

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.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Yale University School of Medicine (USA), Western Connecticut Health Network (USA), Makerere University College of Health Sciences (Uganda), Kazan State Medical University (Russia).

Summary/Conclusion: Since 2010, 14 KSMU members (2 medical students, 2 interns, 7 residents, 2 fellows, and 1 faculty) of diverse specialties aged 23 to 29 participated in the program. Participants learned how to practice medicine in underserved communities. The main outcomes of this program at the individual participant level were improvement in knowledge of tropical medicine and HIV/AIDS 11 (79%) and 12 (86%), respectively, 14 (100%) participants noted increased cultural sensitivity and willingness to serve the underserved both in Russia and elsewhere. Thirteen (93%) participants noted a very positive impact of the global health elective on their career and their personal lives. At the institutional level, KSMU established a successful collaborative program in global health education, the first of its kind in Russia, which fosters interest in this field among all university members. Because of increasing interest among current students and residents, the university has incorporated tropical medicine and global health into its curriculum. The availability of a global health program at KSMU also has attracted more competitive applicants.

Global health faculty checklist

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Background: Developing US physician faculty to be effective teachers is a worthy and important goal that often receives little attention given the competing demands of practice, teaching, and research. In an effort to better define the competencies for teaching medical students and family medicine residents about global health in the US medical school and residency setting we adapted the 10 competency domains in "Teaching as a Competency": Competencies for Medical Educators, Srinivasan, et al, *Academia Medicine* (2011; 86:1211-1220) and created a checklist to be used to assess global health faculty.

Structure/Method/Design: Srinivasan's 10 domains each with identified knowledge, skills, and attitudes include six ACGME competencies: medical knowledge, learner-centeredness, interpersonal and communication skills, professionalism and role modeling, practice-based reflection, system-based practice; and four specialized competencies for faculty with programmatic roles: program design and implementation, evaluation and scholarship, leadership and mentorship. These were adapted for global health by two medical educators and three faculty members with expertise in global health. The product was presented to 40 family medicine educators who participated in a workshop at the Annual American Academy of Family Physicians Global Health meeting in October 2013. Educators taught in the medical school, residency setting, or both. Workshop participants worked in small groups to further develop the objectives (knowledge, skills, and attitudes) assigned to each of the competency domains. The product of this session was edited for clarity and redundancy and the next version was sent via email to workshop participants and members of a global health list serve. Using a Likert scale format (no importance to extremely important) participants ranked the objectives (knowledge, skills, and attitudes) and added comments. Frequency distributions and measures of central tendency were calculated. Any item receiving an importance rating of less than 3 by more than 50% of the panelists was eliminated. Comments were evaluated in light of the panel's scores and the checklist was finalized.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): IRB exemption was obtained. Thirty participated in the modified Delphi process. Forty-three items describing the knowledge, attitude, or skill needed to achieve the 10 competency domains are described.

Summary/Conclusion: Discussion/Next Steps: This checklist will help to define the faculty development needs in the rapidly growing area of global health educators in US medical schools and residencies. Next steps include testing the checklist with faculty assessing themselves as novice, competent, or expert for each objective area. Then defining activities or tools to help accomplish each objective.