

paid at a higher specialist-level salary. Salaries and housing costs for physician trainees are now paid for by the Government of Lesotho. The Government of Lesotho also pays the salaries and housing costs for two physician specialist educators.

Outcomes & Evaluation: The Boston University School of Medicine certifies that graduates successfully complete the program as outlined in the detailed curriculum documents approved by the CHE. To date, 2 physicians have graduated from the FMSTP and are the first Lesotho-trained specialists in the country.

Going Forward: Our program has seven students who are enrolled and ready to begin training in January 2015. We are also working with the Ministry of Health to expand our program to include additional hospitals in Lesotho's southern districts.

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Abstract #: 01ETC059

Integrating social medicine into international curricula: A case study across Uganda and Haiti

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Program/Project Purpose: Medical education worldwide fails to adequately instruct health professionals in the social causation of disease. This can lead to partnerships between resource-limited and resource-rich settings that are well-intentioned but offer limited capacity building, or to health service delivery that lacks integration of social medicine. To address this gap, the nonprofit organizations SocMed and Physicians for Haiti (P4H) collaborated to adapt a social medicine curriculum created by SocMed and implemented in Uganda. The aim of this partnership is to enable future global healthcare leaders to become agents of change for medical education.

Structure/Method/Design: The goal of the SocMed-P4H partnership is to apply the successful Ugandan curriculum to a Haitian context, creating a transferable model of collaboration in medical education that fosters partnership-building between local and international students, critical self-reflection, and application of concepts through pragmatic advocacy skills. SocMed and P4H work with implementing partners Lacor Hospital (Uganda) and the University of the Aristide Foundation (Haiti) to create a curriculum that can be tailored to different contexts and levels of health profession students. This partnership was actualized through a yearlong process of dialogue between SocMed and P4H regarding adaptation of the Ugandan curriculum to a Haitian context and broader student base. Participating Haitian students are nominated by their universities, and international candidates are recruited via email outreach and are chosen based on a written application and interview. Haitian faculty and teaching assistants are deeply involved in curriculum planning and teaching, and past students are encouraged to pursue continuing involvement. A core professoriate of experienced instructors from SocMed and P4H provide continuity and international perspective to both courses.

Outcomes & Evaluation: To gauge the success of the course, a monitoring and evaluation system was established that includes student, professor, and institutional feedback. The course has been very well-received overall: of the 38 students involved in the Haiti course to date (evenly split

between Haitian and international), 94% have been satisfied with their experience in the course and 97% have agreed that the course would impact the way they practice medicine in the future. Feedback has particularly emphasized the value of site visits to hospitals and nonprofits around Haiti and the opportunity to work closely with peers from different backgrounds.

Going Forward: Meeting the needs of a diverse classroom and helping students translate concepts into advocacy efforts remain top priorities. Course leaders will strive to broaden the range of participants, create stronger avenues for alumni collaboration, and provide PL

Funding: The course is financed through P4H resources, fund-raising efforts, and student tuition.

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Collaborating to develop an HIV/AIDS master's specialty curriculum for advanced practice nurses in India

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Program/Project Purpose: India has over 2 million persons living with HIV, and prevalence continues to increase in some areas and target groups. Over a 10-year relationship, Bel-Air Hospital and University of Illinois at Chicago (UIC) College of Nursing have worked together, first to identify the need for a college of nursing and then to establish the Bel-Air College of Nursing in Panchgani, India. The aim of the latest step in our collaboration is to develop a master's-level program to prepare nurse leaders for HIV/AIDS care and prevention in India. In this presentation we will describe an innovative Master of Science in Nursing program, collaboratively developed by Bel-Air and UIC Colleges of Nursing to prepare advanced practice nurses as clinicians, educators and researchers who will provide comprehensive HIV/AIDS care and prevention in rural and urban hospital and community settings in India.

Structure/Method/Design: Through exchange visits to UIC and Bel-Air and frequent Skype conferencing, faculty collaborated to develop a MSc HIV/AIDS curriculum that includes: HIV-related virology, immunology, pathophysiology, co-morbidities, and pharmacology; Assessment and evidence-based management of complex clients; Continuity of care and adherence to treatment through integrated behavioral change approaches; Indian contextual factors affecting HIV care and prevention, e.g., stigma, cultural beliefs and socioeconomic disparities; Engagement of individuals, families and communities in universal prevention and compassionate care of those infected and affected by HIV/AIDS. UIC faculty have also consulted on innovative methods for teaching course content for this new curriculum and shared resources for developing course content.

Outcomes & Evaluation: The curriculum received approval by the Indian Nursing council and Maharashtra University of Health Sciences; five new MSc-level faculty were hired and the first class of 8 students matriculated in October 2014. Graduates will be prepared to: Manage and evaluate advanced-level care of complex clients living with HIV and other co-morbidities such as tuberculosis; Serve as a knowledge resource/educator to nurses and other health care providers to provide competent, compassionate HIV/AIDS care in a non-stigmatizing manner; Design, implement and evaluate prevention and support programs for families and communities; Conduct HIV-related research; Disseminate research and best practices through presentations and publications; Provide evidence to influence policy-making.

Going Forward: This ongoing collaboration will continue to integrate the expertise, knowledge and resources of each partner,

providing a model for international collaboration in curriculum development. Baseline, formative midterm, and summative final evaluations will take place in program Years 1, 2 and 3, to assess progress and help in course-corrections as needed. Graduates of the MSc program will be prepared as educators, researchers and leaders in primary, secondary and tertiary HIV/AIDS care in India.

Funding: Indian Red Cross Society, the Obama–Singh 21st Century Knowledge Initiative, and the Mehroo and Minu Patel Endowment for Nursing Advancement in India.

Abstract #: 01ETC061

Development of a bidirectional exchange between OBGYN residents at the university of Vermont and makerere university (Kampala, Uganda)

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Program/Project Purpose: Global health is an interest to many OBGYN residents in the US. Few formal rotations exist, however, and experiences vary greatly (Kacey, 2013). In 2014, the University of Vermont (UVM) Department of OBGYN launched the Global Women's Health Medical Education Project in order to address this need. The goals of the program are two-fold: to increase US residents' knowledge of global women's health and enhance cultural awareness in participants and to enhance capacity in the host department. The program is based on a bi-directional approach and seeks to increase knowledge and practical skills for host staff and trainees in tangible ways.

Structure/Method/Design: Third year OBGYN residents in good standing at UVM are eligible to participate in a fully funded rotation at Makerere University (MU) Department of OBGYN. Participating residents undergo pre-departure training involving online modules, readings and meetings with a global health mentor. The rotation consists of one week in each of the following locations: labour suite/maternal fetal medicine, gynecology oncology, benign gynecology/gynecological emergencies, and uro-gynecology. Residents work alongside their Ugandan counterparts and participate in daily sign out, ward rounds, labor care, patient triage and surgery. A UVM faculty member is present for all or part of the resident's stay in Uganda. UVM residents and faculty also contribute to the education of MU house staff. With the addition of a departmental computer lab, developing information literacy has been a priority. Lectures and skills sessions focus on topics identified by MU house staff. In a recent survey, MU residents noted areas of interest including infertility, advances in contraception, gynecologic malignancies and minimally invasive surgery. With regards to simulations, MU residents desired more exposure to laparoscopy, gynecologic and obstetric ultrasound and massive post-partum hemorrhage. UVM residents are required to give a lecture or journal club and lead one skills session during their rotation.

Outcomes & Evaluation: UVM residents participate in post-rotation de-briefing with US and Ugandan rotation advisors, assessing the strengths and weaknesses of the program. An annual survey of MU residents will be conducted to assess which areas need improvement with the rotation, and how foreign medical residents can further enhance their education.

Going Forward: MU residents have expressed an interest in visiting UVM for a rotation. Although barriers exist to Ugandan residents fully participating in patient care in the US, they would be

able to gain exposure to a different health care system through observation.

Funding: John W. and Jan P. Frymoyer Fund for Medical Education.

Abstract #: 01ETC062

Medical schools in fragile and conflict-affected states: A global, country-level analysis

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Background: Fragile states are countries with severe development challenges due to weak institutional capacity, poor governance, political instability, and armed conflict. Although many governments, non-governmental organizations, and relief operations assist fragile states in times of humanitarian crisis, very little is known about medical schools in times of fragility. Medical schools, however, have great potential to bring populations out of the long shadow of conflict and deterioration as they remain in country and help determine a state's longer-term health indicators. We aimed to identify the impact of fragility on the number of medical schools in countries classified as "Fragile States" compared to non-fragile states, with the goal of improving the global knowledge of medical training and its challenges in fragile and conflict-affected situations.

Methods: We developed a statistical model to determine the relationship between fragility and the number of medical schools per country, using data sourced from the World Bank, World Health Organization (WHO) and World Directory of Medical Schools. "Fragile states" (n=23; Afghanistan, Angola, Burundi, Central African Republic, Chad, Comoros, Congo, Dem. Rep., Congo, Rep., Côte d'Ivoire, Eritrea, Guinea, Guinea-Bissau, Haiti, Kosovo, Liberia, Myanmar, Sierra Leone, Solomon Islands, Somalia, Sudan, Timor-Leste, Togo, Zimbabwe), those classified as fragile situations by the World Bank in both 2007 and 2012, were compared to non-fragile states (n=148). Transitional states, classified as fragile in only 2007 or 2012, were excluded. The number of medical schools per country was dichotomized at the = 2 level.

Findings: Fragile states were 2.69 times more likely to have

Interpretation: Our results provide foundational data on medical schools in fragile states, highlighting the low number of medical schools in fragile states globally. Since states in conflict often have a high exodus of health care workers during and after conflict, reliance on medical schools is likely greater in fragile states than in other countries. However, the capacity to train new physicians is already low in fragile states and in some cases absent. Next steps include understanding the determinants of medical school operations in fragile situations, including a focus on students, faculty, infrastructure, and quality of instruction at an in-country level.

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Collaborative resident education at a large teaching hospital in Kampala, Uganda

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Program/Project Purpose: Women's reproductive health is a substantive public health concern worldwide. Improving maternal health