

medical students, interested in global health often feel that course offerings are inadequate. Thus, exposure to global health through experiential learning, such as observerships and electives, provide students with immersive opportunities to develop skills required for global health practice. This study prospectively examines what health professionals need to know to work in globalized communities, and how global health electives and observerships impact medical students' personal and professional development.

Methods: Medical students participated in a pre-global health assessment survey; a pre-departure training session; completed an observership, research placement, or clinical elective in a low-resource setting; participated in a post-departure debrief, and a post-global health assessment survey.

Findings: Global health placements impact students' personal and professional development in the following areas: awareness of the social determinants of health, awareness of resource utilization, adaptability to resource limitations, understanding of community needs and how to address those needs, communication skills, and compassion in clinical care. Global health placements also influenced medical students' future speciality choices, and approach to practicing medicine.

Interpretation: Global health placements create opportunities for students in the health professions to develop competencies required to work in low-resource settings in Canada and abroad. This prospective study identifies some of the practice competencies required to address global health challenges, and allows us to determine whether placements abroad are associated with the development of global health competencies. Gaps in knowledge or skills that create barriers to working in global health settings need to be investigated.

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Feasibility of Standardizing Prehospital Communication in Cuenca, Ecuador

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Program/Project Purpose: Prehospital to hospital communication in Cuenca, Ecuador has been shown to be limited and inefficient, with minimal communication of critical variables such as vital signs. We aimed to design and conduct a course based on a standard checklist used in high-income country settings to improve prehospital to hospital communication for injured patients in Cuenca.

Structure/Method/Design: An hour-long communication course in Spanish and a communication checklist were designed based on the Mechanism-Injuries-Vital Signs-Treatment (MIST) checklist, and customized with input from local stakeholders and observations of current prehospital to hospital communication. The course was incorporated into a mandatory training by the Ecuadorian Ministry of Health (MSP) for all prehospital employees in Cuenca including doctors, firefighters, paramedics, ambulance operators, medical dispatchers, medical auditors, and MSP administrators from all four regional ambulance agencies and main ECU911 dispatch center. The course was designed to ensure reporting of 14 critical variables including vital signs and neurologic disability using the Glasgow coma score and included lectures, a case study, interactive, scenario-based simulated practice sessions, and a Q&A session. Wallet-sized checklists, approved by the MSP, were created for distribution to reinforce the training and facilitate routine use.

Outcome & Evaluation: The course was taught in Spanish by two local physicians and six medical students to 337 prehospital staff from the Cuenca region. Staff was composed of MSP (n=80, 23.7% of total attendees), social security (n=70, 20.8%), firefighters (n=117, 34.7%), Red Cross (n=30, 8.9%), and other employees (n=40, 11.9%). The course consisted of 10 sessions, 2 one-hour sessions per day over 5 days and reviewed 14 critical variables including: demographics, vital signs, mechanism, injuries, treatment, allergies and medications.

Going Forward: A standardized prehospital communication course and checklist could be created and implemented in Cuenca to address communication from the prehospital to the hospital setting. Since the course, the MSP has mandated use of the customized checklist by all dispatch and ambulance staff in the region to standardize communication. Simple interventions such as checklists may be effective methods of improving prehospital communication in LMIC settings.

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A Qualitative Evaluation of the Impact of a Rural Short-Term Service Learning Elective on Medical Students

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Background: The number of global health opportunities offered by US and Canadian medical schools has nearly tripled over the past 20 years, and nearly one-third of medical school graduates have participated in at least one global health service learning trip. There have been numerous studies elucidating the impact of global health service learning trips that are of longer duration (i.e. > 1-week) but not for shorter ones (i.e. <1-week). Therefore, the goal of this study is to determine qualitatively the immediate and long-term effects of a 1-week global health service learning trip on medical students' development.

Methods: Student participants (n=7) on a 1-week service learning trip to Nogales, Arizona were asked to journal daily reflections on