

Purpose: The vast majority of biomedical research is carried out in high-income countries and the lack of high-quality evidence from low and middle-income countries (LMICs) has widespread negative implications at the individual, community, and national levels. Diaspora health professionals are uniquely poised to address this issue and contribute to decreasing this gap. A new program, consisting of a comprehensive research seminar and workshop, and utilizing diaspora networks to help build research capacity in LMICs, was created and pilot-tested.

Design: The program aims to recruit diaspora health professionals, with extensive academic and professional networks in their countries of origin and their adopted countries, to encourage research endeavors, introduce research methods and provide support/mentorship for biomedical students in LMICs. The two-day event consists of five components in-person biomedical research short course, video presentations, panel discussions, a workshop helping students develop a research proposal, and a pre- and post-seminar survey.

Outcome: The pilot program was tested in Chennai, India at Sri Ramachandra University (SRU) on August 18th-19th 2015 with participation from 65 medical/dental residents. Postdoctoral fellows, residents, and faculty at Johns Hopkins University (JHU) and Brigham and Women's Hospital (BWH) developed the curriculum. The course instructors were two diaspora physicians, both alumni of SRU and JHU, with panelists from leading institutions in India and the United States. The video presentations featured talks from 20 faculty members from JHU and BWH. Workshop participants worked in teams of 5-7 to create research proposals that were presented at the end of the seminar. The surveys provided baseline information about local attitudes about research, and the associated facilitators and barriers, as well as a needs assessment for further program development.

Going Forward: Given the success of the pilot, there are plans to continue introductory seminars for new cohorts, and extend the program for the initial SRU cohort to include higher-level courses. The program also will be implemented in Nepal in November 2015 and other institutions in India in 2016. Active engagement of diaspora health workers, academic institutions, and development agencies is being pursued to sustain this program and further strengthen the impact of biomedical research in LMICs.

Funding: None.

Abstract #: 2.081_HRW

Development of a multi-disciplinary global health curriculum at an Academic Medical Center

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Introduction: The UCSF Fresno Global Health Curriculum was established in 2007 to provide a unique, multi-disciplinary forum for practitioners to teach others about their international health care experiences. Since its inception, our group has been collecting data in the hopes of evaluating the needs, goals, and priorities of the Global Health Curriculum so that we are able to better serve the needs of healthcare staff and clinical providers across all disciplines and departments at Community Regional Medical

Center (CRMC) affiliated with UCSF Fresno Medical Education Program, serving the culturally diverse area of central California.

Methods: Two online surveys was administered to query the group's preferences regarding topic preferences and department/level of training. Attendance data from the initial 3 years of this group's meetings were also analyzed.

Results: There were 13 responses in our 2015 resident survey and 12 responses in our 2007 resident survey for a total of 25 responses. Attendance data demonstrated a total of 201 staff and clinical providers. The 2015 resident survey found that 6/12 (50%) of all survey respondents have not yet gone abroad in a medical capacity while in our data from 2007, almost 92% of our respondents had already planned an international or domestic underserved elective.

Conclusions: The UCSF Fresno Global Health Curriculum interest surveys have demonstrated that there is ample interest in our program since there continues to be an interested group of participants that have been attending out events. Additionally, with more than half of our survey population not having gone abroad in a medical capacity, we at UCSF Fresno have a profound opportunity to share the field of global health with medical professionals who have little first hand knowledge of global health. Moving forward, by learning more about our survey population and their interests there could be a greater interest in engaging in international health care experiences. It is our hope to expand international health care experiences through these monthly multi-disciplinary forums.

Abstract #: 2.82_HRW

Important aspects for sustainability through community partnership

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Program/Project Purpose: US medical schools send physicians and students abroad to experience global health and to serve vulnerable populations, but frequently neglect to deliver sustainable care. Quality, sustainable care requires partnership with local and national organizations. This is one of the main goals of the Honduran Health Alliance (HHA). HHA aims to deliver "sustainable continuity" in women's health and health education to underserved women in Choluteca, Honduras. Simultaneously, HHA provides valuable, responsible, and supervised global health education opportunities to medical students and physicians, which help them also better serve diverse patient populations at home.

Structure/Method/Design: HHA partners with local *promotores* (trained community health advocates), a community advocacy organization (Comunidades Unidas), and a national healthcare organization — *Ashonplafa* (Planned Parenthood affiliate) to ensure women are provided with sustainable, quality care, with a focus on prevention of cervical cancer, family planning, and STI treatment. Students travel to remote communities and provide *charlas* (educational workshops) also working directly with *promotores* to recruit women to clinic. In clinic students perform pap smears and many

other crucial health services. Pap smear results, contraception, and STI treatments are delivered in country. Follow-up, funded by HHA, is arranged in collaboration with *promotores* and *Ashonplafa*.

Outcomes & Evaluation: This year 21 students, 1 resident, and 3 attending physicians provided care and health education to nearly 600 women. HHA continues to work with local partners to ensure women receive planned follow-up and treatment for abnormal pap smear results. For complicated cases (beyond the capability of *Ashonplafa*) treatment is arranged at a large national hospital. HHA strives to improve services and adapt to evolving needs of the communities through continuous feedback from patients, *promotores*/partners, and students.

Going Forward: Our steering committee, physician advisors, and student leadership help HHA to determine the best way to adapt to our continued growth each year. We are also investing domestic violence resources for women and want to serve as many women as possible, but must do so within our means and without sacrificing quality of care, or student education.

Funding Source: The majority is student fundraising. Travel supported by the UNC SOM Office of International Affairs.

Abstract #: 2.083_HRW

The Disaster Essentials for Healthcare Providers (DHEP) course- A multidisciplinary training approach to global and local emergency preparedness and disaster response for Utah medical trainees

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Program/Project Purpose: Global estimates predict that 250 million people worldwide are affected by natural disasters each year, this does not include those affected by slow onset disasters such as those related to civil discourse, and pandemics. Locally the Utah Geologic Society estimates that Salt Lake County is at high risk for a magnitude 7.0 earthquake, which would affect over 1 million residents, of which 9,000 may be critically injured with an additional 2500 deaths. This could create severe infrastructure damage, including damage to hospitals. A pandemic in Utah would create a crisis situation with significant health care resource shortages. To address the preparedness needs of this community; the multi-disciplinary Disaster Essentials for Healthcare Professionals (DEHP) course was developed in 2012.

Structure/Method/Design: The DHEP course was developed by the Intermountain Center for Disaster Preparedness in cooperation with the University of Utah, with grant support and guidance from the Utah Department of Health. In 2013, the course became a component of the Inter-Professional Education (IPE) program at multiple University of Utah professional schools, to foster improved cross-disciplinary teamwork. The DHEP is a one-day course with topics on basics of disasters, triage, government response, resiliency, and challenges of disaster response. Didactic time has been minimized to allow for immersive simulations and

debriefings. The course focuses on teaching crisis resource management strategies over fact-based knowledge acquisition.

Outcome & Evaluation: The DHEP course has been taught 4 times per year 2012-2015 (n= 12). We have taught 621 students: medical students (40%), nursing students (30%), nurse practitioner students (15%) physician assistant students (10%), and pharmacy students (5%). The course is a requirement for senior University of Utah medical students and bachelor of nursing students. On post course surveys, trainees indicate that they are more likely to engage in future courses and drills, and that they are more interested in responding should a disaster arise.

Going Forward: Disaster preparedness education should be implemented on a systems basis with shared learning objectives and universal competencies to allow multidisciplinary students to learn role responsibilities that fit into a larger disaster response framework.

Funding: Grant support from the Utah Department of Health.

Abstract #: 2.084_HRW

Improving global nursing's research capacity - the rutgers global nursing research collaborative

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Program/Project Purpose: While 90% of healthcare worldwide is delivered by nurses, research for and by nurses has been limited. Factors are varied however, lack of doctorally prepared nurse scientists are often cited. To address this, an innovative program was developed by Rutgers University School of Nursing to create opportunities for collaboration, mentoring and capacity building for our global nursing workforce.

Structure/Method/Design: The workshop was an active process that included training on research methodology as well as working as a team. Drawing on the strengths and connections of Rutgers nursing faculty, the participants in the Collaborative work together to develop research questions related to global health and nursing science. The resulting multi-site studies aim both to answer these questions as well as develop the capacity of the nurse researchers implementing the research. Sessions included an overview of collaborative research and the development of a research question, quantitative and qualitative methods, and the IRB process. Second, the full three-day workshop provided a venue for the development of research questions as well as didactic sessions on the ethics of collaborative research, examples of successful international collaborative research partnerships, and resources available through collaboration Rutgers.

Outcome & Evaluation: The inaugural workshop was attended by 33 nurse scientists from 7 countries. Groups collaborated to form research questions around four subjects: nurse willingness to embrace technology, an exercise-related intervention for pre-operative breast cancer patients, factors related to adolescent HIV disclosure, and mental health among migrant and refugee populations. The groups were tasked with the submission of a full proposal 2 months after the workshop.

Going Forward: While we were very pleased with the outcome of the inaugural workshop, the bulk of the work is yet to occur. We will