

below the age of 20 and patients with incomplete health, a total of 1,859 patients and the 11 physicians who took care of them were included in the study. For each physician, a Kaplan-Meier survival curve was constructed to compare the time between SICU admission and issuance of DNR order for each patient. A multivariate Cox proportional hazards model was established to evaluate the relationship between physician-associated factors and DNR order patterns.

**Findings:** Results suggest that patients' DNR statuses are associated with the identity of their respective attending physicians. Future studies may elucidate reasons behind these findings.

**Interpretation:** Possible sources of difference between physicians are differences in levels of experience, training, competence, approach, and influence regarding DNR status. Interventions that enhance medical professionals' and patients' understanding of DNR orders and facilitate physician-patient communication may be instrumental in improving end-of-life care.

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### Spreading the word: Dissemination of research ethics education, policies and practices in Bolivia

S. Sullivan<sup>1</sup>, A. Aalborg<sup>1</sup>, J. Gordillo Cortes<sup>2</sup>, A. Valencia Canedo<sup>2</sup>; <sup>1</sup>Touro University California, Vallejo, CA, USA, <sup>2</sup>The Universidad Mayor de San Andrés de la Paz, Bolivia

**Program/Project Purpose:** An effective strategy for implementing the ethical conduct of research in Bolivia is developing. The Universidad Mayor de San Andrés (UMSA) de la Paz-Bolivia was awarded a 2 year NIH/FIC International Research Ethics Education and Curriculum Development Planning Grant in 6/2013. The goal of the grant was to strengthen the Bolivian research culture to integrate ethical research into the education and practice of health providers and investigators. One aim was to determine components of dissemination activities emphasizing the importance of ethical research.

**Structure/Method/Design:** Expected outcomes included an improved perception of the importance of research ethics among Bolivian researchers, academics, health workers and citizens. Representatives of 4 public Bolivian Health Science Universities, PAHO, and Touro University California (TUC) established a Steering Committee. The committee highlighted dissemination activities to increase interest and knowledge for ethically responsible health research. The Research Ethics Symposium entitled, *Constructing Ethics in Health*, was conducted in September 2015 by UMSA, TUC, PAHO and the UMSA Medical School Ethics and Bioethics committee. Themes addressing intercultural issues and vulnerable populations; the responsible conduct of research; and the development of research ethics education and practices in health science universities were presented and discussed in working groups. The wide range of conference participants (N = 126) included members of research ethics committees, research institutes, health science students, faculty and leaders of governmental and civil society organizations.

**Outcome & Evaluation:** In a self-administered evaluation, participants highlighted the usefulness of topics covered, the importance

of multi-cultural perspectives of health, and the importance of continuing bioethics and research ethics education. Only 20% of participants had previously participated in research ethics workshops. Participants commented that increased support for research and the development of publications is needed. Participants emphasized that bioethics and research ethics education should be competency-based across health science programs. An 85% of respondents stated they would make changes in the application of research ethics in their work as a result of what they learned in the symposium.

**Going Forward:** These dissemination activities demonstrate the ongoing commitment of Bolivian research ethics leaders to expand the network of health science faculty, researchers, health professionals and health leaders with bioethics and research ethics expertise.

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### A qualitative exploration of misperceptions, expectations and attitudes towards professional midwifery in Guatemala

A. Summer<sup>1</sup>, S. Guendelman<sup>1</sup>, E. Kestler<sup>2</sup>, D. Walker<sup>3</sup>; <sup>1</sup>University of California Berkeley, Berkeley, CA, USA, <sup>2</sup>Epidemiological Research Center in Sexual and Reproductive Health, Guatemala City, Guatemala, <sup>3</sup>University of California San Francisco, San Francisco, CA, USA

**Background:** Despite Ministry of Health (MOH) recommendations that all women give birth with a skilled birth attendant (SBA), 70% of births in Guatemala take place outside health facilities with traditional birth attendants (TBAs), who are not formally trained. To increase SBA in rural, indigenous communities, the MOH opened a professional midwifery school in 2015—the first of its kind since 1960. This paper aims to identify possible threats and facilitators to this strategy's success in Guatemala by assessing attitudes, misperceptions and expectations for the introduction of midwifery to the healthcare system among diverse cadres of stakeholders.

**Methods:** Qualitative, in-depth interviews were conducted with 32 physicians, nurses, and TBAs in six health centers and with key decision makers and midwives in Guatemala City. We conducted open and axial coding and thematic analysis in Atlas.ti informed by grounded theory. We performed normative comparisons of participants' attitudes, misperceptions, and expectations for midwifery with the National Vision and relative comparisons of these themes within and across disciplinary subgroups of participants in order to elucidate facilitators and threats to the success of midwifery.

**Findings:** Physicians, nurses and TBAs were unable to define professional midwifery. There was both an acceptance and anticipated resistance toward professional midwifery by all subgroups. Most stakeholders were aligned in terms of expectations for the midwife in the health facility, the need for her to coordinate with TBAs, and with intercultural care. However, there were notable differences in expectations toward supervision of and by the midwife, the specific roles of the midwife in the community, and the nature of the midwife's relationship with TBAs.