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.

Funding: National Taiwan University School of Medicine.

Abstract #: *2.073_HRW*

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

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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.

Funding: NIH/FIC.

Abstract #: *2.074_HRW*

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

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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.

Annals of Global Health, VOL. 82, NO. 3, 2016
May–June 2016: 473–510

Interpretation: Facilitators to the success of midwifery include overall general acceptance the midwife as a legitimate professional actor, political will, uniformity of vision among stakeholders, and the potential for improved intercultural care and TBA relations. The greatest threat identified is an ambiguous road map that fails to address how midwifery will specifically be integrated into the health system, in the community and with TBAs, which must be addressed if this strategy is to succeed in Guatemala.

Funding: Center for Global Public Health and Institute for International Studies Berkeley.

Abstract #: *2.075_HRW*

Mapping global health training in Canadian post-graduate medical training programs

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Background: Residents across all fields of medicine have increasingly become interested in global health activities. Residency programs are responding to this interest by increasing their offering of global / international health opportunities yet there is very little structured evaluation of curriculum. Some facilitating factors that have been described for developing programs include the presence of a supportive residency director, resident commitment, a supportive department chair, protected resident time for electives, a dedicated budget, and committed GH faculty with protected time. A number of barriers to establishing global health programs also exist, they include obtaining permission from program directors/finding coverage for call shifts, as well as financial barriers, and faculty time. Most research reflects the situation of only a few programs, and is focused on a single specialty. The exact nature of what constitutes these programs differs greatly from university to university. This study aims to describe global health educational training in Canadian residency programs, estimate the prevalence of Canadian residency programs which offer global health training, and describe the resources invested in the global health training within residency programs.

Methods: This is a descriptive study using an online survey sent to a Canadian residency programs identified as having a global health component within their curriculum. A search for terms related to global health in the CaRMS database will be used to identify programs which have a global health component, and the survey questionnaire will be sent electronically to the program directors or their designate. Data will be analysed by grouping residency programs in the following categories related to comparable clinical work.

Expected Findings: This research project will give a portrait of global health training offered to physicians throughout Canada. It can serve to identify training gaps, to highlight successful practices and to plan for the Canada's contribution to the global health workforce. Additionally, this project can serve as a pilot study for a larger North American survey. This study can also help guide dissemination of curriculum material, best practices and facilitate the creation of supportive networks.

Interpretation: This study has not been completed yet, results are pending.

Funding: This study did not receive any funding.

Abstract #: *2.076_HRW*

Assistance, buy-in, and champions: The ABCs of sustaining leadership and management interventions

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Background: Every year, millions of global health dollars are spent in capacity development interventions to strengthen the leadership and management skills of civil society and public health institutions. Next to nothing is known about what makes these interventions sustainable. The USAID-funded Leadership, Management, and Governance Project commissioned an external assessment to examine if the leadership development program (LDP) and the institutional strengthening program (ISP) or their outcomes have been sustained. We defined sustainability as evidence that 1) an intervention has been sustained beyond the life of a project; or 2) the intended outcomes have been sustained beyond the life of a project.

Methods: We conducted an exploratory ex-post assessment of interventions in three countries using a 3-step methodology. First, a targeted literature review was used to develop an a priori framework that identifies the components and factors of sustainable interventions. Second, instruments were designed and used to conduct 43 key informant interviews with staff and intervention beneficiaries in Kenya, Nepal, and South Africa. Finally, transcribed data was analyzed for common themes and factors that converged or diverged from the conceptual framework.

Findings: Interviewees reported improvements in reach and quality of health services, time savings, and resource mobilization during the life of the project. They identified factors enabling sustainability of the interventions, including: early stakeholder buy-in; creation of internal champions; and ongoing, high-quality mentorship by technical experts. Interviewees also reported distinct examples of intervention and outcome sustainability, including standardization of leadership and management practices within the organization; routinization of leading and managing behaviors; institutionalization and replication of programs; resource mobilization; and maintenance of networks for continued support and learning.

Interpretations: Our findings illustrate that these interventions were designed and implemented in ways that either embody the characteristics of sustainable interventions or demonstrate outcomes that can continue to be sustained over time. Indeed, there was significant convergence between the a priori conceptual framework and the findings of this assessment. The findings have implications for the design and tracking of future leadership and management interventions. Designing these factors into future programs may also ensure sustainability and justify continued investment in capacity development.

Funding: USAID.

Abstract #: *2.077_HRW*