

were defined. Program development consisted of researching, review, vetting, and development, when necessary, of existing non-profit health care programs focused on care for medically underserved populations. Program development led to affiliations with 10 foundations, non-profit organizations, universities, or public hospitals in three continents.

Resident rotations are supported through the development of goals and objectives, and provision of a global health core curriculum through resources and references.

Outcomes: Medical students and residents continue to have a high level of interest in global health. Since the inception of the global health rotations in 2010, we have experienced a steady increase of participation, with the most recent increase from 35 rotations in 2014 to over 40 rotations expected in 2015. The KP Global Health Program has increased interested in KP GME programs, and contributed to physician retention and participation in Global Health work.

Going Forward: Future goals include development of additional affiliated programs, increasing participation, and conducting further research.

Funding: Funding for travel related expenses for residents and attending physicians is available.

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Implementing international standards for facility management in healthcare facilities in resource-limited settings

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Program/Project Purpose: All too often, in resource-limited settings (RSL), facilities are constructed without a plan or procedure for ongoing maintenance, service or upgrades. As an Academic Medical Center (AMC) with a significant investment in multiple healthcare facilities, the development of a facility management strategy became an imperative. In all, the AMC operates nine clinics, including satellite clinics, in SSA and one clinic in Eastern Europe.

Structure/Method/Design: Each facility was staffed with local human resources that reported back to the AMC for approval and funding of facility repairs. It was soon recognized by the global health project management team and U.S.-based facility management staff they interfaced with, that it was necessary to introduce and build local capacity in facility maintenance and management.

In order to accomplish this, an oversight committee was established at the AMC consisting of project managers familiar with the infrastructure in the RSL settings owned and managed by the hospital, U.S.-based facility management personnel and in-country facility staff. The oversight committee was first established to review requests for service and administer the facilities management budget set-aside for these locations by the AMC.

In the third year of this program, an initiative began to implement an internationally-recognized facility management curriculum

with a goal of seeking a base-line certification for the in-country facility managers – a strategy mirroring the approach used to build the local capacity of the health care workers utilizing those facilities for clinical operations.

Outcome & Evaluation: A broadly recognized curriculum was identified and the project management and facility management teams from the AMC utilized an annual conference of the in-country staff in SSA as a forum to disseminate the training curriculum and set the in-country staff on a track to achieve international certification in facility management. Eight individuals were identified to participate in the year-long program.

Going Forward: The curriculum will initially be presented in December 2015. Facility management staff from the AMC will continuously touch base with the eight trainees throughout the year with a goal of administering the certification exam in December 2016.

Funding: All funding for the trainings, course materials and conference costs are supported by the AMC and its affiliated non-governmental organization.

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The impact of international service-learning trips on medical student concerns

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Background: Many medical schools provide students with the opportunity to attend international service learning trips (ISLTs). These trips have become increasingly prevalent. While there are numerous studies in the literature about the value of offering such trips to students, few address the concerns of students attending them. This study is a follow-up to a pilot study about the impact of ISLTs on student concerns at Wayne State University School of Medicine.

Methods: Surveys were administered to 47 medical students who attended ISLTs in Spring 2013. Surveys were modified based on feedback from faculty and students with prior trip experience. Surveys included quantitative and qualitative questions about demographics, personal and professional goals, trip concerns, and satisfaction. Questions regarding concerns about food, language, hospitality, disease/health epidemics, natural disasters, terrorism, travel concerns, monetary issues, cultural barriers and group dynamics were asked. Concerns and trip satisfaction were rated using a five point Likert-type scale (1 = minimally concerned; 5 = extremely concerned). All participants provided informed consent. The study was approved by the Institutional Review Board of Wayne State University.

Findings: All administered surveys were returned. Almost all students (46/47; 98%) were satisfied with their trip experience. The highest level of pre-trip concern was related to language and disease/health epidemics. Concerns related to both disease/health epidemics and language decreased post-trip. Students rated concerns about disease/health epidemics (Pre-trip: 2.40 vs. Post-trip: 1.00; $P < 0.03$) and language (Pre-trip: 3.50 vs. Post-trip: 2.20; $P <$