

culturally appropriate educational material that leads to an increase in knowledge retention and greater emphasis on female anatomy and physiology.

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Emergency medicine education in low-resource settings: A residency program model from Haiti

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Program/Project Purpose: Globally, including in resource-limited settings, a significant proportion of the global burden of disease could be addressed by quality emergency care. Despite this, emergency medicine (EM) specialists are rarely available in low and middle-income countries. In Haiti, there are no current EM residency training programs. The newly established EM residency at Hôpital Universitaire de Mirebalais (HUM) aims to train emergency medicine specialists in Haiti to address this gap.

Structure/Method/Design: The residency program was developed and is run in conjunction with the Haitian National Medical School, Ministry of Health, HUM, and the non-governmental organizations Zamni Lasante/Partners In Health. The program is a three-year residency in EM, with a curriculum adapted from that of the Accreditation Council for Graduate Medical Education (ACGME) and the African Federation of Emergency Medicine. The permanent program faculty consists of three US-trained board certified EM physicians (a program director and two departmental co-chairs), and two Haitian family physicians with emergency medicine work experience and a six-month certificate in EM. Given the limited in-country capacity, EM physicians from the United States and Canada volunteer as visiting professors and provide bedside teaching, clinical supervision, and didactic lectures. Over time, as the Haitian EM community is developed, the residency will transition to an entirely Haitian run program.

Outcomes & Evaluation: The first class of EM residents began in October 2014. Residents were selected through a written examination and scored interviews. Throughout the program, resident performance will be evaluated with faculty evaluations and written annual examinations. Logbooks will be used to verify that residents meet the required number of procedures, ultrasounds, and supervised cases. Residents must pass an end of residency competency examination. Lastly, residents, permanent and visiting EM faculty, and Haitian medical education leadership will evaluate the residency program as a whole. This includes an evaluation of the residency model, which relies on a combination of transient and permanent faculty.

Going Forward: There are a number of challenges to the first EM residency in Haiti, including local leadership, curriculum adaptation, and sustainability. Currently, the program relies heavily on visiting EM faculty. We anticipate the new Haitian residents and faculty will assume program leadership over the next 3 years, with support from permanent and visiting EM faculty. Additionally, existing EM curricula are being adapted to fit the Haitian context and burden of disease. Lastly, the program will require full integration into the Haitian medical education system, permanent funding, and further professionalization of the specialty to ensure its sustainability. The program structure is designed to be adaptable yet robust to meet these challenges.

Funding: Funding for the residency is included within the operational budget of HUM, which is supported by Partners In Health, the Haitian government, and private donors.

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The Toronto international program to strengthen family medicine

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Program/Project Purpose: Context: Family Medicine in Canada is highly regarded internationally, with family physicians comprising 51% of all Canadian physicians. Why the program is in place: The Department of Family and Community Medicine (DFCM) at the University of Toronto is frequently approached to collaborate in the development of family medicine internationally. Program: In 2013 the DFCM launched a program for international leaders engaged in strengthening family medicine through policy, academia or care delivery in their contexts. Aim: The goal of the program called TIPS-FM (Toronto International Program to Strengthen Family Medicine) is to enhance leadership capacity in family medicine and primary care, building on lessons learned in the Canadian and global context.

Structure/Method/Design: The two week program includes workshops, site visits to clinics and community organizations and mentorship from top Canadian faculty. Participants are encouraged to adapt lessons learned where possible. The program also offers opportunities for cross cultural exchange and serves to spark collaborations and the formation of networks among participants. Desired Outcomes: By the end of the program, participants have a deeper knowledge and understanding of key policy and medical training features to strengthen family medicine, describe key challenges and next steps, and apply lessons learned to the development of family medicine in their contexts. Participants/Stakeholders: The course is open to family physicians, primary care professionals, policy and academic leaders. Capacity Building/Sustainability: Both senior and junior DFCM faculty are recruited to teach in the program. Plans for the future include the involvement of the program's graduates as faculty.

Outcomes & Evaluation: Successes/outcomes achieved: Two cohorts and 17 professionals have completed the program. Participants have included a mix of clinicians, educators, policy leaders and administrators from Shanghai China, Jamaica, Haiti, Brazil, Ethiopia and the United States. Evaluation results: Evaluations have been outstanding with the majority of participants rating the course as excellent. Participants have highlighted learning about family medicine training in Canada as particularly informative and relevant to the development of the discipline in their context.

Going Forward: Ongoing Challenges: Enrollment remains our main challenge. While numerous inquiries indicate a keen interest in the program, tuition has limited participation despite the provision of financial assistance. Unmet goals: Despite efforts, participants to date have not produced a strategic plan or a draft article as planned in the curriculum. How may future program activities change as a result: Future participants will be contacted prior to their arrival in Toronto and will be primed to identify a focus for their academic product.

Funding: This is a self-funded program with limited tuition support. Efforts are being made to secure funds for scholarships to support participants who may otherwise not be able to partake in the program.

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