

findings indicate that most students seeking international experiences believe that they receive insufficient training and debriefing. Existing PDT/PED curricula need to be improved to include important topics such as ethics, and include the other topics. Additionally, respondent felt that effective modes of delivering PDT should include small-group discussion, online modules, and simulation.

Importantly, the results of this student-based needs assessment will guide the development of an effective PDT/PED global health curriculum at other institutions, as well as our own.

### **Building a center of reference for monitoring and evaluation in health program in South East Asia: A partnership between MEASURE Evaluation and Public Health Foundation of India**

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**Background:** The capacity-building partnership between MEASURE Evaluation at University of North Carolina at Chapel Hill and Public Health Foundation of India (PHFI) in New Delhi has generated impressive results, and highlights key lessons learned relating to institutional capacity-building efforts.

MEASURE Evaluation employs many strategies to address the need for an increase in the capacities of individuals and organizations to perform monitoring and evaluation (M&E) functions in the health sector. One of these strategies is establishing partnerships with training institutions in developing countries with the aim of creating regional centers of reference for M&E activities. The partnership with PHFI was established in July 2008.

**Structure/Method/Design:** Institutional capacity-building interventions conducted include capacity building of faculty members and trainers in M&E topics; designing and delivering joint training programs; developing and adapting M&E curricula and training materials; engaging faculty and trainers in regional M&E technical assistance activities; and promoting sustainability through the establishment of networks of M&E centers of reference.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** Public Health Foundation of India

**Summary/Conclusion:** In a span of 5 years, the number of M&E training programs offered by PHFI has grown from none to a robust range of offerings, with 5 types of regional/global workshops on M&E topics, 1 postgraduate level M&E course in a diploma program, 1 M&E concentration in the MPH program (planned for 2014), and 18 national-level short-term courses. With MEASURE Evaluation's support, PHFI has also engaged in developing online courses, adapted training materials for domestic and regional use, and provided technical assistance in M&E both within India and other countries in the region. MEASURE Evaluation has also facilitated and encouraged the establishment of linkages between PHFI and other M&E training institutions around the world, making it possible for mutually beneficial sharing of knowledge and experience.

Several key points have emerged as lessons learned from this experience. First, cultivating trust and confidence among partners through relationship building has been vital for this successful partnership. Additionally, institutional commitment to M&E of PHFI and individual M&E champions were necessary to promote the partnership and securing financial resources. The presence of a core group of trainers with solid M&E knowledge at PHFI has been a

valuable asset. It is evident that to truly institutionalize M&E and safeguard sustainability it is necessary to incorporate M&E into academic programs conducted by the institution. Finally, the importance of connections with other centers of M&E activity stands out as key to sustainable success.

### **Expanding the global health workforce through distance education**

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**Background:** The shortage of trained public health professionals in the domestic and global arena has called for new approaches to building the public health workforce, including maximizing the use of evolving technologies such as distance learning. From South Africa to California, more and more agencies and institutions of higher learning are developing innovative solutions to train public health professionals remotely, but the experience and effectiveness of such efforts has not been well documented.

**Structure/Method/Design:** Using a case-study approach, this study investigates the experience of the University of Southern California's endeavor to educate the current and future public health workforce through the launch of a new online master of public health (MPH) program, including key considerations for launching a distance-learning program, strategies for developing courses that are interactive and meet public health competencies, getting buy-in from faculty and other key stakeholders, and comparison of student feedback between the same courses taught in online and on-campus formats. Data were collected through key informant interviews with university administrators, focus groups with faculty and students, and document review of students' course evaluation forms.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** Not applicable

**Summary/Conclusion:** Results have a number of implications that may be useful to university faculty and administrators implementing or considering initiation of distance education in global and public health.

### **Students for Health Innovation and Education (SHINE): Fostering leadership among medical students and residents**

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**Background:** Students for Health Innovation and Education, abbreviated as SHINE, provides a model for bridging the gap between public health and medicine. It cultivates a greater commitment to service among Canadian medical students and allied health professionals. Distinct from many student clubs and organizations in medical school, SHINE strives to provide continuity between medical school and residency. Moreover, SHINE places a great emphasis on community development leadership, and collaboration, particularly across disciplines.

**Structure/Method/Design:** Our approach involves immersing students in projects that will permit early exposure to public health (coinciding with the beginning of medical training) and provides experience collaborating with a community-based organization/institution to plan, implement, and evaluate a project. Furthermore, we recognize the importance of improving communication across health care disciplines, which is why when possible/applicable, we encourage opportunities that will enable student participation in interdisciplinary teams. Each placement is intended to support

student development of one or more of the CanMED roles. This is not only a way of standardizing the value obtained from student experiences but it also promotes the “core competencies” that are integral to effective physicianship.

In addition, SHINE hosts monthly journal clubs, quarterly workshops (on leadership, advocacy, preventative medicine, etc.), and annual events with world-renowned leaders, to allow SHINE students to envision their own impact in the greater context and receive feedback and insight from individuals who have dedicated their lives to improving the human condition.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** SHINE partners with institutions and community-based organizations (CBOs) serving marginalized populations, both in Calgary and abroad. Partnerships entail a reciprocal relationship that enable medical students to develop their CanMED roles (“core competencies” integral to effective physicianship), while at the same time assisting CBOs/institutions to achieve a desired program goal/execute their mandate.

Current partners include 1. the YMCA (to develop a Youth Wellness Program targeting Youth Age 12-17), 2. Bo School of Community Health Sciences and Bo Government Hospital (to create a sustainable Neonatal Resuscitation Program that aims to reduce neonatal mortality attributable to birthing asphyxia by increase the number of health professionals in Bo trained in neonatal resuscitation), 3. WoodsHomes (to create of a framework and curriculum for addiction cessation that uses a combination of harm-reduction strategies, and targets youth 16-24), and 4. Remand Center (to sensitize students to the unique challenges of working with prison populations and develop a tailored health assessment questionnaire).

**Summary/Conclusion:** Sixteen students across a multitude of disciplines have been enrolled for the 2013-2014 program. Each placement is supported by a physician mentor. A sustainability plan has been created to ensure placements remain available from year to year.

### Creating collaborative connections across a continent: Seven children’s hospitals striving for a sustainable global health partnership

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**Background:** The St. Damien Collaborative to Improve Pediatrics in Haiti (SCIPH) is a newly established partnership among six US-based pediatric institutions and St. Damien Pediatric Hospital (SDH) in Tabarre, Haiti. SCIPH aims to foster academic collaboration and support SDH through international exchange of medical trainees, quality improvement initiatives, support of SDH subspecialty training, an annual conference with all participating institutions, and fundraising.

**Structure/Method/Design:** SDH is a 120-bed children’s hospital dedicated to providing quality inpatient care and outpatient programs to over 90,000 Haitian children. SDH includes a maternity ward, NICU, PICU, dental clinic, and oncology ward, in addition to providing care for children with HIV, TB, malnutrition, and other

chronic conditions. Each SCIPH member is an equal partner with a collective strength that outweighs the mere sum. A US-based partner has hosted Haitian medical trainees; each US-based partner sends two pediatric residents to St. Damien Hospital for 1 month each year. A US-based SCIPH partner has accepted five cardiothoracic surgery patients from Haiti, in addition to supporting the development of SDH’s own cardiac care and surgical programs. One partner continues to teach and improve ultrasound techniques to Haitian providers. Coordinated efforts for evidence-based quality improvement projects include the provision of copies of the WHO Pocket Book of Hospital Care for Children for SDH residents and the creation of order sets and clinical pathways for commonly seen medical conditions. Educational efforts include development of problem-based learning and supporting small-group, self-directed learning. Responsibility for organizing the annual SCIPH conference is rotated among each US-based partner, with a long-term goal of a Haitian-hosted academic conference. The goal of the SCIPH conference is collaboration, increasing awareness of SDH and SCIPH at the host’s institution and community, and fundraising for SDH.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** St. Damien Pediatric Hospital, Akron Children’s Hospital, Hasbro Children’s Hospital, Children’s Hospital of The King’s Daughters of Eastern Virginia Medical School, UMass Memorial Children’s Medical Center, University of Minnesota Amplatz Children’s Hospital, University Hospital Rainbow Babies and Children’s Hospital, University of Notre Dame Haiti Medical School

**Summary/Conclusion:** The strength of the program has been its multifaceted approach to collaboration, leading to the challenge of effectively coordinating efforts and communication among institutions. Striving for evidence-based, sustainable practices that fulfill the expressed needs of St. Damien is a continued commitment of the group. The establishment of a residency program at St. Damien will bring further opportunities for collaboration and another dimension to all projects.

### The effect of standardized protocols for trainees on a global child health program in Haiti: Improved diagnosis and treatment accuracy

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**Background:** An increasing number of pediatric health professionals and medical trainees are interested in working with underresourced communities abroad and programs in global child health have increased exponentially to meet this need. While there are documented benefits to the trainees for these short-term experiences, ethical concerns have been raised about the use of inexperienced and undersupervised medical students and residents to provide care for local residents. Since 2011, a team of educators in collaboration with the Haitian Ministry of Health developed and implemented an effective, efficient, and sustainable pediatric outreach health program targeting all children in the Bas Limbe region of Northern Haiti. This outreach program is an ongoing effort to service a larger population of children. Standardized protocols for treatment of the most common conditions were created to encourage consistency across providers, including medical trainees. To evaluate the effectiveness of this program, data was reviewed on the pediatric patients seen during these outreach missions over a 2-year period to compare the consistency of diagnosis.