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**Program/Project Purpose:** The Republic of Senegal Disaster Preparedness and Response Exercise was held from 2–6 June 2014 in Dakar, Senegal as a part of the US Africa Command Disaster Preparedness Program (DPP). The goal of the exercise was to assist the Republic of Senegal to familiarize and validate roles and responsibilities in the existing National Pandemic Influenza Preparedness and Response Plan, Armed Forces of Senegal Pandemic Contingency Plan and Military Assistance to Civil Authorities (MACA) Contingency Disaster Plan, as well as revise and update the recently developed Disaster Management Strategic Work Plan for building future disaster response capacity.

**Structure/Method/Design:** There were 60 participants in the exercise. The Tabletop Exercise was designed to assist participants in identifying shortfalls and gaps in existing disaster preparedness and response plans, and to provide recommendations for enhancing national and regional disaster management capacity. During the Disaster Management Strategic Work Plan portion, participants refined a list of projects, including specific tasks and sub-tasks that provide a “roadmap” for completing each project by listing timelines for each project, as well as an estimate of budgetary and other resource requirements. All 60 participants received a copy of the survey questionnaire.

**Outcome and Evaluation:** 86 percent of respondents agreed or strongly agreed they had a better knowledge of the Senegal pandemic and disaster contingency plans. 89% of respondents agreed or strongly agreed they had a better understanding of their ministry’s or agency’s role in disaster response. 84% of respondents agreed or strongly agreed that they had a better understanding of the roles and resources of other Senegal government ministries or agencies during a disaster response. 92% of respondents had a better understanding of the potential role of the military during a pandemic.

**Going Forward:** Participants were in strong agreement that the exercise helped them to better understand the contents of their disaster response plans, build relationships across ministerial lines and use their new found skills on a day-to-day basis in their current positions. Participants felt that follow up training and exercises would be essential to solidify concepts from this exercise.

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### Global surgical electives in residency: the impact on training and future practice at Temple University Hospital

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**Background:** Global surgical electives are becoming a mainstay of general surgery residency programs. We evaluated perceptions regarding the value of global surgical electives and pursuing a career in global surgery amongst Temple surgery residents that had varying access to global surgical elective opportunities.

**Methods:** We sent an anonymous, web-based questionnaire to all past and present Temple General Surgery residents. Questions were

focused on experience practicing surgery in low or middle income countries (LMIC), perception of the value of global surgical elective to residency education and the extent to which global surgery is integrated in respondent surgical careers. Those with global surgical exposure were asked to rate their experience in terms of the seven ACGME competencies.

**Findings:** Twenty-three graduates (G) of the surgical residency program and 36 current surgical residents (R) completed the survey. Of the respondents, 10 residents (28%) and 12 (52%) graduates had spent time providing surgical care in a LMIC. Respondents in both groups stated that their experience “very much” or “extremely” impacted patient care (G= 80% vs. R=75%), medical knowledge (G=60% vs R=75%) and practice based learning (G=75% vs R=90%). Four of the 12 graduates spent greater than 8 weeks practicing in a LMIC, and only two are currently working in a LMIC. Eight graduates (50%) stated lack of time as a reason for not pursuing work in a LMIC.

**Interpretation:** There is strong agreement amongst current surgical residents and graduates of surgical residency of the value of global surgical electives in improving surgical training. Few graduates are able to incorporate global surgery into their practice mostly due to time constraints. In cases where they do practice global surgery, this is usually on a short-term basis. Future efforts should focus on bridging the growth of global surgical electives with opportunities for long-term, sustainable careers in global surgery.

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### Caring for adolescents: A qualitative evaluation among healthcare providers in Guatemala

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**Background:** Today’s generation of adolescents is the largest in history, creating a major challenge for low and middle-income countries faced with the necessity of addressing their healthcare needs. Our objective was to assess the extent to which health care providers in Guatemala are trained, knowledgeable and feel comfortable with providing services to adolescents.

**Methods:** A sample of 20 medical providers were recruited from the School of Medicine at San Carlos University and its affiliated hospitals. Thirty to forty minute face-to-face interviews were conducted using a semi-structured guide exploring providers’ training, knowledge, skills and experience towards adolescent health care. Recruitment continued until thematic saturation was reached. Interviews were recorded and transcribed verbatim, and then analyzed for emergent themes using principles of framework analysis.

**Findings:** Provider’s mean age was 33.7 years (SD=10.2). Most were female (65%) and practiced medicine in a metropolitan location. Five major themes emerged from the data: (1) perceptions of current adolescent health care needs, (2) barriers to providing care for adolescents, (3) comfort level in communicating with adolescents, (4) knowledge and availability of services and programs geared