

a wide range of LMIC and HIC settings, with the caveat that more information regarding GH training in LMIC medical schools is needed. Next steps include engaging with other GH educational groups and disseminating findings worldwide through online blog posts, conference presentations, and peer-reviewed publications.

Source of Funding: Funding for the initial meeting of BGHEI was provided by the Rockefeller Foundation.

Abstract #: 1.072_HHR

Medical Brain Drain in Uganda: Causes and Potential Remedies

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Program/Project Purpose: Sub-saharan Africa currently bears 24% of the global disease burden, yet is home to just 3% of the global health workforce (Anyangwe 2007). Despite this crippling disease burden, nearly 30% of graduating physicians in Uganda choose to emigrate each year (Soucat 2013). Medical brain drain refers to this human resource crisis that plagues the healthcare systems of many developing countries, where newly graduated physicians choose to leave the country after receiving their formal medical education. For over a decade, public health leaders have attempted to meet this critical human resource shortage through an increase in the availability and efficacy of medical education (Akuffo 2014).

Structure/Method/Design: Through in-depth interviews with 3rd, 4th, and 5th year medical students at Makerere University in Kampala, Uganda, my research attempts to uncover the complex push and pull factors that affect the emigration decisions of Ugandan medical students. While past research has pointed to low pay and overburden as the impetus of the brain drain, my project focuses on sociocultural factors associated with emigration like social ties, national pride, socioeconomic background, as well as lived experience in the health system.

Outcome & Evaluation: My findings point to key policy changes that can be utilized by Ugandan medical schools in order to better retain its students. Expanding the diversity of medical students in terms of educational and socioeconomic background, by targeting low income parts of the country in the admissions process will generate doctors more likely to stay in the country and more connected with their home. In addition, strengthening and building upon the community healthcare programs already utilized will allow medical students to appreciate their role in the Ugandan health system. Finally, allocating medical supplies efficiently and appropriately, so students and doctors have what they need to do their job is paramount to overall physician satisfaction.

Going Forward: In order to provide for the needs of its own country, Uganda must act quickly to end the high rates of medical brain drain. Through a collaboration of physicians, healthcare policy makers, as well as government officials, Uganda can empower its doctors to provide their patients with the best possible care.

Source of Funding: University of Notre Dame, Kellogg Institute for International Studies.

Abstract #: 1.073_HHR

Results of a Global Collaboration First Responder Course in Trauma Skills Training in New Delhi, India

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Program/Project Purpose: In both developed and developing countries, most morbidity due to trauma occurs in the prehospital period. This increase in morbidity and mortality is partly due to a lack of appropriate critical care education of first responders in rural settings. Multiple studies have shown that prompt, well-executed pre-hospital care by first responders can lead to a reduction in mortality.

Structure/Method/Design: The First Responder Trauma and Emergency Care Program aims to educate lay people through implementation of a four-tiered trauma education program, which incorporates high-fidelity simulation, video-recorded debriefing, and retraining. Simulation has previously been shown to be a useful tool in training of trauma-related clinical skills. The study compared comfort in assessing and managing trauma situations among four different groups: students, educators, nurses and physicians.

Outcome & Evaluation: A total of 57 individuals were trained with the First Responder Trauma and Emergency Care Program as part of a breakout session with the World Trauma Congress in Delhi, India. Prior to training, 37% (n=19) felt at least moderately comfortable to assess and manage a trauma situation. Following the training program, 73% (n=41) felt at least moderately comfortable. The highest confidence prior to training was exhibited by the staff nurses where 89% (n=8) reported some level of past experience with trauma assessment and care. Of the educators, nurses and physicians, 29% (n=6) felt at least moderately comfortable to manage trauma situations prior to training; 81% (n=10) felt at least moderately comfortable after training. In students, 19% (n=6) felt at least moderately comfortable prior to training whereas 63% (n=19) felt at least moderately comfortable following training.

Going Forward: Of the 57 individuals, overall confidence handling traumatic situations increased. A great increase was seen with students. This highlights the course's ability to target the lay population. The increase in self-assessment of confidence among educators, nurses, and physicians may indicate the course as a beneficial source for continuing medical education and highlights the courses ability to target the skilled medical workforce. With a goal of targeting 8 million students in the next 10 years within schools, we feel this program would strongly reduce morbidity and mortality in prehospital settings.

Source of Funding: "None".

Abstract #: 1.074_HHR

Validation of Smart Monitoring System for Mobile Facility Deployed for Emergency Crisis and Post-Disaster Situations

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