

Implementation of an Undergraduate Medical Education Course in Global Health Based on the Consortium of Universities for Global Health Core Competencies: A Pilot Program

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Program/Project Purpose: In 2013 the Consortium of Universities for Global Health (CUGH) appointed a subcommittee to determine global health core competencies integral and applicable to interdisciplinary health care. The Global Health Impact Group (GHIG) at the University of Minnesota (UMN) Medical School identified a need for global health curriculum in our undergraduate medical education. GHIG developed and implemented a year long monthly course addressing the core competencies as defined by the CUGH Global Health Competencies subcommittee.

Structure/Method/Design: Between September 2015 and May 2016, 8 lectures were held as part of a Medical Undergraduate Global Health Education course at the UMN Medical School. Topics included global burden of disease, social and environmental determinants of health, collaboration, partnering & communication, ethics, as well as health equity and social justice. Pre-participation surveys were sent to first and second year medical students (n=350) to establish interest and final topics. Certificates of completion were offered to students who attended 6/8 lectures. Attendance, course and certificate completion were tracked throughout the year and recorded.

Outcome & Evaluation: Of 350 students surveyed, 132 responded expressing interest in a lecture series. The majority (67%) were interested in obtaining the Global Health Certificate in Medical Education, and 50% completing certificate requirements. All responders were interested in a global health course whether or not they pursued the certificate. An average of 100 medical students attended each lecture, with a range of 60-122 attendees. This far exceeded expectations and was met with positive subjective feedback from students and faculty.

Going Forward: Following the first year of this pilot, the course has continued with feedback from the previous year attendees and presenters, and further incorporation of the CUGH core competencies. Additionally, planning with medical school administration is underway to incorporate the course into curriculum as an optional for credit opportunity for medical students.

Source of Funding: Grant monies obtained from the following entities provided food for attendees of the lectures: University of Minnesota Medical School Student Council, University of Minnesota Professional Student Governance, University of Minnesota Student Unions & Activities grant, University of Minnesota Global Medical Education & Research department. Speakers were University faculty or community members who lectured without compensation.

Abstract #: 2.076_HHR

Palliative Care Practices of Community Health Workers and Professional Nurses in Limpopo Province, South Africa

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Background: Palliative care is an interprofessional model of care used to guide end-of-life care for people in the advanced stages of a life-limiting illness of any type and their care persons. Little is known about palliative care interventions used by community health workers (CHWs) and professional nurses (PNs) in rural areas of sub-Saharan Africa. The specific aims of our research were to 1) to identify palliative care interventions used by professional nurses and CHWs in Limpopo Province, South Africa to promote dignified dying and 2) to identify the interventions that are most important to promote dignified dying by professional nurses and CHWs in Limpopo Province, South Africa.

Methods: The study was conducted in the Vhembe district of Limpopo Province, South Africa. Guided by an interview guide, data were collected from individual interviews and focus groups. Researcher's field notes were also sources of data. Data were analyzed for themes related to palliative care interventions used by the PNs and CHWs.

Findings: Twelve people participated in the study (10 CHWs and 2 PNs). The mean age of all participants was 43 years old. All participants in the study were female and identified Venda as their cultural group affiliation. The mean years of experience 10.7 years and 38.5 years for the CHWs and PNs, respectively. Of the participants involved in the study, 90% of them worked for non-governmental organizations, and 10% worked for the South African Department of Health in Limpopo Province, Vhembe district. Five common palliative care interventions were identified: providing comfort (emotional, physical), caring for the human spirit of patients (Ubuntu), advocating for adults and giving voice to bereaved children, providing direct care, and caring for self.

Interpretation: CHWs and PNs were able to identify palliative care interventions consistent within their scope of practice. In every interview and focus group, CHWs and PNs also requested palliative care-specific training to support their work. Future studies should identify palliative care interventions and learning needs of CHWs and PNs in different regions within the province.

Source of Funding: University of Virginia (UVa) Center for Global Health K.C. Graham UVa School of Nursing.

Abstract #: 2.077_HHR

Impact of Implementing an Electronic Medical Record on an International Medical Mission

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Background: Short Term Medical Trips (STMT) are vital in bringing healthcare to underserved communities. When they become established providers an accessible medical record keeping