

developing a theoretical framework for global programs in schools of nursing, calling for quality standards, identifying metrics for measuring outcomes on all partners, increasing interprofessional opportunities and addressing nursing regulation issues pertaining to credit-toward major global coursework.

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### A framework for categorizing short-term medical experiences abroad by local partnership engagement model

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**Background:** Interest in short-term medical experiences (STME) abroad continues to increase. Countless organizations are developing stylistic approaches to entice volunteers, and public perception has explored the entire spectrum of reasons behind participation, ranging from education to service. Unprecedented levels of participation is increasingly raising questions around ethics and responsibility, with some discussions focusing particularly on local partner engagement. By presenting a framework around different models of local partner engagement, this work aims to allow STME conducting groups to evaluate their programs and strategies to better consider potential ethical ramifications.

**Methods:** We conducted a literature review and identified models of local partner engagement associated with the conduct of STME abroad. We also conducted expert panel discussions; members were leaders of organizations that conducted STMEs. From these we developed a framework categorizing various models of local partner engagement and STME. For each model, we produced a description, reviewed pros and cons, and identified an active example provided by one of our participant organizations. We then closed by reviewing common themes and concerns around each model and areas for further research.

**Findings:** Our framework was predicated on three factors: number of visiting STME groups (single/multiple), number of local partners (none/single/multiple), and frequency of STME (continuous/intermittent). Review and discussion suggested that single STME, working intermittently without a local partner, provided enormous flexibility to STME participants, but presented the greatest potential harm for the receiving community. Other models, such as multiple visiting teams continuously working with a single local partner, provided an opportunity for centralization of efforts, greater local input, and meaningful impact. More extensive involvement of local partners was seen to require more effort on the part of visiting STME but had the greatest potential benefit for meaningful impact in the receiving community.

**Interpretation:** The perception that all STMEs are created equal is unfounded. Even on this single point around local partner engagement there is a heterogeneity of methods and strategies by which this is undertaken. Each model has pros and cons, and all together present consistent underlying themes. One of those most consistent cross-cutting themes is that meaningful impact to host communities requires some form of local engagement and does not ethically support the deployment of single STME without local partner

engagement. Other models should be considered carefully and tailored to the health and resource context in which the STME is being conducted. Our framework allows organizations and local partners to select a model that targets benefits for both visiting STME and local receiving communities, while privileging the needs of the local populace.

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### Interprofessional host perspectives on global health competencies

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**Background:** International medical electives [IMEs] for undergraduate and graduate level medical trainees present not only unique learning opportunities, but also potential risks for hosts, patients and trainees. There has been much work in developing competencies for home-based global health curriculum reflecting the perspectives of faculty, organizations, and institutions in the Global North. The competencies explicating related to IME's has only started to be elucidated. Building on global health competencies more generally, desired outcomes specifically for IMEs are necessary to provide home-based institutions, students, faculty, and host institutions with clear standardized guidelines, as well as a process for developing customizable curriculum in collaboration with host preceptors and institutions. This research aims to create a roadmap for competency-based IMEs with a specific focus on the viewpoint of host preceptors and institutions.

**Methods:** The literature was reviewed to determine previous efforts to categorize or develop competencies for IMEs as seen from a host perspective. Data was subsequently collected regarding current competencies/educational objectives for IMEs as seen from the perspective of high-income nations. A 33 question survey was created, including likert scales for existing competencies as outlined by CUGH's Interprofessional Global Health Competency Sub-committee and existing professional competency sets, as well as open-ended questions for host community members. The survey includes questions to elicit host community member (faculty, hospital/clinic/NGO staff, other hosts of trainees) perspectives on trainee preparedness, competency focus on IMEs, as well as host perspectives on post-engagement follow through. The survey will be distributed via online, snowball sampling methods in English, Spanish, and French.

**Findings:** Findings are pending distribution of the survey during the data collection period of November 2014-February 2015. It is anticipated that the findings will contribute significantly to the dialogue about Global Health Competencies, Host-perspectives on collaborations between the Global North and Global South. The March 2015 CUGH Annual Conference will be an opportunity to provide an exclusive release of this data and infuse the dialogue about inter-profession North-South Global Health education best-practices with data-driven input.

**Interpretation:** In order to effectively develop competency-based IMEs that are ethically sound and reflective of partner goals it will be essential to gain the insights of the host and partner communities in