

and losers in allocation decisions. Our results suggest this is not the case. Future research should explore generalizability of our results to other types of healthcare services including general practitioner or specialists services.

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### **Simulation Training in a Limited Resource Setting: Teaching Medical Residents in Brazil about Rapid Response Teams**

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**Program/Project Purpose:** Our goal was to create a simulation-based curriculum on rapid response scenarios, teaching team dynamics, leadership, and communication to the internal medicine residents in Belo Horizonte, Brazil. In conjunction with a partner hospitalist in Belo Horizonte, two New York City internal medicine residents designed this educational study to evaluate the effectiveness of simulation curriculum in teaching team-building skills.

**Structure/Method/Design:** During February 2016, we held three sessions with involvement of 10 PGY1 and PGY2 internal medicine residents, conducting six simulated rapid response scenarios over the span of three weeks. We conducted pre- and post-surveys to document improvement in objective skills learned through the curriculum and practice sessions. Additionally, we administered Likert-scale questionnaires to identify participants' assessment of their own skills and value of this simulation-based curriculum.

**Outcome & Evaluation:** In the pre-survey, the 10 residents successfully managed basic rapid response team and ACLS tasks; however, they failed in areas such as communication and leadership. By the end of the third week, we were able to capture that the residents maintained their skills from the initial survey while also improving in the communication and team leadership sections. In assessing the value of this model of medical education, the residents "strongly agreed" that they felt more prepared to manage rapid responses in the hospital and that they prefer learning through simulations than classroom or textbook learning. The participants felt that the project was beneficial to their residency experience and would continue participating in these sessions at their hospital if offered. Overall, the residents enjoyed this simulation-based teaching project and felt that it enhanced their training, and additionally, we were able to document improvement in their technical skills, predominantly in communication and leadership, with our pre- and post-survey.

**Going Forward:** This simulation curriculum on rapid responses taught core skills including team building and leadership that will hopefully be utilized as these residents continue on in their daily patient-care tasks. Through group discussions, we were able to identify barriers to developing a rapid response team in the residency programs in Belo Horizonte such as nurse involvement, which will hopefully stimulate further discussion on how to overcome these barriers in the future.

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### **Pediatric Hospital Admissions and Surgical Procedures in Three Ugandan Hospitals**

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**Background:** An estimated 85% of children in Africa having a surgically-treatable condition by the age of 15. Although children represent a vulnerable population in need of surgical services, the contribution of pediatric surgical conditions to the healthcare systems in resource-poor settings is largely unknown. The objective of this study was to describe the epidemiology of hospital admissions and surgical procedures at three hospitals in Uganda between January 2012 and December 2012.

**Methods:** Hospital admission logbooks and surgical logbooks at three Ugandan hospitals, Mulago National Referral Hospital (MNRH), Mbarara Regional Referral Hospital (MRRH), and Gulu Regional Referral Hospital (GRRH) between January 2012 and December 2012 were retrospectively reviewed by study staff members. Pediatric patients were defined as persons <19 years of age. For each hospital admission and surgical procedure, the patient's age and reason for admission or surgical procedure were recorded.

**Findings:** From January 2012 to December 2012, 19,165 were admitted into the three hospitals (15,111 in MNRH, 2,684 in MRRH, and 1,370 children in GRRH). The most common reason for admission at MRRH was birth asphyxia and malaria at MNRH and GRRH. Of admitted children, 16% had a surgical procedure (16%, 22% and 9% of admitted children in MNRH, MRRH, and GRRH, respectively). Surgery among pediatric patients comprised a large number of all procedures with 41% of surgeries at MRRH and 17% of surgeries at GRRH occurring among children. Children who underwent surgical procedures were younger at MNRH and MRRH than at GRRH. At MNRH, pediatric surgery was the most common type of procedure done in children. At MRRH, the most common type of procedure was related to gastrointestinal issues compared to ear, nose, and throat procedures at GRRH.

**Interpretation:** Our data suggests that young children represent a significant proportion of hospital admissions among all pediatric patients in Uganda. Likewise, one-third of all surgical procedures performed at these hospitals occurred among children. Differences in type of hospital admission and surgical procedure performed was noted between the three hospitals and by the children's age. Hospital-based data similar to ours can help inform targeted efforts and specific guidelines regarding what personnel, infrastructure, and supplies are needed to adequately scale-up services.

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