

including medical journals and textbooks, through the Internet or on CD-ROM. KMCs ensure that information is not only more accessible, but that it also has a real-world impact. They represent a sustainable, effective model for expanding the practice of evidence-based medicine throughout Africa and elsewhere in the developing world. Use of tablets and other mobile devices should be explored.

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Global Neurology Initiative: Piloting an Innovative Global Health Curriculum for Neurology Residents at the University of Massachusetts in collaboration with Charutar Arogya Mandal in Gujarat, India

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Background: As globalization transforms the medical landscape, global health education is becoming an integral part of medical training. Our aim was to develop an innovative global health curriculum, through use of technology, for neurology trainees at the University of Massachusetts Medical School (UMMS) and trainees at Charutar Arogya Mandal (CAM) in Gujarat, India.

Methods: The curriculum consisted of 7 modules combining didactic and case-based learning, a project implementation workshop, 2 video-conference case discussions with CAM, and online reading assignments. Sixteen-question pre- and post-curriculum assessments, and three 3-question short-answer feedback surveys were administered to assess the various modules. Qualitative analysis was performed on feedback surveys. In Likert scale analysis, “agree”/ “strongly agree” and “disagree”/ “strongly disagree” were combined.

Findings: Twenty UMMS neurology residents participated in the curriculum of which 45–70% completed assessments. All residents agreed in the pre- and post-assessments that they are “interested in global health” and “a global health curriculum is important in residency training.” In addition, 78% were “aware of the impact of neurological diseases on the global burden of disease” in the pre-assessment compared to 100% in the post-assessment. Fifty percent reported they could “identify neurological diseases specific to international populations” prior to the curriculum, which increased to 80% after the curriculum. Residents reflected on, planned, and accomplished project work. They commented on well-organized and interesting discussions with colleagues in India, although mentioned “technical issues” needing improvement. Overall, they would like to learn more about “culture-specific presentation of neurological conditions,” and “neurological diseases in different situations. i.e. war victims, immigration.” Many stated interest in additional case discussions and “more collaboration in global health programs.”

Interpretation: All participants agreed that global health curricula are essential for a comprehensive training program. Multi-modality educational activities proved beneficial and case discussions were highly favored. Technology, although with limitations, promotes virtual exposure to global settings and longitudinal collaboration enhancing global health education and motivating trainees to become global neurologists.

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Helping teachers to teach Global Health in health professional educational programs: the Sherbrooke experience

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Program/Project Purpose: Globalization calls educational programs to increase their graduates' competence in Global Health (GH). Various initiatives here or abroad have been implemented on different scales. If programs and students are called upon, teachers are also at the forefront of GH education.

While some teachers possess GH expertise, a higher percentage of them don't. Teachers' needs are then twofold: for most of them to increase their own competency in GH and for all of them to increase their educational capacity to optimally sustain student competency development in GH.

Structure/Method/Design: Université de Sherbrooke Faculty of Medicine and Health Sciences (FMHS) committed itself in 2012 to ensure GH competency development for all its future health professional graduates, more specifically in medicine, nursing sciences, occupational therapy and physical therapy. Concomitantly to the progressive integration of GH content in the programs, a GH faculty development strategy was recently confirmed. It focuses on the following elements: disciplinary-based professional development adapted to participants' experience in GH; educational capacity building; consideration of expected student competencies; interdisciplinarity; integration of activities to the present faculty development structure.

Outcome & Evaluation: Our first year experience confirmed the adequacy of the planned strategy. Issues raised by both participants and faculty development resources were the following: GH is relevant to all disciplines; a shared comprehension of concepts and a common language is of prime importance; an operational definition of GH is a necessity; disciplinary professional development in GH shall not be overlooked; emphasis must be on the identification of concrete and practical ways to enrich curriculum as well as participants' own teaching interventions.

Going Forward: Our one-year experience confirms the importance of not overlooking faculty development in order to improve the teaching of GH for future health professionals. Future challenges include: to convince teachers to participate to GH faculty development activities; to optimally link professional and educational development; to adapt to specific needs of each discipline; to use