

etiological research has been done in CMB or HRL Emergency Medicine (EM) departments, which both contributed to the initiation of a new EM residency program in 2010. Aim: To determine the type and frequency of illnesses presenting to the EM department from 2009-2013 in POP, Dominican Republic.

Structure/Method/Design: Project Goals, Desired Outcomes: The desired outcome was to quantify the most frequent illnesses in the ER from 2009 to 2013 to determine where the EM departments should allocate their resources and training. Participants and Stakeholders: How were they selected, recruited? Data were collected through General Administrative Information System (GAIS), Informix, and the HDRL database at CMB and HRL in POP from 2009-2013. The top forty causes of EM visits were found in the HRL database, and these illnesses were searched for in the CMB database. Capacity Building / Sustainability: No patient identifiers were used on the data obtained from the different hospital databases. This project was affiliated with UTMB global health tract.

Outcomes & Evaluation: To date, what are the successes and outcomes achieved? We determined the etiologies of HRL 2011-2013 and CMB 2009-2013 EM departments. Monitoring & Evaluation Results: In CMB, the top 3 etiologies were headache, bronchospasm crisis, and trauma in 2009-2011 and 2013. In 2012, trauma was replaced by Asthmatic Crisis. Data for HRL was not available from 2009-2010. From 2011-2013 at HRL, the top 2 causes were fever and headache. In 2011, the third cause was bronchospasm crisis. In 2012 and 2013, the third cause was tonsillitis and lumbar pain respectively.

Going Forward: What are the ongoing challenges? The CMB and HRL EM departments should take this information and integrate it into their EM residency curriculum. Are there any unmet goals? The etiologies could not be determined in 2009 and 2010 in HRL due to a change in database and hospital staff. How are/may future program activities change as a result? The EM Residency program directors should focus their resources and training heavily on headache, bronchospasm crisis, trauma, asthmatic crisis, tonsillitis, and lumbar pain in order to best care for the most frequent causes of emergencies.

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Mentoring for sustainable in-country academic leadership in resource-limited settings

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Background: With increasing diversity of training opportunities in Africa, there is an ever-increasing number of individuals that obtain initial training (bachelors and masters-level) locally, and more advance training (doctoral and post-doctoral) at international academic institutions. Re-entry and retention of the internationally-trained experts is faced with variable challenges that affect trainees' productivity and impact on health care outcomes. In the quest to maximize the return on investment, by both local and international partners in training, we set out to evaluate in-country factors that influence academic careers at Makerere University College of Health Sciences (MaKCHS), and generate locally appropriate interventions.

Methods: A series of focus group discussion (FGD) were held with four departments, in the school of medicine, that have at least nine teaching faculty (Medicine, obstetrics and Gynecology, pediatrics and anesthesia). Using a FGD guide, we conducted 60-minute-long FGDs, that comprised of at least 8 faculty per FGD, including junior

and senior faculty (male and female). Qualitative data was recorded by a note-taker, audio-recorded and analyzed manually under themes that were pre-determined by a career development interest group.

Findings: Overall, 5 FGD were conducted, and a total of 72 staff participated, of whom 57 were junior faculty [19(33%) female] and 15 were senior faculty [7(47%) female]. Highlighted in-country challenges to advancement of an academic career included: a) Lack of effective in-country mentoring to navigate through common challenges. 'It has been difficult for me to find a local mentor. I need to travel abroad to work with my mentor, which is expensive' said one junior faculty. b) Lack of protected time for academic activities due to overriding clinical and administrative demands. 'When faculty leave the ward to pursue academic activities, there is not enough left to take care of the patients', said one senior faculty. 'I need to travel abroad, away from the heavy clinical schedules, to complete my manuscripts', said one mid-level faculty. c) Socio-economic factors and family responsibilities. 'Everyone needs to strike a balance between academic activities and family responsibilities, which can be quite engaging socially and financially', said one senior faculty. d) Limited use of personal development plan. 'What is the average period a faculty should stay at one academic position before promotion?' one mid-level faculty asked. e) Need for collaborative research teams. 'How do I get involved in collaborative research at an international level?' said one mid-level faculty?

Interpretation: Strategic investment in strengthening of in-country mentoring and networking activities was recommended to develop locally-relevant academic career opportunities to absorb post-training scientists and utilize acquired expertise to improve training, research and clinical care. An institutional career development structure was proposed to spearhead regular mentoring and personal development planning activities for junior and mid-career faculty.

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'Essential clinical global health': A multi-national collaboration develops a pioneering new 2015 textbook for global health trainees and clinicians working in resource-limited settings

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Program/Project Purpose: As participation in global health continues to grow among students, trainees, and clinicians, the need continues for a clinical global health textbook to prepare individuals for their experiences abroad. In 2010, the Global Health Education Consortium (GHEC) reviewed existing global health textbooks, finding several excellent books but with a dearth of clinical emphasis. We, therefore, set out to develop a clinically focused textbook that includes contributions from renowned global health experts from across the globe and that provides the essential information required by clinicians and clinicians-in-training for effective and rewarding international experiences. The resulting Essential Clinical Global Health, we believe, fills this need.