learning emphasizing topics specific to Haitian healthcare infrastructure.

Going Forward: This project's ultimate goals continue to emphasize the promotion of capacity building in Haiti through local healthcare provider empowerment. Sessions addressing ethics in global health previously detailed in the literature, Haitian culture and history taught by professors, and lectures on global health field logistics are being added to the existing elective framework. An effort to certify UniQ students as BLS instructors and add to the bidirectional nature of the program is being prioritized. The elective will also be made open to students not participating in the trip as 8 separate two-hour didactic sessions. Statistical analysis of survey item responses, observation of participant student career trajectories, and exploration of the elective's implications for medical education curriculum are also ongoing.

Funding: This project did not receive outside funding support and lectures are taught on a voluntary basis by ISMMS affiliated faculty and house staff.

Abstract #: *01ETC076*

Coping with ethical dilemmas during global health clinical rotations: A survey of medical student challenges and strategies

M.J. Peluso[1], S. Kallem[2], T.L. Rabin[3]; [1]Brigham and Women's Hospital, Boston, MA/US, [2]Children's Hospital of Philadelphia, Philadelphia, PA/US, [3]Yale University School of Medicine, New Haven, CT/US

Background: There has been a growing recognition of the need to prepare health professions students for common ethical issues that occur during clinical rotations abroad. The purpose of this study was to describe the ethical dilemmas reported by medical students rotating at different international sites and to identify the coping strategies used by students when facing an ethical dilemma.

Methods: All medical students participating in funded international rotations at 10 sites in Africa, Asia, and Central/South America from September 2012 through May 2014 (n=52) were invited to participate in a post-trip debriefing, which consisted of a group discussion facilitated by a team of students and faculty with previous international clinical experience, and to complete an electronic survey regarding their personal experiences. Two reviewers coded and Abstracted themes from the qualitative data; a third reviewer re-coded the data to resolve any discrepancies. Proportions were calculated and compared using the *z*-test for dependent groups.

Findings: 34/52 (65%) students completed the survey. 25/34 (74%) respondents reported witnessing an ethical dilemma during their rotation and 19/25 (76%) provided narrative details about these dilemmas. The most common dilemmas fell into the categories of navigating local culture (14/19; 74%), different standards of care (9/19; 47%), the obligation to subsidize care (6/19; 32%), issues of resource allocation (6/19; 32%), and students' own expectations of themselves and their abilities (6/19; 32%). 22/34 (65%) students provided information regarding with whom they discussed the dilemmas they faced. The most common individuals were visiting house officers (6/22; 27%) and visiting medical students (5/22; 23%), followed by local attending physicians (3/22; 14%) and local house officers (3/22; 14%). Several respondents reported discussing the issues with non-medical family and friends (3/22; 14%) or no one at all (3/22; 14%). Students more commonly mentioned discussing dilemmas with non-local physicians, students, or friends (18/26; 70%) than with local individuals (8/26; 30%; $p < 0.05$). In addition to talking through the dilemmas, students listed a number of other methods of coping with the issues they faced, including personal reflection, written reflection, asking more questions of the local team, doing background reading, and avoidance of specific situations.

Interpretation: The majority of medical students reported facing an ethical dilemma during their rotations abroad. Students most commonly discussed the dilemmas they faced with other visitors rather than those individuals from the local institution. This may be due to convenience, lack of adequate training, or reticence to confront local individuals with what may be perceived as criticism and represents a missed opportunity for discussion and reflection between the visiting students and the individuals in their host institutions. Efforts should be made to identify reasons for this trend and to further promote discussion between individuals from the sending and receiving institutions.

Funding: None.

Abstract #: *01ETC077*

Using HIV clinics to improve quality of community-based medical education

T. Pollack[1], T. Diep Tuan[2], N. Hoai Phong[2], V. Tuyet Nhung[3], D. Nhat Vinh[3], N. Quoc Dat[2], T. Thu Van[4], D. Duong[1], H. Libman[5], L. Cosimi[5]; [1]The Partnership for Health Advancement in Vietnam (HAIVN), Hanoi, VN, [2]University of Medicine and Pharmacy, Ho Chi Minh City, VN, [3]The Partnership for Health Advancement in Vietnam (HAIVN), Ho Chi Minh City, VN, [4]Ho Chi Minh City Provincial AIDS Committee, Ho Chi Minh City, VN, [5]The Partnership for Health Advancement in Vietnam (HAIVN), Boston, MA/US

Program/Project Purpose: The Ho Chi Minh City University of Medicine and Pharmacy is reforming its 6-year undergraduate medical curriculum with a goal of improving training of doctors. A major focus of the reform is to introduce early community-based clinical experiences for students. However, medical education in Vietnam is primarily hospital-based and models of community-based education are lacking. We piloted a community-based medical student elective utilizing the city's network of outpatient HIV clinics with the aims of improving the capacity of community-based clinical staff to mentor students, improving student history and physical examination skills, and exposing medical students to HIV patients in order to reduce stigma and to promote HIV medicine as a potential field for graduating doctors.

Structure/Method/Design: The longitudinal clinical experience was designed as an eight week rotation integrated into the 3rd year internal medicine clerkship. Community HIV doctors were trained in teaching and mentoring skills and were mentored by university or project staff. Participating students spent one morning per week in one of 6 participating HIV clinics in the city. During each session students took histories and performed physical examinations, and presented cases to their clinical mentors who also provided a short didactic session on HIV. We assessed student and mentor knowledge, satisfaction and confidence.

Outcomes & Evaluation: Twenty students and nine HIV providers participated in the pilot from March – July 2014. Prior to the pilot, less than half of the students reported previous experience in an outpatient setting and less than half reported previous contact with a person living with HIV. During the eight half day sessions, students examined a mean of 3.4 patients (range 1-8 patients) and took a detailed medical history from at least 5 patients (range 5 to >20). After the eight weeks, all students demonstrated improved knowledge, 85% agreed or strongly agreed that the experience increased their confidence in taking a sexual history, 75% had increased confidence in taking a substance abuse history, 75% reported increased