

Structure/Method/Design: Websites with employment opportunities in global health were identified using the Google search engine applying specific global health search terms. From a large number of search results, additional constraints (such as English language listings affiliated primarily with organizations in North America, and the Google “Page Rank” as an objective measure of a citation’s importance), were applied to identify 26 websites that offered positions focusing on health-related efforts in low- and middle-income countries (LMIC). The investigative team developed a standardized selection and coding tool using a shared online document matrix that allowed for easy categorization of a number of employment-related factors such as type of employer, salary offered, discipline of employment and the requested level of the applicant’s academic achievement. Each investigator surveyed a subset of these sites that encompassed 178 job listings over two 6-week periods in 2014.

Outcomes & Evaluation: Major findings showed that (1) 67% of employment opportunities were offered by non-governmental organizations (NGOs) in both developed and developing countries; (2) 50% of job postings required public health related skills and knowledge whereas only 14% involved clinical training (primarily internal medicine); (3) 51% of job listings required at least a Master’s or Doctoral level of academic achievement; (4) 84% of job listings were program-related (including fields such as program direction, management and finance); (5) 56% percent of jobs listed indicated a salary range of (US) \$61 000-\$90 000.

Going Forward: While this pilot study has several limitations (such as its relatively small sample size and its restriction to English language postings available on the internet), it nonetheless provides a valuable snapshot of the current landscape in global health

Funding: None.

Abstract #: CUGH003

CUGH’s Educational Products Subcommittee (warning: You may feel compelled to join us!)

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Program/Project Purpose: A subsidiary of the Education Committee, CUGH’s Education Products Subcommittee (EPS) is charged with compiling, developing and disseminating products relevant to the teaching of global health and capacity building in the Global North and South. On the heels of publications such as “Developing Global Health Programming: A Guidebook for Medical and Professional Schools”, this effort takes the form of printed, online, and in-person trainings and curricular resources. WHO and other bodies have called for the use of computer-aided education to train millions of additional health providers; the EPS is partnering with NextGenU.org to answer this call with the first globally-available, free, accredited, and peer-mentor-guided courses. In response to the current crisis in West Africa, CUGH’s EPS has emergently assembled a set of trainings in the diagnosis and treatment of Ebola. The EPS is also partnering with AAMC’s GHLO, CFHI, NextGenU, and others to create an open access on-line predeparture training for international fieldwork.

Structure/Method/Design: The Ebola trainings are aimed at five audiences: primary care providers, veterinarians, undertakers, community health workers, and caregivers. Each audience will be able to access an online course specific to their role in managing patients with Ebola. Users will study such topics as community-based prevention (included for all audiences) and mortuary-based prevention (only included in the course for undertakers). Modules and topics are

based on CDC’s “2014 Domestic Ebola Training Course” syllabus. Online and print publications resulting from the EPS will be open-source and copywrited by Creative Commons whenever possible. The goal is to make high quality, peer-reviewed educational content widely available across the globe. An update of 100+ online modules spearheaded by Thomas Hall is included in the committee’s efforts.

Outcomes & Evaluation: NextGenU’s novel trainings are being used in 128 countries (as of December 2014), and data demonstrates that the courses perform as well as or better than standard medical and public health school trainings, through a combination of characteristics of traditional education and Massive Open Online Courses (MOOCs). Use of this model should create a rapid, high-quality expansion in the number of people qualified to safely care for those who have contracted the Ebola virus.

Going Forward: Once we post this Ebola course (expected early 2015), our tasks will be outreach, and continuously updating with the most recent research and resources.

Funding: Grand Challenges Canada, the Annenberg Physician Training Program, and the Ulrich and Ruth Frank Foundation for International Health.

Abstract #: CUGH004

Reasoning without Resources: A Teaching Case Series from rural Uganda

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Program/Project Purpose: “Reasoning Without Resources”, based on adult patients in rural Uganda, is an educational case series for medical faculty, residents, senior students, and health providers who work in underresourced settings. It aims to fill an important void in global health education: modern medical textbooks, by highlighting the latest molecular mechanisms of disease and hi-tech imaging, often add little to the challenge of diagnosis in the district-level hospitals that serve 80% of the world’s population. These cases address that reality by promoting bedside skills as the fundamental “diagnostic test” and sound clinical reasoning as the clinician’s principle resource. Through its Question and Answer format, the series focuses as much on the process of clinical reasoning as on biomedical content, informing education and cost-effective practice in modern medical settings too, and facilitating both independent study and classroom interaction.

Structure/Method/Design: Reasoning Without Resources shifts the focus of “tropical medicine” education from microorganisms to patients and their symptoms, from biology to clinical observation. Each case study is introduced with a short vignette based on actual patients cared for in rural Uganda. The vignettes illustrate common diseases and their less frequent complications; unusual diseases, especially treatable ones with serious consequences; and prevalent “problems” whose diagnosis and treatment unfold together with rational empiric therapy. Clinical data are emphasized, particularly temporal relationships between symptoms, and reflect the depth and detail necessary for diagnosis unassisted by laboratory or X-rays. They’re realistic, reflecting the rarity of the “classic case” and the limitations of “classic” signs. Findings that are clues to specific diseases sometimes appear, but “blind leads”, common in clinical practice, do too. Each vignette is followed by tailored questions that guide clinicians through the steps of observation, identification of key clinical data, conceptual “framing” of the diagnostic problem,

development of a differential diagnosis, and integration of epidemiologic and clinical data in estimating the disease probabilities that guide cost-effective, empiric therapy. Laboratory reports are few, restricted to those available in resource-poor settings in the developing world.

Outcomes & Evaluation: The cases have been the clinical focus of a global health course taught at Montefiore/Einstein in the Bronx for the past 8 years: 50 cases, edited for the classroom, are dissected during 15 interactive workshops by 20 senior Medicine residents divided into 4 discussion teams. Evaluations (with 100% response rates) reflect their success in this setting: 5.7 mean, 6.0 median on a scale with 6=outstanding. Voluntary (and therefore very selected) feedback about Cases posted on the CUGH website has been very positive.

Going Forward: The cases may too closely reflect the clinical reality of district hospitals in rural Africa where “gold standards” are rare and diagnoses often uncertain. (Hopefully such presumed diagnoses do not detract from the pedagogical value of the discussions.)

Funding: None.

Abstract #: CUGH005

CUGH's Education Committee

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Mission and Purposes: The Consortium of Universities for Global Health's Education Committee (EC) proactively represents the voice and views of the CUGH membership regarding educational products, programs, activities and services. The EC works to ensure that these are relevant and useful to faculty and trainees. Examples of how the EC can carry out this mission include: Providing advisory and substantive inputs in response to requests from the CUGH Board, program-related committees, members and Secretariat, Initiating and implementing projects and activities relevant to CUGH's overall mission, Convening ad hoc and standing subcommittees to address specific topics and services, Reviewing, testing and refining products intended for instructional use, Advising on, assisting with and organizing conference sessions of educational relevance, Working with the Trainee Advisory Committee and other relevant bodies to ensure that trainee interests and inputs are given due consideration in CUGH's educational program, Collaborating with other organizations concerned with projects of mutual interest.

Portfolio of Activities: The EC was formed in early 2013 and since then has developed a variety of activities. As of August 2014 the EC oversees the work of 7 subcommittees or discrete activities. Staff support is provided by Katherine Unger and Tom Hall. The subcommittees and their chairs are: Competency Subcommittee (Lynda Wilson), Conference Planning Subcommittee for Education inputs (Samuel Matheny), Educational Products Subcommittee (Erica Frank), GH Program Advisory Service (Jonathan Ripp), GH Workforce Subcommittee (Quentin Eichbaum), Interest Group formation (James Hudspeth), Trainee Advisory Committee (Jessica Evert)

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Abstract #: CUGH006

CUGH Global Health Program Advisory Service

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Program/Project Purpose: The purpose of the Global Health Program Advisory Service is to provide one-on-one mentorship to CUGH members (advisees) involved in the early or middle stages of global health program development. These advisees are matched with CUGH members (mentors) that have expertise in establishing or running longstanding global health educational programs. These advisee-mentor pairings are intended to last the course of one year and consist of regular teleconference meetings, with the possibility of a mentor site visit to the advisee's institution.

Structure/Method/Design: The Global Health Program Advisory Service (GHPAS) was officially launched in November 2014. Initial interest in the program was solicited at the 2014 CUGH Conference, after which a needs assessment survey was distributed to individuals (~50 people) desiring to participate. A total of 28 individuals responded to the survey, with 17 expressing interest in being advisees. Follow-up phone call interviews were arranged with 14 of those 17 individuals to further specify their mentorship needs. With their specific needs identified, GHPAS leadership sought out mentors for each of the 14 advisees. By November 2014, 93% of advisees had been matched up with a compatible mentor and letters were sent out linking the pairs together. Initial meetings between the mentor-advisee pairs were held in December 2014 and early January 2015.

Outcomes & Evaluation: To evaluate the impact of GHPAS, pre-intervention surveys were distributed to all participants shortly after matching occurred, in order to ascertain each pair's objectives and plans for communication during the year. Once the year-long mentorship concludes in December 2015, a post-intervention survey will be distributed. Pre-post survey responses will be compared to assess how successful the mentorship was in meeting each of the pair's stated objectives. In addition, informal feedback will be solicited periodically and at year-end to refine the process and gauge participant satisfaction.

Going Forward: Our hope is that GHPAS will be meaningful for both advisees and mentors. If successful, we will continue the service for future cohorts. Feedback from first-year participants will be used to develop and refine the program. GHPAS leadership will also work

Funding: None.

Abstract #: CUGH007

Report from the CUGH Global Health Competency Subcommittee

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Program/Project Purpose: The purpose of this poster presentation is to summarize the accomplishments from 2013-2015 of the Global Health Competency Subcommittee and present a proposed set of interprofessional global health competencies that have been developed for two different levels of global health trainees. These