

health laboratories are important contributing factors to the success of public health efforts globally.

Information empowerment: Informationist-led training for University of Michigan's predeparture students

G.K. Rana; University of Michigan, Taubman Health Sciences Library, Ann Arbor, MI/US

Background: Since 2009, University of Michigan's (U-M) Taubman Health Sciences Library (THL) has actively partnered with U-M's health sciences schools to improve information literacy among our global scholars taking part in global health research, internships abroad, and international collaborations in health. THL's global health informationist has provided information skills training to U-M students in preparation of their international learning experiences in developing countries. This poster focuses on the global health informationist's role in information skills training to enhance experiential learning and provides insight into innovations in informatics instruction programs in predeparture training.

Structure/Method/Design: The global health informationist is involved in training predeparture students in searching the international literature, effectively using evidence-based information resources, creating an understanding of global health teaching materials, becoming more aware of country-specific data and epidemiology sources, building awareness of mobile resources for global health, and encouraging the investigation of international news media sources. Approaches used for predeparture training have included curriculum-integrated instruction, demonstrations, individual consultations, lecture series and symposia, predeparture orientations, and the creation of customized online information resource guides.

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

Summary/Conclusion: Information skills training has empowered U-M students to develop effective collaborations around the world. Students need to be introduced to multidisciplinary and interdisciplinary information sources which can be overlooked during training in "traditional" health sciences sources. To be successful in their information gathering, students engaged in global health need to fully recognize the interdisciplinary nature of global health. Predeparture training gives the informationist and the library the opportunity to provide awareness of a broader field of global health information resources.

Information skills training has become a significant and necessary aspect of students' predeparture training. To improve future training, more opportunities for student evaluation both in the predeparture phase and upon their return from global health experiences is required.

Flipping the global health challenge to the classroom

C. Redko; Wright State University Boonshoft School of Medicine, Community Health, Kettering, OH/US

Background: Much of the debate concerning global health education remains focused on building effective training programs. This paper emphasizes the development of teaching strategies specific to global health education. Inspired by the active learning process of "flipped classrooms" where critical thinking

happens in the classroom and fact finding happens outside, this paper describes the experience of bringing the real global health challenge of high maternal mortality in Somaliland directly into the North American classroom in a public health graduate program.

Structure/Method/Design: Individuals working in Somaliland initially proposed the global health challenge that the MPH students and faculty eagerly embraced. MPH students worked as a team that included two African students (one from Somaliland), who acted as cultural brokers. The team utilized ongoing Skype/e-mail communications with staff of Edna Adan University Hospital in Somaliland; personal interviews and discussions with Edna Adan during her fortuitous visit to class; and ongoing audio-recording of the entire process documenting the development of a systematic review for use in Somaliland and other global health settings.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): This project is a novel example of how global health education and social change can all be experienced simultaneously in Somaliland and in a university classroom in Ohio. The systematic review prepared by the students is currently being used to design and pilot a community-based intervention that will provide cell phones (mobile health) to midwives to follow up with women who have undergone fistula surgery at the hospital and returned to their village.

Summary/Conclusion: The plan is to seek funding based on this collaborative pilot. Faculty at Wright State University and one student involved in the classroom global health challenge continue to collaborate with the planning and development of the pilot study. In other words, we were actively engaged in "being there," while still "being here."

Teach the teacher: Faculty development for the next generation of Haitian clinician-educators

Z. Sacks, C. Curry, J. Hudspeth, R. Mathurin, M. Morse, M. Nadas; Physicians for Haiti, Boston, MA/US

Background: Physicians for Haiti (P4H) is a Boston-based nongovernmental organization that supports excellence in Haiti's medical education system. A priority of the Haitian medical establishment is capacity building through the expansion of training programs. However, needs assessments identified a shortage of faculty with experience as teachers and supervisors. Haitian clinicians expressed a lack of confidence in supervision and evaluation when surveyed, as well as a strong interest in improving these skills. A web search revealed no existing curricula suited to fill this gap. The "Teach the Teacher" curriculum was developed to focus on medical and nursing educators working in low-resource, high-volume settings, with input from education professionals, clinician-educators and faculty at the newly opened University Hospital of Mirebalais (HUM) in Haiti.

Structure/Method/Design: The didactic component of the curriculum comprises a multi-tiered series of lectures and workshops with both introductory and advanced presentations. Feedback, evaluation, effective small-group teaching techniques and strategies for managing teaching rounds are among the initial topics covered. This is joined by a practical component consisting of direct observation of faculty on teaching rounds followed by feedback sessions. The curriculum has been evaluated through surveys and pre-/post-tests of knowledge.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): University Hospital of Mirebalais

Summary/Conclusion: The curriculum was piloted via a series of 11 lectures and workshops delivered to teaching physicians at HUM

during two 1-week sessions. Participants were observed leading teaching rounds on internal medicine, pediatric, and surgery inpatient services. The second session was attended by 18 attending physicians (15 Haitian, 3 American), with 15 participating in at least half the lectures. Anonymous post-course evaluations revealed 100% agreement among participants (N = 13) that the course was important and helpful to their teaching practice, and participants rated themselves as more confident after the course. A multiple-choice test on educational best practices administered immediately before (N = 12) and after (N = 13) the course showed an improvement in average score from 44% to 72%. Qualitative feedback indicated that participants highly valued these sessions.

Challenges included consistent attendance due to conflicts with existing clinical responsibilities and variations in baseline knowledge of participants.

Attending physicians at a busy teaching hospital in Haiti found "Teach the Teacher" to be important and effective training for their new role as clinician-educators. This curriculum represents an innovative way of preparing teaching staff in a resource-limited setting to train the next generation of providers. We believe it can be used at any institution aiming to develop or improve a capacity for medical education. We plan to expand it to include more advanced topics in resident education as well as nursing-specific topics in the future.

Determining medical students' preferences regarding the delivery of global health education

J. Salituri¹, J. Sukhera²; ¹Schulich School of Medicine and Dentistry at Western University, London, ON/CA, ²Schulich School of Medicine and Dentistry at Western University, Psychiatry/Child and Adolescent Psychiatry, London, ON/CA

Background: Over the past decade, global health education has become increasingly important to medical students in Canada. Although it is known that medical students value global health education, little information on their preferences for delivery exists. In 2013, the Office of Global Health (OGH) at the Schulich School of Medicine and Dentistry, Western University, underwent restructuring with the aim of integrating global health learning into the core medical curriculum. This was seen as a unique opportunity to refocus global health education output with student preferences in mind. This study aims to determine preferences of medical students at Schulich regarding the delivery of and their involvement with global health education.

Structure/Method/Design: An online survey was developed and emailed to all current (2013) medical undergraduate students. The survey included campus location and year of graduation for demographic purposes. The participants ranked the importance of global health education, as well as their current satisfaction with Western programming. In addition, the survey included questions about the preferred timing, format, frequency, and content of global health programming, and concluded with an open-ended section for additional comments.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): A total of 135 students from the London campus and 29 students from the Windsor campus responded, with a total response rate of 24% for all 4 years and a total preclinical response rate of 38%. The majority of the respondents were from the class of 2017. While 68.3% of respondents ranked global health education as important or very important, 62.1% indicated neutral responses regarding their satisfaction with current programming. Most students (42.6%) preferred that global health education be offered in addition

to formal curriculum hours, indicating support for extracurricular activities with global health learning, and speaker series and skills workshops. Most students (37%) preferred to attend global health events once a semester. Student comments revealed their interest in seeking more information about global health education and funding opportunities, including involving the Windsor satellite campus and linking with other faculties for interdisciplinary learning.

Summary/Conclusion: While the study reveals that Schulich medical students value global health learning, it also highlights their concerns with current programming. A significant theme arising out of the student feedback was their lack of information about the field of global health and the competencies required in this field. Global health education was felt to be appropriate for integration in both the formal curriculum along with extracurricular activities. This data will be useful for informing the instruction of global health competencies in the formal curriculum and will promote the work of the OGH in encouraging the inclusion of global health themes in extracurricular activities.

Use of clinical practice teaching cases as a means of improving pediatric HIV care in Malawi

K.R. Simon¹, L. Malilo², A. Bhalakia³, C. Golitko¹, C. Cox¹, S. Ahmed⁴, M. Kim⁴, P.N. Kazembe²; ¹Texas Children's Global Health Corps, Baylor College of Medicine-Abbott Fund Children's Clinical Center of Excellence, Lilongwe/MW, ²Baylor College of Medicine-Abbott Fund Children's Clinical Center of Excellence, Lilongwe/MW, ³Albert Einstein College of Medicine and Children's Hospital at Montefiore, Department of Pediatrics, Lilongwe, NY/US, ⁴International Pediatric AIDS Initiative at Texas Children's Hospital, Baylor College of Medicine, Houston, TX/US

Background: Although children make up a notable proportion of HIV-infected patients in Malawi, issues affecting this population are often neglected in national antiretroviral therapy (ART) and prevention of mother-to-child transmission (PMTCT) programs and training. Despite increased emphasis on pediatric care and HIV prevention in the combined 2011 Malawi PMTCT/ART guidelines, providers at many health facilities continue to express limited comfort with pediatric HIV care.

Baylor-Malawi serves as the outpatient pediatric HIV clinic for Kamuzu Central Hospital and provides support to other government health facilities throughout the central and northern regions of Malawi. Baylor providers have experience in pediatric education and support, focusing on mentorship of clinical staff and systems strengthening through frequent mentorship visits by nurses and clinicians. As program expansion continues, the need for standardized teaching tools has been identified.

The mentorship experience is busy, with the bulk of time spent in active side-by-side patient care. At the end of the encounter, there is limited time for didactic lecture-based teaching, traditionally the tool used to teach fundamental concepts of pediatric HIV care.

Structure/Method/Design: A set of standardized clinical practice teaching cases was designed in order to provide consistent, concise pediatric HIV education to clinical providers. Topics include HIV Diagnosis, Presumed Severe HIV Disease, ART Eligibility, ART Side Effects, Exposed Infant Care, Opportunistic Infections, Tuberculosis, Treatment Failure, and Adherence. The tool is a laminated card with a clinical case and questions on one side, and answers with key summary points on the reverse. The mentor conducts a brief teaching session with the mentee at the end of a