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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 pubic 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 faculy.. 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.

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### 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.

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### 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.

The need is equally great to fortify international professional connections and support low-resource medical systems in a non-intrusive, sustainable, and culturally appropriate manner. Global Health Chief Residents (GHCRs) at the University of Minnesota (UMN) serve as clinical educators and advocates in the field of GH for all internal medicine (IM) and medicine-pediatrics (MP) residents as well as collaborators with Tanzanian providers in Arusha, Tanzania.

**Structure:** Two GHCRs are chosen annually from the IM and MP residency classes to rotate for 6 months between the UMN IM Residency Program in Minneapolis and in 2 hospitals in Arusha. At UMN, they incorporate GH concepts into weekly residency conferences, are a resource for residents caring for international patients, coordinate and support residents on international rotations (co-teaching pre-departure orientation and tracking completion of safety requirements), and guide residents on the GH Pathway toward mentors and educational opportunities. They help to facilitate the Live GH Course and monthly Travel and Tropical Medicine Seminars. In Arusha, they orient and support visiting international residents and students. They are a resource for Tanzanian medical providers, giving lectures, teaching bedside ultrasound, rounding as consultants, and implementing quality improvement projects.

**Outcome & Evaluation:** GHCRs have integrated GH into residency-wide morning reports and morbidity and mortality conferences. They have conducted a resident survey to gauge awareness of opportunities and baseline GH knowledge. They have supported integration of visiting medical students and residents into the Tanzanian medical system, which has decreased the burden on the local system while increasing the value of this international rotation. GHCRs have forged relationships in Tanzania, supporting the education of local medical trainees and facilitating Tanzanian provider visits to UMN.

**Going Forward:** While the role of the GHCRs in Arusha remains flexible, the ultimate goal is to create a reliable presence for US providers traveling abroad and Tanzanian medical providers. This will decrease the burden on the Tanzanian medical system as well as strengthen consultation connections abroad, paving the way for sustainable bilateral exchange.

**Funding:** GHCRs work hospitalist shifts at UMN Hospital to fund this position.

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### Transitioning from the Ebola emergency response to health system strengthening in rural Sierra Leone using a community health worker strategy

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**Program/Project Purpose:** Community health workers (CHWs) are pillars in their communities and have been employed worldwide to improve health outcomes. As members of the communities they serve, CHWs are outreach agents, educators and accompagnateurs who link and retain patients to care. The 2014-2015 Ebola Virus Disease (EVD) epidemic in Sierra Leone required these skills for intense social mobilization, communication and referral to care.

**Structure/Method/Design:** In January 2015, Partners in Health/Wellbody Alliance, working with local authorities, recruited, trained and hired 300 CHWs in Kono District, Sierra Leone - a "hotspot" in Sierra Leone - to respond to EVD through contact tracing, social mobilization and screening. In coordination with District authorities, these CHWs helped reduce the outbreak through rapid "mop-up" campaigns in affected villages, screening over 650,000 individuals, sharing key health messages to reduce transmission and improving communication between facilities and affected households.

**Outcomes & Evaluation:** All CHWs were supervised by CHW supervisors and Chiefdom coordinators from January to September 2015 and reported activities on a weekly basis to supervisors. With the help of CHWs, there have been zero Ebola cases in Kono since February 23, 2015. As the epidemic waned, other health concerns emerged; CHWs led the effort to identify and respond to these burgeoning diseases — measles and malaria — forming effective surveillance and implementation teams. Messaging transitioned to broader health concerns, mobilization centered on Ministry of Health initiatives, and referrals became more inclusive.

**Going Forward:** With the health system weaker now than before the epidemic, it's imperative to use existing momentum to pivot from emergency response to health system strengthening. In order to maintain and respect existing community relationships and recognize the troubled history of health sector aid in the region, this transition is not without challenges. However, by building on the relationships formed during the emergency response and maintaining a continual community presence, we will rely on these CHWs to guide our long-term programs to address the most burdensome diseases.

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### Ethics, Ebola and global public health: U.S. governmental and military responses

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**Program/Project Purpose:** In 2014 a global emergency arose with the onset of the Ebola virus disease. The outbreak ignited tremendous fears and it was reminiscent of the onset of HIV/AIDS where the medical community, governments, as well as the public were challenged to confront a global health concern. The United States was challenged as the world looked up to see how it would protect and promote health, wellbeing and to do so with a sense of moral responsibility.

**Structure/Method/Design:** In an effort to contribute to the global Ebola response, an advisory board to the President of the United States, the Bioethics Commission for the Study of Bioethical Issues, was charged to report on lessons learned from experiences at home and abroad, and to more specifically report on the