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Background: Now more than ever, US medical trainees have taken an interest in incorporating global health into their training. By 2004, 22.3% of graduating medical students had participated in an international health experience compared to 5.9% in 1978 (1-2). Opportunities available range from short 4-week culture and language immersion experiences, to yearlong research programs, or formal training programs in epidemiology or subspecialties in locations scattered throughout the globe.

Despite the rapidly growing number of opportunities, students and residents often find themselves lost in a sea of rich, but scattered resources. A brief review of most medical school global health websites indicates that information to help trainees find and prepare for global health experiences abroad is scattered, incomplete, and not current.

To address this organizational and structural problem, we sought to organize the currently available global health educational resources for medical students and residents, and present them in a single, open-access, volunteer-run web portal (globalhealthhub.org), that can be collectively maintained by the global health community.

(1) Association of American Medical Colleges. 2003 Medical School Graduation Questionnaire All Schools Report. Washington, DC: Association of American Medical Colleges; 2003

(2) Association of American Medical Colleges. 1978 Medical School Graduation Questionnaire Summary Report for All Schools. Washington, DC: Association of American Medical Colleges; 1978.

Structure/Method/Design: Our methodology can be divided into three sections: 1) creating a catalogue of global health resources with which we were already familiar, and forming categories to divide those resources; 2) performing a Google World Wide Web search to expand on those resources, and refining categories into eight sections including events, reference, travel, career, online education, journal watch, funding, and online community, as displayed on “Resources” page on globalhealthhub.org; 3) receiving feedback from users via email for future iterations.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Global Health Hub

Summary/Conclusion: We found that there was an overwhelming number of free resources available online for medical students and residents. Initially, 360 unique links were generated from approximately 180 websites, including over 40 academic institutions.

We quickly realized that many of these resources can be used by the broader global health community, beyond just trainees. Certain categories, such education and references, may be of particular use among global health practitioners in low-resource settings. Prototype feedback from our peers and colleagues has been optimistic, confirming the lack of similar databases and the need for such within the global health community. Our resource database is still early in its release; we are just beginning to receive feedback from users, which so far has been positive.

A doctor of my own: A documentary on medical education in Sub-Saharan Africa

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Background: The need to capacitate the health care workforce in Sub-Saharan Africa has been the subject of avid interest in view of the rampant AIDS epidemic and continued health disparities. The role of

effective media in drawing attention to the plight of medical education on the subcontinent has not previously been examined. Using the University of Namibia School of Medicine as an illustrative example, the objective of this project was to record the challenges of establishing a new medical school in a low- to middle-income country in Sub-Saharan Africa by filming an investigative documentary.

Structure/Method/Design: A small film crew traveled to Namibia to capture firsthand accounts and field experiences of the day-to-day challenges of health care delivery in the context of the recent opening of the country’s first medical school. The film crew, under the guidance of clinical and medical education faculty members from Vanderbilt University and University of Namibia School of Medicine, immersed themselves for 8 weeks in rural clinics in Namibia and conducted interviews with leadership, students, and allied health workers in the field.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Not applicable

Summary/Conclusion: The documentary investigated three themes of relevance to current medical education in Africa:

(1) Innovations in teaching doctors within resource-limited settings, including a unique “community excursion program” in the students’ third year of training. The program, which was designed to inform students of the needs of poorly funded rural communities in their own country, provides a hands-on approach to learning medicine. After working in such an environment, many students who had previously desired a career in private practice, wanted instead to work rural clinics after graduation.

(2) The importance of developing context-specific medical competency training. Because of the immense shortage of health care workers, the documentary furthermore highlights interprofessional learning as a valuable teaching aid. Interacting with patients alongside skilled nurses, medical students work as an integral part of the health care team in areas where no doctors exist.

(3) Initiatives aimed to stem the “brain drain” of physician graduates from Sub-Saharan Africa. Interviews of health care workers and students in village clinics indicate that, despite adequate monetary compensation, poor lifestyle, and a dearth of medical resources are significant disincentives to remain working in the villages. The admission policy’s “regional quota system” is an effort to recruit and retain more students from the communities that the school eventually wants its graduates to serve.

We have documented several limitations and strategies involved in the ongoing establishment of the University of Namibia School of Medicine. Anticipation of these challenges may assist other medical schools in Sub-Saharan Africa currently in the development process.

American Heart Association (AHA) Basic Cardiac Life Support (BCLS) course and introduction to emergency medicine module taught by American medical students to Haitian medical students improves fund of knowledge performance and self-efficacy scores through

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Background: The Medical Students for Haiti (MS4H) chapter at Icahn School of Medicine at Mount Sinai recently combined near-peer teaching and academic twinning paradigms in collaboration with