CONCLUSIONS: Although the overall result of the trial does not support the intervention's efficacy in the ED patient population as a whole, the data also suggests that the intervention did influence females and college students. Further research is required to test the efficacy of a brief intervention among select populations.

RESULTS: Preliminary results indicate that African surgeons face some issues that are similar in nature to those encountered in more developed societies, e.g., unequal distribution of surgical resources among rural areas and conflicts with respect to how to service these areas. On the contrary, however, many African surgeons face problems that are more unique: systemic corruption, and extremely high levels of work-related stress.

CONCLUSION: The results of this “Snapshot” help to fashion a valid picture of the obstacles, stresses and challenges facing the relative handful of surgeons who treat the large burden of disease and injury in East Africa.

doi: 10.1016/S1047-2797(03)00177-7

P0438
A SNAPSHOT OF SURGERY IN EAST AFRICA
Massey Beveridge, Kirsteen Burton, Office of International Surgery, University of Toronto, Ontario, Canada

PURPOSE: East Africa has an overwhelming burden of illness due to a large incidence of trauma and other conditions treatable by surgery. Although approximately 205 million people inhabit the countries of East Africa, they are served by only a handful of surgeons (roughly 400). There is great potential to reduce the burden of East African illness through the enhancement of surgical practice; however, information surrounding the East African surgical experience remains sparse. The results of this study shall help to generate knowledge that will lead to the development of an enhanced East African surgical community with resources appropriate to its needs.

METHODS: The study sample consisted of a group of 50 surgeons based in eight countries of East Africa. Survey participants were recruited either through affiliations with the Office of International Surgery or the Association of Surgeons of East Africa (ASEA). An 8-section, 14-page, self-administered e-mail questionnaire was developed, revised extensively and modified, based on feedback from domestic and African physicians, surgeons and survey instrument experts. Information was collected on a number of areas concerning the African surgical milieu including: surgical personnel in your country; availability of surgical resources; your patients; and HIV in your environment. The data, collected over a one-month period in March of 2003, shall be analyzed primarily by calculation of frequencies to measure physician attitudes and chi-square tests for associations among categorical data.

RESULTS: Preliminary results indicate that African surgeons face some issues that are similar in nature to those encountered in