

Program has had a major impact in building the next generation of global health leaders. Findings are limited by the absence of a comparison group.

Midwest Consortium of Global Child Health Educators: Local collaboration to strengthen global education

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Background: The mission of the Midwest Consortium of Global Child Health Educators is to advance the science and implementation of global child health training through regional multi-institutional collaboration and scholarly output.

Structure/Method/Design: In 2009, global child health educators from seven Midwest pediatric residency training programs founded the Consortium in order to standardize and synergize the various global health educational efforts that were occurring at each respective institution. The Consortium meets annually, and facilitates additional communication through collaborative workshops, publications, and presentations.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): The Consortium is comprised of pediatric residency global health educators from the following institutions: Cincinnati Children's Hospital, Mayo Clinic College of Medicine, Medical College of Wisconsin, Northwestern University, Rainbow Babies and Children's Hospital, University of Minnesota, and University of Wisconsin.

Summary/Conclusion: The following accomplishments have been achieved through collaborative efforts: (1) competency-based objectives were adopted at each institution; (2) knowledge assessments were developed; (3) curriculum resources were shared; (4) global health workshops were led by consortium members (2010-2013); (5) consortium members assumed national leadership roles pertaining to global health education, including within the Association of Pediatric Program Directors Global Child Health Educators Association; (6) a shared article was published and two further have been submitted; (7) simulation curriculum and facilitator training were developed for implementation and evaluation at each program; (8) global health elective resources and partner sites were developed and shared; and (9) tools for evaluation of global health trainees are being developed. Despite the challenges of coordinating multi-institutional projects and schedules, we have found that regional collaboration improved the capacity of each respective institution to develop innovative educational tools, establish standards for curriculum, and optimize global health education in pediatric residency training. This model has the potential to be highly effective and warrants regional replication amongst other institutions that are committed to advancing the field of global health.

Preparing locally to learn globally: The development of a joint UME and GME preparatory curriculum for global health electives

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Background: Recent studies on trends in US medical schools' global health curriculum found less than 30% of programs adequately prepare students for their overseas experience. To align with the AAMC's Guidelines for Premedical and Medical Students Providing Patient Care During Clinical Experiences Abroad (2011), the Medical College of Wisconsin (MCW) developed a joint undergraduate and graduate medical education (UME and GME) preparatory curriculum for trainees seeking to participate in global health electives.

Structure/Method/Design: An interdisciplinary group of MCW faculty was formed in 2012 to determine the essentials of predeparture preparation for medical trainees. Based on a literature review, discussion with national colleagues and local expert consensus, 2.5 hours of training materials were developed with the following components: 1) two 20-minute online preparation modules ("What to consider with international travel health" and "Global health elective preparation"); 2) an MCW Guide for Global Engagement; and 3) an in-person 1.5-hour seminar on the ethics of short-term global health electives jointly for UME and GME trainees. The curriculum was piloted on MCW UME and GME trainees in spring 2013 and some modifications were made. UME and GME administrative approval was subsequently obtained to incorporate the curriculum for all MCW trainees participating in global rotations, and institutional review board approval was secured for a long-term evaluation of the curriculum. Data will be gathered through annual surveys (2013-2017) to assess whether the curriculum enhances trainee preparation for global electives.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Curriculum development was funded through an internal grant from the Medical College of Wisconsin. Institutional collaborative partners included faculty and administrative leaders from Bioethics, Medicine, Pediatrics, International Travel Clinic, and Global Health Program.

Summary/Conclusion: The largest challenge is for trainees to attend the in-person ethics seminar due to schedule conflicts; therefore, an alternative online documentary viewing is offered. A review of the literature does not reveal similar combined UME and GME preparatory curriculum that is provided in conjunction with faculty mentorship to cater to individual training requirements. Thus, this is a potentially scalable model for other programs attempting to prepare large groups of trainees for global engagement.

Are we practicing what we teach? Ethical guidelines and student global health research experiences

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Background: Increasing numbers of students from high income countries (HIC) are participating in global health research in low- and middle-income countries (LMICs). Current best practices exhort students to define objectives and procedures in collaboration with LMIC partners, seek local IRB approval, receive research ethics training, and disseminate results locally, among other recommendations. However, compliance with such guidelines is not monitored or widely known.

Structure/Method/Design: We conducted a study to characterize the experiences of HIC students conducting research in LMICs. We invited current and former undergraduate and graduate/health professional students from Yale University who had conducted research in an LMIC in 2009-2013 to participate in an online questionnaire focusing on predeparture preparation, relationship with advisors and host communities, research ethics, dissemination, and impact on the student.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Among the 89 respondents, 53.9% were undergraduate, 46.1% were graduate students, 67.4% were female and the mean age was 22 years. Less than half (40.4%) of the respondents reported that LMIC partners or community representatives had been involved in defining the research objectives; 74.2% of respondents had received some form of research ethics training prior to their trip; and 59.0% submitted their research protocol to the local IRB when one existed (compared with 70.9% who submitted to the Yale IRB). While 67.4% of respondents stated that they planned to disseminate results to their host institution, community, or in a local publication, only 27.0% had done so. In bivariate analysis, students who sought LMIC partner involvement in the definition of research objectives reported feeling that their Yale advisor was not enthusiastic about their research (41.2% vs 11.5% among those that did not involve partners in defining objectives, $P = 0.001$), communicated less frequently with their Yale advisor before their research experiences (Mann-Whitney U test $P = 0.001$), and felt less prepared to deal with ethical dilemmas in the conduct of their research (Mann-Whitney U test $P = 0.013$). Those students who had disseminated results locally were more likely to have communicated with students who had previously visited the site (84.2% vs 55.6% of those who did not disseminate locally, $P = 0.029$) and to feel that they would have benefited significantly from a post-experience debriefing with experienced faculty or students (50.0% vs 23.0%, $P = 0.012$).

Summary/Conclusion: According to student reports from a sample of undergraduate and graduate students, guidelines for global health research are not being uniformly applied. Support and mentoring by faculty advisors and peers should be further explored to ensure best practices and are being applied and that students receive appropriate training and guidance prior to undertaking research projects in LMIC settings.

Health systems service learning in Shanghai—Lessons from an undergraduate experiential learning program in China

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Background: After Hurricane Katrina, 80% of New Orleans, including both of Tulane's Uptown and Downtown campuses were under water. When classes resumed in January 2006, Tulane students, faculty, and staff returned to a city in ruins, but they returned to a university committed to rebuilding both the school and New Orleans.

A major focus of Tulane University's rebuilding plan became the creation of a service-learning requirement for all undergraduate students, regardless of major. As New Orleans' largest employer, Tulane University first directed students and their projects toward helping the areas and organizations within the city and the metro area. However, as the city of New Orleans emerged from the

post-Katrina devastation, Tulane began to widen the reach of this program to other parts of the state, the nation, and eventually internationally.

Structure/Method/Design: In 2011, Tulane partnered with Fudan University in Shanghai and Shandong University in Jinan to create one of the first international service-learning opportunities to be made available to Tulane undergraduates. Now entering its fourth year, the program continues to expand its number of students, relationships with Shanghai health care institutions, and opportunities for young scholars to make a difference in local communities.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Fudan University, Xuhui Maternal and Child Health Center, Jaiding Anting Community Health Center, Malu Community Health Center, Ruijin Diabetes Center

Summary/Conclusion: This poster presentation will discuss Tulane University's unique service-learning requirement; the Department of Global Health Systems and Development's efforts to develop and launch the program in China with our partners from Fudan and Shandong Universities; the impact of the program on teaching and learning for undergraduates in Fudan University; and finally the lessons learned by the faculty members along with the feedback from the student participants. Further, the poster will review the various projects, responsibilities, and experiences that the students had while working in various health care organizations in Shanghai. Student comments and feedback will be incorporated into the poster content and the future of the program will be discussed.

Exploring perceptions and experiences with research ethics in Bolivia

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Background: In Bolivia, there is increasing interest in the necessity of incorporating research ethics into study designs and procedures, but there is minimal data on the perceptions and experiences of Bolivian health science faculty, researchers, and national health administrators on research ethics. The Touro University California (TUC) Public Health Program is partnering with Bolivian universities to develop a comprehensive Research Education Ethics Program. In 2013, The Universidad Mayor de San Andrés received a National Institute of Health/Fogarty International Center Planning Grant award to develop the program. The two central aims of this program needs assessment are to describe the perceptions of and experiences with research ethics among study participants and to assess the relationship between participants' professional roles and their perceptions and knowledge of research ethics. Participants' perceptions of the functions of Research Ethics Committees (protecting human subjects rights, ensuring the social and scientific value of research, etc) and study participants' ideas for educational/learning needs were also described. The study has been implemented, data collection completed, and data analysis in process. Preliminary results show an immediate need and interest for research ethics capacity building and education in Bolivia.

Structure/Method/Design: This is a cross-sectional study using an online survey completed by approximately 200 Bolivian health science faculty, researchers, residents, and health administrators. Survey domains include demographics, perceptions and experiences related to research ethics and the function of research ethics committees, and knowledge of research ethics including course levels, content, and teaching methodologies. Descriptive statistics were used to describe