

Going Forward: Ongoing challenges: UHC can only meet its goals with the necessary human resources. Well designed and implemented programs that address the shortcomings of the SSY may incentivize graduating medical students to complete their year in rural areas, empower them to improve the quality of care they provide, and inspire them to continue caring for the underserved throughout their careers. Unmet goals: CES plans to continue expanding the program to other states so that more students can experience a truly transformative SSY. How may future program activities change as a result? Each state in Mexico's decentralized health care system is unique, and ongoing program implementation will need to adapt to each context.

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An interdisciplinary approach to improving health research capacity in Haiti: The research training to research project model

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Program/Project Purpose: Building research capacity is pivotal to improving health outcomes and infrastructure in resource-limited countries. The Global Health Initiative at Henry Ford Health System in Detroit is contributing to longer-term health strengthening through a “Research Training to Research Project” model. In August 2014, an inaugural three-day training workshop was held at Quisqueya University School of Medicine in Port-au-Prince in response to an expressed need for increased research training. The objectives of this workshop included: 1) increasing research knowledge and infrastructure in Haiti; 2) improving international and interdisciplinary collaboration; and, 3) strengthening research capacity to facilitate implementation of a health needs assessment in Haiti.

Structure/Method/Design: The twenty-nine participants included medical students, faculty, and Community Health Workers (CHWs); presenters included representatives from Wayne State University, Quisqueya University, the Haitian Ministry of Health, the Haitian National Bioethics Committee, and the Services de Santé de Qualité pour Haïti Program. The above participants and stakeholders were recruited based on existing collaborations. Research ethics and methodologies were taught through both lectures and group activities. Evaluation included pre- and post-knowledge tests and assessments of individual lectures and overall content. The workshop also introduced a forthcoming project conducting surveys on healthcare utilization in Haiti. This provides a research project to implement the lessons learned and gather important data, ultimately demonstrating a sustainable training model.

Outcomes & Evaluation: Objectives were achieved. Evaluation data indicate knowledge about research ethics and methods increased 27.2%. In the post-test, 100% of participants accurately defined Team Science and Community-Based Participatory Research, the main workshop presentation themes. Including CHWs in the workshop

combined academics and practitioners, reinforcing the importance of community-based approaches for health research and program implementation. All participants thought the general quality of the course was ‘excellent’ (79%) or ‘good’ (21%). 87.5% found the course ‘very useful’ to their training and education.

Going Forward: Results indicate this training workshop effectively improved research knowledge and capacity in Haiti. Workshop costs (\$6,800.00) were low compared to these benefits. Moving forward, our plans include analyzing the cost/benefit of different delivery models of training, including a teleconferencing series, a web-based training module, and a 15-week university course on community health research. Now that approval has been obtained from the Haitian National Bioethics Committee, phase two will train these same workshop participants to launch the healthcare utilization assessment project. Additional adapted workshops are planned with the Haitian National Laboratory, in combination with training to conduct malaria surveillance studies. Additionally, the GHI plans to adapt and conduct similar workshops in other Program countries, including Guatemala and Suriname. Using this “Research Training to Research Project” model can strengthen health capacity in resource-limited settings.

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A preparatory emergency medicine and global health elective for medical students embarking on short term global health service programs in Haiti

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Program/Project Purpose: Structured preparation for medical students embarking on global health initiatives is critical. Student-led, bidirectional, peer-to-peer medical education programs in Haiti have been underway for three years at Icahn School of Medicine at Mount Sinai (ISMMS) in collaboration with Medical Students for Haiti (MS4H). One of these programs focuses on emergency medicine (EM) skills and basic life support (BLS) certification taught by American medical students to their Haitian counterparts at Université Quisqueya (UniQ). This program includes an increasingly structured preparatory elective for ISMMS peer instructors emphasizing topics in EM, culturally appropriate care, public health, and pedagogy.

Structure/Method/Design: Module topics for the EM skills instruction included the general approach to the ill or injured patient, BLS instructor certification, managing wounds and burns, and splinting fractures in the field. Curricular material was modified from a course at ISMMS for first year medical students. Principles of teaching with an interpreter and cultural topics were integrated into these sessions which were taught over a 3-month period by EM faculty. Peer instructors were required to present their assigned EM topics in an evaluated setting and the experience culminated in a one-week trip to Haiti teaching students at UniQ.

Outcomes & Evaluation: To date, 16 medical students in their 1st or 2nd year at ISMMS and 4 EM residents have participated in the preparatory educational component of this project. The students were successful in certifying 115 medical students at UniQ in BLS over a period of two years. Survey responses indicated that 100% of ISMMS students rated their overall experience as “Good” or “Excellent” on a 5-point scale ranging from “Poor” to “Excellent”. 100% of students rated their preparation for the trip as “Good” or “Excellent”. Feedback from students at ISMMS indicated a desire for more structured

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.

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

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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.

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

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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