the development of equitable, long-term partnerships with local health systems. During our two-year program, HEAL fellows provide clinical service while rotating between an underserved domestic site and an underserved international site in either Haiti, Liberia, India, or Mexico. At each location, fellows work closely with local counterparts selected by our partner organizations, engaging in a curriculum that teaches core components of global health delivery, including project management, leadership, diseases of poverty, social determinants of health, quality improvement, monitoring and evaluation, and faculty development. In addition, both fellows and their counterparts will obtain an online Master of Public Health (MPH) as part of their training.
Outcomes & Evaluation: Since the HEAL Initiative will launch in July of 2015, we do not yet have outcomes for the fellowship. However, we plan to implement a rigorous evaluation structure to assess the skill sets of our fellows and the impact the program's retention of quality health care professionals within resource-limited settings.
Going Forward: As with all innovative educational programs, there are unanswered questions about the ideal structure and content of our curriculum. We anticipate a learning curve with our first cohort of fellows. Given our goal of training an interprofessional cohort, we plan on expanding recruitment in the future to include nurses and pharmacists in addition to physicians.
Funding: Funding will come from partner site contributions and philanthropy. Our model is designed to be financially sustainable in three years.
Abstract #: *02ETC003*

Evolution of a training program in use of electronic medical records: Towards efficiency and quality scale-up

C.B. Atelu[1], J. Antilla[2], V. Muthee[3], N. Puttkammer[4]; [1]N/A, Nairobi, KE, [2]Seattle, WA/US, [3]Nairobi, KE, [4]University of Washington, Seattle, WA/US

Program/Project Purpose: International Training and Education Center for Health (I-TECH) is a global network housed in the University of Washington (UW) that supports the development of a skilled health work force to provide effective prevention, care, and treatment of infectious disease in the developing world I-TECH provides technical assistance to the Kenyan Ministry of Health (MOH) for implementation of an open-source electronic medical record (EMR) system, called KenyaEMR (hosted on Open MRS platform) within 315 public health facilities in four regions of Kenya. Before implementation, I-TECH carried out a training needs assessment among personnel in 23 facilities. Distinct training needs for health managers and front-line health care workers identified
Structure/Method/Design: I-TECH implemented three different strategies in delivering KenyaEMR trainings to users. Trainings were delivered by three different groups (training institutions, centrally located facilitators, county facilitators). Training location transitioned from off site (hotel-based) trainings to on-site (facility-based) trainings in a bid to train more health care workers (HCW). Lenght and content of trainings was adjusted in response to curriculum evaluation and strategy changes to incorporate mentorship sessions. Strategy #1: Five-day off site user training, Delivered by facilitators from training institutions. Strategy #2: Three-day off site user training, Delivered by master facilitators. Strategy #3: Four-day on-site end-user + mentor training, Delivered by MOH county-level facilitators, 1-2 Champion Mentors per site cascade training to other health care workers.
Outcomes & Evaluation: January-March 2013: Strategy 1
Cost per participant $2,345
121 managers attended Health Manager Orientations
67 Health care workers attended KenyaEMR User Training

April – September 2013: Strategy 2
Cost per participant $577
165 managers attended Health Manager Orientations
131 Health care workers attended KenyaEMR User Training

October 2013 – September 2014: Strategy 3
Cost per participant $325
216 managers attended Health Manager Orientations
1123 Health care workers attended KenyaEMR User Training
120 Champion mentors involved in mentorship
Going Forward: The evolution of I-TECH's training strategy has resulted in a lower-cost training model, with greater availability of on-site support for system users and realization of a robust training with ability to track and account for all mentees. However transfer
Funding: Centre of Disease Control (CDC) Pepfar
Abstract #: *02ETC004*

Results of a five year program review for the first US-based masters of science in global health at UC San Francisco

K. Baltzell, M. Dandu; UCSF, San Francisco, CA/US

Program/Project Purpose: Context: As the first masters of science degree in global health in the country, the GHS MS is a one-year, 4-quarter degree comprising 36 course units and a capstone product. It was conceived as an academic program with a comprehensive core curriculum and a multidisciplinary approach to public health in a globalized world, with particular emphasis on low-income, marginalized and underserved populations. Program Period: In 2008, the MS in Global Health Sciences admitted its inaugural class of seven. We are currently in the seventh year of our program. Why: The surging academic interest in global health has created demand for improved program collaboration and oversight, including a consensus framework for global health education at the master's level. Aim: To train students or practitioners in a health science profession or related field who wish to acquire expertise and leadership in the field of global health.
Structure/Method/Design: Program Goals: 1) To train students in the key concepts in global health 2) To train students in scholarship and scientific writing 3) To provide an enganging, interactive learning environment that faciliates leadership development 4) To prepare students for careers in global health Participants: Applications are received online and eligible candidates are interviewed. We examine academic transcripts, letters of recommendation, a resume, and personal statement for evidence of academic accomplishment, global health experience, motivation, leadership potential, and program "fit." Sustainability: The program is self-supporting and entirely based on student tuition. It does not receive any funding from the University or the State of California.
Outcomes & Evaluation: Successes: The program is a completely self-supporting program. Increase in applications to about 180 per year. Our class size has grown from 7 to 44 in the current class. M&E Results: By all measures, including student evaluations, faculty evaluations, institutional discussions, increased applications, and the formal five-year program review, the MS in Global Health has had overwhelming success. We have successfully recruited highly diverse and well qualified students and the majority have gone on to careers or further educational related to global health. 79% of 89 graduates reported paid employment following graduation. The majority of graduates (66%) who have held paid employment since graduation