

**Outcome and Evaluation:** We created a database and pilot-tested it in April 2015 and have since expanded its functionality; we will launch it in November 2015 at (<http://healthsystemsglobal.org/courses/ibdex.php>). Since its initial release, the database has grown substantially, and we continue to accept additions on an ongoing basis. Training opportunities from the original study were used as a starting point, but via the networks of Health Systems Global, contributors to the database, and the study team, we have also identified many additional training opportunities. Currently, the database includes over 70 training opportunities worldwide, and a growing collection of syllabi, lecture materials, and other supporting documents.

**Going Forward:** The TWG has recently convened a global strategy group to direct the next phases of our work, including further development of the training database. The aims of the strategy group include identifying priority activities, seeking funding, and providing feedback on the database content and functionality. We also welcome feedback from CUGH conference participants on both additional trainings that we should be capturing and possible additional functionalities of the database.

**Funding:** This project received funding from the Wellcome Trust and the Alliance for Health Policy and Systems Research.

**Abstract #:** 2.066\_HRW

### **Train, transfer, and sustain: Building capacity for online learning at The University of the West Indies Diploma in the management of HIV infection program**

*E. Scott<sup>1</sup>, A. Nartker<sup>1</sup>, S. St. Thomas<sup>2</sup>, Z. Ali<sup>3</sup>; <sup>1</sup>Department of Global Health e-Learning Program, Department of Global Health, University of Washington, Seattle, WA, USA, <sup>2</sup>International Training and Education Center for Health, University of Washington, Seattle, WA, USA, <sup>3</sup>Faculty of Medical Sciences, The University of West Indies, St. Augustine Campus, Trinidad & Tobago*

**Program/Project Purpose:** In partnership with The University of the West Indies (UWI), the International Training and Education Center for Health (I-TECH) and University of Washington Department of Global Health's eLearning Program (eDGH) transitioned a one-year Diploma program in the Management of HIV Infection to a blended learning platform with online courses and clinical practicum or a research project. This required a shift in pedagogy, methodologies, and technologies.

**Structure/Method/Design:** A 3-phased approach was implemented to train, transfer, and sustain the skills of online facilitation to UWI faculty and staff. Phase 1 included in-person workshops, just-in-time training, and hands-on simulations in the Learning Management System (LMS). Phase 2 utilized virtual mentoring to allow faculty and staff to apply their skills to the online environment. Phase 3 supplied them with Reusable Learning Objects (RLOs) and a detailed implementation guide for problem solving. Faculty application, experience, and satisfaction of the teaching methods were evaluated twice using questionnaires and virtual debrief discussions after a pilot of two modules and at the end of the 2014/2015 program.

**Outcome & Evaluation:** Capacity building of faculty and staff to instruct and administer a blended learning program was a critical

component in ensuring long-term sustainability, and regional scale-up in the Caribbean. To date, 20 faculty members and 4 UWI staff have completed capacity building for online facilitation of the HIV diploma program. Phase 1 data found 100% of faculty felt confident in their skills after completing the in-person workshops. Faculty noted timely support from eDGH and administrative staff throughout the program, which contributed to making the online teaching experience exceptional. Administrative staff also reported frequent use of the implementation guide, with success. In addition, 20 health care providers graduated from the program via the blended learning platform in 2015.

**Going Forward:** In its second year as a blended learning online program, the Diploma program has scaled-up to include healthcare workers from Jamaica and Suriname. It will continue to expand enrollment outside of Trinidad, refine its practicum and research components, and recruit new staff.

**Funding:** The project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under Cooperative Agreement No. U91HA06801, the International AIDS Education and Training Center, for \$12,659.70 USD. The content and conclusions are those of the author(s) and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

**Abstract #:** 2.067\_HRW

### **Development of a comparative health systems global pharmacy fellowship**

*T. Seys Ranola<sup>1</sup>, C. Kraus<sup>1</sup>, L. DiPrete Brown<sup>2</sup>; <sup>1</sup>University of Wisconsin Madison, School of Pharmacy, Madison, WI, USA, <sup>2</sup>University of Wisconsin Madison, Global Health Institute, WI, USA*

**Program/Project Purpose:** The WHO reports progress in health promotion and education among vulnerable populations is stagnating. To continue forward, health systems strengthening and innovation is needed. Pharmacists are trained to provide health education, pharmaceutical counseling, and evidence-based health research. Pharmacists' expertise in medication procurement and therapeutic equivalence promotes access to quality, cost-effective medications. Pharmacists are trained to conduct research and data analyses, tools with which to monitor evidence-based health outcomes and quality indicators. To promote global health system strengthening a two-year quality improvement (QI) fellowship was developed with the following aims: Education in principles of QI, training in implementation science to allow for systematic documentation, dissemination, reproducibility and scalability of projects, and engagement of domestic and international pharmacists to become active partners in designing and implementing changes to improve health systems in their settings.

**Structure/Method/Design:** The process for creating a sustainable fellowship included the following: 1) Reaching out to partners with whom we had existing relationships to determine interest in a comparative systems approach to QI, 2) Preliminary agreement from both sides on thematic area of research prior to identifying fellow/s, 3) Identification of mentors on both sides with expertise in the research theme, and 4) Participation by mentors and fellows in an existing QI leadership course. Goals: Develop a domestic and international cohort of

pharmacists trained in QI system strengthening research, Apply implementation science methodology to disseminate QI research outcomes

**Outcomes & Evaluation:** To date, six mentors and one fellow have been trained, with plans to train another fellow in 2016. The first US fellow was hired in July 2015 and is working with mentors to design QI projects internationally and domestically.

**Going Forward:** We anticipate ongoing expansion of the fellowship over the next several years. Accountability to global stakeholders for conducting QI research provides opportunities for dialogue over QI themes. Securing funding is an area of ongoing challenge. Funding was provided by the “Living the Wisconsin Idea” fund for the first two-year cycle. The Global Health Institute visiting scholars grant made international mentor QI training possible.

**Funding:** None.

**Abstract #:** 2.068\_HRW

### **Empowering workers to organize for the right to occupational health**

*S. Shannon; Hesperian Health Guides, Berkeley, CA, USA*

**Program/Project Purpose:** Increased globalization of production in recent decades has outpaced the development of labor laws and worker rights, leading to a “trade imbalance” with disastrous consequences for worker health in export factories. In response, Hesperian developed *Workers’ Guide to Health and Safety* to equip workers with resources to organize for the right to health in the workplace, drawing from the experiences of worker groups globally. The book provides workers with organizing tools to make workplaces safer physically (by identifying and remedying hazards in the garment, shoe, and electronic industries), and socially (by addressing issues such as discrimination, unfair wages, and pollution).

**Structure/Method/Design:** *Worker’s Guide* includes first aid guides for both common health problems and health emergencies in the workplace. Easy-to-read chemical charts were developed to help workers identify and protect themselves from commonly used chemicals. Interactive how-to guides, activities, and stories from workers’ organizations around the world model effective strategies for workplace organizing. These materials were field-tested by 40 grassroots groups in 25 countries, and were reviewed by over 300 expert and technical reviewers prior to publication.

**Outcome & Evaluation:** A key evaluation measure is the ongoing diffusion and adaptation of book content. To date, workers’ organizations in the US, India, Vietnam, Hong Kong, Indonesia, and Bangladesh have incorporated the materials into their trainings. Organizations in China, Bangladesh, India, Indonesia have also volunteered to translate materials into local respective languages, which will help promote greater diffusion of these materials for training purposes, and which illustrates the global demand for the book. The guide is also being translated into Spanish in-house at Hesperian.

**Going Forward:** Materials from the book will be developed into a train-the-trainer curriculum for use in the US. Training topics will include the identification, characteristics, and health effects of

common workplace chemicals, how to reduce exposure to chemicals, personal protective equipment, and how to lead a peer discussion and other participatory activities regarding chemical hazards and exposure risks. The curriculum will likely be further adapted for use abroad.

**Funding:** Funding for *Workers’ Guide to Health and Safety* was subsidized by book sales, grants, and individual donations.

**Abstract #:** 2.069\_HRW

### **Kaiser Permanente Vietnam medical project: Foot and ankle reconstruction**

*Phillip Shaw, Marshall Jex, Ryan Carter; Kaiser Permanente South Bay Consortium, Santa Clara, CA*

**Program/Project Purpose:** Podiatric surgical residency training has evolved to include all aspects of complex foot and ankle surgical reconstruction. International surgical experience provides residents exposure to inadequately treated, neglected, and rare pathologies, while sharing surgical expertise and equipment. The Kaiser Permanente Vietnam Medical Project has expanded over its 17 year history to include multiple attending and resident surgeons during an annual mission to Da Nang, Vietnam. The project aims to increase resident training in complex foot and ankle reconstruction and increase access to foot and ankle reconstructive surgery in Da Nang.

**Structure/Method/Design:** The project consists of an annual one-to-two week session at Da Nang Orthopedic and Rehabilitation Hospital. Visiting foot and ankle surgical attending staff and residents perform reconstructive surgery on patients with complex foot and ankle pathology. Patients are pre-screened by local staff physicians over the preceding 12 months, and are evaluated as a team at the beginning of each session for preoperative planning. As many cases as can be reasonably scheduled are performed within the limited days available. Fixation materials and surgical techniques are shared with the local hospital. Patients are followed immediately post-operatively by the visiting team, but remain in hospital under local physician care longer term until stable for discharge.

**Outcome & Evaluation:** Though no formal long-term follow-up of outcomes exists, residents present case series of their surgical experiences to podiatric and orthopedic departments at training sites. They also report surgical experiences to the Kaiser Permanente Northern California Residency Global Health Program. The project has increased access to advanced foot and ankle reconstructive surgery in Da Nang, and has also successfully disseminated successful conservative treatment of congenital deformities.

**Going Forward:** The project aims to continue its annual visit, building upon relationships formed with local surgeons, and increasing access to specialist care in Vietnam. This international experience has also become an educational draw of the Kaiser South Bay residency.

**Funding:** Travel expenses provided by the Kaiser Permanente Global Health Program.

**Abstract #:** 2.070\_HRW