

The median (IQR) journal impact factor was 3 (1.94-7), and publications were cited 8 (3-19) times, even though many were published so recently that there have been few citation opportunities to date. Alumni who were postdoctoral Fellows ($p < 0.001$), from LMICs ($p < 0.001$), and were supported in earlier Program years ($p=0.003$) had higher publication outputs, compared to doctoral Scholars, Americans, and later Program trainees. Other demographic factors (e.g., sex), duration of support (1 vs. 2 years), and research topics (e.g., infectious vs. non-communicable diseases) had little association with publication output except for trainees with research topics involving children, who had on average fewer publications ($p=0.003$).

Going Forward: The concentrated, mentored clinical research training in global health settings provided by the FICRS-F Program produced significant research productivity from its alumni. Program output grows each year, as alumni develop mature research careers and continue to publish. Publications of doctoral Scholars are likely to increase as they complete additional training and enter career positions. In 2012, FICRS-F was decentralized among 20 institutions in five consortia (Fogarty Global Health Program for Fellows and Scholars), emphasizing postdoctoral trainees from the US. Our results, particularly the finding that LMIC citizens had higher publication numbers than did US trainees, may inform the future evolution of the Program.

Funding: NIH Fogarty International Center and 15 other NIH institutes and centers.

Abstract #: 01ETC043

Providing pharmacy services in developing countries

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Program/Project Purpose: Current medical information is a crucial need of all hospitals, including those located in developing countries. Mayo Clinic has been delivering highly sought-after medical education including specific objectives and endpoint measurements to our colleagues at St Luke Hospital in Port Au Prince, Haiti since the earthquake four years ago. A full medical team isn't always available to travel down as often as needed to provide medical education therefore our pharmacists travel down independent of a medical team to provide nursing, pharmacist, and physician lectures centered on new guidelines, appropriate medication usage and administration, and review of journal articles. Mayo Clinic currently provides the only pharmacy-driven underserved global health initiative in the world.

Structure/Method/Design: A needs assessment of several Haitian medical facilities determined core lecture topics were of highest priority. Verification of educational and interpersonal skills desired was evaluated for each interested pharmacist. Preparation encompassed briefing each team on the objectives and goals of the mission along with editing and translating educational presentations. Specific core lecture topics were agreed upon with our Haitian health care colleagues at which point we began to present to Haitian pharmacists, physicians, and nurses on the health care topics of greatest priority.

Outcomes & Evaluation: In the past four years 10 pharmacists have traveled on 17 trips to educate in Haiti. A total of 81 lectures have been given thus far. Over 300 health care members have been influenced including: physicians, nurses, pharmacists, and ancillary hospital staff who have participated in the lectures. The lectures raised awareness on new therapies, guidelines, and medication usage; subsequently allowing them to better care for their patients.

Going Forward: Pharmacists have the means to provide highly effective core topic lectures to a broad range of health care staff. We

serve a unique role in providing education in developing countries by collaborating with a full medical team or as a separate entity; providing a vital part of the medical education necessary for growth and sustainability. Core topic lectures are still to be given but there have been barriers to providing the remaining 37 lectures such as: reliable technology to provide distance-based lectures and safety concerns for traveling to Port-Au-Prince, Haiti in the recent months. Future goals include expanding services to additional developing countries as well as engaging more pharmacists in participating in underserved global health.

Funding: None.

Abstract #: 01ETC044

The global health initiative and ACCESS Uganda partnership program: Developing health seminars for community health workers and evaluating nutritional knowledge and education practices in rural Uganda

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Program/Project Purpose: The Global Health Initiative (GHI) is a University of British Columbia (UBC) student-led group that seeks to enhance global health education and provide a multicultural perspective on health and healthcare to medical students. GHI began collaborating in 2010 with the African Community Center for Social Sustainability (ACCESS), a community-based organization dedicated to supporting the local community through medical care, community-based education, and economic empowerment. Each year, UBC sends a team to Nakaseke, Uganda with the aim of creating an opportunity for students and individuals working in the community to exchange knowledge, skills, and cultural values.

Structure/Method/Design: The UBC GHI team, in collaboration with ACCESS, developed a series of health seminars. The project's main goal is building and delivering a curriculum that is relevant, culturally sensitive, and sustainable. As part of the GHI ACCESS project, UBC students train Community Health Workers (CHWs) to teach seminars in the local community. GHI ACCESS elected to work directly with CHWs as these individuals often act as the primary resource for healthcare in rural communities. In light of the large number of malnourished children in the Nakaseke District, ACCESS members identified a need to investigate the issue. In 2013, UBC GHI explored early childhood nutritional practices by conducting focus groups and piloting a nutritional seminar for the CHWs to teach in the community. Our team returned in 2014 to conduct further training, evaluate the CHW's progress, assess their current teaching practices, and determine how these could be adapted for a sustainable education program.

Outcomes & Evaluation: In 2014, each CHW participated in a survey and focus group to assess nutritional knowledge, quantify the CHWs ability to disseminate the knowledge, and discuss successes and barriers to teaching childhood nutrition in the community. 82% of the 22 participants who attended the seminar in 2013 shared this knowledge in the Nakaseke community. CHWs estimate that the knowledge has reached hundreds of community members. Furthermore, 100% of the CHWs believe sharing information through seminars was effective and that people attending nutritional seminars are changing their nutritional practices.

Going Forward: The CHWs identified a number of barriers to teaching nutrition including the cost of food needed for demonstration

materials. Despite efforts to fund the cost of teaching the seminars, the project has been unsuccessful in meeting its goal of self-sustainability. Next year's team will explore ways for the seminar to be maintained and updated within the community. We are currently investigating opening a computer and Internet station in the village as a source of income to sustain the project year round. In the future, GHI in partnership with ACCESS, intends to develop a sustainable seminar program that will improve the health outcomes for people in this community.

Funding: Private donors & Fundraisers.

Abstract #: 01ETC045

Women's considerations in disaster risk reduction trainings

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Program/Project Purpose: Since 2011, UIC and Haitian community leaders have conducted disaster risk reduction (DRR) trainings to identify and address community-level vulnerabilities and risks with the aim to build community resilience. Understanding the impact of disasters with respect to gender helps to identify factors that increase vulnerability (Enarson 1998). Historically and culturally rooted unequal power relations create challenging social conditions for women, placing them at increased vulnerability especially in disasters (Jahangiri et al., 2014). In February 2014, UIC and Haitian community leaders collaborated to conduct focus groups to better understand the roles and realities women face in the community areas where these trainings are conducted. A gendered perspective that is incorporated into trainings allows for consideration of needs specific to women. Focusing on issues impacting women is an important means to bridge gender equity and to better tailor existing DRR trainings to effectively minimize vulnerability and develop strategies for resilience.

Structure/Method/Design: This project aims to understand women's health challenges and specific vulnerabilities they face and to develop strategies to best engage them to minimize the effects of disasters. A focus group was conducted with women who live in Bel-Air, Port-au-Prince and are at least 18-years old. Grounded theory was used to analyze a direct transcription of the session. Specific objectives of the session were to identify perceived gaps in the health information needs of women and to determine the key content areas in order to create a women's health module that is relevant and sensitive.

Outcomes & Evaluation: Qualitative data analysis identified three emerging themes that can be integrated into trainings. Each of these thematic categories: 'Community Concerns', 'Women's Health', and 'The Female Role and Identity' represent characteristics that contribute to the vulnerability of women in Bel-Air. The categories can serve as primary content areas to address in a proposed women's health module within the DRR training program. Additionally, several positive attributes emerged which were indicative of optimistic attitudes expressed by women. These strengths are important assets, which can be leveraged to help foster overall development of community resilience.

Going Forward: This analysis provides a foundation for women's health education within DRR trainings. The findings reflect the thoughts, needs, and concerns of women in the Bel-Air community. It is imperative to incorporate women's perspectives of access to resources, legal protection, reproductive needs, and decision-making and power in creating a women's health module. Study limitations include small sample size, a narrow and younger age range of participants that make it challenging to generalize findings to the entire female population. Future study should include evaluation of the

implementation of the proposed module to ensure relevance, ultimately minimizing vulnerability for women in an everyday and potential disaster context.

Funding: No funding was provided for this project.

Abstract #: 01ETC046

Equipping and engaging for global health: Evaluation of a multi-disciplinary course for residents and fellows

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Program/Project Purpose: Global health (GH) training is increasing as its important role in improving clinical skills and cultural sensitivity of trainees is increasingly acknowledged. However, many GH courses are strictly didactic and lack exposure to non-medical aspects of GH. Opportunities to demonstrate the interdisciplinary nature of global health work are often missed. We developed and implemented a two-week intensive GH course for residents and fellows at Stanford University School of Medicine in August 2012 and September 2013. The course incorporated non-medical disciplines including economics, engineering, and public health policy and emphasized interdisciplinary problem-solving to provide a comprehensive understanding of GH.

Structure/Method/Design: Our 10-day course applied multiple modes of instruction, including didactic lectures, case-based learning, hands-on laboratory sessions, and small-group projects. Trainees were selected from across adult and pediatric sub-specialties based on the quality of their applications. 24 trainees enrolled in the 2012 course and 22 trainees enrolled in the 2013 course. Of the 35 trainees completing pre- and post-test surveys, 16 (46%) were in internal medicine and 12 (34%) in pediatric. The remaining 6 (17%) trainees were drawn from Infectious Disease, Urology, Anesthesia, Neurology, and Pathology. Length of prior experience working outside the United States ranged from 0 to 60 months. We measured the effects of the course on learners' knowledge, self-assessed confidence in GH skills, and decision-making using a pre- and post-course survey. Student's t-tests and Mann-Whitney u-tests were conducted on the pre-/post data. The Wilcoxon Signed-Rank test was used to assess differences in self-assessed confidence. We collected data on the usefulness and quality of the content and delivery of each session through anonymous online surveys.

Outcomes & Evaluation: The course was successful in improving both knowledge and skills related to GH practice for both cohorts of trainees, as demonstrated in the gains in test scores. Mean scores (n=35) on the pretest was 58% (SD 2.3) and 73% (SD 2.1) on the post-test, (p-value < 0.000). This improvement in knowledge was both statistically significant and relatively large (Cohen's d=-1.08544 and effect size r =0.47700). We actively applied evaluation data to improve the usefulness of the course to trainees. The 2013 course incorporated more lab and small group case discussions and 80% (39/50) of sessions were rated of either very good or excellent quality on a five-point scale (poor, fair, good, very good, excellent), up from 64% (25/39) of sessions in 2012.

Going Forward: This intensive course is one part of a larger competency-based GH curriculum that also includes mentorship, international electives, and scholarly research. Further study is needed to measure longer-term effects of the course on trainees' work and decision-making.

Funding: The course is supported by the Stanford University School of Medicine.

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