

Creating and evaluating an interprofessional faculty and student global health grant program

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Program/Project Purpose: The Center for Global Education Initiatives (CGEI) at the University of Maryland Baltimore (UMB) created an interprofessional faculty and student global health grant program in 2014 to support faculty-initiated global health projects that include students from more than one school on campus (law, medicine, pharmacy, dentistry, social work, nursing). The purpose of the grant program is to ensure that global health students in UMB's professional schools are taught the value and necessity of collaboration in global health practice and provided with sufficient opportunity to learn how to practice in a collaborative setting.

Structure/Method/Design: The goal of the grant program is to provide financial incentives and logistical support to stimulate faculty to design global health projects for an interprofessional team of students. Our desired outcome is a broad range of interprofessional experiential learning projects that successfully teach designated global health and interprofessional education (IPE) learning objectives. Faculty members from any UMB school can apply for a one-time award of \$10,000 to support a project that can be from 2-13 weeks in length. An interprofessional group of faculty review and select faculty awardees. CGEI staff then advertise the faculty projects and invite students from all UMB schools to apply to participate in a project. Selected students are awarded travel funds to support their participation. As part of the competitive application process, applicants are required to describe how their proposed project stimulates capacity building at the project site and/or if the proposed project is sustainable over time. The project teams are required to participate in 9-12 hours of pre-project IPE training in addition to any content requirements established by the faculty leader. Upon completion of the project, CGEI staff actively help awardees identify presentation, publication, and grant opportunities to share the results of the project and engage in additional research.

Outcomes & Evaluation: We surveyed the first group of awardees (nine faculty and 33 students) pre- and post-project. The survey included quantitative and qualitative measures. Preliminary survey results indicate robust support for the grant program among students and faculty and a significant increase in multiple survey measures relating to global health and IPE learning objectives. In addition, both faculty and student appreciation for an interprofessional approach to global health greatly increased. An initial broad conclusion is that the availability of small grant funds coupled with logistical support is a strong incentive for faculty to create interprofessional global health projects.

Going Forward: We plan to develop a validated survey tool that can evaluate the success of the grant program across the broad range of projects supported by the grant program. This will help determine which IPE training activities are most appropriate for interprofessional global health education.

Funding: no outside funding.

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Speech and language therapy education in low middle income countries: the what, the where and the who

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Program/Project Purpose: An estimated 225 million people in low- and middle-income countries live with communication and swallowing disorders as a result of cleft lip and palate, hearing loss, autism, stroke, neurological disease, acquired brain injury, cerebral palsy or atypical development. Speech and language therapy (also called speech language pathology or logopedics and phoniatrics) supports these children and adults to achieve their educational, employment and human potential.

Structure/Method/Design: This project is exploring the development and evolution of a Community of Practice of speech language therapy (SLT) educators in low- and middle-income countries and an analysis of the current state of SLT education is a necessary first step.

Outcomes & Evaluation: SLT education is decades old in India, South Africa and Jordan but is a relatively new phenomenon in most other low- and middle-income countries. This presentation will present a synthesis of the current state of university level SLT education in low- and middle- income countries: where the programs are located, whether training is graduate or undergraduate level, the presence of associations of SLTs in-country. Importantly, models of curriculum provision and pedagogy currently in use will be explored that address the challenge of providing university level SLT training. These challenges include the retention of trained speech language therapists in —country; reliance on Northern volunteer SLT educators; provision of clinical internships and practicums; parallel development of the training with job opportunities; the ubiquitous use of English to train language therapists who will practice in many other languages; “best’ or “evidence based’ practice in a resource poor context.

Going Forward: Finally the potential for co-creation of curriculum, shared lecture materials, collaborative policy/systemic impact and mutual learning from the successes and challenges among the university programs and educators in low- and middle-income countries will be explored. Situating university trained SLTs in the context of models of community based rehabilitation necessitates the exploration of options other than, or in addition to, university educated providers of communication and swallowing rehabilitation. This presentation sets the conversation for the current state of SLT education such that interconnections, mutual learning and an effective, collaborative future state can evolve. The challenges of effective education of SLTs has relevance to all professions that deal with the functional rehabilitation of disability in low- and middle- income countries, and the question of how to sustainability increase the presence of trained health care professionals.

Funding: Funding for this project comes from the Canadian charity, Transforming Faces which focuses on the treatment and management of persons with cleft lips and /or palates.

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Predictors of workforce retention among malawian nurse graduates from the GAIA nursing scholarship program: A mixed methods study

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Background: The World Health Organization estimates that only 1.3% of the global healthcare workforce resides in sub-Saharan Africa with a significant shortage among nurses. Understanding retention strategies in countries with critical shortages is key to increasing the workforce. Global AIDS Interfaith Alliance (GAIA; an international NGO) began a nursing scholarship program in Malawi that requires