

Findings: Our comprehensive review yielded a bulk of literature with the majority of results produced consisting of calls to action, creation of new global health programs, global health competencies, cultural competency and anecdotal international clinical experiences. The search produced literature on the most current practices in these educational initiatives for the concepts of global health, nursing education, and assessment. Overall the findings offered little concrete, effective or tangible measurements of global health education in nursing.

Interpretation: Nurses globally make up the majority of the health care work force and increasingly are delivering care in complex multicultural environments. In order to enumerate the value of global health in nursing curriculum and clinical experiences, further research is needed to measure the impact of global health training on nursing practice and student outcomes over time. A holistic approach examining the long term benefits of incorporating global health curriculum will yield data that will guide and influence the next wave of nursing curricula development.

Source of Funding: None.

Abstract #: 2.069_HHR

International Community Access to Child Health Program – 10 Years of Supporting Global Child Health

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Program/Project Purpose: The International Community Access to Child Health (ICATCH) program was initiated in 2005 by the American Academy of Pediatrics Section on International Child Health. It provides modest funding and technical support for starting or expanding training or services to improve child health in resource-limited settings.

Structure/Method/Design: The ICATCH Program partners directly with child health providers through small grants and technical support to develop and implement a program or project that improves child health in their local communities. Projects must be created by a local child health provider in a resource-limited area, include collaboration from others within the community, improve existing child health services or provide services otherwise not available, and show potential for program sustainability and replication in other communities. Priority is given to applicants from low-income and low-middle-income countries. Grantees receive \$2000 per year for 3 years along with project mentorship, educational resources and peer support. An annual report from each grantee includes a self-evaluation of barriers, successes or failures and measures to ensure sustainability.

Outcome & Evaluation: To date, ICATCH has funded 57 innovative programs in 32 countries with the majority of the projects in Africa (43%), Asia (34%) and Central America (10%). Top countries with ICATCH grantees have been Uganda (19%), Kenya (9%), Ghana (9%), China (13%), and El Salvador (9%). As of

2015, 40 projects have been completed and 17 are still within the 3-year funding period. ICATCH financial and technical support has enabled creation or expansion of innovative health programs and a variety of health education projects including home visits for teen mothers, child abuse prevention, peer navigators, nutrition education, newborn care, passenger safety, poison control, immunization, oral health, autism screening, and adolescent health.

Going Forward: ICATCH is celebrating its 10th anniversary this year and seeking partnerships with other national health organizations to share and expand the ICATCH model. New partnerships will provide additional mentoring and peer support, increasing opportunities for local health providers to sustainably improve maternal and child health in their home communities. Through these partnerships we will continue to demonstrate the role of national organizations in global health.

Source of Funding: American Academy of Pediatrics, private donors.

Abstract #: 2.070_HHR

Supporting Institutional Access to Evidence-based Clinical Resources by Establishing Onsite Knowledge Management Centers

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Program/Project Purpose: Evidence-based medicine refers to the systematic application of best practices based on scientific research. It helps improve quality of care and patient outcomes, while at the same time making the most rational use of scarce resources. In many healthcare facilities in low-resource countries, however, medical and allied practitioners, students, and other interested individuals do not have access to the evidence-based clinical resources that could make significant improvements in patient care.

Structure/Method/Design: The American International Health Alliance's Knowledge Management Center (KMC) Project provides a flexible model that enables different types of partner organizations to develop capacity in target areas that best meet the needs of the people they serve. AIHA provides a core package of information resources - many specific to HIV prevention, care, and treatment - on CD-ROM, in print, and online, which may be supplemented by additional specialized material as determined by each organization.

Outcome & Evaluation: AIHA has established nearly 30 LRCs at partner institutions in sub-Saharan Africa to date, along with over 140 in Eastern Europe and Eurasia. AIHA supports active regional collaboration through various joint meetings and training activities - many conducted through distance learning modalities. These activities are designed to support expanded use of evidence-based medicine. KMCs are most successful when they are utilized in a manner that meets the needs and capabilities of their host organization.

Going Forward: KMCs can play an important role in helping institutions to improve clinical practice, patient outcomes, and education and outreach for practitioners, students, and patients alike. They improve access to evidence-based knowledge resources,

including medical journals and textbooks, through the Internet or on CD-ROM. KMCs ensure that information is not only more accessible, but that it also has a real-world impact. They represent a sustainable, effective model for expanding the practice of evidence-based medicine throughout Africa and elsewhere in the developing world. Use of tablets and other mobile devices should be explored.

Source of Funding: PEPFAR, HRSA, USAID (for past Eurasia projects).

Abstract #: 2.071_HHR

Global Neurology Initiative: Piloting an Innovative Global Health Curriculum for Neurology Residents at the University of Massachusetts in collaboration with Charutar Arogya Mandal in Gujarat, India

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Background: As globalization transforms the medical landscape, global health education is becoming an integral part of medical training. Our aim was to develop an innovative global health curriculum, through use of technology, for neurology trainees at the University of Massachusetts Medical School (UMMS) and trainees at Charutar Arogya Mandal (CAM) in Gujarat, India.

Methods: The curriculum consisted of 7 modules combining didactic and case-based learning, a project implementation workshop, 2 video-conference case discussions with CAM, and online reading assignments. Sixteen-question pre- and post-curriculum assessments, and three 3-question short-answer feedback surveys were administered to assess the various modules. Qualitative analysis was performed on feedback surveys. In Likert scale analysis, “agree”/ “strongly agree” and “disagree”/ “strongly disagree” were combined.

Findings: Twenty UMMS neurology residents participated in the curriculum of which 45–70% completed assessments. All residents agreed in the pre- and post-assessments that they are “interested in global health” and “a global health curriculum is important in residency training.” In addition, 78% were “aware of the impact of neurological diseases on the global burden of disease” in the pre-assessment compared to 100% in the post-assessment. Fifty percent reported they could “identify neurological diseases specific to international populations” prior to the curriculum, which increased to 80% after the curriculum. Residents reflected on, planned, and accomplished project work. They commented on well-organized and interesting discussions with colleagues in India, although mentioned “technical issues” needing improvement. Overall, they would like to learn more about “culture-specific presentation of neurological conditions,” and “neurological diseases in different situations. i.e. war victims, immigration.” Many stated interest in additional case discussions and “more collaboration in global health programs.”

Interpretation: All participants agreed that global health curricula are essential for a comprehensive training program. Multi-modality educational activities proved beneficial and case discussions were highly favored. Technology, although with limitations, promotes virtual exposure to global settings and longitudinal collaboration enhancing global health education and motivating trainees to become global neurologists.

Source of Funding: None.

Abstract #: 2.072_HHR

Helping teachers to teach Global Health in health professional educational programs: the Sherbrooke experience

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Program/Project Purpose: Globalization calls educational programs to increase their graduates' competence in Global Health (GH). Various initiatives here or abroad have been implemented on different scales. If programs and students are called upon, teachers are also at the forefront of GH education.

While some teachers possess GH expertise, a higher percentage of them don't. Teachers' needs are then twofold: for most of them to increase their own competency in GH and for all of them to increase their educational capacity to optimally sustain student competency development in GH.

Structure/Method/Design: Université de Sherbrooke Faculty of Medicine and Health Sciences (FMHS) committed itself in 2012 to ensure GH competency development for all its future health professional graduates, more specifically in medicine, nursing sciences, occupational therapy and physical therapy. Concomitantly to the progressive integration of GH content in the programs, a GH faculty development strategy was recently confirmed. It focuses on the following elements: disciplinary-based professional development adapted to participants' experience in GH; educational capacity building; consideration of expected student competencies; interdisciplinarity; integration of activities to the present faculty development structure.

Outcome & Evaluation: Our first year experience confirmed the adequacy of the planned strategy. Issues raised by both participants and faculty development resources were the following: GH is relevant to all disciplines; a shared comprehension of concepts and a common language is of prime importance; an operational definition of GH is a necessity; disciplinary professional development in GH shall not be overlooked; emphasis must be on the identification of concrete and practical ways to enrich curriculum as well as participants' own teaching interventions.

Going Forward: Our one-year experience confirms the importance of not overlooking faculty development in order to improve the teaching of GH for future health professionals. Future challenges include: to convince teachers to participate to GH faculty development activities; to optimally link professional and educational development; to adapt to specific needs of each discipline; to use