute illness, injury, and acute decomposition of chronic disease. In 2014 Emergency Care (EC) training remains largely un-funded in low and middle-income countries (LMICs), where there is little consensus on reasonable quality metrics for EC. Creating contextually appropriate and cost effective programs for data collection enables development of quality metrics to demonstrate EC training program and Emergency Department (ED) efficacy. This study's aim is to assess the success of utilizing a 72 hour post-ED disposition follow-up (f/u) interview as a tool to calculate ED visit mortality and efficacy of care via a self-reported patient assessment of health status.

**Methods:** This is a retrospective review of an IRB-approved and prospectively collected Quality Assurance (QA) database, including all patient visits to the rural Karoli Lwanga District Hospital's Emergency Department, in Rukungiri Uganda between November 2009-March 2014. The ED is staffed by a unique cadre of specially trained mid-level Emergency Care Practitioners (ECPs), as a part of the hospital's novel education collaboration with Global Emergency Care Collaborative. 72 hour outcomes were assessed via review of hospital records and patient (or patient attendant) interviews by trained Ugandan staff. Interviews occurred in hospital wards for admitted patients and via mobile phone for patients discharged home from the ED or the hospital wards before 72hrs. When initial attempted follow-up was unsuccessful, daily phone calls were made until successful or 10 days status-post ED disposition. 72hr f/u success, mortality and subjective self-reported health status are represented as proportions and percentages.

**Findings:** The ED's QA database contained 23,180 patient visits. 15,084 (65.1%) patient visits had successful 72hr follow-up. There were 279 deaths in 23,180 total patient visits, giving a total ED mortality of 1.20% and 1.85% mortality for patient visits with successful 72hr f/u. Of 15,084 visits with successful 72hr f/u, 12,641 (83.80%), 1752 (11.61%), and 404 (2.67%) patients reported feeling "better", "the same", or "worse", respectively, compared to the time of ED presentation.

**Interpretation:** This study demonstrates successful 72hr post-ED f/u in a majority of patient visits to this rural Ugandan district hospital ED, thereby enabling the calculation of simple mortality as well as patient perception of patient health status 72hrs after ED disposition. Mortality is an unambiguously important outcome measure that will enable further derivation of case-specific metrics used to evaluate quality of care and eventual assessment of cost effectiveness. Developing a consensus for and implementing patient-centered and setting appropriate quality metrics will robustly demonstrate the positive impact EC has on the health status of patients and communities in LMICs.

**Funding:** No federal or private grant funds were utilized.

**Abstract #:** 02ETC024

## The impact of an elective on disability and global health on the perception of medical students regarding persons with disabilities

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**Program/Project Purpose:** Both domestically and abroad, physicians work with physical and mental disability on a daily basis. As a result, knowledge of disability rights and disability culture should be of utmost importance in medical training. Many efforts have been made to teach physicians about disability, including at the medical school, residency, and post-residency levels. However, few efforts combine both physical and mental disabilities and even fewer have encompassed a global theme in focusing on health disparities regarding persons with disabilities in the US and abroad. We set out to examine the impact of an elective course on disability and global health in a medical school pre-clinical curriculum. Our hypothesis was that students' competency regarding disability and attitude towards persons with disability would become more positive following completion of the course.

**Structure/Method/Design:** Participants were University of Michigan second-year students who selected this 2012 global health disability elective as one of their top three elective choices and were assigned to the course. The course, covering 4 hours over two days, focused on international laws, culture, and ethical challenges. It was taught by a psychiatrist, physiatrist, and disability advocate; all experts in global issues. Students completed pre- and post-course surveys. Primary outcomes included the previously validated Disability Attitudes in Health Care (DAHC) survey and a new 10-question survey of competency regarding physical and psychiatric disability issues on a national and global scale. Average pre- and post-course scores for items in both the DAHC and competency surveys were analyzed via student t-test in Excel. This retrospective study of de-identified data was exempt from our ethical review board review.

**Outcomes & Evaluation:** Nine of 11 students completed pre-and post course surveys. The average change in competency score was +3.23 (SD 0.66, 99%CI 2.49-3.97), with significantly positive changes in each question ( $p < 0.005$ ). The average change on the DAHC survey was +1.88 (SD 6.01; 99%CI -4.84-8.60) with no significant positive improvement ( $p=0.188$ ).

**Going Forward:** An elective course about disability attitudes and competency in a global health context has not been documented in the literature. Competency regarding physical and psychological disabilities both domestically and globally increased significantly. The lack of DAHC improvement likely represented a ceiling effect as scores were high compared to previous studies and this elective course preselected for interest. Acknowledging that the small population and non-validated competency survey leave room for debate, this early demonstration seems to have changed the competency of future physicians who already are interested in disability. This competency may make them better physicians and stronger advocates for people with disabilities.

**Funding:** None

**Abstract #:** 02ETC025

## Utilizing educational programming as a foundation for sustainable collaboration in resource-limited settings

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**Program/Project Purpose:** Academic Medical Centers (AMCs) have a unique opportunity to sustainably benefit resource-limited

settings (RLS) by extending their educational mission. Teaching hospitals within AMCs represent concentrations of expertise in health professional training that can be directed toward building health sector capacity globally. Over the past 25 years, a U.S.-based Teaching Hospital (TH) has operated a suite of educational programs ("Programs") with the aim of knowledge transfer in pediatric and women's health.

**Structure/Method/Design:** The Programs' goals include: establish a foundation for long-term inter-institutional collaboration with bi-directional benefit in RLS; utilize established relationships as platforms to address healthcare needs in underserved communities. The Programs' include: a four-week, customized visiting scholar immersion for selected physicians to obtain knowledge needed to lead the development of programs in their home institutions; an annual colloquium targeting educational needs of clinical providers in pediatric and maternal health; a team of TH professionals deployed to educational forums in RLS. The primary program beneficiaries are clinical providers with completed/active training in pediatric or women's health. Participants are identified through the network of partner organizations in governmental and non-governmental health service sectors through execution of the Programs. The design of the Programs promotes access to the highest quality educational opportunities with minimal barriers, essential for health professionals in RLS. Long-term sustainability of the Programs and their benefits to RLS is dependent upon the Programs working within and between one another.

**Outcomes & Evaluation:** TH educational programs for RLS are long-standing, supported by a core team of dedicated healthcare professionals, and serve as a basis for sustained institutional collaboration in RLS. Since 2007, 403 visiting scholars trained in 12 specialties at TH; scholars represented 54 countries, approximately 80% were RLS. The annual colloquium, founded in 1990, is among the longest-standing international educational forums of any pediatric hospital in the U.S. Since 2007, 893 participants, representing 30 countries, received continuing education in pediatric and women's health; 86% of countries represented are RLS. Finally, the team of TH professionals deployed to address educational needs abroad has been solely focused on RLS since its inception in 2007. Last year, the team of TH professionals participated in 16 conferences in 3 RLS countries, reaching 25,000+ learners and partnering with 13 organizations to achieve these outcomes.

**Going Forward:** Challenges include medical licensing board restrictions on non-U.S. trained clinicians and identification of physicians with necessary language skills to execute the Programs. TH plans to address unmet goals through execution of program growth strategies

**Funding:** TH provides direct support from its operating budget and in-kind support; international partners provide in-kind support for outbound programs.

**Abstract #:** 02ETC026

### **Building transdisciplinary university collaboration to strengthen global adolescent health**

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**Program/Project Purpose:** The 2014 WHO Report on Health for the World's Adolescents provides an overview of the current need to focus on global adolescent health. Currently there are over a billion adolescents (10-19 years old), and in 2012 alone there were an estimated 1.3 million adolescent deaths, most of them from causes that could have been prevented or treated. The Center for Global Public Health (CGPH) at the University of California, Berkeley, was created

in 2008 to be a platform to coordinate global health research and education across the entire campus. Global adolescent health is one of its special project areas.

**Structure/Method/Design:** In 2013, CGPH began to help convene a new transdisciplinary colloquium on global adolescent health. The vision was to harness the latest advances in knowledge and communities to ignite inquiry and innovations that will maximize the successful transition to adulthood for all adolescents. In collaboration with other Centers at UC Berkeley, the goal is to develop a new blueprint for adolescent health that incorporates a trans-disciplinary understanding of the social determinants of adolescent health from experts across the campus in order to inform training, the piloting of innovative interventions, and their dissemination to communities.

**Outcomes & Evaluation:** The main players of the UC Berkeley's global adolescent health colloquium currently include the Center for Global Public Health, the Human Rights Center, Goldman School of Public Policy, Institute for the Study of Societal Issues, School of Public Health, Bixby Center for Population, Health, and Sustainability, and the Institute for International Studies. As a colloquium, the groups work together to foster innovative research and programs with a global focus. At the core is a collaborative strategic planning process to streamline various goals and research across the University. Frequent meetings and seminars encourage experts to share their work, while small grants help accelerate innovative interventions. Symposia and interactive talks featuring visiting researchers/leaders in the area of global adolescent health connect people, cohere ideas and disseminate information. Other events such as film screenings, dinner discussions, and local youth involvement help engage the broader community.

**Going Forward:** The key to the successful uptake and promotion of this initiative has been the focus on transdisciplinary interaction, collaborative leadership, the uniting of existing and emerging research/program initiatives, and community involvement. Challenges include ensuring the colloquium is sustainable past its years of funding. This new blueprint for transdisciplinary global adolescent health has far-reaching implications for education and training in the arena of adolescent health worldwide.

**Funding:** UC Berkeley Institute for International Studies

**Abstract #:** 02ETC027

### **The MPH global health roundtable series: A forum for developing global health competencies**

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**Program/Project Purpose:** The MPH Global Health Roundtable Series was created in 2010 in response to the growing demand for global health learning opportunities at the Dalla Lana School of Public Health (DLSPH) at the University of Toronto. The Global Health Emphasis program provides students with one avenue to develop fundamental global health competencies. The aim of the MPH Global Health Roundtable Series is to provide an additional learning environment that allows students to further refine and employ these competencies. The series has two main goals: 1) To generate thought provoking discussion on major challenges in global health; and 2) To provide a forum through which students can become exposed to different career paths in global health. By achieving these goals, the Series aims to develop competent global health leaders that are equipped with professional skills relevant to global health.

**Structure/Method/Design:** The Series is a student-led initiative that employs a distinct pedagogical approach to global health