To date, EM education in Bolivia and Venezuela has been scattered among independent agencies, each with their own training programs and certifications. International courses such as ACLS and ATLS are sometimes available, but these are often too expensive and too seldom to provide universal training.

Structure/Method/Design: To assist the development of EM education in Bolivia and Venezuela, the nonprofit A Tu Lado (ATL) collaborates with providers and public universities to build accredited courses that meet the needs of local medical, police, and fire agencies. ATL was founded by a group of undergraduate students from institutions across the United States, and works directly with students in South America to support these initiatives.

Invitations to collaborate are extended by local organizations. From this connection, ATL and its partners invite the participation of key stakeholders, including universities and emergency response groups. ATL then facilitates a three-step process:

Needs Assessment (step 1): Visit the prospective site to meet partners and stakeholders, assess community strengths and needs, and design a curriculum.

Model Course (step 2): A condensed course on prehospital care facilitated by A Tu Lado and co-taught with local instructors. This course serves as an opportunity to test the curriculum and to strengthen local partnerships.

Full Course (step 3): An expanded course taught exclusively by local instructors. The course's adoption and accreditation by a public university positions the program as a national model for replication.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Venezuela: Grupo Venemergencia, Universidad Simón Bolívar (USB), IESA. Bolivia: Universidad Mayor de San Simón (UMSS), Mano a Mano, SAR Bolivia. United States: University of Minnesota Department of Emergency Medicine; Princeton University; Macalester College Emergency Medical Service.

Summary/Conclusion: More than 180 students have been trained through ATL-affiliated courses. USB concluded Venezuela's first university-based EM technician course in May 2014 and began its second in September 2014. UMSS began Bolivia's first integrated EM training module for medical students in 2014.

Central to the success of these projects was their collaborative foundation and the model course, which provided an opportunity for stakeholders to establish a dialogue about course content and form a coalition that could advocate for EM standardization.

Global health: Burn outreach program

G. Fuzaylov, D. Driscoll; Massachusetts General Hospital, Boston, MA/US

Background: Doctors Collaborating to Help Children is a nonprofit corporation that partners with multiple organizations including Massachusetts General Hospital and Shriners Hospital for Children in Boston, MA, which has established an outreach program with Ukrainian physicians to improve the care of patients with burn injuries. The goal of the program is to establish a sustainable and increasingly productive collaboration to treat burn patients in a resource-constrained environment. The program has grown from a collaborative effort with Ukrainian physicians and health care officials. With this collaboration, a multipronged approach has been developed to address the gaps in burn care as discovered by years of interaction with the medical community in Ukraine.

Structure/Method/Design: Contact was initiated with the burn unit of a single municipal hospital in Lviv, Ukraine. Patients with burn injuries were screened and selected patients were comanaged over a 3-year period by American and Ukrainian physicians. This comanagement included repeated evaluation both by telemedicine conferencing as well as annual trips with physicians from Boston, MA, traveling to Ukraine to assess patients in an outreach clinic and perform surgical procedures. Over three successive annual mission trips, a total of 123 patients, ranging from 1 to 44 years of age, were seen and evaluated by the surgical and anesthetic teams.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): In our first trip in 2011, we assessed 22 patients and operated on 5. In 2012, 38 patients were evaluated and 12 had combined surgical intervention. In our 2013 trip, 63 patients were evaluated and we operated on 22 burn victims. Multiple clinical research projects related to burn prevention and improving perioperative care have been initiated, presented at national meetings, and submitted for publication in peer-reviewed journals.

Summary/Conclusion: Our outreach program in Lviv, Ukraine strives to improve overall burn care by a multilayered approach. These elements can serve as a possible template for additional international burn outreach plans as it can be customized for both large and small interventions.

Leveraging health informatics for a global health needs assessment at home

L. Ganapathy[1], T. Tran[1], J. Brownstein[1], M. Niescierenko[2]; [1]Boston Children's Hospital, Boston, MA/US, [2]Boston Children's Hospital, Division of Emergency Medicine, Boston, MA/US

Background: Existing technologies facilitate rapid and easily updated reporting systems for changing situations such as epidemic surveillance (e.g., "GeoSentinel," "Distribute," etc). Knowing the location, type, and description of global health work performed by staff in a health care institution is important for collaboration, capacity building, and safety of those doing the work. However, information collection is often inefficient with no ability to track these characteristics in real time. To address this problem, health informatics was used to create an online "health map" to capture global health activities of staff at a pediatric tertiary hospital. Objectives: To pilot a mechanism for collecting real time data on global health activities of hospital staff; to characterize types of projects and partnerships and display this content on a "health map" for use by the hospital community.

Structure/Method/Design: A survey tool querying information regarding staff contact information, project type, countries of involvement, and partnerships was disseminated to staff at Boston Children's Hospital. Analysts collated responses and created a "health map." Each point on the map represents a unique project/partnership. Individuals with projects on the map can access and update information regarding project status and progress on an ongoing basis. The map was then made accessible to all.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Staff reported 86 unique projects, with physicians and nurses equally represented (37% and 41%, respectively). Attending physicians were more likely to be involved in ≥ 2 projects (relative risk, 2.1). Pediatric medicine and pediatric surgery had the majority of projects (80% and 18%, respectively) spread over subspecialties. Projects are being conducted in 42 countries. International partners were primarily academic medical centers (56%) and NGOs (34%). Four countries had multidisciplinary involvement due to formal institutional partnerships. Project themes focused on infrastructure/health systems development (23%), physician education (22%), and nursing education (18%).

Summary/Conclusion: Innovative technologies like the health map that employ crowd sourcing facilitate rapid institutional-level data