

Outcomes & Evaluation: Of undergraduates interviewed, 87.5% had travelled internationally at least once, 65.3% had taken a course related to a global topic, 25.5% listened to global news a few times each week or more, and 27.8% engaged in on-campus activities and organizations relating to global topics. The four issues most frequently identified by undergraduates as the greatest global challenge facing their generation were conflict and political instability (24.5%), inequity (19.9%), food insecurity and hunger (18.5%), and climate change (16.7%). Far fewer undergraduates assigned significance to key global health issues, including lack of access to clean water and improved sanitation (4.6%) and infectious disease (3.7%). Students' identification of the greatest global challenge differed significantly according to whether or not they had traveled abroad. Those who had were more likely to identify food insecurity and hunger, infectious disease or conflict/political instability than students without international travel experience. Students who felt that their government had a responsibility to address global challenges in other countries were three times more likely to engage in related on-campus activities than students who did not feel their governments should shoulder such a responsibility. There was no significant correlation between students having taken classes at the college level on global issues and their engagement in related on-campus activities. Students who reported having taken a class outside the US were more likely to be engaged in global issue-related, on-campus activities than their peers whose academic experience was limited to the US.

Going Forward: Given the significant relationship between international travel experience and the nature and extent of student engagement on global issues, universities committed to educating global citizens should consider strategies to increase the international expos.

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Building locally relevant ethics curricula for nursing education in Botswana

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Program/Project Purpose: The goals of this multi-institutional collaboration were to 1) develop an innovative, locally relevant ethics curriculum for nursing students, faculty, and professionals in Botswana, and 2) build capacity in nurses in Botswana to utilize the International Code of Ethics in everyday practice. Nurses in Botswana face ethical challenges that are compounded by a lack of resources, pressures to handle tasks beyond training or professional levels, workplace stress, and professional isolation. International codes of ethics and guidance documents are of limited relevance in everyday practice because they are introduced in academic environments using case examples set in high-resourced, 'developed' countries. Faculty capacity to teach nursing ethics in the classroom and in professional practice settings has been limited, despite a growing emphasis in Botswana on promoting ethical conduct in the health environment.

Structure/Method/Design: A pilot curriculum, designed to promote problem-based learning through the use of cases set in local contexts, was tested with nursing faculty in Botswana in 2012. At the conclusion of the 40-hour training session, 33% of the faculty indicated they would be more comfortable teaching ethics. A substantial number of faculty indicated that they were more likely to introduce

the ICN Code of Ethics in teaching, practice, and mentoring as a result of the training.

Outcomes & Evaluation: Based on evaluation data, curricular materials were developed using the ICN Code of Ethics and the regulatory requirements for nursing practice in Botswana. A web-based repository of sample lectures, discussion cases, and evaluation rubrics was created to support the use of the materials. A new masters-level course, Nursing Ethics in Practice, has been proposed for fall 2015 at the University of Botswana. The modular nature of the materials and the availability of cases set within the context of clinical nurse practice in Botswana make them readily adaptable to various student academic levels and continuing professional development programs.

Going Forward: The ICN Code of Ethics for Nursing is a valuable teaching tool in developing countries when taught using locally relevant case materials and problem-based teaching methods. The approach used in the development of a locally relevant nursing ethics curriculum in Botswana can serve as a model for nursing education and continuing professional development programs in other sub-Saharan African countries to enhance use of the ICN Code of Ethics in nursing practice.

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Primum non nocere – ethical concerns from procedural risks in the global health setting

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Background: Two billion people in various regions of the world are estimated to have little or no access to surgical care. Traditional medical mission trips are one means to provide necessary care to these areas. But the inherent risks of surgical procedures are amplified in underserved regions due to lack of infrastructure to manage complications. To evaluate the impact of otherwise straightforward surgical complications on patient outcomes, we reviewed our experience with providing surgical service to a profoundly underserved region of sub-Saharan Africa.

Methods: Through KenyaRelief.org, 25 volunteers, including surgeons (2 ENT, 1 adult general surgeon, and one pediatric surgeon), residents, CRNAs, scrub technologists, circulating nurses, and a recovery room team, staffed a surgical clinic for three days in Migori, Kenya. Complications and effect on convalescence were recorded.

Findings: The surgical teams performed 67 procedures of varying complexity. The commonest procedures were thyroid lobectomy (n=19), skin and soft tissue excisions (n=16), and inguinal hernia repair (n=15). Other notable procedures included cleft lip repair (n=2), cleft palate repair (n=1), and thyroglossal duct cyst excision (n=1). The majority of patients suffered no complications (n=65); however, postoperative complications in one patient, and an ileus in another, underscored the need for medical mission teams to prepare for the worst. One four-year old orphan developed an ileus after giant ventral hernia repair. Although treatment of an ileus is typically supportive, the team struggled to communicate with and educate local nurses resulting in substandard care. An adult patient having a benign goiter causing tracheal deviation underwent subtotal thyroidectomy. She developed a neck hematoma in the recovery room ultimately requiring emergent tracheostomy. She was transferred to a local hospital and experienced a respiratory arrest due to mucous plugging of the tracheostomy. Although a surgeon on the team urgently removed the tracheostomy, it became clear the local hospital