

occurred, but much was left unresolved. Physicians there still struggle with a lack of adequate resources and an abundance of patients in need; all this is further complicated by a struggling economy and massive physician shortage. The Dartmouth Haiti Response was formed in response to the earthquake, and involved several specialized support teams traveling to the island to offer healthcare services. This began the start of a joint project that would aim to mutually benefit physicians-in-training in two very different medical settings.

**Structure/Method/Design:** “Haiti Report” is a monthly resident’s morning report that involves videoconferencing between internal medicine residents at the Dartmouth-Hitchcock Medical Center and residents from Hôpital Universitaire de Mirebalais and Université d’Etat de Haiti. At each report, a presenter will share an interesting patient case that is open for both groups of residents to discuss and work through.

**Outcomes & Evaluation:** In this setting, Haitian residents can learn about the diagnostic and therapeutic process in patients who have often been referred from outside hospitals for higher level tertiary care. During the Haiti resident cases, Dartmouth-Hitchcock residents can learn the value of more basic investigative practices and what the best diagnostic and treatment strategies are when resources are scarce. Both parties can learn a great deal from each other in recognizing the vast differences in medical systems and how geo-political and socioeconomical factors play large roles in healthcare delivery. However, perhaps one of the most valuable lessons gained from these conferences is that despite so many differences in our backgrounds and resources, there are countless aspects of good patient care that are universal to all healthcare providers.

**Going Forward:** This pilot project has had to withstand several challenges in its early years of development. The language barrier between residents was an initial concern and hindered the free flow of discussion between groups. Having bilingual presentation slides and a **Funding:** There is currently no funding required for this initiative.

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### Primary care development in Southeast Asia: Building an essential foundation for health systems

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**Program/Project Purpose:** Many improvement efforts in global health are consistently hampered by insufficient and unprepared health systems lacking a sufficient primary care workforce and delivery system. Whether managing infectious outbreaks or the increasing burden of chronic disease, there is an acute need to address inequities in health by shifting global health efforts towards a stronger focus on primary care development. We share our approach to primary care systems strengthening over nearly 20 years in countries of southeast Asia that are early on the continuum of development. Our aim has been to develop systems to effectively train, support and integrate competent primary care physicians for health systems as part of an effort to address human resource development of the primary care workforce.

**Structure/Method/Design:** Primary efforts have targeted capacity building through training of a competent primary care workforce,

initially focused on developing formal specialist training for primary care physicians. We have applied this approach in Vietnam with over 600 family physicians trained, and are currently working with the Ministry of Health on further scale-up and policy supports. We have completed a similar pilot program in Laos, and are in the early stages of supporting similar programs in Cambodia and Myanmar. Key to the sustainability of this approach has been the engagement of local stakeholders for policy integration coupled with implementation performed exclusively by local partner universities to train and support primary care physicians.

**Outcomes & Evaluation:** The success and sustainability of the training programs in Vietnam is evident now with over 600 family physician graduates and continued training at most universities. Quantitative evaluation results have shown that knowledge and confidence of physicians are improved in multiple clinical areas, and measured observations of clinical practice indicate improvements. Similar results were seen in our pilot program in Laos, with qualitative results identifying far-ranging improvements in practice, especially in community and maternal health. Most importantly, Ministries of Health and local health authorities are highly supportive of these programs and continue to seek enrollment of their health staff in these programs.

**Going Forward:** Maintaining training capacity and carrying out national-level scale-up remain the biggest challenges. The World Bank has recently entered into a \$126 million Health Professionals Education and Training for Health System Reforms Project with Vietnam to imp

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### Fostering institutional collaboration: Building global virtual partners

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**Program/Project Purpose:** International student exchange experiences are increasingly popular, particularly in developing countries. The Global Education in Medicine Exchange (GEMxSM) was developed to facilitate multilateral partners among schools by committing to shared values that transcend differences in culture, curricula, resources, and local health care needs. GEMx is comprised of three components: a web-based system, a Charter, and regular virtual meetings. The Charter outlined school roles and responsibilities and defined activities that would be undertaken by home schools (those sponsoring students) and host schools (those receiving students). GEMx promoted development of the partner school network through face-to-face and virtual meetings. The use of collaborative technology is increasing because it can reduce expense and can be effective, particularly for information sharing (1). However, the virtual environment can be void of contextual cues that promote trust, and can leave participants feeling isolated (2). The purpose of this investigation was to evaluate the extent to which new collaborations between schools could be developed through the GEMx partnership.

**Structure/Method/Design:** In 2013, partners at 20 medical schools were recruited. GEMx hosted three face-to-face meetings with representatives from eight of the 20 schools and six virtual meetings (webinars, conference calls) to promote multilateral partnerships. In October 2014, representatives of partner schools were