address their unique health issues. This survey will provide us with preliminary data from which to draw on to create curricula addressing these issues.

Source of Funding: None.

Abstract #: 2.040_HHR

The F-T-E Approach for Global Care Delivery in Remote Settings

A.S. Rajan¹, S. Michel², R. Christner², C. Popper², S. Anandasahapathy²; ¹Baylor College of Medicine, Houston, Texas, USA, ²Baylor College of Medicine, Houston, USA

Background: The delivery of healthcare services in remote settings in low and middle income nations remains a significant challenge on a global scale. Telemedicine offers a means to provide point of care services via global E-visits in capacity-constrained situations. We posit that key elements of a telemedicine comprise an F-T-E approach that include: 1) Facility for care delivery in remote settings; 2) Technology for connectivity and managing the clinical encounter, and 3) Expertise in clinical medicine.

Methods: To develop an integrated model for remote care delivery we have addressed each of these elements by developing a mobile health care facility, integrating applications for utilization, and considering a model for care capacity.

Findings: First, we have designed and developed a mobile, modular healthcare unit ("Smart Pod") based on a shipping container frame that can be easily deployed and rapidly set-up (within minutes) in remote settings. Unique features of the Smart Pod designed by physicians, include a lightweight structure, 400 sq. ft. floor space, infection control design, HVAC, off-grid power capability and other clinically-relevant utilities. Secondly, technological needs for connectivity, clinical encounter and operations management including hardware and software applications have been uniquely designed and integrated into the Smart Pod. Such features include tele-connectivity, GPS tracking, electronic record documentation of encounter, drug and supply tracking and other logistics management. Finally, expertise provided through the affiliation with a leading academic healthcare institution enables program oversight, direct care, training and capacity development of local health providers in the remote setting.

Interpretation: The unique combination of a Facility-Technology-Expertise based solution may benefit telemedicine-driven care delivery in remote settings globally.

Source of Funding: USAID.

Abstract #: 2.041_HHR

Designing a Global Health Curriculum in a Military Family Medicine Residency

M.E. Ray; National Capital Consortium Family Medicine Residency, Washington, District of Columbia, USA

Program/Project Purpose: Global Health is a quickly expanding area of study throughout medicine, education and public health. As family physicians, we are well suited for the diverse spectrum of

disease and full scope of practice that global health care requires, and military physicians specifically are primed to participate in Global Health engagements based on their world wide presence. Many civilian residencies internationally have created educational experiences and training opportunities for young family medicine physicians in this realm, but military family medicine residencies have yet to offer a structured curriculum. Fort Belvoir Community Hospital, a triservice military ACGME accredited residency program south of Washington D.C. is formulating a program for residents to gain Global Health training. This year we have created a global health interest group with monthly lectures and journal article discussions, assisted residents in participating in courses through CDHAM and USUHS in planning health engagement and tropical medical care, and facilitated physician trips to several international locations. This poster presentation will discuss the goals, development and future scope of this educational program as we seek to create a unique opportunity to develop seasoned, prepared physicians to participate in the arena of Global Health and Global Health Engagement within the DoD.

Structure/Method/Design: Residents and staff were surveyed on their global health experiences and educational goals. Local universities and organizations were searched for educational opportunities for residents here in the DC area. All these combined have been the backbone of our new curriculum, unique to the military family medicine GME system.

Outcome & Evaluation: Resident Surveys and participation in future educational exercises will dictate how our curriculum continues to evolve, as well as staff evaluation and likely future comparisons to other programs.

Going Forward: - Realize the importance of Global Health and Global Health Engagement in the future of military medicine

- Understand the vast range of educational topics and experiences for shaping a physician versed in global health
- Recognize the guiding principles of Global Health education and how they can impact resident training

Source of Funding: None.

Abstract #: 2.042_HHR

Transforming Medical Student International Engagement to a Focus on Educational Programs

M. Rivera-Ramos¹, E. Plasencia², E. DeVos³, J. Grigg⁴; ¹University of Florida, Gainesville, USA, ²University of Florida College of Medicine, Gainesville, USA, ³University of Florida College of Medicine, Ponte Vedra Beach, Florida, USA, ⁴University of Florida, Gainesville, FL, USA

Program/Project Purpose: Short-term medical mission (STMM) trips have become more popular in recent years. These trips offer medical students exposure to practice in a low-resource setting, the complexities of patient-provider communication, and the importance of cultural competency. However the long-term impact of these mission trips is difficult to assess and the ethical considerations of these trips have recently come under scrutiny. A few ethical dilemmas include: cultural differences and power imbalances that may make it challenging to ensure equitable partnerships,

poor healthcare infrastructure that may compel trainees to practice beyond their level of training, healthcare services delivered that may compete with local services and deplete limited resources. We aim to increase educational programming to try to minimize these potential pitfalls.

Structure/Method/Design: At the University of Florida students participate in two models of global health trips. The first model is a one-week STMM to Central and South America offering trainees experiences in high volume clinics focusing on practicing clinical decision-making in low resource settings. The second model is a two-month trip to Peru focusing on a health education program, allowing students to improve their communication skills with patients and experience cultural immersion while building capacity with possible longer term impact. Due to the proven effectiveness of the educational program, some of the STMM trips have begun to implement educational programs into the clinical programs.

Outcome & Evaluation: We are still evaluating the impact of the clinical trips. However, the STMM trips that have begun to implement educational programs into the clinical programs demonstrated a positive effect on the local population healthcare knowledge. These programs have the potential to continue after they are initiated and create a lasting impact on health knowledge in the community.

Going Forward: The educational model in STMM may provide additional long-term benefits in the partner community through increased medical knowledge and educational program capacity building, while continuing to provide a culturally immersive learning experience. The focus of the trip is transformed from clinical service to public health education. This model may minimize many of the ethical problems faced by STMM trips and is more in accordance with best practice guidelines for global health programming.

Source of Funding: None.

Abstract #: 2.043_HHR

Continuing Education and Job Satisfaction in a Rural Haitian Hospital

S. Rose¹, E. Hall², V. Etienne³, F. Dieudonne³, B. Romela³, M. Tondereau³, M. Armony³, K. Baltzell⁴; ¹University of California, San Francisco, San Francisco, California, USA, ²UCSF, San Francisco, USA, ³Zanmi Lasante, Port-Au-Prince, Haiti, ⁴University of California San Francisco, San Francisco, CA, USA

Program/Project Purpose: UCSF School of Nursing, Partners In Health (PIH) and its affiliated Haitian organization, Zanmi Lasante (ZL), collaborated to develop training and mentorship programs in a low resource setting. To date, the partnership has completed two years of nurse education, leadership development and quality improvement training.

Program objectives: develop sustainable models for strengthening the nursing role in the delivery of health care in Haitian hospital settings; increase access to continuing education opportunities for nurses in low resource settings.

Evaluation objective: Understand nurse's desires and perceptions about their jobs and work environment.

Structure/Method/Design: An academic-community partnership of global health nursing professionals evaluated a continuing education program for nurses in a Haitian hospital.

Program evaluation components include:

- Advisory Committee engagement in evaluation design and implementation, interpretation of evaluation results and development of recommendations
 - Survey of 31 nurses and nurse auxiliaries
 - Focus groups discussions with 15 nurses and nurse auxiliaries

Outcome & Evaluation: Evaluation results highlight working conditions and educational opportunities as the most important factors influencing nurses' job satisfaction. Other themes included recognition and interprofessinal team collaboration. Haitian and American partners on the evaluation's Advisory Committee interprested the results and formulated recommendations for future program planning.

Going Forward: This information, utilized by nursing leadership and educators, informs the development of educational programming and organizational improvements that respond to nurses' needs, with the aim of increasing satisfaction and retention of nurses.

Source of Funding: Private philanthropy.

Abstract #: 2.044_HHR

Motivating Factors Contributing to Retention of Community Health Workers in Rural Liberia: A Qualitative Study

E. Rosenberg; University of California, San Francisco, San Francisco, CA, USA

Background: A shortage of doctors, distance to health facility and poor infrastructure make accessing healthcare difficult for communities in rural Liberia. In order to provide basic healthcare to Liberians living more than 5 kilometers from the nearest health facility and strengthen its health system weakened by civil war and Ebola, the Liberian Ministry of Health plans to scale up a community health worker (CHW) program piloted by Last Mile Health, and recruit 4000 CHWs over the next five years. We aimed to understand the factors which contribute to CHW retention, as worker retention is key in building a sustainable CHW program.

Research question: What are the intrinsic and extrinsic motivating factors which contribute to the retention of community health workers employed by the Last Mile Health program in Liberia?

Methods: Using purposive sampling, we conducted 27 semi-structured interviews with CHWs exploring their reasons for becoming CHWs, how they feel about the work they are doing, and the ways in which their work impacts their lives and their families' lives. The interviews took place over six weeks, from May 2016 to June 2016, in Grand Gedeh and Rivercess Counties, Liberia. The interviews were coded and analyzed using thematic analysis and Dedoose software.

Findings: Five major motivating factors contribute to CHW job satisfaction and retention: income, knowledge and aspirations, pride, serving their community and support from Last Mile Health.