

GH education. The group generated 12 core education themes for the home site and 14 for the away site; it also identified themes at both sites for students seeking special expertise in GH (12 and 10 themes, respectively). Key concepts related to teaching included the distinction between formal and hidden curricula in GH, the importance of student agency and self-directed learning, and emphasis on reflective and transformative learning. The meeting established the rationale for a universal core curriculum for global health and outlined the content and structure of such a curriculum.

Going Forward: The Initiative is working on guidelines for a universal GH curriculum. This includes further definition of GH education themes, detailed recommendations regarding teaching and assessment focused on promoting student agency, clarification of the distinctions between the home and away sites, and “best practices” for developing learning environments to promote reflection and transformation. Ongoing meetings of the Initiative will further describe the content and methodology of a universal core curriculum for GH and move toward its implementation.

Funding: The initial work, from which the Initiative derived, was supported by funding from the Rockefeller Foundation.

Abstract #: 2.045_HRW

Developing leaders in global health through multidisciplinary collaboration: How the global health leadership track at the University of Virginia is expanding

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Program/Project Purpose: 1) To encourage collaboration across health disciplines. 2) To provide an educational foundation in global health applicable to all residency programs. 3) To bring residents together from multiple disciplines to share their unique areas of knowledge. Trainee interest in global health is expanding across disciplines. Our program aims to develop leaders in global health who are capable of examining and improving health systems utilizing a variety of perspectives.

Structure/Method/Design: The Global Health Leadership Track (GHLT) at the University of Virginia involves didactics, journal clubs, clinical training, and research with established international academic partners. Here, we discuss the expansion of the GHLT to additional residencies, and the role of journal clubs in fostering multidisciplinary cooperation and appreciation. A monthly journal club is organized on a rotating schedule by each GHLT department. A faculty member hosts the event, and discussion is facilitated by the residents in that specialty. Quarterly global health dinners on careers in global health and classroom didactic time encourage interdisciplinary discussion. A listserv is used to broadcast specialty-specific international rounds, speakers, telemedicine conferences, film discussions and book clubs.

Outcomes/Evaluation: The GHLT was started in 2009 by Family Medicine and Internal Medicine. The GHLT currently

involves the Emergency Medicine, Family Medicine, General Surgery, Internal Medicine, Pediatrics, Radiology, Psychiatry, and Anesthesia. There are currently 29 GHLT residents. Journal club topics have included a range of topics such as use of point-of-care portable ultrasound, cancer care in low and middle-income countries, cost-effectiveness of surgery in global health, evaluation of global health education, barriers to care in the local refugee population, and measles vaccination.

Going Forward: Establishing a career in global health increasingly requires multidisciplinary collaborations. Future leaders in global health will need to understand the key global health issues across specialties in order to create sustainable solutions for horizontal health system strengthening. As the number of GHLT participants grows, so does our need for collegial discussion amongst peers. We suspect that fostering these collaborations will also improve professional development and collaboration within our own training environment.

Funding: Private donors, Associate Dean for International Affairs, UVA Center for Global Health.

Abstract #: 2.046_HRW

The sustainable development goals: Implications and integration across the Curricula

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Program/Project Purpose: As the need for an educated individual to also be a global citizen becomes more recognized, it is incumbent upon educators to infuse global health concepts into the curricula. This presentation explores ways to integrate the Sustainable Development Goals (SDGs) and other global health concepts across the curricula in both a health science university and a private research university. Various modalities will be shared and the implications of the SDGs will be explored. The infusion of the SDGs into the curricula stems from the work of the Global Health Initiatives Committee (GHIC), an interdisciplinary committee convened and charged by the university president to help coordinate global health efforts university-wide. Composed of faculty from the various colleges, the GHIC works to consolidate individual expertise to minimize duplication and inefficiency of effort.

Structure/Method/Design: Two methodologies were used to develop this program curricula design and an interactive curriculum experience (iCE) to promulgate the SDGs to all faculty. Integrating the SDGs in curricula is a dual challenge of maintaining the holistic focus of SDGs while aligning specific goals with core global health foci. For example, all 17 goals are relevant to NCDs but goals 6 and 9 are the most relevant. Working collaboratively with a consulting and implementation firm, faculty created a universally relevant platform for course use in various disciplines.

Outcome & Evaluation: Evidence of faculty understanding and utilization of SDGs will be measured by feedback on the iCE modules. Evidence of student comprehension and application will be measured by the use of rubrics within each course.

Going Forward: The ongoing challenges include increasing awareness and acceptance of the importance of global health among

faculty in all disciplines. The desired result is a health workforce that is prepared to respond to today's global health challenges.

Funding: None.

Abstract #: 2.047_HRW

Utilizing public health nursing competencies in global health programs

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Program/Project Purpose: A team of multi-site community/public health nursing (C/PHN) faculty is exploring how to utilize the Quad Council Competencies for Public Health Nurses (2011) in C/PHN in global health settings. The team is currently conducting research and advocating for the utilization of the competencies in baccalaureate nursing education focusing on education, practice, and research. The project began in 2013 and continues to expand to a global scope. The purpose of the project is to build and evaluate a national and global nursing workforce that meets the needs of the 21st century for improved population health, population focused care and community based networks at the national and global levels.

Structure/Method/Design: The outcomes for this session will be to describe the demographics of academic/clinical faculty teaching C/PHN in baccalaureate schools of nursing that use global health modalities/clinical practicums; validate and differentiate the knowledge, skills and attitudes of community/public health nursing faculty utilizing the 2011 Quad Council Competencies for Public Health Nurses; determine the difference among knowledge, skills and attitudes of academic/clinical C/PHN baccalaureate faculty for each competency domain. Faculty were recruited through regional champions, and active, recruiting at regional and national conferences. Students were self-selected from the multi-site programs utilizing the competencies. Viability is encouraged by linking competencies across the curriculum, linking professions across the university, nationally and globally.

Outcome & Evaluation: Outcomes to date establishment and growth of a coalition of baccalaureate faculty teaching community/public/population nursing courses; launched a monthly online learning community with baccalaureate faculty. Initiated an online survey to validate knowledge, skills, and attitudes of C/PHN faculty; completion date December 2015 Evaluation will be conducted through the analysis of the survey; on-going dialogue with Quad Council regarding competency based learning in nursing programs; and utilization of the Clinical Evaluation Tool for local and study abroad programs in community/public health nursing.

Going Forward: Ongoing challenges: multiple universities with different governing bodies, time zones, varied State Boards of Nursing regulations; funding for research; incorporation of the SDGs across education, work and practice. The desired result is a C/PHN workforce prepared to respond to the challenges in global health today.

Funding: None.

Abstract #: 2.048_HRW

Bidirectional global health education: The RVCP-Jefferson exchange program

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Program Purpose: In 2007, Thomas Jefferson University (TJU) partnered with the Rwanda Village Concept Project (RVCP) to develop a clinical exchange program for Rwandan medical students. Directed by a resident and faculty global health clinical mentors across the Departments of Pediatrics, Family and Community Medicine, Emergency Medicine, Surgery, and Obstetrics and Gynecology, the program is designed to introduce Rwandan medical students to the many dimensions of clinical medicine in the United States.

Program Design: Jefferson selects 3 Rwandan students per year through a rigorous essay and interview process for two-month long TJU rotations focused on primary care and community health. One of the main educational goals of the program is to expose Rwandan students to different clinical and community-based approaches to prevention, diagnosis, and treatment of non-communicable disease. Other educational areas of focus include research, population health, and physician advocacy.

Outcomes and Evaluation: Twenty-four Rwandan students have successfully completed this exchange program. Students who have completed this exchange program have graduated from the National University of Rwanda to practice in a variety of medical fields; in addition, several of the students who have completed advanced degrees in public health, clinical research, and health policy. These students are now healthcare leaders in the private, public, and non-profit health sector of Rwanda. The personal and professional networks that have emerged as a result of this program have provided the foundation for interdisciplinary peer mentorship across multiple levels of learners. We are currently in the process of evaluating the impact of this program and mentorship network through in-depth interviews with participants.

Going Forward: In 2011, Jefferson started building a clinical program in Rwanda for senior medical students, residents, and faculty. Focusing on the principles of reciprocal education, the foundation of this program is the RVCP-Jefferson peer mentorship networks. Through these networks, members of the TJU community have the opportunity to work clinically with the exchange RVCP graduates at different institutions within the Rwandan health sector. This type of collaborative, bidirectional program in global health education has the potential to build local and international global health capacity in a way that is fundamentally more equitable and relevant to the future of global health practice.

Abstract #: 2.049_HRW

The role of the University of Minnesota Global Health Chief Resident in Minnesota and Tanzania

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Program Purpose: There is a growing need to incorporate global health (GH) education into United States (US) residency curricula.