

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.

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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.

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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