enrolled at Johns Hopkins University during academic year 2013-14. Questions addressed level of interest in global health, prior global-health experiences (GHEs), and demographic information. Bivariate and multivariate logistic regression analyses were performed.

Findings: Of 519 respondents, 60% reported an interest in global health and 59% had at least one prior GHE. Bivariate regression found that age greater than 25 years, household income below $100,000/yr, being female, and having prior GHE were significant for greater global-health interest. On multivariate regression, age greater than 25 years (adj. OR: 1.6, 95% CI: 1.1-3.3), household income below $100,000 per year (adj. OR: 1.8, 95% CI: 1.2-4.3), and having prior GHE (adj. OR: 3.3, 95% CI: 1.6-8.4) remained significant. To elucidate which characteristics affect a GHE's impact on student interest, further analyses were run using only respondents with prior GHE. Bivariate and multivariate regression analyses using this subset population found that having a GHE with a research component (adjusted OR: 2.0, 95% CI: 1.1-3.6) and having more than one GHE (adjusted OR: 4.0, 95% CI: 1.0-16.3) were significant for higher interest levels.

Interpretation: Our findings indicate that increased age, lower household income, and at least one prior GHE are associated with increased global-health interest. Moreover, multiple GHEs and those with a research component are associated with greater global-health interest than other GHE characteristics. As such, efforts to increase the number of global-health professionals may benefit from: increasing student exposure to GHEs, incorporating research into GHEs, and targeting recruitment efforts to older or less affluent students. It is likely that students with apriori interest in global health may seek more GHEs, including research, than their counterparts. It is not possible to account for this influence or establish temporality in our study.

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Abstract #: *1.022_HRW*

Henry ford health system global health initiative's "Research Training to Research Project Model"

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Program/Project Purpose: Many academic institutions in resource-limited countries consider building local research capacity a priority for health system strengthening and improved health outcomes. To address this need expressed by our collaborators, the Global Health Initiative (GHI) at Henry Ford Health System (HFHS) in Detroit implemented a "Research Training to Research Project" model. This model, part of our Medical and Research Education Exchange Program, aims to increase research knowledge and infrastructure at partner institutions, while improving international and interdisciplinary collaboration.

Structure/Method/Design: The model complements traditional education with research projects, allowing participants to implement lessons learned and gather relevant research data. Three-day research workshops are taught through lectures and group activities. Students leave the workshops with increased knowledge and improved capacity to conduct research.

GHI/HFHS selected participating universities based on existing partnerships. Local faculty nominated participants. Curriculum was designed in collaboration with partners and instruction was provided by HFHS and local experts. This collaborative process contributes to local ownership and sustainability.

Outcome & Evaluation: We piloted this model in August 2014 with Université Quisqueya FSSA in Haiti. This first workshop highlighted research ethics and methodologies. After this training, participants conducted a healthcare utilization survey to apply their newly gained skills. We followed this successful pilot with two other workshops, one at Universidad Francisco Marroquín in Guatemala (March 2015) and one at Universidad Tecnológica del Chocó in Colombia (September 2015). These were adapted based on local interests. For instance, in Guatemala epidemiology and biostatistics were considered most needed, while in Colombia we focused on health disparities and community-based participatory research.

Going Forward: Challenges include:

- Difficulties with finalizing survey data collection and analysis process in Haiti.
- Limited evaluation data collection and delayed implementation of research project in Guatemala.
- Need for additional funding to implement follow-up projects and evaluate and disseminate results.

These challenges were addressed in subsequent workshops by ensuring a follow-up project was identified prior to the workshop and by providing remote assistance with data collection and analysis. Research workshops will continue to be offered in 2016 incorporating these solutions, including a "Train the Trainer" component to ensure sustainability.

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Improving the Use of a Surgical Safety Checklist

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Project Purpose: The WHO Safe Surgery checklist was developed as a global quality improvement tool to improve team communication and reduce surgical complications in a variety of resource settings. A large academic hospital in Massachusetts introduced the surgical checklist in July 2014 to overcome major issues regarding patient safety in the operating room (OR). However, after 2 attempts at implementation, it failed to gain traction among staff. Our project aimed to uncover the barriers to successful implementation of the surgical safety checklist and provide recommendations for an improved implementation process.

Methods: We extracted data from the OR electronic record from October − December 2014, and observed OR cases. We conducted