

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

*T. Hall; University of San Francisco, San Francisco, CA/US*

**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)

**Funding:** None.

**Abstract #:** CUGH006

### CUGH Global Health Program Advisory Service

*K. Unger<sup>1</sup>, J. Ripp<sup>2</sup>, J. Evert<sup>3</sup>, T. Rabin<sup>4</sup>, T. Hall<sup>5</sup>; <sup>1</sup>Consortium of Universities for Global Health, Washington, DC/US, <sup>2</sup>Mt. Sinai Hospital, New York, NY/US, <sup>3</sup>Child Family Health International, San Francisco, CA/US, <sup>4</sup>Yale School of Medicine, New Haven, CT/US, <sup>5</sup>University of California, San Francisco, CA/US*

**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

*L. Wilson<sup>1</sup>, B. Callendar<sup>2</sup>, T. Hall<sup>3</sup>, A. Velji<sup>4</sup>, V. Rowthorn<sup>5</sup>, S. Rudy<sup>6</sup>, K. Jogerst<sup>7</sup>, H. Torres<sup>8</sup>, J. Evert<sup>9</sup>, J. Olsen<sup>10</sup>, V. Adams<sup>11</sup>, J. Shen<sup>12</sup>, E. Fields<sup>13</sup>, L. Simon<sup>14</sup>; <sup>1</sup>University of Alabama at Birmingham School of Nursing, Birmingham, AL/US, <sup>2</sup>University of Chicago Pritzker School of Medicine, Chicago, IL/US, <sup>3</sup>University of California San Francisco, San Francisco, CA/US, <sup>4</sup>California Northstate University College of Medicine, Elk Grove, CA/US, <sup>5</sup>University of Maryland School of Law, Baltimore, MD/US, <sup>6</sup>Public Health Institute, Oakland, CA/US, <sup>7</sup>Dartmouth University, Hanover, NH/US, <sup>8</sup>University of Alabama, Birmingham, Birmingham, AL/US, <sup>9</sup>Child Family Health International, San Francisco, CA/US, <sup>10</sup>University of Maryland, Baltimore, MD/US, <sup>11</sup>National League for Nursing, Washington, DC/US, <sup>12</sup>University of Alabama, Birmingham, Birmingham, AL/US, <sup>13</sup>University of Washington, Seattle, WA/US, <sup>14</sup>Harvard University, Cambridge, MA/US*

**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

competencies are intended to initiate discussion among diverse disciplines globally regarding the focus of effective global health educational programs for different levels of trainees. Furthermore, they can serve as a platform to develop resources to teach and assess trainees utilizing competency-based approaches. Overall, they can help prepare future trainees from a variety of disciplines to address complex global health challenges that demand new methods of thought and implementation.

**Structure/Method/Design:** After an extensive review of literature and websites related to global health competencies, Subcommittee members determined that different competencies were needed for trainees at different levels, and proposed four different levels of trainees: Global Citizen, Exploratory, Basic Operational, and Advanced levels. Competencies reflecting knowledge, skills, or

attitude competencies were identified for the Global Citizen (n=13 competencies) and Basic Operational Levels (n=39 competencies).

**Outcomes & Evaluation:** A manuscript describing these competencies has been accepted for publication and Subcommittee members will encourage comments and feedback to these proposed competencies on the CUGH Education Interest Group web page and Discussion Forum.

**Going Forward:** Next steps will involve developing a “toolkit” estimating the amount of time needed to teach each strategy, as well as resources, teaching and evaluation strategies that might be appropriate for each of the identified competencies.

**Funding:** None.

**Abstract #:** CUGH008