

Findings: Only 23% of subjects had used an ultrasound before. Primary care providers comprised the largest subgroup of those with ultrasound exposure. 44% percent of all subjects believed that using POCUS in their clinic would change the delivery of patient care in 50% of cases. 100% of study participants indicated an interest in receiving more ultrasound training. Preliminary analysis did not show clinically significant differences between urban and rural subjects.

Interpretation: The present study demonstrates a lack of ultrasound training and a functional need for and interest in learning more about POCUS in rural and urban clinics in Nicaragua. A limitation of this study was the low number of medical professionals in rural clinics in Nicaragua, which makes it difficult to accurately compare the differences in ultrasound use in rural vs. urban health care settings.

Funding: Medical Student Research Funding Scholarship, UC Davis School of Medicine.

Abstract #: 2.008_HRW

Educational initiative in Myanmar training practicing physicians in emergency care

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Program/Project Purpose: The recent institution of Sustainable Development Goals (SDGs) has underscored the global priority to improve the provision of emergency medical services in developing countries. In Myanmar, patients often receive emergency treatment from medical providers without specialized training in treating emergency medical conditions. Compounding this problem, very few physicians in Myanmar are trained in emergency medicine, and fewer inhabit rural areas.

Fortunately, the advancement of emergency care in Myanmar has recently received increased attention from the country's Ministry of Health to improve the delivery of life-saving treatment to the citizens of Myanmar. In alignment with this focus, Golden Zaneke Public Company and Stanford University School of Medicine have partnered to develop and pilot the Emergency Medicine Diploma Course, a novel educational curriculum. The course is designed to be more comprehensive than short 'certificate' courses, yet more concentrated than a three-year residency program. This course aims to increase the public's access to trained emergency care providers by increasing the number of physicians in Myanmar with emergency medical skills training.

Structure/Method/Design: The Emergency Medicine Diploma Course covers an 18-month period with nine distinct training modules. Each module consists of two weeks of intensive classroom-based lectures, hands-on procedural workshops, simulation, and leadership training. During the intervening time between each module, trainees complete assignments, maintain procedure and patient encounter logs, and pursue clinical opportunities.

Outcome & Evaluation: To assess trainee competency and progress, Stanford faculty and clinicians at Golden Zaneke perform individual physician assessments. Multiple choice testing is used to assess content knowledge prior to and after each module. Trainees

are also assessed for competency in the management of simulated cases and performance of emergency medical procedures.

Going Forward: One ongoing challenge is ensuring that clinical experience at local hospitals provides the trainees with adequate exposure to patients with emergency medical conditions and allows for the performance of emergency skills in the areas of trauma, orthopedics, anesthesia, and critical care. If our program is successful, we hope to provide a scalable solution that may train future cadres of physicians in order to meet the country's growing need for emergency care providers.

Funding: Golden Zaneke.

Abstract #: 2.009_HRW

Advancing implementation science through global health education: A Mentored Peace Corps Master's International program

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Program/Project Purpose: Low- and middle-income country (LMIC) health systems increasingly rely on academic partnerships to address barriers to capacity development. Peace Corps Master's International (PCMI) programs (23 health-specific programs nationwide) provide graduate students the opportunity to apply academic training to a 27-month global health field experience as a Peace Corps Volunteer (PCV). In 2010, a partnership among Kedougou, Senegal regional Ministry of Health, the University of Illinois at Chicago (UIC) School of Public Health and College of Medicine, and Peace Corps Senegal collaboratively identified cervical cancer prevention as a major service gap. Through this partnership, PCVs have been integral to the advancement of the project. In 2014, UIC embarked on a three-year pilot project with the U.S. Peace Corps specifying interested UIC PCMI students as Senegal-specific PCVs as a means to enhance project continuity and impact. The pilot aims to explore the benefits and challenges of the Mentored PCMI program in order to inform future replication of the mentored PCMI approach at other institutions.

Structure/Method/Design: The proposed partnership consists of 1) a local community advisory board and health system leaders, 2) Peace Corps Master's International volunteers, and 3) a US-LMIC academic institutional collaboration. Within the proposed partnership approach, the contributions of each partner are as follows: the local community and health system leadership guides the work in consideration of local priorities and context; the Peace Corps provides logistical support, community expertise, local trust, and advocacy; and the academic institutions offer interdisciplinary technical resources and research support.

Outcome & Evaluation: The mentored PCMI approach shows potential to increase recruitment for PCMI programs, improve retention, provide structured, contextual mentored field experiences, strengthen community partnerships, and impact local populations in LMICs.

Going Forward: We are proposing this framework as a scalable model to facilitate the creation of or strengthen existing global health implementation research partnerships at institutions offering PCMI programs. Such an approach could facilitate collaboration, resource and knowledge sharing, and timely feedback to global