

with these diagnoses. Anecdotally, staff members relied on their supervisors for ongoing education and professional advice but want to learn from outside organizations to confirm best practices.

Interpretation: District hospitals should recruit and train community members to join the hospital staff, create positions for locally trained providers, and provide opportunities for continuing education to increase self-confidence. Hospitals will retain staff members who live in proximity to the site and feel confident in their work. This baseline needs assessment will guide the strategic plan for staff development and the design of future workshops.

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Building a curriculum for global health nurse competencies

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Program/Project Purpose: Nursing care is the backbone of health care delivery globally. As interest in the field of global health increases, curriculum and opportunities that prepare nurses to work in low resource settings are necessary. However, there is minimal consensus on what competencies are key for effective global health nursing leadership. A collaborative evaluation of educational approaches is necessary to prepare nurses for complex global health work. The UCSF Global Health Nursing Fellowship (GHNF), established in 2014, is a model for evaluating curriculum that delivers core global health nursing leadership competencies.

Structure/Method/Design: The UCSF GHNF was designed in partnership with the non-profit Partners In Health (PIH). The program aims to (1) provide experience in global health for nursing fellows, and (2) to support educational opportunities for Haitian nurses in hospital settings. To achieve these goals, an experiential curriculum was implemented based on global health competencies defined by UCSF interprofessional faculty. Educational exercises include 1) Pre-departure self-assessments and objective setting; 2) Interactive interprofessional field orientation; 3) Prompted self-reflections; 4) Literature reviews and discussions; and 5) independent projects mentored by Haitian and UCSF faculty.

Outcome & Evaluation: Results of the first year's evaluation indicated that fellows need structured mentorship in core competencies. Preliminary results from year two indicate that 1) interactive field orientation set realistic expectations and goals for the year; 2) ongoing self-reflection exercises are important for managing competing priorities in a hectic resource constrained environment; and 3) literature reviews provide insight into concepts common encountered in the field.

Going Forward: Given that advance practice nurse graduates enter global health fellowships with varying perceptions of how their work should impact host communities, agreement upon fellowship competencies is necessary. The challenge of global health nursing training is to guide the learners through their experience with a balanced consideration of best-practices and self-reflection; as well as interprofessional team focus and independent initiative. In summary, time in the field alone is not adequate to prepare advanced practice nurses to work in global health.

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Near-peer teaching between Haitian and American medical students: a longitudinal evaluation of an emergency response curriculum

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Program: Using the principles of near-peer teaching, US students from the Icahn School of Medicine, accompanied by Emergency Medicine residents from Mount Sinai Hospital, taught Haitian medical students at Université Quisqueya (UniQ) Basic Life Support (BLS) skills and practical emergency management of common injuries.

Methods: The 3-day long program consists of interactive lectures and hands-on skills workshops. The sessions include BLS certification, and emergency response to wounds, musculoskeletal injuries, trauma, and other clinically applicable skills. Each year from 2013-2015, we administered a fund of knowledge (FOK) assessment and a self-efficacy (SE) survey to Haitian medical students before and after the program. These results were compared using paired t-tests. In 2015, students trained in 2014 were also invited to retake the FOK to evaluate their retention of the material.

Results: FOK values were 35.2% ±12.9% pre-test, and 57% ±15.6% post-test ($p < 0.005$, $n = 53$) in 2013; 39.7% ±14.6% pre-test and 78.8% ±10.1% post-test ($p < 0.001$, $n = 19$) in 2014; and 45.3% ±2.3 pre-test and 79% ±8.2% post-test ($p < 0.001$, $n = 40$) in 2015. 2015 retest of 2014 students showed values of 68.8% ±2.8% ($n = 18$). SE results showed an increase of 2.75 ±0.93 ($p < 0.0001$, $n = 25$) in 2013, 2.8 ±1.06 ($p < 0.001$, $n = 19$) in 2014, and 3.11 ±0.53 ($p < 0.0001$, $n = 41$) in 2015 on a 5-point Likert scale.

Conclusion: Each year, students demonstrated a statistically significant improvement on FOK and SE exams post-program and students tested comparably well across all three years demonstrating long-term value to this focused intervention. We will continue evaluation of this program to optimize it for the unique needs at UniQ, with the goal of increasing the number of students taught while maintaining educational quality. The next phase in our effort to create a sustainable intervention is teaching the alumni of the class to be instructors, which we successfully piloted this year and plan to expand in 2016.

Funding: U.S. participants fundraise for the trip. Université Quisqueya provides facilities.

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Evaluating a pilot program partnering US graduate nursing students and Kenyan Nurses

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Program/Project Purpose: Nursing is increasingly recognized as an area of importance in global health, yet many prominent nursing schools, including the University of Washington (UW) School of Nursing do not have global health nursing programs set in Africa. A 1-month pilot study abroad allowed graduate nursing students to partner with staff in Naivasha, Kenya to complete health education and quality improvement projects in hospital and community settings. This program required evaluation for sustainability, acceptability and participant learning to determine ongoing feasibility.

Design: This was a mixed-methods evaluation of the pilot study abroad program. US students were given semi-structured interviews focusing on their positive and negative experiences, impact on their future careers, and ideas for future iterations of the program. Key Kenyan stakeholders were given semi-structured interviews focusing on their experiences working with US students, challenges or difficulties they identified in this partnership, and ideas for future collaboration. Finally, surveys were distributed to audiences at continuing medical education (CME) presentations that were facilitated by US students. An epidemiology student was recruited to conduct the evaluations.

Outcome & Evaluation: Students completed 10 educational sessions and identified relationships with 8 staff members. Student semi-structured interviews (n=6) and Kenyan stakeholder interviews (n=10) revealed positive experiences from both students and staff, and highlighted areas for improvement. Facilitating student clinical engagement within the scope of a licensed registered nurse in order to partner with host staff was identified as a top priority. Evaluations indicated partnerships between US participants and Kenyan staff are possible and seen as mutually beneficial. Surveys (n=17) given to host staff indicated that CMEs were either “useful” or “very useful.”

Going Forward: Challenges for future iterations include obtaining permission for students to engage in clinical work. The funding mechanism was seen as sustainable, although need for a teaching assistant will require modest increase going forward.

Funding: This pilot program was supported by the UW Seattle International Programs and Exchanges Office. Additional funding sources were the Clinical Education Partnership Initiative (CEPI), NIH/Fogarty International Grant #r24tw008889, as well as the Afya Bora Consortium Fellowship, Health Resources and Services Administration grant number U91HA06801.

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CUGH Trainee Advisory Committee (TAC) survey: the trainee perspectives in global health

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Project Purpose: A growing number of trainees have become involved in global health and the CUGH created the Trainee Advisory Committee (TAC) to bring training perspectives to CUGH. Following the 2015 CUGH Conference, the TAC conducted a survey to assess and evaluate the needs and desires of the trainees regarding the conference and helpful opportunities.

Design: The goal was to identify and prioritize the services needed by trainees in order to advance their career or interest in global health. Moreover, it reflects the TAC's goal to serve as an advocate for global health trainees. The respondents were trainees who attended the 2015 CUGH Conference.

Outcomes & Evaluation: The results obtained from the 62 respondents were analyzed using descriptive statistics. Trainees were from a wide range of backgrounds, including anthropology, engineering, environmental geochemistry, epidemiology, global health practice, international affairs, law, medicine, midwifery, neuroscience, nursing, pharmacy, political science, public health, social policy and veterinary medicine.

The respondents were mostly interested in research, advocacy, direct service, global health education, university partnerships and product development. The main reasons to attend the CUGH conference were to network (37%) and to learn more about global health (32%). Over 70% of the respondents were members of CUGH individually or through their institution. Eighty five percent were interested or possibly interested in a pre-conference, which the TAC is co-organizing for the 2016 CUGH conference.

Going Forward: It is challenging to establish definite priorities due to diverse trainee specialties and geographic locations. This survey will be conducted annually among the trainees following the CUGH conferences. The TAC will work to implement strategies in order to encourage a higher response rate in the future and to aggregate data over numerous years. The CUGH TAC will continue work on concrete initiatives to meet the specific needs expressed by trainees through future surveys.