

ethics preparedness for future public health emergencies, while making recommendations that support policies and practices that reflect public values.

Outcome & Evaluation: This session will address each of the seven (7) recommendations the commission makes, a framework for addressing key ethical issues and guide public health planning and responses for Ebola or other acute public health crises.

Going Forward: In addition, this session will review other governmental and military ethical responses to this global public health issue.

Funding: None.

Abstract #: 2.052_HRW

Expanding the global health workforce through resident education in Obstetrics & Gynecology: The Medical College of Georgia experience

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Program Purpose: The Department of Obstetrics & Gynecology at the Medical College of Georgia (MCG) sought to improve the quality of resident education and increase interest in global women's health by integrating global health into the core curriculum. The department developed a global women's health program, including a dedicated international rotation.

Structure: In 2012, the department established a global health program outline, identifying stakeholders, establishing educational goals and objectives, and recognizing available resources for development of an educational program. We resolved barriers related to finance, educational structure, and personal/professional liability prior to international travel. ACGME requirements were reviewed, including 1) supervision, 2) establishment of competency-based goals and objectives, and 3) evaluation. A program letter of agreement was signed with CerviCusco, MCG's global health center in Cusco, Peru. The intern (PGY-1) year was chosen (based on resident availability and flexibility within the academic program) to establish a foundation for global health and allow for future global health experiences.

Outcome & Evaluation: Since program inception, 85% of eligible residents (11 of 13) have completed the required educational modules and international rotation, averaging four weeks in Cusco, Peru. The rotation includes both ambulatory and inpatient clinical care. Curricular goals and objectives are based on epidemiology related to global health (Peru) and disease-specific education (pre-invasive disease of the female genital tract). Residents complete online didactic modules while abroad and participate in weekly departmental conferences via videoconference. Each resident keeps an electronic record of rotation procedural data and is debriefed after returning for the quality of the experience. The average cost per resident for travel, insurance, and housing is \$2,416, paid by the department. The supervising physician is compensated by the department. MCG pays resident salary and benefits while abroad.

Going Forward: We have developed a sustainable global health program thanks to support from the department, the parent institution, and philanthropy from generous benefactors. Next, the

program will critically assess resident attitudes and impact on future career directions in global women's health. Our program can serve as a guide for others in education to increase interest in global health.

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Perceptions of Malawi midwives regarding unsafe abortion

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Background: Every year, 675 out of 100,000 pregnant women die in Malawi from pregnancy related deaths. (Malawi Demographic and Health Survey, 2010). Unsafe abortion contributes to 20% of these maternal deaths (Levandowski, et al, 2013).

Methods: A survey was developed by the research team that was designed to determine midwives' perceptions regarding reasons Malawian girls and women seek abortion, methods they utilize most to terminate pregnancy, safety and effectiveness of pregnancy termination methods, abortion rights, and barriers from provision of safe abortion services. One hundred and thirty (n = 130) midwife members of the Association of Malawi Midwives (AMAMI) were contacted via email and requested to complete a 28 item survey. The survey was open for a 3 week period. Fifty-four (n = 54) surveys were returned (41.5% response rate) and used in this analysis.

Findings: Eighty-seven percent of respondents (87%, n = 47) thought unsafe abortion was one of the main causes of maternal deaths. Sixty-four percent (64%, n = 35) believed that a woman has a right to decide whether or not to terminate her pregnancy and 98% (n = 53) of the midwives surveyed indicated that they would like to see AMAMI playing an active role in reducing deaths that arise from unsafe abortion. The barriers that prevent midwives from providing safe abortion services include restrictive abortion laws (78%, n = 42), religious and cultural beliefs (78%, n = 42), not a part of the scope of practice (70%, n = 38), and concerns about what people would think (18%, n = 10). In terms of beliefs and attitudes towards abortion services 50% (n = 27) agreed that midwives have an obligation to advocate for safe abortion care. Even though the majority of midwives are concerned with maternal deaths that arise from unsafe abortion, very few of them (9%, n = 5) are actually ready to provide safe abortion to women.

Interpretation: Malawian midwives are concerned with the high maternal mortality ratio in the country and the damage caused by unsafe abortions. Currently, the Malawi abortion law is going through review with a special law commission on abortion in place. It is imperative that midwives get fully involved in the law reform process. Development of advocacy materials is a first step.

Funding: None.

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Addressing shortages in human resources for mental health: Developing an undergraduate psychiatry training program in Botswana

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Program Purpose: Despite the huge burden of psychopathology, mental health services in Botswana are hampered by limited resources and clinical capacity. There are 11 psychiatrists for a population of 2.3 million people. The University of Botswana School of Medicine (UBSOM), established in 2009, has committed to training students to be skilled in psychiatric care. With funding support from the Medical Education Partnership Initiative (MEPI), the psychiatry department undertook several steps to develop contextually relevant mental health training. These steps, as well as initial metrics of success, are outlined.

Structure/Method/Design: Establishment of an undergraduate curriculum involved strong partnerships with other academic institutions. When UBSOM was founded, there were no psychiatrists on faculty and no psychiatry curriculum. With support from mental health educators at medical schools in the USA and UK, UBSOM developed context-specific problem-based learning resources. One key obstacle to implementing a psychiatry clerkship was the fragmented mental health system: the main psychiatric hospital is located 75 km from UBSOM's main campus. External funding (MEPI) allowed introduction of several high-tech innovations to address these challenges. All students received tablet computers and Wi-Fi Internet access and teleconferencing equipment was installed to facilitate learning across campuses. The new department sought to develop a curriculum focused on integrating evidence-based knowledge and reality-based best practice, framing psychiatry training within an evolving paradigm of what is feasible and preferable in the context of a limited drug formulary and constrained human resources for mental health. Implicit to the mental health training had been an understanding that often highly effective therapy can be delivered with limited laboratory resources and first world drugs.

Outcomes & Evaluation: In the first three years, 2012–2015, the psychiatry clerkship has successfully trained 116 medical students. A nascent program of research, including pilot studies evaluating stigma and HIV psychopathology, and in partnership with US-based investigators, demonstrates the department's maturing ambitions. Leveraging the experience of partner-institutions and employing innovative learning solutions, UBSOM has made substantial progress in preparing a new generation of doctors to provide mental health care in Botswana. Next steps include developing a post-graduate psychiatry pathway and building mental health research capacity.

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How do international health electives impact medical students in their long term career paths?

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Program/Project Purpose: The New York University School of Medicine (NYUSOM) has been engaging medical students in global health across their years in medical school through its International Health Program (IHP) since 2002. All students in good academic standing are supported to participate in culturally

meaningful and socially relevant research in any location that meets US State Department safe travel advisories. Students can also participate in self-funded clinical rotations. The program aims to increase the cultural competency of medical graduates as they enter the workforce to serve an increasingly diverse patient population. Our assumption was that IHP participants would have increased cultural competency, increased engagement with underserved populations, and increased incorporation of global health in their career paths.

Structure/Method/Design: To understand the impact of this program we conducted a simple cross-sectional cohort study of graduates of the program from 2002 to 2012. Survey questions included demographic data as well as subjective impact of the IHP program on their residency and career choices.

Outcome & Evaluation: We received 49 responses out of 213 surveys distributed by email to past participants of the IHP. Analysis of the data showed that international experiences later in medical school, rather than earlier, had a higher impact on career plans (mean of 2.70 verses mean of 2.00). Moreover, electives with both research and clinical components positively impacted career plans. Clinical rotations appeared to have slightly more impact on cultural competency than research rotations (mean of 3.82 verses mean of 3.39). Students who had not studied abroad previously (n = 24) reported that IHP had a greater impact on cultural competence, commitment to global health, and commitment to caring for the under-served than those who had previously studied abroad (n = 24).

Going Forward: International health experiences for medical students appear to have a significant impact on career paths as well as improving cultural competency. These findings can potentially benefit human resources for health by increasing US graduates long-term engagement in global public health and for working with underserved populations. We feel there is also strong argument for supporting first time international experiences for medical students.

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Community Health Clubs for Water, Sanitation and Hygiene (WASH) improvement in Rural Burkina Faso

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Purpose: Only 6.7% of Burkina Faso's people have access to improved sanitation. Risk for food, vector or waterborne disease is high: diarrhea, malaria, and helminths remain preventable causes of mortality and poverty. In December 2014 we piloted Community Health Clubs for WASH behavior change in a village of 2000. The aims of this project are to: 1. Improve WASH-related knowledge and behaviors; 2. Prevent WASH-related diseases; 3. Create enduring community-based social structures with capacity to sustain health gains and nurture sustainable development.

Design: A knowledge and practices survey of 70 randomly selected family compounds was conducted before project implementation. Village leaders identified candidate facilitators from the community. We trained 19 facilitators in a picture-based WASH curriculum