This model increases the relevance of the material for students and allows content to be localized.

Structure/Method/Design: The site-facilitator model relies upon volunteers to lead weekly in-person meetings for those studying the material online. Site-facilitators receive orientation via a synchronous broadcast before convening in-person sessions. These sessions enhance learning by allowing discussion in the local language and application of content to local examples.

Outcome and Evaluation: eDGH measures learning from the online courses through weekly and online end-of-course evaluations. The online course, *Leadership and Management in Health (LMIH)*, has been offered and evaluated for six years. Student responses indicate that localizing content using the site-facilitated model increases the relevance of the material for participants and increases motivation and social cohesion among group members. Local site groups help them solve workplace problems, allow them to converse in local languages, and apply content to their work settings by discussing concepts with others. Most participants (98%) in the 2014 evaluation reported that the course was culturally relevant and that on-site sessions aided their learning significantly.

Going Forward: eDGH will compare completion rates and perceived cultural relevancy for site and non-site-facilitated courses to better understand the model. To encourage further localization, LMIH is piloting a "Voices from the Field" podcast where students record their stories to relate course concepts to challenges such as dealing with hierarchy, age and gender bias, and corruption in the workplace.

Funding: eDGH courses are self-sustaining through a small fee designed to encourage participation from LMICs.

Abstract #: *1.082_HRW*

Evaluation of the implementation of the South African triage scale in a Caribbean Nation

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Background: Effective triage systems are critical for the appropriate allocation of medical resources and timely provision of care. Designed for use in resource-scarce settings, the South African Triage Scale (SATS) is a triage tool validated in South Africa and implemented in other settings facing challenges in the delivery of emergency care. In this quality improvement project, we evaluate the first implementation of the SATS in Haiti.

Methods: A retrospective triage audit was conducted in the emergency department (ED) at the Hôpital Universitaire de Mirebalais, an academic hospital in rural central Haiti. All patients who recorded a check-in at the ED in April 2015 were eligible and 400 visits were randomly selected. These visits were evaluated individually, and included only if a triage form was present allowing verification the patient presented for ED care (patients may also record a check-in when obtaining an identification card or registering for the obstetric emergency care). Triage forms were evaluated for completeness and accuracy. Components of the SATS include the physiologically based Triage Early Warning System and a list of clinical discriminators. Accuracy was defined as whether or not components matched the final triage color given to the patient. Rates of error were evaluated.

Findings: Of the 400 patients, 247 were confirmed as patients presenting for emergency care. All scored components of the SATS were recorded for 181/247 triage forms (73%). 5 forms had a missing triage score and were therefore excluded. Of the remaining 242 forms, 189 (78%) were completed without any errors and were assigned the correct triage priority. 53 forms were completed with errors, and 32 (13%) had errors that resulted in an incorrect triage priority. Overall, 87% (210/242) of patients were given the correct triage priority.

Interpretation: Results from this study show an error rate of 13%, which is lower than the 15% error threshold accepted by the SATS protocol. These results suggest that the SATS can be successfully implemented at an ED in Haiti and should be considered for adaptation in other low-resource settings. Interventions to further increase triage accuracy should also be considered.

Abstract #: *1.083_HRW*

Educating a critical mass of African women scientists in global health research: a survey from Ghana

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Program/Project Purpose: According to UNESCO, for gender parity, female researcher proportions should approach 45 to 55%. At 29% and 21% respectively, representation in Africa and Ghana is low. Lack of encouragement and mentorship are thought to affect female researcher development. We conducted a survey at a Ghanaian medical school in 2014 to explore motivation and mentorship for potential women physician-scientists.

Structure/Method/Design: The goal was to provide data towards the development of research-specific training for women. Randomly-selected female potential mentees and potential mentors self-administered structured questionnaires.

Outcome & Evaluation: Forty-three potential mentees and 18 potential mentors participated. Nearly 85% (36/43) of potential mentees were 20-30 yrs old; 53.5% medical students, 39.5% house-officers, 7.0% junior clinicians. Only 16.3% and 7.0% were married or had children, respectively. Nearly half (48.8%) had considered research; 70.0% had research assistant experience. One-third (32.6%) had previously received mentoring-93.0% rated this "satisfactory" or "highly satisfactory"- and 44.2% wished for