

and word of mouth. Typically, applicants who have a prior doctoral or master's degree in a health-related field, and/or three years of relevant experience are selected. Students take three credit-bearing courses during a three-week summer session at Harvard School of Public Health. Harvard faculty teach a curriculum of epidemiology, management science, and global health delivery case studies. Students receive tuition funding from a range of means, including partner organizations and scholarships.

**Outcomes & Evaluation:** To date, the program has trained over 200 students representing 41 different countries. The program's success helped create a new Master of Medical Sciences in Global Health Delivery (MMSc-GHD) degree at Harvard Medical School in 2012. All MMSc-GHD students begin their two-year masters degree work by taking GHDI. Student evaluations show a high degree of satisfaction with the quality of course content and class discussions and suggest they are highly applicable to their global health work. Networking opportunities with peers and faculty are also identified as highly beneficial. Anecdotal reports from course graduates suggest ongoing benefits of course participation over time in terms of career growth as well as impact on health outcomes.

**Going Forward:** Challenges for the GHDI program include increasing scholarship funding for students from resource-limited settings. In addition, GHDI alumni have asked for additional offerings. Many of the GHDI alumni are enrolled in full time Master programs. Faculty are responding to student feedback, in how best to tailor courseware. Considerations include establishing prerequisites for the program and translation of articles and curriculum. GHDI alumni have been the subject of new cases, and serve as advisors to guide new pedagogy in global health delivery.

**Funding:** The program is supported jointly by Harvard Medical School and Harvard School of Public Health, in partnership with Brigham and Women's Hospital.

**Abstract #:** 02ETC010

### Early medical education in Global Health Research: Development of a novel research track

L.C. Carlson<sup>1</sup>, A.P. Skog<sup>2</sup>, M. Narayan<sup>3</sup>, E.J.B. Calvello<sup>4</sup>, M. McCurdy<sup>5</sup>; <sup>1</sup>Johns Hopkins Bloomberg School of Public Health, Baltimore, MD/US, <sup>2</sup>University of Maryland School of Medicine, Baltimore, MD/US, <sup>3</sup>Department of Surgery, University of Maryland School of Medicine, Baltimore, MD/US, <sup>4</sup>Department of Emergency Medicine, University of Maryland School of Medicine, Baltimore, MD/US, <sup>5</sup>Department of Medicine, University of Maryland School of Medicine, Baltimore, MD/US

**Program/Project Purpose:** Despite increased awareness that research is an essential component of the graduate medical education, traditional training has emphasized clinical and basic science research in a US-based context. Global health research, however, utilizes a unique set of tools and methods less commonly employed in other realms of medical research. With this in mind, the Global Health Research Track was developed to provide students with a streamlined, peer-driven curriculum that offers foundational training in global health methods and principles.

**Structure/Method/Design:** Engaging students, faculty, and global health researchers from diverse backgrounds and specialties, a year-long curriculum was developed for first year medical students interested in global health research. This student-led initiative is composed of a comprehensive seminar series, journal club-style meetings, and an integrated practicum component. All of these aim to provide first-year medical students with foundational skills necessary to become productive junior members of global health research teams; a capacity to work in

diverse and interdisciplinary settings; and a fundamental understanding of the global health literature. Through the practicum component, students are paired with experienced faculty mentors and provided with an opportunity to participate directly as part of a global health research team.

**Outcomes & Evaluation:** An abbreviated curriculum was piloted between May and July 2014 with a group of eight first-year medical students. All students attended seminar sessions, participated in journal club meetings, and were offered the opportunity to be included in global health research teams. Follow-up interviews and surveys were used throughout the pilot program to refine and improve the curriculum. The participants unanimously regarded the program very favorably, but requested expansion of the curriculum to provide specific research skills training, such as database management and basic statistical analysis. This feedback was used to develop the curriculum of the Global Health Research Track, which will be offered as a formal certificate program through the Department of Medicine at the University of Maryland School of Medicine in the 2014-2015 academic year.

**Going Forward:** While this academic year's program will continue to follow a clearly defined curriculum, we will simultaneously integrate students' experiences and recommendations into real-time curricular changes to capitalize on existing opportunities for improvement and expansion. Formal surveys will be used throughout the upcoming academic year to characterize the effectiveness of the Global Health Research Track in achieving its training goals and to discern new areas for improvement and expansion in future years. Relationships with other institutions and the Schools of Nursing, Law, Social Work, Dentistry, and Pharmacy within the University of Maryland system will be cultivated to support the interdisciplinary aspects of this program and potentially promote the development of similar tracks outside of the University of Maryland School of Medicine.

**Funding:** None.

**Abstract #:** 02ETC011

### Prevention of mother to child transmission of HIV/AIDS in Northern Uganda: A community-facility-community pilot project

M. Carroll; University of Washington School of Nursing, Seattle, WA/US

**Program/Project Purpose:** Northern Uganda continues to recover from nearly two decades of civil unrest. HIV lends a heavy burden on the health care system and residents of northern Uganda. Nearly 90% of HIV+ children in northern Uganda have been infected vertically from their mothers. The Uganda Ministry of Health has taken a lead in preventing mother to child transmission of HIV by scaling up programs and implementing WHO's Option B+ 2010 guidelines. The Food for the Hungry Uganda (FHU) HIV Free Generation for Northern Uganda pilot project at the New Life Medical Center applied a community outreach model to recruit 100 HIV+ pregnant women during their first trimester of pregnancy from Sept. 2012 to March 2014. The following outcomes were measured: 100 pregnant HIV + women receive free medical services throughout pregnancy, delivery and breastfeeding; 90% of all infants born to enrolled HIV+ mothers remain HIV-free throughout gestation, birth and breastfeeding; 100% of HIV+ infants (10 children) who were born to enrolled mothers receive early infant diagnosis and free HIV medical services.

**Structure/Method/Design:** FHU, in collaboration with the University of Washington (UW) Global Women, Adolescent and Children program selected a UW graduate student to complete a fellowship with FHU's HIV Free Generation Prevention of Mother to Child Transmission of HIV project in Kitgum, Uganda. The fellowship took place from Jan - March 2014 with a 2-week field visit. During the field