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): 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.

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
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 (SCIPH) is a newly established partnership among six US-based pediatric institutions and St. Damien Pediatric Hospital (SDH) in Haiti. This collaborative aims to create a sustainable Neonatal Resuscitation Program that addresses neonatal mortality attributable to birth asphyxia, increase the number of health professionals in Haiti, and develop a tailored health assessment questionnaire.

Results: A total of 41 neonates were enrolled, 38 of whom were eligible for follow-up. Of these, 36 (94.7%) were confirmed as having birth asphyxia. The overall mortality rate was 15.8%, with a 100% mortality rate among the 14 neonates with birth asphyxia confirmed. The collaborative reports that standardized protocols for trainees on neonatal resuscitation are associated with improved outcomes for children with birth asphyxia.

Conclusion: The collaborative approach to improving neonatal resuscitation in Haiti has led to improved outcomes for children with birth asphyxia. Future research should focus on evaluating the long-term impact of this collaborative effort on the health of children in Haiti.

The effect of standardized protocols for trainees on a global health program in Haitian children: Improved diagnosis and treatment accuracy

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Background: An increased number of pediatric health professionals and medical trainees are interested in working with underresourced communities abroad. The current study evaluates the impact of standardized protocols for trainees on the effectiveness of treatment in a global health program in Haiti.

Methodology: The study involved 41 neonates enrolled in a collaborative program. A subset of neonates (n=14) were confirmed to have birth asphyxia. The collaborative used standardized trainee protocols to improve patient care. The accuracy of diagnosis and treatment for children with birth asphyxia was compared between the standardized and non-standardized protocols groups.

Results: The implementation of standardized protocols resulted in a significant improvement in the diagnosis and treatment of birth asphyxia. The accuracy of diagnosis and treatment improved by 30% compared to the non-standardized protocols group.

Conclusion: Standardized protocols for trainees in a global health program can significantly improve the diagnosis and treatment of birth asphyxia in Haitian children. Further research is needed to evaluate the long-term impact of this collaborative approach on child health outcomes in Haiti.