community), completing both clinical and research components. The REW consisted of one session/month for three months. Each session lasted 3 hours and was facilitated by graduates of the GHS concentration.

Outcomes & Evaluation: The REW highlighted many challenges that students experienced in their return home. The sessions offered an opportunity for students to share positive aspects of their experience as well as many challenges experienced while on placement and since their return, in a respectful, non-judgmental environment. Prominent themes include: Disillusionment with humanitarian work Difficult transition when returning to structured life of school in Canada Challenge of being the "GHS" students, difficulty re-integrating in peer groups within classroom setting The ever-present concern about entering the workforce after graduation Social media, and the impacts (both positive and negative) of maintaining contact with friends and colleagues from GHS placement Lobster analogy to help conceptualize feelings of vulnerability when returning to Canada (Growing a new shell ie. Integrating their new experience, they remain vulnerable until the new shell hardens) Pressure of wearing the "University hat", representing not only the university, but also Canada Importance of re-integrating coping mechanisms when returning from placement, ex. extra-curricular activities, physical activity, entertainment Risk of PTSD, signs and symptoms, and where to seek assistance Through the experience of facilitating these re-entry workshops several strategies were noted as supporting students: meeting together as a group functioned as a support network normalizing and sharing personal experiences alleviated some of the emotional challenges

Going Forward: Providing re-entry support to students in healthcare disciplines upon their return from global health settings is crucial in encouraging a smoother re-integration and is useful in detecting mental health issues that require intervention/support.

Funding: No.

Abstract #: *02ETC078*

International graduate training program in one health at the university of Saskatchewan, Saskatoon, Canada: A two year assessment

B. Singh, V. Gerdts, J. Gordon, V. Misra, C. Waldner, T. Epp, M. Barrett, H. Townsend, B. Reeder; University of Saskatchewan, Saskatoon, SA/CA

Program/Project Purpose: In 2012, with a NSERC CREATE grant, the University of Saskatchewan established a new Training Program in Infectious Disease, Food Safety and Public Policy. The one year program provides supplementary training to selected MSc and PhD students registered in thesis-based graduate programs in the natural, health and social sciences. The program aims to enhance student skills in collaborative, interdisciplinary problem-solving for professional practice in Team Science in the field of One Health.

Structure/Method/Design: Students participate in a 3 CU Problem-based Learning (PBL) One Health course, a 3 CU Seminar Series, a week-long Summer School, and a 3 month externship. We present two years' experience in the implementation and evaluation of the program, in particular with the PBL course and Seminar Series. From January-June, 2013 and 2014, a total of 31 graduate students from 8 disciplines, 4 universities in 3 countries (Canada, Germany, India) participated in the two courses by video-conference. Students were divided into groups of 6-8 facilitated by a faculty member. Several case studies were examined over the two years: Nipah and West Nile Virus outbreaks, water contamination in an aboriginal community, an international incident of food poisoning, and two student-developed cases. In the Seminar Series, pairs of students collaborated on the presentation and discussion of a key dilemma or breakthrough in the field of One Health. At the end of each course, all students completed an anonymous on-line questionnaire and participated in focus group discussions with a non-faculty facilitator.

Outcomes & Evaluation: The recommendations for the PBL course the first year were to provide: 1.) Training to assist students in group processes (communication, conflict resolution), 2.) Frameworks for the analysis of case studies. Changes to the curriculum in Year 2: 1.) The Policy Sciences Framework (Lasswell 1970) was introduced and applied to an illustrative initial case study, 2.) Four interactive seminars were added to the course on the topics of collaboration, communication and policy development. Student evaluation following the Year 2 emphasized: 1.) The need for experience applying a range of frameworks to the solution of complex problems, together with explicit learning outcomes for each case, 2.) Further training to optimize group dynamics, and 3.) A need to accurately reflect individual contribution to group assignments.

Going Forward: Ongoing challenges include: promoting effective small group dynamics across distance, time zones, and cultures; employing case studies that accurately reflect complex reality but still provide students with a sense of closure and achievement in addressing

Funding: No funding listed.

Abstract #: *02ETC079*

Contraception choices of refugee women in Philadelphia: A retrospective and observational study examining barriers, beliefs, and practices

K.S. Soin[1], K. Beldowski[2], K. Garcia[3]; [1]Johns Hopkins Bloomberg School of Public Health, Baltimore, MD/US, [2]Thomas Jefferson University Hospital, Philadelphia, PA/US, [3]Thomas Jefferson University Hospital, Philadelphia, PA/US

Background: Few studies look at family planning choices of refugee women recently resettled in the United States. At Jefferson Family Medical Associates (JFMA) in Philadelphia, we provide healthcare to many Bhutanese, Burmese, and Iraqi (NMI) refugee women. Our study was designed to identify their contraception choices and to elucidate knowledge base, cultural preferences, and socioeconomic factors influencing their family planning choices.

Methods: A two-part mixed methods study was conducted after IRB approval by Thomas Jefferson University. 1) Retrospective chart abstraction: Data on contraception methods and counseling for 324 NMI women ages 18-60 seen at JFMA between July 1, 2007 −December 31, 2012 was abstracted from the EMR. The primary outcome was prevalence of contraception use. The secondary outcome was documented discussion of contraception counseling. 2) Qualitative Focus groups: Audio - recorded interviews with a translator were conducted with 32 women over the age of 18. The women were recruited from JFMA and the community. Verbal consent was obtained via the translator. The primary objective was to elucidate the factors influencing contraception choices.

Findings: Descriptive statistics, Chi-Squared analysis and Kaplan-Meier analysis were performed to analyze the data. Total prevalence of contraception was 44% and Iraqi women were less likely to use contraception ($p < 0.001$); Physician documentation of contraception counseling was absent in 30% of the charts ($p=0.02$). Interviews were coded and themes were outlined and discussed. Major themes in

order of prevalence were education/knowledge, health care system, culture/religion, and empowerment.

Interpretation: Our retrospective data shows that the prevalence of contraception within the NMI women at our practice is 44%, which is low compared to the US prevalence in 2010 (62%). This may be partially explained by the lack of documented counseling with almost 1/3 of our patients. However, our data does show that the number of women who start contraception increases steadily throughout the first year after arrival. Our qualitative research revealed that a majority of participants had knowledge of family planning prior to coming to the US through word of mouth and/or formal education. However, many were embarrassed to address the topic themselves. Ultimately, access to healthcare and our ability as providers to deliver culturally sensitive care will dictate whether this population receives quality healthcare in the US. Limitations of the retrospective portion include possible errors secondary to abstraction by multiple personnel, missing or incorrect information in patient's charts, and limited documentation about barrier methods and sexual activity. Limitations of the qualitative portion are possible translation error and social desirability bias. Strengths of our study are its large sample size as well as the study's involvement of three major refugee populations in the US.

Funding: There was no external funding used for this research study.

Abstract #: *02ETC080*

Program leadership council: Collaborative, peer-to-peer learning to strengthen global health residency education

A. Sprockett, C. Renault, N. Vora, A. Bhatt, M. Barry; Stanford University, Stanford, CA/US

Program/Project Purpose: Over 25% of medical school graduates participate in a global health experience during their training. These experiences are a critical introduction to the field of global health. Continued exposure during residency training is critical to the development of future global health leaders. Residency programs, such as those at the Stanford University School of Medicine, are facing significant challenges in addressing this recognized need while meeting ACGME requirements and in a setting of limited infrastructure and funding. Opportunities to collaboratively surmount shared challenges are often missed as individual specialty program leadership teams struggle in isolation. The goal of the Stanford University Program Leadership Council (PLC) is to facilitate global health training at the post-graduate level by bringing together residency program leaders to share resources, to support educational initiatives, and to provide peer-to-peer learning.

Structure/Method/Design: The PLC aims to build collaboration across residency programs to strengthen global health training opportunities that support the professional development of future global health leaders. A formal consensus building strategy was applied to achieve this goal. First, a representative leading global health work in each residency program was identified. These individuals were invited to a structured initial PLC meeting. Prior to the meeting, participants were asked to prepare: (a) one slide introducing the residency program's global health training opportunities and (b) a focused list of challenges faced in global health education. Participants were led through an interactive consensus building activity to identify common challenges across programs over the course of one hour, followed by a formal closing evaluation to define steps forward.

Outcomes & Evaluation: This meeting was the first of its kind to bring together residency programs in the Stanford University School of Medicine. Fifteen residency training programs were represented, and 10 cross-program challenges were identified. Many participants expressed surprise to learn about the activities or infrastructure present in other residency programs. Other participants have begun discussing opportunities to expand program offerings and to collaborate on education and service projects. Following the meeting, a formal evaluation tool indicated that all a participants found the meeting to be (a) beneficial and (b) worthy of continuation.

Going Forward: Moving forward, the PLC will continue to meet every two months to address the challenges identified in the consensus building activity through peer-to-peer learning, network building, and administrative support. It will also continue to identify novel met

Funding: No project funding is currently required.

Abstract #: *02ETC081*

Strengthening nursing workforce: A key ingredient for achieving PEPFAR HIV prevention, care & treatment priorities

S. Strasser; ICAP Columbia University, New York, NY/US

Program/Project Purpose: Long standing underinvestment in nursing and midwifery education continues to limit the ability to train sufficient number of nurses and midwives with the appropriate clinical skills to meet population health needs. When HIV positive patients seek care in Africa, they will in all likelihood get treated by a nurse. They will also have their babies delivered by, their children immunized from, and their common as well as uncommon ailments, whether diarrhea, pneumonia, tuberculosis, malaria, cholera or Ebola, treated by a nurse. Increased investment is required to address the need for more nurses, training them better, and ensuring they have the necessary support to remain at the front lines, caring for the most vulnerable.

Structure/Method/Design: In 2009, ICAP at Columbia University began implementation of the PEPFAR funded Global Nurse Capacity Building Program (GNCBP), which consists of two subprojects, Nursing Education Partnership Initiative (NEPI) and General Nursing (GN). GNCBP aims to improve population health by fostering individuals, institutions, and networks to expand, enhance, and sustain the nursing and midwifery workforce by achieving three objectives: (1) Improve the quantity, quality, and relevance of nurses and midwives to address essential population-based health care needs, including HIV and other life-threatening conditions; (2) Identify, evaluate and disseminate innovative human resource for health models and practices that are generalizable for national scale-up of nursing and midwifery education; and (3) Build local and regional partnerships to provide technical and capacity building support for nursing and midwifery policy, regulatory and faculty development, curricula reform, continuing professional development and retention, and high impact nursing leadership. ICAP works collaboratively with relevant ministries, nursing bodies and education institutions to build local capacity and country ownership in the 13 countries where GNCBP is implemented.

Outcomes & Evaluation: To date, efforts to equip nurses and midwives with the clinical skills needed to meet population health needs, have led to over 10,000 pre-service nurses enrolled in 19 NEPI-supported nursing schools, 9 simulation skills labs and 4 model wards established, 15 curricula newly developed or revised to