

University, Kazakhstan) were sent partial curriculum materials, to the extent that the mentor school's curriculum was transferrable (culturally appropriate, aligned with new school's curriculum). Remote mentoring communication occurred by email and Skype. Review and feedback about new materials was provided on a rolling basis. Preparation culminated in a one week in-person meeting where the mentor and teachers refined what had been developed. Mentors helped the teachers prepare for new roles as small group and team-based learning facilitators, and for working with simulated patients.

Outcome & Evaluation: The new teachers made effective use of the distance mentoring methods to prepare a course's curriculum and themselves within a relatively brief interval, typically 3–4 months per course. Across the first year medical curriculum, courses functioned to the satisfaction of the students and teachers. Students reacted positively to active learning in problem-based learning and labs. Students rated courses highly, typically >4/5. Teachers reported growing confidence in their abilities to teach in active learning settings and demonstrated progressive openness to implementing non-lecture methods. As an alternative to traditional in-person mentoring, a distance mentoring method was highly effective in preparing medical teachers and courses. It reduced costs by avoiding extended, repeated teacher or mentor travel. Even with barriers of time zones, language differences, and differences in teacher backgrounds, this project succeeded in preparing medical teachers and a new curriculum.

Going Forward: This new approach has been adopted as the routine method for remotely mentoring faculty at this new medical school. The method can readily be implemented by other institutions and in any health sciences discipline.

Source of Funding: Funded by partnership contracts with Nazarbayev University.

Abstract #: 1.008_HHR

Outcome Evaluation of the Edmundo Granda Ugalde Leaders in International Health Program (LIHP) of the Pan American Health Organization (PAHO) from 2008 to 2012

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Background: Given complex challenges faced by health leaders in a globalized world, the Leaders in International Health Program Edmundo Granda Ugalde (LIHP) of the Pan American Health Organization (PAHO) strives to strengthen country capacity in the Americas to understand, act upon and positively influence the international determinants of health, promote national interests, and achieve international, intersectoral agreements, guided by the principle of global health equity. The Program targets mid-high level professionals from public health, international relations and related fields. Through a series of virtual modules and development of country projects based on national/regional

priorities, participants develop competencies in situation analysis, policy design, decision-making, negotiation, advocacy, project management/cooperation, generation and dissemination of knowledge, and communication.

Methods: A retrospective, outcome evaluation of the LIHP was conducted in 2015, focusing on graduates from 2008–2012 (n=201) and utilizing information derived from their initial application as baseline. Quantitative and qualitative data were gathered through an online questionnaire. Questions looked at the outcome on participants as well as the context or environment within which outcomes were generated to elucidate systemic and other factors involved in the process. Focus groups will be conducted to facilitate cross-referencing of data and provide a more complete picture of the Program's outcome on former participants, their institutions and countries.

Findings: 107 persons representative of the study population completed the questionnaire (CI 90%). Approximately 75% applied the knowledge and competencies gained in their work or other professional arenas with almost 60% noting the positive influence on their ability to coordinate and strengthen alliances with other institutions and participate in program management and development. Respondents indicated active involvement in the international arena, particularly through research, teaching, conferences, publications, negotiations and advocacy. All respondents reported expansion in knowledge, most notably in international cooperation, social determinants of health, international relations and international health leadership. Respondents felt the LIHP helped them contribute to global and regional mandates through increased knowledge, provision of useful tools and facilitation of relationships.

Interpretation: Results show the LIHP has been successful in meeting objectives. Results will be utilized to enhance LIHP quality and relevance and further strengthen regional capacity.

Source of Funding: None.

Abstract #: 1.009_HHR

A Trainee-Focused Approach to Program Monitoring in a Novel Multidisciplinary Global Health Fellowship and Global Health Delivery Model

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Program/Project Purpose: The Health, Equity, Action & Leadership (HEAL) Initiative is a fellowship developed at the University of California, San Francisco (UCSF) that offers a multidisciplinary global health curriculum as well as on the ground experience providing care for the underserved domestically and internationally. Global health providers-in-training that serve to augment existing clinical staff at sites already aiming to promote health equity. Monitoring and evaluation is increasingly an important component of programs designed for global health delivery. A HEAL assessment program combines aspects of academic quality improvement models and global health monitoring and evaluation models. The HEAL assessment program aims to continuously monitor program activities and outputs regarding multi-disciplinary trainees who are participating in a new model of equitable global health delivery education.

Structure/Method/Design: A framework for monitoring trainee program activities within the first two year fellowship training interval relies heavily on mixed-methods surveys and qualitative semi-structured key informant interviewing. Mixed-methods surveys function to assess the fellows' comfort levels with core competencies and quantify core experiences within the curriculum. Surveys also serve to illicit feedback for didactic aspects of the curriculum. Interviews help administrators understand trainee, faculty-mentor, and staff attitudes surrounding the program, enabling a timely and academically rigorous approach to curriculum and programmatic enhancement and restructuring. Recruitment will target all fellows, faculty-mentors, and staff.

Outcome & Evaluation: Preliminary results of mixed-methods surveys suggest HEAL initiative fellows beginning their second fellowship year expressed greater comfort and confidence meeting the health needs of the populations they served through health care delivery and health program implementation, compared to fellows preparing to begin their training. Followup surveys tracking cohort progress are needed to make more definitive comments on HEAL's success in meeting program output targets.

Going Forward: Implementation of semi-structured interviewing and qualitative analysis surrounding trainee baseline attitudes toward global health and the HEAL Initiative are in process. Implementation of semi-structured interviewing and qualitative analysis surrounding faculty-mentor and staff attitudes toward the HEAL Initiative are in process. Results of this monitoring process and its continuation in future years will aid HEAL administrative staff in offering an effective, efficient, and relevant curriculum.

Source of Funding: HEAL Initiative.

Abstract #: 1.010_HHR

Initial Outcomes for Program Monitoring of a Novel Multidisciplinary Global Health Fellowship and Global Health Delivery Model

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Background: The HEAL Initiative is a two-year fellowship model that combines a multidisciplinary global health fellowship education with on-the-ground experience working with health organizations to promote health equity at sites across the globe. Rotating fellows work at one domestic site and one international site each year while site fellows remain at their site for the duration of the two-year fellowship. Fellows work as clinicians and public health practitioners. Monitoring the program activities for each cohort is an important programmatic component. The purpose of this study is to monitor fellowship core competencies and illicit how HEAL Initiative fellows think about important concepts in global health.

Methods: HEAL rotating fellows (n=17) completed a mixed-methods (quantitative and qualitative) survey in the twelfth month of the program, eliciting responses from the first cohort fellows (n=6) at twelve months of the program and second cohort fellows (n=11) prior to beginning the fellowship. All HEAL rotating fellows were recruited to participate.

Findings: Results refer to fellows' previous 6 months of clinical work. Eighty four percent of the first cohort (C1) fellows, compared to 55% of the second cohort (C2), reported a high level of knowledge and comfort treating the local burden disease at their assigned domestic site. The difference was more pronounced for their international site, with 84% of C1 fellows feeling clinically confident versus none of the C2 cohort. On the topic of designing, implementing, monitoring, and evaluating health programs, over half of C1 fellows felt confident performing these activities compared to only one of the C2 fellows (9%). On qualitative analysis, C1 fellows gave site-specific examples of equity promotion or lack thereof when asked if their system promoted health equity, referring to concepts of equitable access, affordability, and compared their sites' system to national contexts.

Interpretation: HEAL initiative rotating fellows beginning their second fellowship year expressed greater comfort and confidence meeting the health needs of the populations they served through health care delivery and health program implementation, compared to fellows preparing to begin their training. Followup surveys tracking cohort progress are needed to make more definitive comments on HEAL's success in meeting program output targets.

Source of Funding: HEAL Initiative.

Abstract #: 1.011_HHR

Collaborative Nursing Leadership Field Course in Malawi

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Program/Project Purpose: A two week field-based short course for nurse leaders from the US and Malawi to enhance skills in resource limited settings with a high disease burden. Participants are experienced nurses with management responsibilities who desire further training in leadership. Objectives are: 1) To create a community of nurses focused on equity in work and patient relationships; 2) To build leadership skills that improve nursing care quality in under-resourced settings in the US and Malawi; 3) To develop methods that promote inter-professionalism, especially with physicians; and, 4) To construct innovative teaching methods including case studies and simulation. Importantly this course integrates nurse leaders from both the US and the field site to pursue collaborative solutions.

Structure/Method/Design: Developed collaboratively by nurses at UCSF and partners in Malawi, the course is implemented in Malawi for 20 participants (8 US/12 Malawi), selected by a planning team from each country. The foundation of this course is social justice, professional development, and leadership skills. Each site will receive advanced training in relevant clinical content depending on pressing health issues (e.g. HIV burden, diabetes, maternal outcomes).

Curriculum Components: - Human rights and social justice approach to address UN Sustainable Development Goals 2, 3, 5, 10, 16 - Leadership development