

PCVs typically engage with and represent the communities served. Moreover, PCVs represent only one type of stakeholder involved in this partnership. As illustrated in this single application of the model, PCVs assessments indicate that this partnership model may be useful in facilitating other community-academic partnerships aiming to improve access to quality primary health care services that are locally prioritized.

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### CSIH MentorNet: exploring application of module-based curriculum for mentoring students and young professionals in global health

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**Program Purpose:** In 2011, the Canadian Society of International Health (CSIH) created MentorNet, a national global health mentorship program, to address the need for connecting students and young professionals (SYPs) with experts in fields relevant to global health. Four mentorship cohorts have completed the program to date (2011-12, 2012-13, 2013-14, 2015), with a fifth cohort beginning in January 2016.

**Methods:** MentorNet is run by a volunteer Steering Committee of seven young global health students and professionals from across Canada. The Committee members manage all aspects of the program, including recruitment, selection and matching of SYPs with mentors. SYP admission is competitive and successful applicants are matched with a mentor based on their interests. Committee members also liaise SYP-mentor relationships, providing tailored monthly modules that prompt pairs to critically engage in discussions on global health issues, reflect on career goals and expand their professional networks.

**Outcome and Evaluation:** There were a total of 185 SYP (vs. 140 in 2011, 70 in 2012 and 156 in 2013) and 40 mentor (vs. 30 in 2011, 22 in 2012 and 40 in 2013) applications in Year 4 (2014). Program capacity adapted in 2014 to match increased applicant demand. Applicants were divided into two cohorts – 29 pairs were matched for ten months (cohort 1) and another 8 pairs were matched for 8 months (cohort 2). Participants were primarily concentrated in Ontario, Canada. Mid and post program evaluation results indicate that participants were highly satisfied with the program, with the majority of SYPs reporting improved understanding of global health issues, expanded professional networks and increased interest in pursuing a career in global health.

**Going Forward:** After three years, MentorNet has proven to be a valuable initiative for supporting Canadian SYPs to become leaders in global health. Moving forward, MentorNet aims to continue expanding the capacity for more mentorship pairs and to better match SYPs and mentors within the same geographic area. Additionally, our vision includes recruiting former SYPs as mentors in a “pay-it-forward mentorship” approach to generating a more sustainable program.

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### Educating an interprofessional workforce: evaluation of a competency-based MS in global health

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**Background:** Students enrolling in graduate-level degree programs represent the diverse interprofessional and international workforce who often commit to careers in global health.

A recent study of global health employment opportunities in the US noted that 70% require a post-graduate degree – supporting the need for standardization and accreditation.

A recently published list of interprofessional global health competencies in *Annals of Global Health* served as the basis for evaluating Northwestern University's online Master of Science in Global Health (MSGH). This evaluation analyzed gaps and the distribution of domains covered. We also validated and aimed to further delineate advanced level degree competencies.

**Methods:** The competencies can be differentiated for students with diverse educational and professional goals in global health. The highest level with defined competencies is Level III: Basic Operational Level, so this was used for mapping Level IV (Advanced).

Two global health faculty independently mapped course goals to competency domains. A third independent reviewer made a final determination using the same criteria in cases of disagreement. MSGH faculty validated the final map.

Descriptive statistics were used to determine if the curriculum met each competency and analyze the distribution of courses. All 82 competencies were reviewed and compared with those in MSGH.

**Findings:** All 11 domains were equally represented across the program. 9 of 11 domains were covered at 7.1–8.9%. Program Management was lowest at 5.4%. Professional practice, health equity and strategic analysis ranked highest at 10.7–12.5%. Comparisons revealed gaps in addressing healthcare worker issues. Unique MSGH competencies included grant writing skills and global health governance & policy.

**Interpretation:** Northwestern's MSGH program fulfills all of the proposed Level III competencies and provides a practical, balanced generalist program.

Limitations include these assumptions:

- Learning objectives are taught and appropriately assessed.
- Equal time is spent on each goal.
- Application of Level III recommendations for a Level IV program is appropriate.

The MSGH syllabus is being rewritten using the new recommendations. Competency assessments and student careers will need to be reviewed. Curricular material is in development to address remaining gaps.

We suggest similar programs consider core curricula in grant writing and global public policy.

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**Better preparing emergency medicine physician trainees for global and rural practice settings: a longitudinal component of university of Arizona's south campus emergency medicine graduate medical education curriculum**

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**Program/Project Purpose:** University of Arizona's South Campus Emergency Medicine (EM) residency program created a unique Global, Border, and Rural Health (GBRH) curricular component to increase recruitment/training of Emergency Physicians to staff rural resource-limited settings in Arizona and internationally. This program addresses national efforts to better educate clinicians in population-based health, intercultural care, and ultimately reduce health disparities locally and globally. With 30% of Arizona being primarily Spanish speaking in 2010 and projected to reach 50% by 2030, this program also aims to increase quality of care in the Spanish speaking population through reducing language barriers by integrating Spanish language training.

**Structure/Method/Design:** This ACGME residency training institution has a specific GRBH focus across clinical specialties and trains 400 medical students and 450 post-graduate resident physicians annually. The 6 EM residents/year enrolled in the 3yr program apply according to the ACGME "match" process. The GRBH curricular components embedded in the EM residency program include: a required rural clinical rotation, longitudinal GRBH lecture series with medical Spanish/cultural competency training, and an opportunity to become a dual-role Spanish interpreter. A "Distinction Track" is available and aligns academic requirements with clinical rotations to complete an educational or quality improvement project in capacity development with rural/international collaborators. Formative program assessments include ACGME milestones attainment, faculty evaluations, rural/global site evaluations, self-evaluation and individual biannual medical Spanish language assessments. The GRBH curricula component is revised based on programmatic feedback and evolving guidelines.

**Outcome & Evaluation:** Since 2010, twenty-two resident physicians completed the program, with several taking clinical jobs in rural hospitals. Eight EM residents qualified as dual role Spanish interpreters. Currently, there are 4 rural Arizona sites (including hospitals on Native American reservations) and international rotations in Guatemala, Costa Rica, Mexico, Nepal, Kenya, and Uganda.

**Going Forward:** This unique GRBH curriculum component has had significant impact in recruitment and desire to practice in rural EDs. Challenges include obtaining sustainable funding for resident rotation/presentation expenses and protected faculty time

for program refinement and collaboration development. Future goals include increasing dual-role Spanish interpreters, creating evaluation metrics for global health competencies, and developing collaborative proposals for fundable stakeholder-driven education, quality improvement, and research projects in Arizona and internationally.

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**Collaborative development of an international training program in surgery, pathology, anatomy and medical education: exploration of the value in exchange experiences between Haitian, Rwandan and Canadian medical students**

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**Background:** As healthcare delivery requires providers to cross international barriers and collaborate with other countries, there is a recent trend towards international training approaches of future health practitioners. We organized an international training program at McGill University from June 29- July 17<sup>th</sup> 2015. The aim of the project was to explore the value of an international exchange program for medical students in surgery, pathology, anatomy, and medical education.

**Structure:** The three-week long international training program involved students from Rwanda(N=3), Haiti (N=2), and Canada(N=2). The students spanned from first year to sixth year of their medical training. The program consisted of five key components; Anatomy Dissection, Research Methods with students participating in small group-learning sessions that introduced the research method, Clinical Simulation activities to practice suturing, orthopaedic casting, and foley catheter insertion. Clinical Shadowing of pathologists and trauma surgeons, and Structured Teaching Sessions to ensure the effective transfer of knowledge back to their communities. To evaluate the international exchange program a survey was administered to students using a mixed methods approach (qualitative and quantitative).

**Outcome/Evaluation:** Common motivations for pursuing the international exchange included personal and professional growth, travel, and establishing relationships. The outcomes of the exchange included improved career development, a sense of responsibility towards one's own community, development of teaching skills, and an increased cultural awareness and sensitivity. All students participating in the exchange agreed that the anatomy dissection component improved their knowledge of anatomy and made them more comfortable teaching the material. Furthermore, all the students agreed that the clinical simulation activities and clinical shadowing experiences allowed for them to integrate the different disciplines. All students felt the research component had too little time devoted to it within the program, and that the knowledge presented was beyond their educational level.

**Going Forward:** The development of an integrated program in surgery, anatomy, pathology and medical education provided medical students with an opportunity to learn about differences