Effect of global health and underserved populations track on graduates' career choices following internal medicine residency

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Program/Project Purpose: Although an increasing number of residency programs have instituted tracks or pathways dedicated to training physicians in global health and international service, the impact of these changes on career choice and care of underserved populations remains unknown. The University of Pittsburgh Medical Center (UPMC) Internal Medicine Residency Program developed a separate track for residents interested in global health and underserved populations in 2007. This track exposes residents to six months of global and underserved healthcare —including up to four months of clinical work overseas, one month with the Indian Health Service, and a one month preparatory seminar —all over the course of a standard 3-year residency. The aim of this study is to assess how participation in this track has affected graduates' career choices as compared to categorical residents in the same program.

Structure/Method/Design: Occupational data was obtained from the UPMC Office of Graduate Medical Education on all categorical and global health track residents graduating from 2010-2015. Data obtained included fellowship specialty, as well as whether the graduate pursued a career in hospitalist, primary care, and/or underserved settings. Additional data were collected via online survey regarding the demographics of graduates' patient populations, community service, volunteerism and advocacy activity.

Outcome & Evaluation: A total of 188 graduates were included, 165 from the categorical program and 23 from the global health track. During the first 1-2 years after finishing residency, as compared to categorical residents, graduates of the global health track were more likely to pursue careers in primary care (44% vs 20%), and to work with underserved populations (52% vs 4%); they were less likely to specialize (44% vs 55%), become hospitalists (26% vs 34%), or work for the Veterans Affairs health system (4.3% vs 9.7%).

Going Forward: Immediately following graduation, internal medicine residents who completed 6 months of global health and underserved training were more likely than their peers to pursue careers in primary care and to work with underserved populations. As career paths often change in the initial years following residency, going forward, long-term outcomes of global health track trainees will need to be evaluated.

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Feasibility of using a remote app-based curriculum with short live training course to train mid-level providers in Haiti

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Background: This study attempts to address the global health staff shortage by assessing feasibility of a combined, eight-month, remote application (app)-based curriculum and two-week live bedside teaching program, in training lay-persons in North-East Haiti to diagnose and treat common acute care diseases, and stabilize and triage to higher levels of care when needed.

Methods: This study was a prospective, pre-test, post-test evaluation of the app portion of the program and oral, critical-action evaluation of the live portion, given to five trainees. Trainees were chosen from 30 applicants based on successful completion of a secondary-school level math and reading survey and the trainee's willingness to invest time needed for training. Two versions of the app test of 172 multiple-choice questions were created, with two questions for each learning objective. Questions were expert-reviewed and validated by four Stanford emergency medicine physicians. Trainees were divided into two groups with Group 1 taking "version A" as a pretest, "version B" questions as in-module quizzes and "version A" as a final post-test. Group 2 did the opposite. The questions were locked and could not be accessed for review once administered. Paired t-test for statistical analysis was used to determine significance in the pre-test, post-test evaluation. Both groups underwent oral case based tests with *a priori* critical actions to assess the synchronous training.

Findings: Trainees scored a mean of 34.8% (SD 12.4) on the pre-test and mean of 78% (SD 6.5) in the post-test with a p value of 0.004. The median score was 81% (IQR 11.5). Only one student did not achieve the passing score of 70% and was not allowed to progress to the oral case tests. The remaining four students achieved a 100% on oral case testing.

Interpretation: Despite a small sample size, magnitude of difference in pre-test and post-test results of this study shows significance and potential feasibility of using remote, asynchronous, app-based training with limited live training as a way to task shift and train providers in acute care diseases.

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Contributions to health workforce in Cambodia: a self-administered survey among the graduates of University of Health Sciences who graduated between 1999 and 2012

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Background: Healthcare professionals in Cambodia had been decimated following two decades of wars. University of Health Sciences (UHS) is the oldest and only public health-related university in Cambodia which has trained most of the country's health care professionals, including the current health policy makers and decision makers. Between 1999 and 2012, over 5000 students in medicine, dentistry, pharmacy, nursing and midwifery graduated from UHS.

Aim: UHS conducted the first ever survey of alumni of UHS with an aim to gain an understanding about the graduates in relation to