conditions such as infection, malnutrition, and severe anemia that can lead to complications and death. It is recommended that strategies are developed to improve health education for SCD.

Social accountability in global medical education: The REVOLUTIONS framework

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Background: Socially accountable medical education prepares future physicians around the world to address the priority health concerns of society, with particular attention to marginalized populations, using educational, research, and service models that engage interdisciplinary professionals, public and private organizations, and civil society. Schools of medicine interested in advancing their socially accountable roles need structural frameworks on which to build such programs in the communities they serve.
Structure/Method/Design: This presentation builds on available literature and theory regarding socially accountable medical education, a review of exemplary medical education programs from around the world that focus on social accountability, and our personal experience, both domestically and internationally, in developing socially accountable systems of medical education.
Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): We present the REVOLUTIONS framework for socially accountable medical education in a global context. This framework is based on the following theses: 1) medical schools have a duty to train socially accountable physicians; 2) training such physicians means building socially accountable systems of medical education; 3) building such systems means movement (from traditional to socially accountable educational models or practices) along 11 teaching, learning, and service dimensions. Each of the 11 REVOLUTIONS dimensions highlights: 1) one area of medical education, including characteristics of that area that correspond to traditional and socially accountable educational systems; 2) changes needed in each area to make medical education more socially accountable; and, 3) reference to exemplary programs demonstrating progress in social accountability.
Summary/Conclusion: Medical schools interested in becoming more socially accountable need a blueprint for developing their curricula. The REVOLUTIONS framework for socially accountable medical education provides this blueprint. In this presentation we review the reasons for moving toward a social accountability in medical education, present a framework for considering and structuring these changes, and provide an up-to-date review of global best practices in socially accountable medical education.

Global health education locally: A community service-learning program to support refugees, engage medical students, and fill a gap in the community

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Background: Over the past 2 years, the Refugee Health Initiative (RHI), a medical student-led interest group at the University of Ottawa in partnership with the Catholic Centre for Immigration (CCI), has successfully piloted an original collaborative program with the intention of fulfilling the following three objectives:

i) To support newly arrived refugees in their first year of resettlement and to help families navigate the barriers that prevent integration into the Ottawa community
ii) To provide relevant cultural competency training to medical students interested in learning how to practice medicine within a global context
iii) To work collaboratively with community partners to fill needs that are not currently being addressed by other program mandates

Structure/Method/Design: The program was implemented via a new curricular initiative that required all first-year medical students to complete 30 hours of community service. RHI facilitated this program by working closely with various community partners including the CCI, physicians, and interpreters.

In October, students are matched with a newly arrived family and have the initial encounter as a medical intake interview. In the following months, the students and families complete various activities such as accompaniment to additional medical appointments, grocery store visits, and tutorials on how to access resources in the community. Under the guidance of community case managers, we ensure that activities are tailored to the needs of each family, making each match unique. The year culminates in a Community Health Fair. The first Health Fair brought together over 150 refugees, physicians, nurses, dieticians, community partners, and students in an effort to provide relevant information regarding access to Ottawa community resources, health, and well-being.

Throughout the year, students attend various training sessions run by medical professionals with expertise in global health. These sessions provide immediate benefit to the refugee families and at the same time, equip future physicians with the tools to ensure equitable and accessible health care for diverse populations.
Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): - 21 families matched
- 150+ refugee families attended Community Health Fair
- 46 students trained as "health brokers" for refugee population; over 1500 hours of total community service-learning experiences
- Effectively filled a need identified by community partners
- Refugee families empowered by the added support, opportunities to interact with students and access to community resources
- Students acknowledged improved cultural competency and knowledge about refugee and migrant populations alongside increased comfort when working with vulnerable populations
- Community partners recognized value of the program in alleviating workload and filling unmet needs
Summary/Conclusion: A student-led community initiative can successfully address refugee well-being, cultural competency training, and unmet needs in the community with minimal resources. RHI's pilot program therefore holds tremendous potential for growth in various domains.

IVUmed: A nonprofit model for surgical training in low-resource countries

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Background: Low-resource countries (LICs) face both training and infrastructural challenges for surgical care, particularly for specialty care, such as for urology. Practitioners charged with caring for these patients have few options for basic or advanced study. Travel abroad for hands-on training is virtually impossible due to certification

regulations in the United States and Europe. IVUmed, a nonprofit organization, has for 20 years supported urological educational programs in >30 LMICs by coordinating a network of U.S. and international academic and private individuals, institutions, industry, and professional societies. IVUmed's motto, "Teach One, Reach Many" has emphasized a teach-the-teacher approach.

Structure/Method/Design: The most limited resources for collaborative surgical training are time and administrative support. For most academic training departments even in wealthy countries, small numbers of specialized faculty mean that each has a very limited time available to train surgeons in poor countries. In order to maximize the short time available for teaching, IVUmed has developed:

1. Long-term MOUs with partner programs in LMICs
2. Expert training teams including surgeons, anesthesiologists, and nurses
3. Specific objectives for training based on procedure or problem or type of patients
4. Scholarships for American residents to build sustainable leadership through experience working in LMICs during training.
5. Close relationships with regional, national, and international urological associations such as the American Urological Association, the Societe Internationale d'Urologie, the Pan African Urological Surgeons Association, and the Societe Haitien d'Urologie.
6. Telemedicine support for interim case conferences and training between workshops.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): IVUmed partner sites have built sustainable training programs to address common and complex urological problems. Reconstructive surgery of children and adults lends itself well to short-term training. Endoscopic surgery for stone and prostatic disease is more difficult and cancer care is most challenging because the need for radiology and pathology and medical oncology, in partner sites.

Summary/Conclusion: Successful collaborations for surgical training benefit from dedicated nonprofit involvement to coordinate volunteers, maintain standards of education and research, and to leverage support from consortia of institutions, industry, and individuals.

Empowering Armenia: Implementation of collaborative diabetes outreach project in Armenia

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Background: Multidisciplinary collaborative diabetes outreach project developed and piloted in four regions of Armenia. Aim was to raise awareness about type 2 diabetes and provide educational materials and seminars for general population and health care providers.

Structure/Method/Design: The project utilized seminar and health fair formats. The health fair portion provided a validated type 2 diabetes risk assessment and education materials through stations and personal interaction. Diabetes health promotion and educational materials covered topics on hypertension, diet, nutrition, body mass index, and exercise.

The seminar portion of the project was divided into two groups: population and health care providers. The population seminar focused on raising awareness about risks factors and prevention of type 2 diabetes, and provided strategies for effective management and complication prevention. The health care provider seminar shared tools and approaches for early diagnosis and prevention of type 2 diabetes and health complications. Seminars introduced risk assessments and diabetes management tools in Armenian that can be used in provider's practices to educate patients about prevention and management of type 2 diabetes.Both provider and population seminars were conducted in the four regions visited. All materials were created, evaluated, and translated into Armenian by the Global Health Armenia program at the University of Utah and the Yerevan State Medical University Division of Public Health.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Global Health Armenia, University of Utah, Health Ministry of Armenia, Yerevan State Medical University Division of Public Health. Students from both universities played an active role in developing and implementing this project.

Summary/Conclusion: The diabetes outreach project was well received by the general population and health care providers. Providers were eager to participate in seminars and trainings. They appreciated health information handouts that were prepared in Armenian and found them very valuable. The providers asked for additional handouts for their practice to distribute to their patients. The general population were engaged and eager to attend the health fair and seminars.

With the limited knowledge about the baseline understanding of diabetes in Armenia, developing specific program was challenging. There is a need for more health education training and seminars for type 2 diabetes. Hands-on activities should be incorporated into seminars and additional type 2 diabetes materials should be developed to address the type 2 diabetes health disparity.

Training young Russian physicians in Uganda—A unique program for introducing global health education in Russia

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Background: The concept of global health as a discipline is new in Russia. The collaboration among the departments of medicine of Yale School of Medicine, Makerere University College of Health Sciences, and Kazan State Medical University (KSMU) began in 2010, Western Connecticut Health Network joined in 2012, to introduce the concept of global health to a Russian medical university and to familiarize participants with the practice of medicine in culturally different, resource-limited settings.

Structure/Method/Design: Participants were chosen among a competitive pool of applicants based on their class standing, global health knowledge and experience, English-language skills, cultural sensitivity, motivation, and an interview by members of KSMU Global Health Office. Participants underwent orientation sessions before the rotation. During the 6-week elective, participants, in addition to clinical responsibilities, had didactic sessions on common diseases of Uganda, classes in the health care system and medical education in Uganda, and weekend trips to historical sites. Upon return, participants presented their experience repeatedly to different audiences to increase awareness of and interest in global health. Recently, a standard questionnaire aimed at understanding the program's impact was sent to all previous participants.