

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

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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.

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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,