past 30 days. Bivariate analyses yielded positive associations between high female relationship power and couples' consistent condom use (OR=3.92, p=0.02, 95% CI: 1.31-5.73), couples' SCSE and couples' consistent condom use (OR=1.33, $p < 0.001$, 95% CI: 1.21-1.46) as well as high female relationship power and couple's SCSE (OR=3.39, p=0.001, 95% CI: 1.77-5.01). The mediation analysis revealed that couples' SCSE explained 86% (95% CI: 0.06-0.28) of the association between high female relationship power and couples' consistent condom use.

Interpretation: SCSE mediates the association between high female relationship power and consistent condom use among heterosexual couples in South Africa. Future interventions that equip couples with the skills to communicate effectively about sex and HIV, and promote equitable power dynamics in sexual relationships could increase consistent condom use and prevent HIV transmission in couples.

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Abstract #: *01SEDH021*

The refugee health passport: a portable medical history tool that facilitates communication for newly arrived refugees in interpretation-limited, acute care settings

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Program/Project Purpose: In 2014 the University of Ottawa's Refugee Health Initiative (RHI), a medical student-led interest group, launched the Refugee Health Passport (RHP) pilot project. The RHP aims to address potential inequities in acute care provision, arising from language barriers between care providers and refugees. It is a patient-held medical record that provides critical information to healthcare workers; for use in acute care encounters with newly arrived refugees when interpretation services are unavailable. The RHP is implemented through the RHI Community Service Learning (CSL) program, currently in its third year of operation. This program coordinates student volunteers to assist refugees in their first year of resettlement, in partnership with the Catholic Centre for Immigrants (CCI) and the Canadian Collaboration for Immigrant and Refugee Health (CCIRH). By providing refugees with a communication tool for acute medical situations, the RHP helps fulfill RHI's three objectives: 1) To support newly arrived refugees in their first year of resettlement and to help families navigate the barriers that prevent integration into the Ottawa community, 2) To provide relevant cultural competency training to medical students, and 3) To work collaboratively with community partners to fill needs that are not currently being addressed by other program mandates.

Structure/Method/Design: The Refugee Health Passport is a patient-held booklet designed by students, in consultation with physician advisors, that includes: 1) A streamlined medical history relevant to acute care situations 2) Space for medical professionals to add new information, and 3) A basic medical translation tool, for the language of the passport holder. During routine medical intake interviews, medical students fill out an RHP for each new refugee client, under the supervision of a physician. Passport holders present their RHP to health care providers during future acute care encounters to facilitate communication.

Outcomes & Evaluation: To date, the Refugee Health Initiative - Community Service Learning program has trained 46 students as 'health brokers' for the refugee population. These students have contributed over 1500 hours of community service and provided support to 21 refugee families in Ottawa. This year the program will be serving nine new families. A formal evaluation of the CSL program is underway in 2014-2015 and will include evaluation of the RHP through feedback from physicians, students, refugees and community partners.

Going Forward: Priorities moving forward are to identify and address logistical problems with the use of the RHP as it is incorporated into the RHI's medical interview. Obtaining proper informed consent and appropriate use of the passport is dependent on reliable interpretation during this medical interview. Ethical and legal questions pertaining to the passport's content and use are being reviewed with the guidance of experienced physicians and lawyers.

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Hands-on approach to psychiatric research training in India and Egypt

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Background: Psychiatric research lags in low and middle income countries (LMIC), partly due to a dearth of trained researchers. Though research training is available in many LMICs like India and Egypt, it suffers from a lack of resources and is, consequently, unpopular. Meanwhile, research training is relatively expensive in high income countries, so we explored the feasibility of supplementing research training in India or Egypt with mentored, focused, training in the USA. The collaborative enterprise relied on consensus building and on equitable partnership.

Methods: The training program, based at the University of Pittsburgh (Pitt), was initiated in 1990 in India and extended to Egypt in 2001. To be eligible, trainees need to be registered for postgraduate training at selected sites in India and Egypt. They are selected competitively and are teamed with local and US training faculty who assist each trainee to design and implement a research project; financial support is provided for the research project, and additional didactic training is offered on a case-by-case basis. Needed didactic and practical training at Pitt complements local didactic course work and local research supervision. Ethics training is mandatory. Trainees are encouraged to publish their results, use their data to seek independent funding, and join a training faculty "without walls" on graduation. Trainee progress is tracked during and after the training process.

Findings: The initial collaboration with Dr. Ram Manohar, Lohia Hospital, Delhi (RML) now extends to five other sites in Delhi, Hyderabad and Manesar (India); Mansoura and Cairo (Egypt). We have mentored and trained 18 individuals successfully, of whom 13 have received local faculty appointments and 8 have joined our training faculty. All the trainees received didactic and practical training at Pitt. One trainee subsequently won independent NIH funds for her post-training research. We have helped establish and equip functioning psychiatric genetics laboratories in Delhi and Mansoura. Currently, 5 research projects are in progress, of which two were developed among Indian or Egyptian collaborators with minimal US faculty involvement. We have published over 50 peer reviewed manuscripts in international journals.

Interpretation: It is feasible to establish, nurture, grow, and sustain research training programs with cross-site LMIC-US collaboration. The overall effect is to enlarge the research cadre and expand research activities. Our collaboration has evolved successfully to encompass "South-South collaborations." Ensuring support and enabling funds