

deployed to Rwanda have taught classes or given lectures related to the HRH program at Harvard-based institutions. Research, Training, Health Service Delivery: Knowledge generation and innovation has occurred in research, training, and health service delivery, including by working with PIH and Harvard-affiliated institutions to develop a Master in Global Health Delivery program.

**Going Forward:** Despite ongoing challenges, especially related to mentoring and supervision of faculty, the experiences of Harvard-affiliated institutions through the Rwanda HRH Program will continue to produce insights into how other U.S. academic institutions can develop streamlined processes to serve the health needs of low-income countries while strengthening their own mission.

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### **The OxPal Medlink: the use of synchronised distance-learning platforms to strengthen medical education and healthcare capacity in unstable environments**

A. Carlqvist<sup>1</sup>, C. Snudden<sup>1</sup>, R. Penfold<sup>1</sup>, F. Baig<sup>2</sup>, M. Iftikhar<sup>1</sup>, M. Ali<sup>3</sup>; <sup>1</sup>Medical Sciences Division, University of Oxford, Oxford, UK, <sup>2</sup>Nuffield Department of Clinical Neurosciences, University of Oxford, Oxford, UK, <sup>3</sup>Oxford University Hospitals, John Radcliffe Hospital, Oxford, UK

**Program/Project Purpose:** Unstable geopolitical environments and poor infrastructure present challenges to the development of a robust medical education culture. In the Palestinian territories, the unstable security situation, limited economic resources, and travel restrictions constrain access to clinical learning. Established in March 2012, the OxPal Medlink uses a web-based, distance-learning programme to identify and support educational needs of Palestinian medical students and postgraduate trainees, aiming to strengthen local long-term capacity for education and healthcare delivery.

**Structure/Method/Design:** Needs assessment was conducted during two field visits to the West Bank. Using an online virtual classroom, which incorporates interactive whiteboard and presentation facilities, participants attend regular tutorials delivered by clinicians based in Oxford. Tutorials focus on developing clinical reasoning skills, which students identified as being limited by their environment. Clinical cases provided by students and tutors form the centre for real-time discussion, enabling students to direct teaching to areas of perceived need. OxPal also delivers postgraduate tutorials in psychiatry, focusing on sub-specialities such as forensic and child psychiatry.

**Outcomes & Evaluation:** To date, OxPal has delivered 141 tutorials in internal medicine, general surgery, paediatrics and psychiatry, engaging 150 students at three Palestinian universities. The programme is continually evaluated via online feedback questionnaires, face-to-face focus groups and semi-structured interviews with participating students, tutors and clinical faculty. In recent feedback, students reported that OxPal had positively modified their current clinical practice, with 100% of students rating tutorials as “Good” or “Excellent”, and 92% stating tutorials are “Fairly” or “Very” relevant to their future practice. Following needs assessment in April 2014, OxPal initiated a postgraduate seminar programme in psychiatry. Thus far, 3 postgraduate psychiatry tutorials have been delivered to 8 residents at various stages of training at Bethlehem Mental Hospital. All trainees reported improved confidence in subject areas following tutorials with 100% expressing intentions to register for future tutorials.

**Going Forward:** Following discussion with students and faculty during field visits, OxPal is looking to expand the partnership to all four medical schools in the Palestinian territories and to introduce further specialist seminars and mentorship for postgraduate trainees

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### **Innovations in global health education: A global interprofessional collaboration**

F. Chavez<sup>1</sup>, T. Mckinnon<sup>2</sup>; <sup>1</sup>University of Toronto, Bloomberg Faculty of Nursing, Toronto, ON/CA, <sup>2</sup>San Jose State University, School of Nursing, Capitola, CA/US

**Program/Project Purpose:** Schools of nursing around the world are interested in integrating global health into their curriculum. Curricular innovations related to creating and implementing global health courses must address the needs of all partners: students; host community; and home institution/faculty in order to insure the development of programs that are ethical, sustainable and meaningful.

**Structure/Method/Design:** A group of international, interprofessional healthcare experts has convened to share lessons learned, evidence-based best practice and next steps for global program development in schools of nursing. International, Interprofessional Team (ITT) members, Global program director from Toronto, Pilot program director from a state university in California (first of its kind, credit-toward major clinical), Global partner representatives (MPH and nursing), Global program developer and international faculty member.

**Outcomes & Evaluation:** Service: stakeholder engagement activities; identifying nursing-focused service projects which meet community needs; assessing community capacity and addressing health concerns with sustainable interventions. Learning: meeting nursing's strict clinical course requirements in an international setting; the importance of preparation and follow-up meetings including the importance of debriefing; reflective journaling; stages of change - working with administration and faculty to understand and embrace international clinical experiences. Evidence-based practice Team members have been involved in research on the following subjects: driving forces, obstacles and opportunities for global program participation in US schools of nursing; community-based participatory research; interprofessional pedagogy in global health education; evaluation tools for global nursing courses. Existing literature on the subject of global experiences for students has been thoroughly reviewed and integrated into the team's approach. Team members will identify high-impact resources and will discuss how this evidence has been used in developing successful programs.

**Going Forward:** Nursing is at a critical juncture and has an opportunity to identify its role in global health education. The Team aims to educate nursing leaders on ways to integrate ethical and evidence/informed based practice as they develop and implement global programs. These principles guide schools of nursing as they develop effective community health partnerships while ensuring meaningful educational opportunities for students. Future steps include

developing a theoretical framework for global programs in schools of nursing, calling for quality standards, identifying metrics for measuring outcomes on all partners, increasing interprofessional opportunities and addressing nursing regulation issues pertaining to credit-toward major global coursework.

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### A framework for categorizing short-term medical experiences abroad by local partnership engagement model

W. Cherniak<sup>1</sup>, B. Dreifuss<sup>2</sup>, J. Evert<sup>3</sup>, M. Dacso<sup>4</sup>, H.C. Lin<sup>5</sup>, L. Loh<sup>6</sup>; <sup>1</sup>Bridge to Health Medical and Dental, Toronto, ON/CA, <sup>2</sup>University of Arizona College of Medicine - Tucson; Global Emergency Care Collaborative, Tucson, AZ/US, <sup>3</sup>University of California San Francisco, San Francisco, CA/US, <sup>4</sup>University of Texas Medical Branch, Galveston, TX/US, <sup>5</sup>University of Pennsylvania School of Medicine, Philadelphia, PA/US, <sup>6</sup>The 53rd Week Ltd., Vancouver, BC/CA

**Background:** Interest in short-term medical experiences (STME) abroad continues to increase. Countless organizations are developing stylistic approaches to entice volunteers, and public perception has explored the entire spectrum of reasons behind participation, ranging from education to service. Unprecedented levels of participation is increasingly raising questions around ethics and responsibility, with some discussions focusing particularly on local partner engagement. By presenting a framework around different models of local partner engagement, this work aims to allow STME conducting groups to evaluate their programs and strategies to better consider potential ethical ramifications.

**Methods:** We conducted a literature review and identified models of local partner engagement associated with the conduct of STME abroad. We also conducted expert panel discussions; members were leaders of organizations that conducted STMEs. From these we developed a framework categorizing various models of local partner engagement and STME. For each model, we produced a description, reviewed pros and cons, and identified an active example provided by one of our participant organizations. We then closed by reviewing common themes and concerns around each model and areas for further research.

**Findings:** Our framework was predicated on three factors: number of visiting STME groups (single/multiple), number of local partners (none/single/multiple), and frequency of STME (continuous/intermittent). Review and discussion suggested that single STME, working intermittently without a local partner, provided enormous flexibility to STME participants, but presented the greatest potential harm for the receiving community. Other models, such as multiple visiting teams continuously working with a single local partner, provided an opportunity for centralization of efforts, greater local input, and meaningful impact. More extensive involvement of local partners was seen to require more effort on the part of visiting STME but had the greatest potential benefit for meaningful impact in the receiving community.

**Interpretation:** The perception that all STMEs are created equal is unfounded. Even on this single point around local partner engagement there is a heterogeneity of methods and strategies by which this is undertaken. Each model has pros and cons, and all together present consistent underlying themes. One of those most consistent cross-cutting themes is that meaningful impact to host communities requires some form of local engagement and does not ethically support the deployment of single STME without local partner

engagement. Other models should be considered carefully and tailored to the health and resource context in which the STME is being conducted. Our framework allows organizations and local partners to select a model that targets benefits for both visiting STME and local receiving communities, while privileging the needs of the local populace.

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### Interprofessional host perspectives on global health competencies

W. Cherniak<sup>1</sup>, E. Latham<sup>2</sup>, B. Astle<sup>3</sup>, G. Anguyo<sup>4</sup>, K. Standish<sup>5</sup>, C. Myser<sup>6</sup>, Q. Eichbaum<sup>7</sup>, M. Silverman<sup>8</sup>, J. Evert<sup>9</sup>; <sup>1</sup>Bridge to Health Medical and Dental, Toronto, ON/CA, <sup>2</sup>University of California Berkeley, Berkeley, CA/US, <sup>3</sup>Trinity Western University, Langley, BC/CA, <sup>4</sup>Kigezi Healthcare Foundation, Kabale, UG, <sup>5</sup>Yale School of Medicine, New Haven, CT/US, <sup>6</sup>CFHI, Berkeley, CA/US, <sup>7</sup>Vanderbilt University SOM, Nashville, TN/US, <sup>8</sup>Western University, London, ON/CA, <sup>9</sup>University of California San Francisco, San Francisco, CA/US

**Background:** International medical electives [IMEs] for undergraduate and graduate level medical trainees present not only unique learning opportunities, but also potential risks for hosts, patients and trainees. There has been much work in developing competencies for home-based global health curriculum reflecting the perspectives of faculty, organizations, and institutions in the Global North. The competencies explicating related to IME's has only started to be elucidated. Building on global health competencies more generally, desired outcomes specifically for IMEs are necessary to provide home-based institutions, students, faculty, and host institutions with clear standardized guidelines, as well as a process for developing customizable curriculum in collaboration with host preceptors and institutions. This research aims to create a roadmap for competency-based IMEs with a specific focus on the viewpoint of host preceptors and institutions.

**Methods:** The literature was reviewed to determine previous efforts to categorize or develop competencies for IMEs as seen from a host perspective. Data was subsequently collected regarding current competencies/educational objectives for IMEs as seen from the perspective of high-income nations. A 33 question survey was created, including likert scales for existing competencies as outlined by CUGH's Interprofessional Global Health Competency Sub-committee and existing professional competency sets, as well as open-ended questions for host community members. The survey includes questions to elicit host community member (faculty, hospital/clinic/NGO staff, other hosts of trainees) perspectives on trainee preparedness, competency focus on IMEs, as well as host perspectives on post-engagement follow through. The survey will be distributed via online, snowball sampling methods in English, Spanish, and French.

**Findings:** Findings are pending distribution of the survey during the data collection period of November 2014-February 2015. It is anticipated that the findings will contribute significantly to the dialogue about Global Health Competencies, Host-perspectives on collaborations between the Global North and Global South. The March 2015 CUGH Annual Conference will be an opportunity to provide an exclusive release of this data and infuse the dialogue about inter-profession North-South Global Health education best-practices with data-driven input.

**Interpretation:** In order to effectively develop competency-based IMEs that are ethically sound and reflective of partner goals it will be essential to gain the insights of the host and partner communities in