a wide range of LMIC and HIC settings, with the caveat that more
information regarding GH training in LMIC medical schools is
needed. Next steps include engaging with other GH educational
groups and disseminating findings worldwide through online blog
posts, conference presentations, and peer-reviewed publications.

Source of Funding: Funding for the initial meeting of BGHEI
was provided by the Rockefeller Foundation.

Abstract #: 1.072_HHR

Medical Brain Drain in Uganda: Causes and Potential Remedies

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Program/Project Purpose: Sub-saharan Africa currently bears
24% of the global disease burden, yet is home to just 3% of the global
health workforce (Anyangwe 2007). Despite this crippling disease
burden, nearly 30% of graduating physicians in Uganda choose to
emigrate each year (Soucat 2013). Medical brain drain refers to
this human resource crisis that plagues the healthcare systems of
many developing countries, where newly graduated physicians
choose to leave the country after receiving their formal medical
education. For over a decade, public health leaders have attempted
to meet this critical human resource shortage through an increase
in the availability and efficacy of medical education (Akuffo 2014).

Structure/Method/Design: Through in-depth interviews with
3rd, 4th, and 5th year medical students at Makerere University in
Kampala, Uganda, my research attempts to uncover the complex
push and pull factors that affect the emigration decisions of Ugandan
medical students. While past research has pointed to low pay
and overburden as the impetus of the brain drain, my project focuses
on sociocultural factors associated with emigration like social ties,
national pride, socioeconomic background, as well as lived experi-
ence in the health system.

Outcome & Evaluation: My findings point to key policy changes
that can be utilized by Ugandan medical schools in order to better
retain its students. Expanding the diversity of medical students in
terms of educational and socioeconomic background, by targeting
low income parts of the country in the admissions process will
generate doctors more likely to stay in the country and more con-
ected with their home. In addition, strengthening and building
upon the community healthcare programs already utilized will allow
medical students to appreciate their role in the Ugandan health
system. Finally, allocating medical supplies efficiently and appropri-
ately, so students and doctors have what they need to do their job is
paramount to overall physician satisfaction.

Going Forward: In order to provide for the needs of its own
country, Uganda must act quickly to end the high rates of medical
brain drain. Through a collaboration of physicians, healthcare policy
makers, as well as government officials, Uganda can empower its
doctors to provide their patients with the best possible care.

Source of Funding: University of Notre Dame, Kellogg Institute
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Abstract #: 1.073_HHR

Results of a Global Collaboration First Responder Course in
Trauma Skills Training in New Delhi, India

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Program/Project Purpose: In both developed and developing
countries, most morbidity due to trauma occurs in the prehospital
period. This increase in morbidity and mortality is partly due to
a lack of appropriate critical care education of first responders in
rural settings. Multiple studies have shown that prompt, well-
executed pre-hospital care by first responders can lead to a reduction
in mortality.

Structure/Method/Design: The First Responder Trauma and
Emergency Care Program aims to educate lay people through
implementation of a four-tiered trauma education program, which
incorporates high-fidelity simulation, video-recorded debriefing,
and retraining. Simulation has been previously shown to be a useful
tool in training of trauma-related clinical skills. The study
compared comfort in assessing and managing trauma situations
among four different groups: students, educators, nurses and
physicians.

Outcome & Evaluation: A total of 57 individuals were trained
with the First Responder Trauma and Emergency Care Program
as part of a breakout session with the World Trauma Congress
in Delhi, India. Prior to training, 37% (n=19) felt at least moder-
ately comfortable to assess and manage a trauma situation.
Following the training program, 73% (n=41) felt at least moder-
ately comfortable. The highest confidence prior to training was
exhibited by the staff nurses where 89% (n=8) reported some level
of past experience with trauma assessment and care. Of the educa-
tors, nurses, and physicians, 29% (n=6) felt at least moderately
comfortable to manage trauma situations prior to training; 81%
(n=10) felt at least moderately comfortable after training. In
students, 19% (n=6) felt at least moderately comfortable prior
to training whereas 63% (n=19) felt at least moderately comfort-
able following training.

Going Forward: Of the 57 individuals, overall confidence
handling traumatic situations increased. A great increase was seen
with students. This highlights the course’s ability to target the lay
population. The increase in self-assessment of confidence among
educators, nurses, and physicians may indicate the course as a bene-
ficial source for continuing medical education and highlights the
courses ability to target the skilled medical workforce. With a goal
of targeting 8 million students in the next 10 years within schools,
we feel this program would strongly reduce morbidity and mortality
in prehospital settings.

Source of Funding: “None”.

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Validation of Smart Monitoring System for Mobile Facility
Deployed for Emergency Crisis and Post-Disaster Situations

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