

head. It was anticipated that this pathway would increase treatment team members' knowledge of best practices, decrease clinical variation, standardize care, and improve clinical outcomes with this vulnerable population.

Outcome: Brief description of your outcome data.

Going Forward: The results of this project have implications for more broadly utilizing integrated care pathways in healthcare assessment and delivery.

Funding: None.

Abstract #: 1.053_NEP

The University of Toledo Disaster Response Mission: Nepal

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Program/Project Purpose: Disaster medicine is at the crossroads of emergency medicine and global health. This is all too evident in the most recent earthquake disaster in Nepal in late April 2015. The Department of Emergency Medicine at The University of Toledo Medical Center with local community physicians responded with a self-sustained mission relief team within one week of the disaster.

Structure/Method/Design: Initial contact was made with a Non-Governmental Organization (NGO), Helping Hands, prior to arrival in Kathmandu. After meeting with officials from Kathmandu University, it was determined the greatest need was in an outlying village approximately 50 miles northwest of Kathmandu. While many groups arriving in Kathmandu to help were turned away, our team was embraced due to our self-sustained capacity with food, supplies, medical equipment and medications. We were graciously provided 10 students from Kathmandu University to serve as interpreters and setup a base camp for operations in a damaged elementary school.

Outcome & Evaluation: Over the ensuing 7 days our disaster relief team saw of roughly 1500 patients at our base camp and a mobile unit that would hike into the mountains to visit villages destroyed by the earthquake. Several patients were transferred from our base camp to Kathmandu for more definitive care. Most of the tents, supplies, remaining food, and medications were donated to the local village leaders upon our departure. Upon leaving Nepal we met with officials from Kathmandu University to discuss our mission activity. It was here that we experienced the second 7.4 earthquake that we survived without injury. Our ability to manage independently without local support, other than interpreters, was critical to the success of this mission effort. This allowed us to set up our operation at a distant area that would not have received any healthcare

Going Forward: Despite the massive devastation, the Nepalese remained incredibly resilient and continued to rebuild and prepare for the upcoming Monsoon season. Ongoing communication continues between our institution and Kathmandu University for a future global health partnership.

Funding: None.

Abstract #: 1.054_NEP

Dialysis impact on quality of life of patients with chronic kidney disease in Guatemala. A pilot study

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Background: Chronic kidney disease (CKD) was the 18th leading cause of death in 2010 and over 2 million people require dialysis worldwide. Complications affecting quality of life (QOL) include anemia, cardiovascular disease and bone disorders. In Guatemala, there is an emergence of CKD in young men with neither hypertension nor diabetes. Dialysis impact on QOL in this population is unknown. We sought to assess the QOL among patients at the capital's largest public dialysis center.

Methods: A cross-sectional pilot study was conducted February 2015 at the National Center for Chronic Kidney Disease Treatment (Unidad Nacional de Atención al Enfermo Renal Crónico, UNAERC) in Guatemala. The Kidney Disease Quality of Life Short Form 1.3v (KDQOL-SF) was used to evaluate patients receiving dialysis for at least three months. KDQOL-SF scores and demographics were compared to those from other countries. T-test was used to explore KDQOL-SF average difference and sub-scales by age and gender. Scores were compared to the reference mean of 50.

Results: Sixty-one patients were interviewed. Mean age was 37 years, most (63.2%) were males, and 47.5% and 4.9% had a history of hypertension and diabetes, respectively. KDQOL-SF average, physical (PCS) and mental (MCS) scores were 61.5, 39.0, 49.2, respectively. Compared with the mean age in Japan (58.4), USA (59.6), Europe (59.9), India (55.3), Brazil (36.10% under 40) and Chile (54.5), Guatemala's dialysis patients were younger, 59% under 40. KDQOL-SF, PCS, and MCS scores were similar among countries except India (lower). Fourteen (23%) had an average KDQOL-SF less than 50. Scores by age groups, <40 and ≥40, were not significantly different. Social function was the only subscale that significantly differed by gender, men 75.99 and women 60.33.

Interpretation: QOL assessments of Guatemalan CKD patients revealed comparable scores with other countries despite being younger and having fewer traditional CKD risk factors. Poor QOL is associated with increased hospitalizations and mortality. Thus, further research is necessary to assess not only the dialysis impact on this population, but also the economic burden it poses to the country.

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republic of Senegal disaster preparedness and response exercise

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Program/Project Purpose: The Republic of Senegal Disaster Preparedness and Response Exercise was held from 2–6 June 2014 in Dakar, Senegal as a part of the US Africa Command Disaster Preparedness Program (DPP). The goal of the exercise was to assist the Republic of Senegal to familiarize and validate roles and responsibilities in the existing National Pandemic Influenza Preparedness and Response Plan, Armed Forces of Senegal Pandemic Contingency Plan and Military Assistance to Civil Authorities (MACA) Contingency Disaster Plan, as well as revise and update the recently developed Disaster Management Strategic Work Plan for building future disaster response capacity.

Structure/Method/Design: There were 60 participants in the exercise. The Tabletop Exercise was designed to assist participants in identifying shortfalls and gaps in existing disaster preparedness and response plans, and to provide recommendations for enhancing national and regional disaster management capacity. During the Disaster Management Strategic Work Plan portion, participants refined a list of projects, including specific tasks and sub-tasks that provide a “roadmap” for completing each project by listing timelines for each project, as well as an estimate of budgetary and other resource requirements. All 60 participants received a copy of the survey questionnaire.

Outcome and Evaluation: 86 percent of respondents agreed or strongly agreed they had a better knowledge of the Senegal pandemic and disaster contingency plans. 89% of respondents agreed or strongly agreed they had a better understanding of their ministry’s or agency’s role in disaster response. 84% of respondents agreed or strongly agreed that they had a better understanding of the roles and resources of other Senegal government ministries or agencies during a disaster response. 92% of respondents had a better understanding of the potential role of the military during a pandemic.

Going Forward: Participants were in strong agreement that the exercise helped them to better understand the contents of their disaster response plans, build relationships across ministerial lines and use their new found skills on a day-to-day basis in their current positions. Participants felt that follow up training and exercises would be essential to solidify concepts from this exercise.

Abstract #: 1.056_NEP

Global surgical electives in residency: the impact on training and future practice at Temple University Hospital

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Background: Global surgical electives are becoming a mainstay of general surgery residency programs. We evaluated perceptions regarding the value of global surgical electives and pursuing a career in global surgery amongst Temple surgery residents that had varying access to global surgical elective opportunities.

Methods: We sent an anonymous, web-based questionnaire to all past and present Temple General Surgery residents. Questions were

focused on experience practicing surgery in low or middle income countries (LMIC), perception of the value of global surgical elective to residency education and the extent to which global surgery is integrated in respondent surgical careers. Those with global surgical exposure were asked to rate their experience in terms of the seven ACGME competencies.

Findings: Twenty-three graduates (G) of the surgical residency program and 36 current surgical residents (R) completed the survey. Of the respondents, 10 residents (28%) and 12 (52%) graduates had spent time providing surgical care in a LMIC. Respondents in both groups stated that their experience “very much” or “extremely” impacted patient care (G= 80% vs. R=75%), medical knowledge (G=60% vs R=75%) and practice based learning (G=75% vs R=90%). Four of the 12 graduates spent greater than 8 weeks practicing in a LMIC, and only two are currently working in a LMIC. Eight graduates (50%) stated lack of time as a reason for not pursuing work in a LMIC.

Interpretation: There is strong agreement amongst current surgical residents and graduates of surgical residency of the value of global surgical electives in improving surgical training. Few graduates are able to incorporate global surgery into their practice mostly due to time constraints. In cases where they do practice global surgery, this is usually on a short-term basis. Future efforts should focus on bridging the growth of global surgical electives with opportunities for long-term, sustainable careers in global surgery.

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Caring for adolescents: A qualitative evaluation among healthcare providers in Guatemala

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Background: Today’s generation of adolescents is the largest in history, creating a major challenge for low and middle-income countries faced with the necessity of addressing their healthcare needs. Our objective was to assess the extent to which health care providers in Guatemala are trained, knowledgeable and feel comfortable with providing services to adolescents.

Methods: A sample of 20 medical providers were recruited from the School of Medicine at San Carlos University and its affiliated hospitals. Thirty to forty minute face-to-face interviews were conducted using a semi-structured guide exploring providers’ training, knowledge, skills and experience towards adolescent health care. Recruitment continued until thematic saturation was reached. Interviews were recorded and transcribed verbatim, and then analyzed for emergent themes using principles of framework analysis.

Findings: Provider’s mean age was 33.7 years (SD=10.2). Most were female (65%) and practiced medicine in a metropolitan location. Five major themes emerged from the data: (1) perceptions of current adolescent health care needs, (2) barriers to providing care for adolescents, (3) comfort level in communicating with adolescents, (4) knowledge and availability of services and programs geared