

outcomes according to the UN Millennium Development Goals cannot be achieved without appropriate surgical services¹. The Lancet Commission on Global Surgery recognizes surgical training as a cost effective intervention equivalent to vaccination and antiretroviral public health initiatives². Yet the number of adequately trained physicians to perform basic surgical procedures, especially in women's health, is severely lacking³. Combining the delivery of surplus medical equipment and ongoing surgical teaching will improve women's health globally. Surgical Training and Research (STAR) International and Danbury Hospital/Western Connecticut Health Network (WCHN) have a collaborative relationship with the Ugandan national referral center, Mulago Hospital, to improve supervision and training for OB/GYN physicians.

Structure/Method/Design: Danbury Hospital/WCHN established an innovative global health (GH) program, which includes weekly lectures, journal clubs, and monthly GH seminars. Residents are funded for a six-week elective rotation abroad. Faculty from partner institutions are invited to participate in a 4-week observership at WCHN. The OB/GYN department dedicates resources to enhance collaboration with Mulago Hospital. In one year, STAR International was created and raised twenty thousand dollars to donate four complete sets of surgical instruments necessary to perform gynecologic surgery. Additional equipment and medications including suction, cautery, antibiotics, and anesthetic agents were also donated, and a surgical teaching camp was organized. In June 2014, two gynecologic surgeons, two OB/GYN residents, an anesthesiologist, and a nurse traveled to Mulago Hospital to increase exposure, supervision, and surgical skills of Ugandan OB/GYN residents.

Outcomes & Evaluation: Over the one week surgical camp, 23 procedures were performed: 6 total abdominal hysterectomies, 8 ovarian cystectomies or salpingoopherectomies, 5 ectopic pregnancies, and debridement of 4 pelvic abscesses. Ugandan residents also received advanced training on LEEP's with a new cautery machine and supplies. All cases involved one attending gynecologist, one Ugandan resident and one Danbury Hospital resident. Seven Ugandan residents participated. The attending anesthesiologist also taught 4 Ugandan anesthesiology residents.

Going Forward: The first surgical training camp at Mulago Hospital was a successful introduction of a long-term partnership that focuses on building capacity of Ugandan physicians. Both Mulago faculty and residents received the camp well, as both parties identified teaching and supervision to be lacking at Uganda's national referral hospital. With the collaboration of academic partners, STAR International plans to hold camps several times a year and provide continuity of surgical training. The mission of STAR International is to increase the number of women treated effectively for their diseases, and to enhance the surgical skill of Ugandan physicians, allowing them to provide necessary gynecologic surgical therapies to Ugandan women.

Funding: Funds for the Surgical Training camp were recruited from crowd-sourced funding and from WCHN.

Abstract #: 01ETC064

Preparing medical students for field experiences in low-resource settings: Development and evaluation of a pre-travel trigger video and large group discussion module

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Background: Medical students increasingly seek opportunities for field experience in low-resource international and domestic settings. Participating students have been shown to care for medically

underserved populations. However, programs infrequently provide anticipatory guidance that meaningfully engages students in anticipating and preparing for predictable challenges.¹ This study sought to evaluate the impact of a trigger film, featuring medical students who had completed fieldwork in low-resource settings, on students' preparedness for their field experience.

Methods: Development and evaluation of a 30-minute trigger video and discussion guide for first-year medical students planning field experiences in low-resource settings, in international and domestic settings, to prepare students for complex decision-making and cultural awareness. The trigger tape featured medical students describing unexpected dilemmas they experienced in their field experiences in projects intended to ameliorate health care disparities, both domestically and internationally. Faculty-facilitated discussion, guided by a discussion guide, followed each student-narrated dilemma. The intended learning outcomes focused on students' ability to anticipate and identify strategies for dealing with: death or injury of collaborating community members; respect for patients in the setting; precautions for students' own exposure to infectious agents, risks to physical safety, and harassment; cultural sensitivity and humility; and managing cultural isolation. The curriculum was implemented at two points in time, to promote students' planning and reflection for anticipated field experiences in the succeeding six months. Evaluation included post-session anonymized reviews of the relevance and impact of the educational intervention.

Findings: Of the 45 M1 students who planned domestic or international disparities-focused field experience, most (over 90%) characterized their behavioral intentions following the video tape trigger and follow-up discussion as "very likely" to: anticipate and deal with potential risks to their personal safety, exposure to infectious diseases, and sexual harassment; plan for potential challenges to cross-cultural communication and cultural isolation; complete prophylactic immunizations prior to travel; and manage differences in respect demonstrated for patients. Almost all (98%) of students characterized the program as helpful for their planning and would recommend the video and discussion to other students planning field experiences in settings with low-resources and medically underserved populations. Students who disagreed characterized the session as "making them uncomfortable about challenges" or indicated the information could have been condensed into an e-mail summarizing key points.

Interpretation: Conclusions: A focused, engaging educational intervention featuring medical students' challenges in working in medically underserved populations can promote students' preparation.

Funding: No funding listed.

Abstract #: 01ETC065

Reference

1. Crump JA, Sugarman J, and the Working group on ethics guidelines for global health training. Global health training: ethics and best practice guidelines for training experiences in global health. *Am J Trop Med Hyg* 2010;83(6):1178–82.

Frequencies of illnesses presenting to the emergency department in puerto plata, dominican republic

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Program/Project Purpose: Context: The study took place in Centro Medico Bournigal (CMB) and Hospital Ricardo Limardo (HRL) in Puerto Plata (POP), Dominican Republic. CMB is a privately run hospital, and HRL is a publicly funded hospital. Project Period: The project was conducted May 2014 – June 2014. Why the program/project is in place: The project took place in POP because no