

the development of informed consent tools and addressed in order to maximize their efficacy.

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Abstract #: 1.020_HHR

Perceived Reciprocal Value of Health Professionals' Participation in Global Health-related Work

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Background: Leading children's hospitals in high-income settings have become heavily engaged in international child health research and educational activities. Research to date on global health collaborations has typically focused on documenting improvements in the health outcomes of the developing countries. More recent discourse has characterized these collaborations with the notion of "reciprocal value", namely, that the benefits go beyond strengthening the local health systems, and, instead, that both partners have something to learn and gain from the relationship. Few studies have measured the actual reciprocal value of this work for the home institutions and for individual staff who participate in these overseas activities. Our objective was to estimate the perceived reciprocal value of health professionals' participation in global child health-related work.

Methods: A survey questionnaire was developed following a comprehensive review of literature and key competency models. It was distributed to all health professionals at the Hospital for Sick Children in Toronto with prior international work experience (n=478). Benefits were measured in the form of skills, knowledge, and attitude strengthening as estimated by an adapted Global Health Competency Model. Descriptive statistics, one-way ANOVA, post-hoc Turkey's test, and chi-square tests were conducted using SPSS 23.0. Answers to open-ended questions were analyzed independently by two research assistants using qualitative content analysis.

Findings: One hundred and fifty-six health professionals completed the survey (34%). A score of 0 represented negligible value gained and a score of 100 indicated significant capacity improvement. The mean respondent score was 57 (95% CI 53-62) suggesting improved overall competency resulting from international experiences. Mean scores were >50% in 8 of 10 domains. Overall scores suggest that international work brought value to the hospital and over half responded that their international experience would influence their decision to stay on at their home institution.

Interpretation: Global child health work conducted outside of one's home institution impacts staff and health systems locally.

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Teaching Advocacy to Health Professional Students: Advancing Global and Population Health by Training the Next Generation of Health Professionals

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Program/Project Purpose: Training local health professional students on advocacy, partnership building, international development, and the social determinants of health, will advance progress on population health locally and abroad. Physicians, in particular, can play a major role in promoting health and health equity; therefore, fostering medical students' interest in population and global health is necessary for success. The Office of Global Health at Queen's University has launched a Certificate in Global Health program to provide medical students with training on health advocacy and how to work ethically in global and public health contexts.

Structure/Method/Design: The certificate launched in 2015, and was founded on the Association of Faculties of Medicine of Canada- Global Health working group's guidelines for global health concentrations. The certificate is structured to provide students with opportunities to engage in service learning in local and international communities.

Outcome & Evaluation: 28 medical students are enrolled in the certificate. The certificate is comprised of:

- Self-directed online modules on international development, hunger, infant and child health, sexuality and gender, maternal health, infectious diseases, and non-communicable diseases
- A service-learning activity
- Mentorship
- Educational Sessions such as: Journal clubs/documentary screenings/facilitated discussions
- A placement in a low-resource setting (local or international)
- Pre-departure training for placements and
- Post-arrival debriefing.

Going Forward: The certificate program gives health professional students an opportunity to explore their interest in global health through hands-on opportunities to work in low-resource contexts and practice health advocacy. After completing the certificate program, medical students will have the essential skills they need to promote health and health equity locally and abroad, which they can take with them in their future practice. Pre/post data on students' personal and professional development in the certificate is currently being collected. We are also looking to expand the certificate to include other health professional students to enable students in public health, nursing, and rehabilitation therapy to work in inter-professional collaborations in global health contexts.

Source of Funding: Southeastern Ontario Academic Medical Organization Endowed Scholarship and Education Funds; Office of Global Health, Queen's University.

Abstract #: 1.022_HHR

Global Health Practice Competencies: Building Health Professionals' Capacity to Work in Global Health Contexts

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Background: Building health professionals' capacity to work in global health contexts is important to ensure future progress on global health challenges. Health professional students, particularly

medical students, interested in global health often feel that course offerings are inadequate. Thus, exposure to global health through experiential learning, such as observerships and electives, provide students with immersive opportunities to develop skills required for global health practice. This study prospectively examines what health professionals need to know to work in globalized communities, and how global health electives and observerships impact medical students' personal and professional development.

Methods: Medical students participated in a pre-global health assessment survey; a pre-departure training session; completed an observership, research placement, or clinical elective in a low-resource setting; participated in a post-departure debrief, and a post-global health assessment survey.

Findings: Global health placements impact students' personal and professional development in the following areas: awareness of the social determinants of health, awareness of resource utilization, adaptability to resource limitations, understanding of community needs and how to address those needs, communication skills, and compassion in clinical care. Global health placements also influenced medical students' future speciality choices, and approach to practicing medicine.

Interpretation: Global health placements create opportunities for students in the health professions to develop competencies required to work in low-resource settings in Canada and abroad. This prospective study identifies some of the practice competencies required to address global health challenges, and allows us to determine whether placements abroad are associated with the development of global health competencies. Gaps in knowledge or skills that create barriers to working in global health settings need to be investigated.

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Feasibility of Standardizing Prehospital Communication in Cuenca, Ecuador

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Program/Project Purpose: Prehospital to hospital communication in Cuenca, Ecuador has been shown to be limited and inefficient, with minimal communication of critical variables such as vital signs. We aimed to design and conduct a course based on a standard checklist used in high-income country settings to improve prehospital to hospital communication for injured patients in Cuenca.

Structure/Method/Design: An hour-long communication course in Spanish and a communication checklist were designed based on the Mechanism-Injuries-Vital Signs-Treatment (MIST) checklist, and customized with input from local stakeholders and observations of current prehospital to hospital communication. The course was incorporated into a mandatory training by the Ecuadorian Ministry of Health (MSP) for all prehospital employees in Cuenca including doctors, firefighters, paramedics, ambulance operators, medical dispatchers, medical auditors, and MSP administrators from all four regional ambulance agencies and main ECU911 dispatch center. The course was designed to ensure reporting of 14 critical variables including vital signs and neurologic disability using the Glasgow coma score and included lectures, a case study, interactive, scenario-based simulated practice sessions, and a Q&A session. Wallet-sized checklists, approved by the MSP, were created for distribution to reinforce the training and facilitate routine use.

Outcome & Evaluation: The course was taught in Spanish by two local physicians and six medical students to 337 prehospital staff from the Cuenca region. Staff was composed of MSP (n=80, 23.7% of total attendees), social security (n=70, 20.8%), firefighters (n=117, 34.7%), Red Cross (n=30, 8.9%), and other employees (n=40, 11.9%). The course consisted of 10 sessions, 2 one-hour sessions per day over 5 days and reviewed 14 critical variables including: demographics, vital signs, mechanism, injuries, treatment, allergies and medications.

Going Forward: A standardized prehospital communication course and checklist could be created and implemented in Cuenca to address communication from the prehospital to the hospital setting. Since the course, the MSP has mandated use of the customized checklist by all dispatch and ambulance staff in the region to standardize communication. Simple interventions such as checklists may be effective methods of improving prehospital communication in LMIC settings.

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A Qualitative Evaluation of the Impact of a Rural Short-Term Service Learning Elective on Medical Students

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Background: The number of global health opportunities offered by US and Canadian medical schools has nearly tripled over the past 20 years, and nearly one-third of medical school graduates have participated in at least one global health service learning trip. There have been numerous studies elucidating the impact of global health service learning trips that are of longer duration (i.e. > 1-week) but not for shorter ones (i.e. <1-week). Therefore, the goal of this study is to determine qualitatively the immediate and long-term effects of a 1-week global health service learning trip on medical students' development.

Methods: Student participants (n=7) on a 1-week service learning trip to Nogales, Arizona were asked to journal daily reflections on