

community), completing both clinical and research components. The REW consisted of one session/month for three months. Each session lasted 3 hours and was facilitated by graduates of the GHS concentration.

Outcomes & Evaluation: The REW highlighted many challenges that students experienced in their return home. The sessions offered an opportunity for students to share positive aspects of their experience as well as many challenges experienced while on placement and since their return, in a respectful, non-judgmental environment. Prominent themes include: Disillusionment with humanitarian work Difficult transition when returning to structured life of school in Canada Challenge of being the “GHS” students, difficulty re-integrating in peer groups within classroom setting The ever-present concern about entering the workforce after graduation Social media, and the impacts (both positive and negative) of maintaining contact with friends and colleagues from GHS placement Lobster analogy to help conceptualize feelings of vulnerability when returning to Canada (Growing a new shell ie. Integrating their new experience, they remain vulnerable until the new shell hardens) Pressure of wearing the “University hat”, representing not only the university, but also Canada Importance of re-integrating coping mechanisms when returning from placement, ex. extra-curricular activities, physical activity, entertainment Risk of PTSD, signs and symptoms, and where to seek assistance Through the experience of facilitating these re-entry workshops several strategies were noted as supporting students: meeting together as a group functioned as a support network normalizing and sharing personal experiences alleviated some of the emotional challenges

Going Forward: Providing re-entry support to students in healthcare disciplines upon their return from global health settings is crucial in encouraging a smoother re-integration and is useful in detecting mental health issues that require intervention/support.

Funding: No.

Abstract #: 02ETC078

International graduate training program in one health at the university of Saskatchewan, Saskatoon, Canada: A two year assessment

B. Singh, V. Gerds, J. Gordon, V. Misra, C. Waldner, T. Epp, M. Barrett, H. Townsend, B. Reeder; *University of Saskatchewan, Saskatoon, SA/CA*

Program/Project Purpose: In 2012, with a NSERC CREATE grant, the University of Saskatchewan established a new Training Program in Infectious Disease, Food Safety and Public Policy. The one year program provides supplementary training to selected MSc and PhD students registered in thesis-based graduate programs in the natural, health and social sciences. The program aims to enhance student skills in collaborative, interdisciplinary problem-solving for professional practice in Team Science in the field of One Health.

Structure/Method/Design: Students participate in a 3 CU Problem-based Learning (PBL) One Health course, a 3 CU Seminar Series, a week-long Summer School, and a 3 month externship. We present two years’ experience in the implementation and evaluation of the program, in particular with the PBL course and Seminar Series. From January-June, 2013 and 2014, a total of 31 graduate students from 8 disciplines, 4 universities in 3 countries (Canada, Germany, India) participated in the two courses by video-conference. Students were divided into groups of 6-8 facilitated by a faculty member. Several case studies were examined over the two years: Nipah and

West Nile Virus outbreaks, water contamination in an aboriginal community, an international incident of food poisoning, and two student-developed cases. In the Seminar Series, pairs of students collaborated on the presentation and discussion of a key dilemma or breakthrough in the field of One Health. At the end of each course, all students completed an anonymous on-line questionnaire and participated in focus group discussions with a non-faculty facilitator.

Outcomes & Evaluation: The recommendations for the PBL course the first year were to provide: 1.) Training to assist students in group processes (communication, conflict resolution), 2.) Frameworks for the analysis of case studies. Changes to the curriculum in Year 2: 1.) The Policy Sciences Framework (Lasswell 1970) was introduced and applied to an illustrative initial case study, 2.) Four interactive seminars were added to the course on the topics of collaboration, communication and policy development. Student evaluation following the Year 2 emphasized: 1.) The need for experience applying a range of frameworks to the solution of complex problems, together with explicit learning outcomes for each case, 2.) Further training to optimize group dynamics, and 3.) A need to accurately reflect individual contribution to group assignments.

Going Forward: Ongoing challenges include: promoting effective small group dynamics across distance, time zones, and cultures; employing case studies that accurately reflect complex reality but still provide students with a sense of closure and achievement in addressing

Funding: No funding listed.

Abstract #: 02ETC079

Contraception choices of refugee women in Philadelphia: A retrospective and observational study examining barriers, beliefs, and practices

K.S. Soin¹, K. Beldowski², K. Garcia³; ¹Johns Hopkins Bloomberg School of Public Health, Baltimore, MD/US, ²Thomas Jefferson University Hospital, Philadelphia, PA/US, ³Thomas Jefferson University Hospital, Philadelphia, PA/US

Background: Few studies look at family planning choices of refugee women recently resettled in the United States. At Jefferson Family Medical Associates (JFMA) in Philadelphia, we provide healthcare to many Bhutanese, Burmese, and Iraqi (NMI) refugee women. Our study was designed to identify their contraception choices and to elucidate knowledge base, cultural preferences, and socioeconomic factors influencing their family planning choices.

Methods: A two-part mixed methods study was conducted after IRB approval by Thomas Jefferson University. 1) Retrospective chart abstraction: Data on contraception methods and counseling for 324 NMI women ages 18-60 seen at JFMA between July 1, 2007 –December 31, 2012 was abstracted from the EMR. The primary outcome was prevalence of contraception use. The secondary outcome was documented discussion of contraception counseling. 2) Qualitative Focus groups: Audio - recorded interviews with a translator were conducted with 32 women over the age of 18. The women were recruited from JFMA and the community. Verbal consent was obtained via the translator. The primary objective was to elucidate the factors influencing contraception choices.

Findings: Descriptive statistics, Chi-Squared analysis and Kaplan-Meier analysis were performed to analyze the data. Total prevalence of contraception was 44% and Iraqi women were less likely to use contraception ($p < 0.001$); Physician documentation of contraception counseling was absent in 30% of the charts ($p=0.02$). Interviews were coded and themes were outlined and discussed. Major themes in