

**Program Purpose:** Medical residents are demanding global health themed and international electives to promote their training and interests. The Center for Global Health and the Children's Hospital of Colorado developed a formal global health track and international elective in 2012. The clinic, in southwest Guatemala, provides experiential learning, through illness and psychosocial issues that are unique to international experiences, but not systematically learned during pediatric residency. Preliminary evaluation by rotating residents reported unique experiences and growth in diagnostic skills, treatment options and interpersonal communication; but also revealed a lack of preparedness and resources for these unique clinical situations. Current research supports pre-rotation education, competency-focused goals and debriefing as important factors to successful global health electives. This program intends to create a full elective curriculum, designed to address specific competencies using entrustable professional activities.

**Structure and Methods:** This is a group effort with residents in the global health track, the fellow and faculty. The American Academy of Pediatrics and additional organizations have developed competencies for global health education, from which we are customizing to our elective. Entrustable professional activities are also forming the framework for developing an online, downloadable, platform with text and video material, assigned reflections as well as teaching presentations for the pediatric residency program and the clinic nurses. This platform will complement and enhance the clinical experience.

**Outcome and Evaluation:** Post elective debrief and surveys alongside formal evaluations facilitate assessment and improvement of the curriculum. To date, there is an outline of curriculum, including competencies and entrustable professional activities, with topics currently being curated into text and video. The team is working with the medical education department within the residency program as well.

**Going Forward:** The team is working to create content and evaluations to assess progress. The curriculum will be made available to rotating residents as it is created. The elective will become more robust and this curriculum may be adapted for use by international rotations at additional institutions.

**Funding:** The team has no direct funding of this program but is supported by the institutions listed above.

**Abstract #:** 2.023\_HRW

### **Developing an oral health care curriculum for Rwandan primary school-aged children using the classroom teachers in a non-traditional manner to promote life-long oral health knowledge and practices**

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**Program/Project Purpose:** The Rwanda Annual Health Statistics Booklet produced by the Rwanda Minister of Health's Health Management Information System notes that diseases of the teeth and gums consistently ranks among the top ten most frequent outpatient services in the district hospitals of Rwanda. In 2010, diseases of the teeth and gums ranked #1. There are reported approximately 122 dentists and dental therapists in Rwanda serving a country of 11 million. This shortage of oral health care providers, even more

apparent in resource-poor rural communities of Rwanda, provided motivation to design a project where the use of available human resources could be used to promote and expand oral health knowledge. This non-traditional approach to providing oral health education uses primary school instructors to teach oral health across the various classroom subjects in the school curriculum. The goal of the project was to develop an oral health care curriculum that can be implemented across various primary school classroom subjects that would provide instruction in proper oral hygiene instructions as well as foster sustainable lifelong oral health care knowledge and habits. The Urukundo Learning Center (ULC), a preschool to third grade (with fourth grade classrooms under construction) primary school located in rural Muhunga, Rwanda was selected for the project because of direct access to school administrators and teachers, relatively small teacher to student ratio class size and there is a dental clinic onsite.

**Structure/Method/Design:** Utilizing available NIH and American Dental Association (ADA) oral health education guidelines for elementary school age children, lesson plans were developed with modifications paying close attention to the need for cultural competency. Lesson plans were designed to be assimilated to the "Scheme of Work" template used by the ULC faculty. Collaborative discussion between the faculty and project designers provided input relative to where in the curriculum (i.e. subject) could various oral health concepts could be presented.

**Outcome & Evaluation:** Facilitate increasing autonomy in developing lesson plan topic that promote life-long good oral health is anticipated as lesson plans are reviewed after implementing.

**Going Forward:** The University of Rwanda College of Medicine and Health Sciences, School of Dentistry uses ULC as one of its outreach dental clinic sites. The project hopes to have the dental students work with the ULC faculty to foster good oral health as an interprofessional collaboration as lesson plans continue to be developed.

**Funding:** University of Maryland Baltimore CENTER FOR GLOBAL EDUCATION INITIATIVES Interprofessional Global Health Grant Award for Faculty 2014-2015.

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### **From buzzword to lasting change: The journey from headcount diversity to truly inclusive nursing communities**

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**Program/Project Purpose:** Diversity, inclusion and cultural humility are foundational for building an effective health care workforce. The IOM reinforces the imperative to develop a nursing workforce that is prepared to serve an increasingly diverse and global population. Efforts to improve diversity in health care, however, must themselves be inclusive in design. One that not only improves the pipeline and recruitment of underrepresented individuals, but also creates and sustains inclusive, respectful conditions in which all can contribute, learn, feel valued, and succeed.

**Structure/Method/Design:** In 2008, the Dean of the Hopkins School of Nursing (JHSON) commissioned an evaluation that identified gaps in the ethnic, cultural, and religious diversity of JHSON

faculty, staff, and students. JHSON students have also become increasingly concerned with the need to address not just diversity, but also cultural humility, respect, and inclusion within the curriculum and institutional culture. In late 2014, a group of students initiated a process for constructive and respectful information gathering and sharing on issues related to diversity and inclusion, such as how these are reflected in curriculum, institutional policies and practices. Over the year, a working group of the JHSON Diversity & Inclusion Committee with the support of Dean Davidson, hosted listening sessions with students, faculty and staff to inform recommendations for improving cultural humility, diversity, and inclusion at JHSON. Sessions revealed both crosscutting and role-specific concerns, and generated action-oriented recommendations that respect and build on existing strengths and efforts to improve diversity and inclusion.

**Outcome & Evaluation:** This inclusive process has sparked ongoing dialogue and engagement in building a more inclusive and respectful community at JHSON knowing that the collective barriers we face can only be addressed with the human capital we share. This presentation describes a student-initiated, multi-phase, inclusive process to foster institutional action to improve diversity and inclusion at Johns Hopkins School of Nursing (JHSON).

**Going Forward:** Recognizing nursing's imperative to prepare our workforce to serve diverse populations, JHSON students, faculty, and staff are collaborating to translate our diversity values into practice.

**Abstract #:** 2.025\_HRW

### Education through empowerment: A novel global health track model for residency programs

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**Program Purpose:** The University of Florida (UF) pediatric residency program established its Global Health (GH) track in 2013. Through the program's permitted autonomy, a novel resident-led public health service trip was developed. The program was designed in coordination with Children Beyond Our Borders, Inc. (CBOB), an established non-profit organization focused on empowering internally displaced children in Latin America through education. The project aim was to pair the organization's mission with the resident's medical and public health interests.

**Design:** A resource-poor community in Colombia was identified as the program site through an existing collaboration established by CBOB and community needs were assessed. Formal resident pre-trip didactic sessions were led by dedicated GH faculty at UF and focused on learning how to carry out public health initiatives abroad as well as preparing others for public health service work abroad. The resident then established an international volunteer program, held staffing interviews and created a pre-trip preparation curriculum for volunteers. Departmental funding was provided for the GH resident's expenses; volunteers supported their own expenses through local fundraising efforts. Based on the pre-trip community needs assessment, the resident and five volunteers provided interactive public health talks and comprehensive medical history screening for 250 children over a two week period.

**Evaluation:** Program volunteers were surveyed after their trip and uniformly reported high levels of satisfaction and a desire to engage

in future global health. The community in Colombia has also requested a continued public health volunteer presence.

**Going Forward:** Given this initial success, logistical planning for biannual resident-led trips is underway, although resident staffing and funding remain an ongoing challenge. This non-traditional residency elective represents an innovative global health track model in which the resident is both learner and teacher of global health engagement. It encourages the development of leadership, organizational and didactic skills. In addition, it allows residents to pursue a productive international experience while developing an understanding of the skills necessary for successful, sustainable global health experience development. We believe this global health elective model builds the foundation for a more ethical and informed global health career.

**Abstract #:** 2.026\_HRW

### Educational intervention on HIV and AIDS in a group of adolescents who attend secondary school

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**Background:** Medical students staged an intervention to a secondary school to determine the level of knowledge that the students had on HIV-AIDS, give out preventive methods against HIV and AIDS and sensitize the population about the importance of acceptance of people living with these diseases.

**Methods:** A pre-test about HIV and AIDS to students was conducted. Every medical student is presented to the class. College students and medical students formed groups. Each group was given cardboard where they wrote what they think is HIV, AIDS, how it spreads and how it cannot convey. A representative from each group (school student) presented his cardboard in front of the class, and then 2 medical students presented the theme and answered the questions that arose from the contrast of the exhibits. A medical student told the class the symptoms of HIV and AIDS, what institutions may attend and links to more information, supported by a brochure. The correct use of condoms was taught with mock-ups, and then every school student showed what they learned with the mock-up and a condom per person. New student groups staged several instances of discrimination against people with HIV and AIDS. Students are asked how they felt at seeing or being discriminated against for having HIV-AIDS and what they think about it.

**Findings:** We worked with a group of 35 teenagers and inconsistencies were observed in their knowledge about HIV and AIDS, it was learned that they did not know their sexual and reproductive rights, and had not led sex education classes. Upon completion of the intervention, students were more informed and prepared for STI prevention issues and acceptance of people living with HIV and AIDS.

**Interpretation:** Interventions of this type are very useful and necessary in schools, but should be integrated into the school curriculum a course in sex education to provide the knowledge necessary for a healthy life, for a program like this no time to strengthen the knowledge and awareness deeply.

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