

Comparative Healthcare Systems Program: Inspiring changes in public health through first-hand experiences of the Quebec and Taiwanese health systems

J. Hebert, G. Hua, S. Moshen-Pour, W. Liu, M. Azar, S. Dhir, A. Shiu, V. Lin; McGill University, Montreal, QC/CA

Background: To increase awareness of future public health policy-makers to the impact of health policies and culture on the delivery of health care by introducing them to comparative health policy and its role in shaping new policies.

Structure/Method/Design: The Comparative Healthcare Systems Program (CHSP) is a McGill-based organization entirely run by students. Ten carefully selected students with diverse academic backgrounds and a keen interest in public health participate in our annual public health program in Taiwan. Prior to leaving for Taiwan, the program participants take part in discussions on comparative health policy, focusing on the Quebec and Taiwanese health care systems, based on suggested readings. They also attend lectures from guest speakers playing prominent roles in the Montreal health policy scene, visit health institutions in Montreal, and interact with staff members. During their 2 weeks in Taiwan, participants visit different health care facilities, interact with staff members, attend lectures by key players in the Taiwanese health care system, and participate in cultural activities. Participants fill out a questionnaire pre- and post-program to assess how it affected their perceptions of the Quebec and Taiwanese health care systems as well as their interest in public health. Finally, participants collectively write a document reporting how they think policy and culture affects the delivery of health care, and how comparative health policy can lead to improvements in the Quebec and Canadian health care systems. The program is offered free of charge, except for airfare and certain meals.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Students' Society of McGill University

Medical Students' Society of McGill University

McGill Global Health Programs Fund

Shu Zen College of Medicine and Management

Kao Hsiung's Medical University

Summary/Conclusion: May 2014 will mark the fifth edition of the CHSP Taiwan program. The number of applicants to our annual exchange has more than doubled since its first edition in 2010. We are now also offering, locally at McGill, an annual conference and a lecture series on public health, which were attended by more than 100 students last year alone. Starting in 2014, students from the University of California in Los Angeles (UCLA) were able to attend the CHSP Taiwan program. The number of spots available in the program has thus been doubled to 20 to accommodate these students. Our research coordinators continue to collect data from participants to conduct research on the impact of our program. Preliminary data shows that most of our participants go on to study or work in a public health-related field.

Factors important to professional progress among students of prehospital medicine in Bolivia

E. Forsgren¹, M. Faulk², L. D. Parada Heredia³, J. Sun⁴; ¹University of Iowa Carver College of Medicine, Iowa City, IA/US, ²A Tu Lado, Research, Albuquerque, NM/US, ³U.M.S.S., Cochabamba/BO, ⁴Yale School of Medicine, New Haven, CT/US

Background: Emergency medical services are crucial to addressing injury, violence, and acute disease. Successful EMS development, however, is dependent on the education of prehospital providers who are trained and supported within the larger health care system.

To assist in the development of prehospital education in Bolivia, the nonprofit A Tu Lado collaborates with local medical, police, and fire agencies to build accredited courses at public universities. This strategy is guided by the hypothesis that Bolivia's current lack of accredited education or certification is impeding the development of prehospital personnel. Little is known, however, about how this hypothesis aligns with the perspectives of students enrolled in these courses. This study investigates what students perceive as the state of EMS in Bolivia and the impediments to their own professional development. It also investigates how student perceptions of health risks correlate with reported values of the region's burden of disease.

Structure/Method/Design: 16 participants were recruited from emergency medical courses affiliated with A Tu Lado and the Universidad Mayor de San Simon. Participants completed a written survey and 3-month follow-up phone interview. Students also selected what they perceived as the top 5 causes of DALYs (disability-adjusted life years) in Bolivia from a list of the 25 leading factors from the 2010 Global Burden of Disease. Responses were coded for emergent themes.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): State of EMS: 50% of respondents indicated that a lack of resources and equipment was the most serious issue facing Bolivian EMS; 50% reported prehospital providers were not adequately trained; and 63% reported a need for public education on accessing emergency care.

Impediments to professional progress: Respondents stated unanimously that access to training was their principal impediment; 31% cited poor employment opportunities; and 25% reported a need for professionalization.

Burden of disease: Respondents correctly identified 0.7 of the top 5 causes for DALYs in their geographic region (mean); 40% correctly identified road injury; 15% respiratory infection; and 15% ischemic cardiopathy. No students identified major depressive disorder or back pain.

Summary/Conclusion: The hypothesis "lack of accreditation and certification were the chief impediments to professional progress" was generally not shared by students, who perceived a lack of training, equipment, and gainful employment to be their principal impediments.

We believe this discrepancy reveals an important task for prehospital educators, who we encourage to teach about the importance of standardization in a way that connects with students' perceived needs for their community and their own professional progress. The methodology of this study provides a replicable model for investigating the perceptions of students and can help create systems for education that address student needs.

Applying a collaborative model for emergency medical education development in Bolivia and Venezuela

E. Forsgren^{1,2}, T. Steinberg², E. Berger^{2,3}, S. Forsgren^{2,4}; ¹University of Iowa Carver College of Medicine, Iowa City, IA/US, ²A Tu Lado, Minneapolis, MN/US, ³University of Maryland School of Medicine, Baltimore, MD/US, ⁴Princeton University, Princeton, NJ/US

Background: The WHO reports a global shortage of 4.3 million frontline health workers. At the same time, approximately 5 million persons die each year of traumatic injury. Emergency medical services are crucial to addressing these growing problems. Successful EMS development, however, is dependent on the education of prehospital providers who are trained and supported within the larger health care system.