

were defined. Program development consisted of researching, review, vetting, and development, when necessary, of existing non-profit health care programs focused on care for medically underserved populations. Program development led to affiliations with 10 foundations, non-profit organizations, universities, or public hospitals in three continents.

Resident rotations are supported through the development of goals and objectives, and provision of a global health core curriculum through resources and references.

Outcomes: Medical students and residents continue to have a high level of interest in global health. Since the inception of the global health rotations in 2010, we have experienced a steady increase of participation, with the most recent increase from 35 rotations in 2014 to over 40 rotations expected in 2015. The KP Global Health Program has increased interested in KP GME programs, and contributed to physician retention and participation in Global Health work.

Going Forward: Future goals include development of additional affiliated programs, increasing participation, and conducting further research.

Funding: Funding for travel related expenses for residents and attending physicians is available.

Abstract #: 1.043_HRW

Implementing international standards for facility management in healthcare facilities in resource-limited settings

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Program/Project Purpose: All too often, in resource-limited settings (RSL), facilities are constructed without a plan or procedure for ongoing maintenance, service or upgrades. As an Academic Medical Center (AMC) with a significant investment in multiple healthcare facilities, the development of a facility management strategy became an imperative. In all, the AMC operates nine clinics, including satellite clinics, in SSA and one clinic in Eastern Europe.

Structure/Method/Design: Each facility was staffed with local human resources that reported back to the AMC for approval and funding of facility repairs. It was soon recognized by the global health project management team and U.S.-based facility management staff they interfaced with, that it was necessary to introduce and build local capacity in facility maintenance and management.

In order to accomplish this, an oversight committee was established at the AMC consisting of project managers familiar with the infrastructure in the RSL settings owned and managed by the hospital, U.S.-based facility management personnel and in-country facility staff. The oversight committee was first established to review requests for service and administer the facilities management budget set-aside for these locations by the AMC.

In the third year of this program, an initiative began to implement an internationally-recognized facility management curriculum

with a goal of seeking a base-line certification for the in-country facility managers – a strategy mirroring the approach used to build the local capacity of the health care workers utilizing those facilities for clinical operations.

Outcome & Evaluation: A broadly recognized curriculum was identified and the project management and facility management teams from the AMC utilized an annual conference of the in-country staff in SSA as a forum to disseminate the training curriculum and set the in-country staff on a track to achieve international certification in facility management. Eight individuals were identified to participate in the year-long program.

Going Forward: The curriculum will initially be presented in December 2015. Facility management staff from the AMC will continuously touch base with the eight trainees throughout the year with a goal of administering the certification exam in December 2016.

Funding: All funding for the trainings, course materials and conference costs are supported by the AMC and its affiliated non-governmental organization.

Abstract #: 1.044_HRW

The impact of international service-learning trips on medical student concerns

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Background: Many medical schools provide students with the opportunity to attend international service learning trips (ISLTs). These trips have become increasingly prevalent. While there are numerous studies in the literature about the value of offering such trips to students, few address the concerns of students attending them. This study is a follow-up to a pilot study about the impact of ISLTs on student concerns at Wayne State University School of Medicine.

Methods: Surveys were administered to 47 medical students who attended ISLTs in Spring 2013. Surveys were modified based on feedback from faculty and students with prior trip experience. Surveys included quantitative and qualitative questions about demographics, personal and professional goals, trip concerns, and satisfaction. Questions regarding concerns about food, language, hospitality, disease/health epidemics, natural disasters, terrorism, travel concerns, monetary issues, cultural barriers and group dynamics were asked. Concerns and trip satisfaction were rated using a five point Likert-type scale (1 = minimally concerned; 5 = extremely concerned). All participants provided informed consent. The study was approved by the Institutional Review Board of Wayne State University.

Findings: All administered surveys were returned. Almost all students (46/47; 98%) were satisfied with their trip experience. The highest level of pre-trip concern was related to language and disease/health epidemics. Concerns related to both disease/health epidemics and language decreased post-trip. Students rated concerns about disease/health epidemics (Pre-trip: 2.40 vs. Post-trip: 1.00; $P < 0.03$) and language (Pre-trip: 3.50 vs. Post-trip: 2.20; $P <$

0.03). Both decreases in concern were found to be statistically significant. All other concerns did not change pre-trip to post-trip.

Interpretation: Since the prevalence of ISLTs is increasing, the need to address student concerns becomes more compelling. This study highlights the importance of ensuring that students who attend ISLTs overcome their pre-trip concerns. Furthermore, reducing these concerns would allow them to focus on providing healthcare to an underserved population abroad. A global health curriculum would be an effective method to address student concerns. In conclusion, the results of this study are encouraging for the future of ISLTs, as they ultimately help create more globally committed physicians.

Funding: None.

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Collaborating with physical therapist faculty and clinicians in a developing country: lessons learned and applications

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Program/Project/Purpose: The purpose of this project was to meet the specific needs of the Physical Therapy program at Anton de Kom University of Suriname, benefitting clinicians, administrators, faculty, and students. The program used an innovative collaborative application of business consulting, teaching principles, and curriculum. It underscored the importance of preparation, ongoing communications, flexibility, reinforcement, evaluation, and follow-up.

Structure/Method/Design: True to the mission of Health Volunteers Overseas (HVO), this project helped to provide unmet needs for the faculty and clinicians. It reminds us of our professional duty to take responsibility for the growth of our profession and the health of the people it serves, improving quality of life for society, and providing culturally-sensitive care. It features a realistic example of how to create international development opportunities with the assistance of an international volunteer service organization.

This program highlighted the application of basic managerial skills combined with faculty educational experience to a PT curriculum and post-professional clinician education in a less-resourced country. It included consultative activities, assessment/analysis, impressions, cross-cultural interactions, and formal suggestions. The program consisted of three phases: preparation, implementation, and follow up. Within each phase, there were reflections, communications, resources, tasks and requirements, lessons learned, and opportunities for future work. Professional and personal experiences became entwined as the program evolved and the consultant became immersed in the host culture and its people.

Outcome and Evaluation: This program was evaluated formally and informally with feedback from the recipients of the consultation, the HVO organization, and the consultant. A detailed structured consultant report with photos documented program-related activities, comparison of requested tasks to actual execution, major contributions, program assessment, impressions, and recommendations for follow up. Based on the evaluation by the multiple

stakeholders, the response to this consultative program was extremely positive.

Going Forward: Future plans include the implementation of the consultant recommendations over the next several years and clearer understanding of development opportunities beyond their current horizons. Business and academic consulting skills have application beyond a traditional approach and setting. International venues could benefit from these applications in less-resourced communities. Technological advances expand our horizons for communication. Volunteer organizational support provides funding, matches experts with program needs, and brings dreams to reality.

Funding: Partial funding from Health Volunteers Overseas.

Abstract #: 1.046_HRW

A survey of pre-departure training provided to U.S. medical students participating in global health electives

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Background: Pre-departure training (PDT) has been suggested as a means to provide anticipatory guidance regarding travel and personal safety, ethics, and culture to the increasing number of students participating in overseas global health electives. However, little information is published about how current PDT programming is organized and what it actually addresses. We sought to collect descriptive data on current PDT programming at US medical schools.

Methods: Via email and phone calls, we contacted representatives in the office of global health or student affairs at all 143 LCME accredited US medical schools between November 2014 and February 2015. We used an online survey tool to collect responses to questions about global health elective participation and the availability, structure, content, and funding of pre-departure training at each institution. The data was analyzed through simple descriptive statistics.

Findings: We received responses from administrative representatives at 104 out of 143 LCME accredited US medical schools. Among respondents, 96% (100/104) allowed global health field electives. Though 91% (91/100) of those schools offered PDT and 81% (74/91) cited mandatory PDT programs, only 59% (54/91) had formal PDT curricula. Personal safety, travel logistics, cultural competency and ethics were commonly cited topics. Only 14% (13/91) reported a budget greater than \$500 and 43% (39/91) had no budget for PDT.

Interpretation: A large majority of medical schools allowing global health electives offer pre-departure training. However, the content, structure, and time commitment of the programs is highly variable. Institutional financial support for pre-departure training is generally minimal. National collaboration should increase efforts to develop objectives, curricula, and standards for the pre-departure training of medical students participating in global health electives.

Funding: We had no source of funding for this project.

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