

providing a model for international collaboration in curriculum development. Baseline, formative midterm, and summative final evaluations will take place in program Years 1, 2 and 3, to assess progress and help in course-corrections as needed. Graduates of the MSc program will be prepared as educators, researchers and leaders in primary, secondary and tertiary HIV/AIDS care in India.

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Abstract #: 01ETC061

Development of a bidirectional exchange between OBGYN residents at the university of Vermont and makerere university (Kampala, Uganda)

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Program/Project Purpose: Global health is an interest to many OBGYN residents in the US. Few formal rotations exist, however, and experiences vary greatly (Kacey, 2013). In 2014, the University of Vermont (UVM) Department of OBGYN launched the Global Women's Health Medical Education Project in order to address this need. The goals of the program are two-fold: to increase US residents' knowledge of global women's health and enhance cultural awareness in participants and to enhance capacity in the host department. The program is based on a bi-directional approach and seeks to increase knowledge and practical skills for host staff and trainees in tangible ways.

Structure/Method/Design: Third year OBGYN residents in good standing at UVM are eligible to participate in a fully funded rotation at Makerere University (MU) Department of OBGYN. Participating residents undergo pre-departure training involving online modules, readings and meetings with a global health mentor. The rotation consists of one week in each of the following locations: labour suite/maternal fetal medicine, gynecology oncology, benign gynecology/gynecological emergencies, and uro-gynecology. Residents work alongside their Ugandan counterparts and participate in daily sign out, ward rounds, labor care, patient triage and surgery. A UVM faculty member is present for all or part of the resident's stay in Uganda. UVM residents and faculty also contribute to the education of MU house staff. With the addition of a departmental computer lab, developing information literacy has been a priority. Lectures and skills sessions focus on topics identified by MU house staff. In a recent survey, MU residents noted areas of interest including infertility, advances in contraception, gynecologic malignancies and minimally invasive surgery. With regards to simulations, MU residents desired more exposure to laparoscopy, gynecologic and obstetric ultrasound and massive post-partum hemorrhage. UVM residents are required to give a lecture or journal club and lead one skills session during their rotation.

Outcomes & Evaluation: UVM residents participate in post-rotation de-briefing with US and Ugandan rotation advisors, assessing the strengths and weaknesses of the program. An annual survey of MU residents will be conducted to assess which areas need improvement with the rotation, and how foreign medical residents can further enhance their education.

Going Forward: MU residents have expressed an interest in visiting UVM for a rotation. Although barriers exist to Ugandan residents fully participating in patient care in the US, they would be

able to gain exposure to a different health care system through observation.

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Medical schools in fragile and conflict-affected states: A global, country-level analysis

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Background: Fragile states are countries with severe development challenges due to weak institutional capacity, poor governance, political instability, and armed conflict. Although many governments, non-governmental organizations, and relief operations assist fragile states in times of humanitarian crisis, very little is known about medical schools in times of fragility. Medical schools, however, have great potential to bring populations out of the long shadow of conflict and deterioration as they remain in country and help determine a state's longer-term health indicators. We aimed to identify the impact of fragility on the number of medical schools in countries classified as "Fragile States" compared to non-fragile states, with the goal of improving the global knowledge of medical training and its challenges in fragile and conflict-affected situations.

Methods: We developed a statistical model to determine the relationship between fragility and the number of medical schools per country, using data sourced from the World Bank, World Health Organization (WHO) and World Directory of Medical Schools. "Fragile states" (n=23; Afghanistan, Angola, Burundi, Central African Republic, Chad, Comoros, Congo, Dem. Rep., Congo, Rep., Côte d'Ivoire, Eritrea, Guinea, Guinea-Bissau, Haiti, Kosovo, Liberia, Myanmar, Sierra Leone, Solomon Islands, Somalia, Sudan, Timor-Leste, Togo, Zimbabwe), those classified as fragile situations by the World Bank in both 2007 and 2012, were compared to non-fragile states (n=148). Transitional states, classified as fragile in only 2007 or 2012, were excluded. The number of medical schools per country was dichotomized at the = 2 level.

Findings: Fragile states were 2.69 times more likely to have

Interpretation: Our results provide foundational data on medical schools in fragile states, highlighting the low number of medical schools in fragile states globally. Since states in conflict often have a high exodus of health care workers during and after conflict, reliance on medical schools is likely greater in fragile states than in other countries. However, the capacity to train new physicians is already low in fragile states and in some cases absent. Next steps include understanding the determinants of medical school operations in fragile situations, including a focus on students, faculty, infrastructure, and quality of instruction at an in-country level.

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Collaborative resident education at a large teaching hospital in Kampala, Uganda

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Program/Project Purpose: Women's reproductive health is a substantive public health concern worldwide. Improving maternal health