

part of its pre-departure training program, the UCLA Global Health Education Program developed cases, corresponding to the 14 WEIGHT guidelines, to simulate professional and personal challenges faced in field-based global health electives.

Structure/Method/Design: During the pre-travel preparation session, trainees work through cases in small groups and reflect with faculty on domains of professionalism, practicing within one's training level, awareness of expertise, demonstrating help-seeking behaviors, cultural humility, sensitivity to diversity, and respect for patient privacy in the use of photography and social media. With faculty guidance, this case-based discussion frames the global health elective as an experience for students and trainees to further develop humanism and professionalism, in addition to the many biomedical and public health lessons that will be learned along the way.

The cases were refined and improved upon after pilot testing. A mixed-methods evaluation containing a 4-point Likert scale and open-ended questions was administered to medical students post-curriculum to assess the training. Seventy-four medical students were surveyed and 100% identified an increased sensitivity to differences arising in daily interactions inside and outside of the clinical setting, as a result of the pre-departure training. When asked an open-ended question about what they expect to do differently on their electives based on learning from the training, 65% referenced themes introduced through the pre-travel case curriculum. For example, one student commented "[I will] be more reflective when faced with a situation with possible ethical or cultural conflict."

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Not applicable

Summary/Conclusion: The use of interactive cases is an effective educational strategy for self-reflection, improved communication skills, and professionalism. Simulation of challenging scenarios can enhance knowledge, skills, and attitudes within a specific, less-familiar context to prepare students and trainees for international settings. This case-based curriculum is a reproducible pre-travel preparation tool for addressing and assessing competencies, in keeping with the WEIGHT recommendations for pre-travel preparation.

Building and sustaining a global educational partnership in nursing: Setting up for "success"

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Background: Nurses have been involved in various strategies for strengthening nursing globally, including academic preparation of foreign nurses at academic institutions and support of institutional capacity building. Global partnerships are viewed as one strategy to support achieving the goal of health for all within all nations. The purpose of this research project was to explore how contextual features contribute to the success in building and sustaining a global educational partnership in nursing.

Structure/Method/Design: A qualitative methodological framework was used to guide the research process employing a case-study approach and participatory action research (PAR) to explore an established global partnership between two academic institutions in Ghana and Canada. Habermas and Foucault's theoretical and philosophical frameworks provided an awareness of the relevance that social and critical perspectives contribute to understanding the complexities of the development of global partnerships in nursing. The sample consisted of 31 Individual interviews and four focus groups with Ghanaian and Canadian participants

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Not applicable

Summary/Conclusion: A case study of a successful nursing education development project revealed important categories related to the beginning, maintenance, and sustainability of the initiative. Three major categories emerged: "Getting Started," "Keeping It Going," and "Following the Project." In addition, seven major themes arose: "Taking the opportunity," "Associating," "Committing," "Learning," "Accommodating" and "Sustaining." The findings related to the first category of "getting started" and how decisions made around communication, power sharing, and focus on capacity building contributed to the success of this project will be discussed. In conclusion, recommendations for the initiation of a nursing education project will be discussed.

Outcomes and collaborations among alumni of the NIH Fogarty International Clinical Research Program: Results from a 2013 impact evaluation

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Background: The NIH Fogarty International Clinical Research Scholars and Fellows (FICRS-F) Program offered 1-year mentored clinical research training experiences in low- and middle-income countries (LMICs) for doctoral students and postdoctoral professionals in health-related professions from the U.S. and LMICs during 2004-2012. We conducted an impact evaluation among a representative sample of FICRS-F program alumni.

Structure/Method/Design: We used REDCap Survey™ to conduct an electronic survey of 100 FICRS-F alumni. A representative subset of all Fogarty participants (n = 536) was selected to maximize the response rate. The selection was weighted such that the combination of program and year should have a similar distribution to the entire program. The evaluation included questions on accomplishments, ongoing collaborations, career influences, continuing research, and interest in global health.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Not applicable

Summary/Conclusion: We achieved a response rate of 94%, with inputs from 38 U.S. and 34 international doctoral scholars and 15 U.S. and 7 international postdoctoral fellows who participated in the program. When queried about work derived directly from the training period, most participants had published one or more primary research papers and presented two or more posters; U.S. fellows had submitted a median (interquartile range) of 3 (1-5) grant proposals. In total, accomplishments derived directly from work done among 94 FICRS-F participants during their training period included 207 primary research papers, 14 book chapters, 52 review articles, 32 other publications (e.g., letters, editorials, commentaries, book reviews), 215 posters, 117 grant proposals, 30 US government-funded grant awards, and 49 non-US government-funded grant awards. Among 117 grant proposals, 79 were funded (estimated 67.5% success rate). Accomplishments that may be linked directly to the FICRS-F experience are numerous and will likely increase as alumni continue to publish and write grant proposals.

Among U.S. scholars and fellows, respectively 47% and 80% returned to the training site after the training period. Overall, respondents continue to collaborate with US-based mentors (n = 59;

63%), site-based mentors (n = 62; 66%), FICRS-F trainees at training site (n = 42; 45%), FICRS-F trainee alumni who were no longer stationed at the same site at time of training (n = 23; 24%), and other FICRS-F trainees/alumni stationed elsewhere (n = 30; 32%). The FICRS-F orientation and training experience encouraged trainees to interact with nascent and experienced health professionals. Although we had no control group, our findings suggest that the FICRS-F experience played an instrumental role in training and retaining researchers for global health.

Evaluating the outcomes of a surgical postgraduate training program in Guyana

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Background: Training competent health professionals is crucial to strengthening health systems and improving a country's health outcomes. In the developing world, the unmet burden of surgical disease exists largely because of inadequate training and retention of health workers.

Like many developing countries, Guyana faces a severe shortage of surgeons, worsened by high rates of emigrating medical professionals.

In 2006, a locally based postgraduate diploma in surgery program was established by the Georgetown Public Hospital Corporation Institute for Health Science Education and the University of Guyana to address the deficit of surgeons in the Guyanese health workforce. Initial funding was obtained from the Canadian Cooperation Fund through a partnership with the Canadian Association of General Surgeons (CAGS). Additional program support has come from McMaster University Surgical Associates and the Canadian Network for International Surgery. Between 2008 and 2012, 14 surgeons graduated from the program.

Structure/Method/Design: The 2.5-year course involves clinical rotations and structured tutorial modules conducted by Guyanese and visiting Canadian surgical faculty members. The training prepares surgeons to meet the general surgery needs in the secondary regional and district hospitals of Guyana.

Bonds and incentives are implemented to retain graduates of the program in Guyana. Academic appointments at the University of Guyana are provided for recent graduates. A Young Professional Housing Scheme provides housing lots and houses for graduates of the postgraduate training program. Following their training, residents have a 1-year contractual agreement to the Ministry of Health.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): The program has benefited from a long-standing partnership between Guyanese and Canadian surgeons. The program is now locally governed and sustained by a Surgical Postgraduate Education Committee, which includes leaders from the UG medical school, hospitals, surgical faculty, Guyana Medical Council and Guyana Medical Association. Surgical registrars who are graduates of the program have been trained as course instructors, and take increasing responsibility for running the program.

Summary/Conclusion: Overall, the program has increased the capacity for service within the surgery department. The program has played a key role reducing the number of emigrating medical professionals. Of the 14 graduates from the program, 11 remain in Guyana. Further analysis is underway to determine the program's impact on surgical disease burden and retention of graduates. Research aimed at understanding the intention of trainees to remain in Guyana can guide changes to current practices.

Innovation in global nursing education: A long-term community-focused collaboration between university students in Seattle and Nicaragua

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Background: This innovative program aims to create a long-term partnership between nursing programs at Seattle University (SU) and the Polytechnic University of Nicaragua (UPOLI) that provides a setting for students to learn and apply community health nursing concepts in concert with a small suburban community in southwestern Nicaragua. The students collaborate to support the community in creating the future it envisions while learning skills in data collection, management, and analysis; planning, implementation, and evaluation of research; dissemination of information; and ethical conduct of research. Development of intercultural competency is embedded in the community health partnership via the US and Nicaraguan students' engagement with each other and their collaborative work with the community.

Structure/Method/Design: The guiding project structure is the SEED-SCALE model, in which communities, local government, and outside experts form three-way partnerships to advance changes the community envisions for its future. In this model, the SU-UPOLI partners are outside experts who perform the functions of facilitating the community vision process, bridging between the community and local government, and generating evidence for action. The main means of generating evidence is an annual small-scale health and demographic survey that tracks demographic trends, measures the prevalence of conditions of concern to the community, and informs advocacy for and planning and evaluation of health programs.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): The primary partnership is between Seattle University and the Polytechnic University of Nicaragua—Rivas Campus (UPOLI-Rivas); these partners work together with a suburban community in southwestern Nicaragua, its local government, and the public health agency. **Summary/Conclusion:** This past year, the program saw the successful establishment of a university-to-university partnership, the agreement of the local government to support the partners' activities, and the initiation of community involvement. Over a period of 4 weeks in 2013, 4 faculty members and 26 students worked on various phases of the project, hosting an initial meeting with the community, completing human subjects research ethics training, designing and administering round 1 of the health and demographic survey, mapping the community using GPS, and hosting a meeting to report the results to the community and discuss next steps. Challenges encountered include the short-term presence of the SU partners in Nicaragua, the difficulty of creating a true community-owned project involving the community at every stage and sustaining a year-round partnership given academic constraints, serving as an effective bridge between the local government and the community, and integrating technology into the project. Round 2 is planned for 2014.

Pathway to professionalization: A competency-based evaluation of humanitarian aid workforce personnel during a humanitarian crisis simulation exercise

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Background: Disaster simulation exercises and drills have been introduced to training programs in many different ways in order to