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Abstract #: 2.087_HRW

AIDS barefoot doctors in rural Kenya: A paradigm for sustainable public health impact

Mount Kenya University

Purpose: AIDS Barefoot Doctors [ABDs] constitute a cadre of grassroots health workers who are leading their communities in breaking the cycle of disease and poverty. Since 2004, 24 ABDs have been trained and empowered to improve public health through multi-faceted interventions. Context: SOTENI [“All of us” in Swahili] links organizations in Kenya and the USA. This network operates with a unified paradigm of sustainability, based on local leadership demonstrated by donation of property, democratically-elected managers, and community-wide engagement. The prevention and mitigation of HIV/AIDS has been a priority for three of SOTENI’s “Villages of Hope,” including Siaya County where HIV/AIDS prevalence is 3rd highest in Kenya.

Design: In 2004, 21 high-school graduates were trained in first aid, HIV/AIDS, and public health. Refresher courses have enabled them to respond to evolving priorities and opportunities. Program stakeholders are PLWHA and their households, their wider communities, international students, and commercial sex workers.

Outcomes and Evaluation: The ABDs have provided: Home-based care for persons living with HIV/AIDS [PLWHAs] and their households; Training, seeds, and other supplies for income-generating activities; Clean and safe drinking water; Holistic support for orphans and other vulnerable children; School-based and out-of-school behavior change communication; In-home treatment for endemic infestations of worms; Referrals for clinic-based services (e.g., prevention of mother-to-child transmission [PMTCT] of HIV, highly active antiretroviral therapy [HAART]); Male and female condoms; Family planning; and Commodities (e.g., bed nets, folate, water purification equipment). Eighteen of the original 21 ABDs continue their public health work. Factors promoting sustainability include flexibility in scheduling and programming, ABD-leadership, pertinent priorities, mentoring, job satisfaction, transportation, and partnering with local and international individuals and institutions.

Going Forward: SOTENI is addressing challenges of remuneration, HIV/AIDS donor fatigue, reporting (due to ABDs’ limitations in English and computers); and quality.

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Developing innovative and interdisciplinary global health training programs across all levels of medical education

Daniel Young, Ashti Doobay-Persaud, Shannon Galvin, Robert L. Murphy; Northwestern University

Program: Northwestern University provides innovative and interdisciplinary global health education opportunities for students at all levels of medical training ranging from pre-med, medical students, residents and fellows in graduate medical education (GME) programs, as well as physicians in post-graduate training programs. This innovative pedagogical approach requires collaborations beyond a single school and calls for interdisciplinary research and education programs in fields of public health, engineering, medicine, business, among others. The strategy provides opportunities for trainees to engage longitudinally with global health learning objectives and mitigates the weaknesses of short-term clinical experiences.

Global health programs across trainee levels at Northwestern focus on the following areas:

Pre-medical – Interdisciplinary global health minor Undergraduate medical education – Clinical electives, year-long fellowships, and research tracks; Graduate medical education – GME global health certificate for residents and Master of Science in Global Health Post-graduate medical education – Fellowship for post-graduate research. Training grants sponsored by NIH and other sponsors. CME credit for alumni

Structure: Provide faculty with dual-appointments, opportunities to teach in multiple programs, and protected time for clinical faculty. Establish memoranda of understanding with diverse network of global partners. Funding support for trainees. Externally sponsored-projects to support faculty research.

Institutional oversight to reduce risk, limit liability, and increase safety for students.

Limitations: The short time-horizon of a typical medical school or residency curriculum is a major challenge, where four-week clinical electives are often the maximum window of opportunity available to dedicate to an elective or research project. Maintaining faculty engagement, especially clinical professionals, requires a large faculty and diverse revenue streams from tuition, grants, and development dollars. Effort must be made to ensure that trainee learning objectives, global partner needs and institutional goals are identified and achieved.

Going Forward: Short-term clinical training in global health that are not integrated into the curriculum, while arguably attractive to medical trainees, do not provide meaningful opportunities to engage with global health and learn about the interdisciplinary nature of the field. Innovative academic programs need to provide multiple and