

Nicaragua. Faculty and students travel together to elder homes in Nicaragua to perform needs-based assessments, provide care to elderly residents, offer education to caregivers, and engage with stakeholders to enhance sustainability for the residents. This program exists to give students the opportunity to practice in an interprofessional community setting and learn about global health and citizenship.

Structure/Method/Design: Students must complete an application and be selected to participate. In country the program incorporates sustainability through community based rehabilitation. Participants collaborate with local government, universities, and charitable organizations to increase awareness of the needs of older adults resulting in more involvement from the local community. When students return they help recruit students for the following year by sharing their experiences. In 2013 core faculty championed a change from the previously 'no credit' service learning opportunity to the current 4-credit course. The desired outcomes of this program are to create graduates who are leaders in their professions in the areas of care for the elderly and underserved, global citizenship, and interprofessional practice.

Outcomes & Evaluation: Since 2007, the program has grown from three professions to now include all eight programs in the College of Health Professions. Results of the RIPLS, Health Professions Schools in Service to the Nation Service Learning Student Survey, and course evaluations, indicate an improved understanding of their own and others' roles in preparation for community interprofessional practice, enhanced leadership skills, and increased comfort working with people of difference. Five students have returned to Nicaragua as adjunct faculty, mentoring and training the next class of students. The faculty and students have served 5 homes and 650 older adults in 1650 hours of service, provided 243 hours of education and training covering 211 participants, conducted 18 community meetings, raised \$19,000 in grant funding, and donated over 7600 pounds of supplies.

Going Forward: Ongoing challenges and opportunities for the program include capacity building due to the lack of training and knowledge regarding needs of older adults, local government support, meeting educational needs of local university students to encourage their engagement, and inspiring our students to understand the critical roles they have in education and capacity building.

Funding: Each student pays their travel expenses and a faculty supervision fee. Scholarships, financial aid, and fundraising opportunities are available.

Abstract #: 01ETC102

Evaluating key skills for global health delivery: A scenario-based interview tool

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Program/Project Purpose: Despite a growing number of professionals from high income countries working in low and middle income countries (LMIC), there is no consensus on the full set of needed competencies for training in global health delivery (GHD). These skills go beyond traditional training to include arenas such as communication and cultural competency, which are critical to navigating the social, managerial, and political challenges confronting this work. We report on a formative evaluation designed to assess potential needs in professionals training to work in LMICs compared with their fellow trainees and inform future curriculum development in GHD.

Structure/Method/Design: A 15-question scenario-based interview tool was developed using themes from key informant interviews with global health experts. The Delphi Method was employed in an iterative and anonymous process to create the final version. Each question was interviewer-scored as "excellent" (5-6 points), "good" (3-4), or "limited" (1-2) using predefined criteria for each score (total possible score=90). Residents from the Brigham & Women's Hospital Internal Medicine Residency who agreed to participate underwent the interview. Scores were compared for residents in the Global Health Equity (GHE) program with those in general residency (non-GHE), matched by post-graduate year (PGY) and gender. The same individual conducted all interviews. Mean scores are reported and compared using t-tests.

Outcomes & Evaluation: The final tool included 6 thematic areas, based around Accreditation Council for Graduate Medical Education (ACGME) competencies: Motivations & Experience, Patient Care, Mentoring & Training Program Management, Systems-Based Practice, Interpersonal & Cross-Cultural Communication, and Professionalism & Self-care. Thirty-four residents (53% PGY1-2, 47% PGY3-4) were interviewed (50% GHE). GHE residents had a higher mean score than non-GHE (79.2 (SD ± 8.1) versus 58.6 (SD±10.6), p < .001). Adjusting for age, gender, and PGY, GHE remained a significant predictor for higher scores (p < .001). While PGY did not predict scores overall, more experienced GHE residents (PGY3 or 4) had higher mean scores than PGY1-PGY2 GHE residents (83.6 ± SD 4.6 vs 75.2 ± SD 8.7, p=0.03). Qualitative feedback on the interview tool revealed that GHE residents found the scenarios realistic, relevant, and demonstrative of their skills, with most interviews lasting 25-45 minutes.

Going Forward: This tool measuring important technical and non-technical domains relevant to GHD work performed well, with scores reflecting different levels of focus and training in GHD. More work to measure reliability and generalizability in other settings is planned. Given the need to design curricula to build competencies that are not amenable to traditional assessments, we propose this tool may be a valuable addition to other measurements to identify needs for additional skills development and ascertain whether programs are successful in bridging those gaps.

Funding: Provided for interviews by Centers of Expertise, Partners Healthcare Graduate Medical Education Office. No funding was provided for tool development.

Abstract #: 01ETC103

Global health bootcamp: An innovative interprofessional course for clinicians dedicated to equitable global health care delivery

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Program/Project Purpose: Context: The UCSF Global Health Bootcamp (www.globalhealthbootcamp.org), a four-day intensive course developed by an interprofessional team, included concepts of global health systems; specifically infrastructure, value measurement, leadership, ethics, and improvement models. Hands-on pedagogical activities included case studies, ethics simulations, mentoring sessions and ultrasound training. Period: Planning began in July 2013, activity implemented October 2014. Why: Designed to complement clinicians' will to serve with the skills and expertise needed to serve effectively. Aim: To provide team-based training to nurses,

pharmacists, physicians, and other health professionals committed to careers that include global health.

Structure/Method/Design: Program Goals: 1) provide training in global health systems, with a focus on health care delivery in resource-constrained settings; 2) establish an interprofessional cohort for global health action; 3) facilitate longitudinal mentorship for attendees Participants: The goal was to recruit clinicians with exposure to but not extensive service in global health, who were committed to dedicating part of their career to this pursuit. Although most participants were US-based, scholarships for participants from international resource-constrained settings were provided to strengthen the diversity of perspective in the cohort. Capacity Building: The curriculum was based upon the findings of a needs assessment and was further developed through frequent consultations with a team of interdisciplinary experts. We will continue to seed these skills annually, fostering connectedness across a wider group.

Outcomes & Evaluation: All 35 participants successfully completed the course. Initial feedback was overwhelmingly positive (average 4.8/5.0 for overall quality and 4.7/5.0 for relevance to practice). All respondents indicated an intention to change their practice as a result of the Bootcamp, with 88% planning to better integrate social determinants of health into their understanding of global health delivery. We plan a one year post-survey to evaluate the impact on community building and project development. A participant: "I have a much stronger concept of some of the ethical and systems related to global health that I am already using as the chair of a committee in my college on global engagement for students and faculty. I thought I already understood a lot of that, but the Bootcamp gave me a better grounding, both practically and theoretically. Really useful course."

Going Forward: Challenges: (1) connecting all sessions thematically, (2) increasing the interactivity across all sessions, (3) supporting participation from resource-constrained settings. Unmet goals: No, though we hope to increase community health worker participation as teachers. Future change: We may need to consider some tele-education options to increase participation of our international colleagues.

Funding: Faculty support for curriculum development, filming costs, as well as scholarships for international participants were supported philanthropically by an anonymous donor. We will use the revenue from CME fees collected to sustain the Global Health Bootcamp.

Abstract #: 01ETC104

Strengthening the monitoring and evaluation of a large-scale multi-sectoral nutrition program in Nepal

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Program/Project Purpose: The nutritional status of children in Nepal has improved over the past 15 years. Nonetheless, many remain trapped in a cycle of poverty and hunger. In response, the Government of Nepal has committed to scaling up a set of evidence-based "nutrition specific" and "nutrition sensitive" interventions to improve maternal and child nutrition, as articulated in its Multi-Sectoral Nutrition Plan (MSNP). The MSNP is designed to address the determinants of undernutrition, and was developed by Nepal's National Planning Commission (NPC) in collaboration with six government Ministries and partners including the UN, the World Bank, and bilateral agencies. Recognizing the unique challenges posed by a multi-sectoral endeavor, the NPC engaged in a process to

strengthen and build capacity for the MSNP M&E system under the auspices of a multi-stakeholder technical working group. The purpose of this presentation is to describe the M&E strengthening process and to highlight aspects of a multi-sectoral M&E system that are relevant to similar efforts worldwide.

Structure/Method/Design: The goal of the M&E strengthening process was to develop a system capable of tracking progress towards MSNP objectives, identifying bottlenecks, and capturing the added value of multi-sectoral collaboration. Key outputs included the preparation of six sectoral M&E frameworks with indicators to measure process and impact, a consolidated M&E framework providing an overview of the program, operational guidelines for each, protocols for baseline/endline surveys and sentinel surveillance, and a set of capacity-building tools. The NPC's National Nutrition and Food Security Secretariat (NNFSS) led the strengthening process in consultation with UNICEF, the University of Washington (UW), and other partners, starting in January 2014. To facilitate this work, a model of mutual capacity-building was adopted, with a Masters-level student from the UW linked to UNICEF and NNFSS junior professional counterparts, and support from UW faculty. M&E and Planning Officers from all relevant sectors collaborated throughout. Wherever possible this work built on existing materials and institutions to ensure sustainability.

Outcomes & Evaluation: All six ministries and the NPC endorsed the products of the strengthening process. Sector M&E frameworks are now grounded in process-oriented theories of change, based on activity plans for which resources have been allocated, and include core indicators utilizing available data. These frameworks monitor progress, identify bottlenecks, and measure the added value of multi-sectoral collaboration. Because government owned the process and collaborated at all levels, there is significant buy-in to the system.

Going Forward: MSNP M&E will be initiated alongside program implementation. The system will rely largely on district staff responsible for ensuring the quality and timeliness of data. It will be essential to provide training and ongoing supervision of relevant staff, to motivate them to participate in the process, and to provide an adequate forum for multi-sectoral collaboration at the district level.

Funding: No funding listed.

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Participatory blended maternal and child health (MCH) seminar programs to strengthen the competency among nursing professionals in the developing country

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Background: 70% of Maternal and Child Mortality causes in the developing countries could be prevented if mothers and babies could access the quality MCH care. Accurate knowledge and clinical competency amongst health professionals are keys to reduce preventive tragedies. However training opportunities are very little in these countries, especially in remote area due to lack of resources, the poor infrastructures. Developing low cost and accessible continuing education system is crucial to tackle with the current challenges, and continuity of the sustainable development. We have developed participatory blended program over the last 5 years. Numerous changes from both teaching institutions and clinical practices at forefront had been reported.