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**Background:** In 2007, the World Health Assembly passed Resolution 60.22, highlighting the role for strengthening Emergency Care (EC) systems in reducing the burden of acute illness, injury, and acute decomposition of chronic disease. In 2014 Emergency Care (EC) training remains largely un-funded in low and middle-income countries (LMICs), where there is little consensus on reasonable quality metrics for EC. Creating contextually appropriate and cost effective programs for data collection enables development of quality metrics to demonstrate EC training program and Emergency Department (ED) efficacy. This study's aim is to assess the success of utilizing a 72 hour post-ED disposition follow-up (f/u) interview as a tool to calculate ED visit mortality and efficacy of care via a self-reported patient assessment of health status.

**Methods:** This is a retrospective review of an IRB-approved and prospectively collected Quality Assurance (QA) database, including all patient visits to the rural Karoli Lwanga District Hospital's Emergency Department, in Rukungiri Uganda between November 2009-March 2014. The ED is staffed by a unique cadre of specially trained mid-level Emergency Care Practitioners (ECPs), as a part of the hospital's novel education collaboration with Global Emergency Care Collaborative. 72 hour outcomes were assessed via review of hospital records and patient (or patient attendant) interviews by trained Ugandan staff. Interviews occurred in hospital wards for admitted patients and via mobile phone for patients discharged home from the ED or the hospital wards before 72hrs. When initial attempted follow-up was unsuccessful, daily phone calls were made until successful or 10 days status-post ED disposition. 72hr f/u success, mortality and subjective self-reported health status are represented as proportions and percentages.

**Findings:** The ED's QA database contained 23,180 patient visits. 15,084 (65.1%) patient visits had successful 72hr follow-up. There were 279 deaths in 23,180 total patient visits, giving a total ED mortality of 1.20% and 1.85% mortality for patient visits with successful 72hr f/u. Of 15,084 visits with successful 72hr f/u, 12,641 (83.80%), 1752 (11.61%), and 404 (2.67%) patients reported feeling "better", "the same", or "worse", respectively, compared to the time of ED presentation.

**Interpretation:** This study demonstrates successful 72hr post-ED f/u in a majority of patient visits to this rural Ugandan district hospital ED, thereby enabling the calculation of simple mortality as well as patient perception of patient health status 72hrs after ED disposition. Mortality is an unambiguously important outcome measure that will enable further derivation of case-specific metrics used to evaluate quality of care and eventual assessment of cost effectiveness. Developing a consensus for and implementing patient-centered and setting appropriate quality metrics will robustly demonstrate the positive impact EC has on the health status of patients and communities in LMICs.

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## The impact of an elective on disability and global health on the perception of medical students regarding persons with disabilities

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**Program/Project Purpose:** Both domestically and abroad, physicians work with physical and mental disability on a daily basis. As a result, knowledge of disability rights and disability culture should be of utmost importance in medical training. Many efforts have been made to teach physicians about disability, including at the medical school, residency, and post-residency levels. However, few efforts combine both physical and mental disabilities and even fewer have encompassed a global theme in focusing on health disparities regarding persons with disabilities in the US and abroad. We set out to examine the impact of an elective course on disability and global health in a medical school pre-clinical curriculum. Our hypothesis was that students' competency regarding disability and attitude towards persons with disability would become more positive following completion of the course.

**Structure/Method/Design:** Participants were University of Michigan second-year students who selected this 2012 global health disability elective as one of their top three elective choices and were assigned to the course. The course, covering 4 hours over two days, focused on international laws, culture, and ethical challenges. It was taught by a psychiatrist, physiatrist, and disability advocate; all experts in global issues. Students completed pre- and post-course surveys. Primary outcomes included the previously validated Disability Attitudes in Health Care (DAHC) survey and a new 10-question survey of competency regarding physical and psychiatric disability issues on a national and global scale. Average pre- and post-course scores for items in both the DAHC and competency surveys were analyzed via student t-test in Excel. This retrospective study of de-identified data was exempt from our ethical review board review.

**Outcomes & Evaluation:** Nine of 11 students completed pre-and post course surveys. The average change in competency score was +3.23 (SD 0.66, 99%CI 2.49-3.97), with significantly positive changes in each question ( $p < 0.005$ ). The average change on the DAHC survey was +1.88 (SD 6.01; 99%CI -4.84-8.60) with no significant positive improvement ( $p=0.188$ ).

**Going Forward:** An elective course about disability attitudes and competency in a global health context has not been documented in the literature. Competency regarding physical and psychological disabilities both domestically and globally increased significantly. The lack of DAHC improvement likely represented a ceiling effect as scores were high compared to previous studies and this elective course preselected for interest. Acknowledging that the small population and non-validated competency survey leave room for debate, this early demonstration seems to have changed the competency of future physicians who already are interested in disability. This competency may make them better physicians and stronger advocates for people with disabilities.

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## Utilizing educational programming as a foundation for sustainable collaboration in resource-limited settings

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**Program/Project Purpose:** Academic Medical Centers (AMCs) have a unique opportunity to sustainably benefit resource-limited