

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Yale University School of Medicine (USA), Western Connecticut Health Network (USA), Makerere University College of Health Sciences (Uganda), Kazan State Medical University (Russia).

Summary/Conclusion: Since 2010, 14 KSMU members (2 medical students, 2 interns, 7 residents, 2 fellows, and 1 faculty) of diverse specialties aged 23 to 29 participated in the program. Participants learned how to practice medicine in underserved communities. The main outcomes of this program at the individual participant level were improvement in knowledge of tropical medicine and HIV/AIDS 11 (79%) and 12 (86%), respectively, 14 (100%) participants noted increased cultural sensitivity and willingness to serve the underserved both in Russia and elsewhere. Thirteen (93%) participants noted a very positive impact of the global health elective on their career and their personal lives. At the institutional level, KSMU established a successful collaborative program in global health education, the first of its kind in Russia, which fosters interest in this field among all university members. Because of increasing interest among current students and residents, the university has incorporated tropical medicine and global health into its curriculum. The availability of a global health program at KSMU also has attracted more competitive applicants.

Global health faculty checklist

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Background: Developing US physician faculty to be effective teachers is a worthy and important goal that often receives little attention given the competing demands of practice, teaching, and research. In an effort to better define the competencies for teaching medical students and family medicine residents about global health in the US medical school and residency setting we adapted the 10 competency domains in "Teaching as a Competency": Competencies for Medical Educators, Srinivasan, et al, *Academia Medicine* (2011; 86:1211-1220) and created a checklist to be used to assess global health faculty.

Structure/Method/Design: Srinivasan's 10 domains each with identified knowledge, skills, and attitudes include six ACGME competencies: medical knowledge, learner-centeredness, interpersonal and communication skills, professionalism and role modeling, practice-based reflection, system-based practice; and four specialized competencies for faculty with programmatic roles: program design and implementation, evaluation and scholarship, leadership and mentorship. These were adapted for global health by two medical educators and three faculty members with expertise in global health. The product was presented to 40 family medicine educators who participated in a workshop at the Annual American Academy of Family Physicians Global Health meeting in October 2013. Educators taught in the medical school, residency setting, or both. Workshop participants worked in small groups to further develop the objectives (knowledge, skills, and attitudes) assigned to each of the competency domains. The product of this session was edited for clarity and redundancy and the next version was sent via email to workshop participants and members of a global health list serve. Using a Likert scale format (no importance to extremely important) participants ranked the objectives (knowledge, skills, and attitudes) and added comments. Frequency distributions and measures of central tendency were calculated. Any item receiving an importance rating of less than 3 by more than 50% of the panelists was eliminated. Comments were evaluated in light of the panel's scores and the checklist was finalized.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): IRB exemption was obtained. Thirty participated in the modified Delphi process. Forty-three items describing the knowledge, attitude, or skill needed to achieve the 10 competency domains are described.

Summary/Conclusion: Discussion/Next Steps: This checklist will help to define the faculty development needs in the rapidly growing area of global health educators in US medical schools and residencies. Next steps include testing the checklist with faculty assessing themselves as novice, competent, or expert for each objective area. Then defining activities or tools to help accomplish each objective.