

including medical journals and textbooks, through the Internet or on CD-ROM. KMCs ensure that information is not only more accessible, but that it also has a real-world impact. They represent a sustainable, effective model for expanding the practice of evidence-based medicine throughout Africa and elsewhere in the developing world. Use of tablets and other mobile devices should be explored.

Source of Funding: PEPFAR, HRSA, USAID (for past Eurasia projects).

Abstract #: 2.071_HHR

Global Neurology Initiative: Piloting an Innovative Global Health Curriculum for Neurology Residents at the University of Massachusetts in collaboration with Charutar Arogya Mandal in Gujarat, India

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Background: As globalization transforms the medical landscape, global health education is becoming an integral part of medical training. Our aim was to develop an innovative global health curriculum, through use of technology, for neurology trainees at the University of Massachusetts Medical School (UMMS) and trainees at Charutar Arogya Mandal (CAM) in Gujarat, India.

Methods: The curriculum consisted of 7 modules combining didactic and case-based learning, a project implementation workshop, 2 video-conference case discussions with CAM, and online reading assignments. Sixteen-question pre- and post-curriculum assessments, and three 3-question short-answer feedback surveys were administered to assess the various modules. Qualitative analysis was performed on feedback surveys. In Likert scale analysis, “agree”/ “strongly agree” and “disagree”/ “strongly disagree” were combined.

Findings: Twenty UMMS neurology residents participated in the curriculum of which 45–70% completed assessments. All residents agreed in the pre- and post-assessments that they are “interested in global health” and “a global health curriculum is important in residency training.” In addition, 78% were “aware of the impact of neurological diseases on the global burden of disease” in the pre-assessment compared to 100% in the post-assessment. Fifty percent reported they could “identify neurological diseases specific to international populations” prior to the curriculum, which increased to 80% after the curriculum. Residents reflected on, planned, and accomplished project work. They commented on well-organized and interesting discussions with colleagues in India, although mentioned “technical issues” needing improvement. Overall, they would like to learn more about “culture-specific presentation of neurological conditions,” and “neurological diseases in different situations. i.e. war victims, immigration.” Many stated interest in additional case discussions and “more collaboration in global health programs.”

Interpretation: All participants agreed that global health curricula are essential for a comprehensive training program. Multi-modality educational activities proved beneficial and case discussions were highly favored. Technology, although with limitations, promotes virtual exposure to global settings and longitudinal collaboration enhancing global health education and motivating trainees to become global neurologists.

Source of Funding: None.

Abstract #: 2.072_HHR

Helping teachers to teach Global Health in health professional educational programs: the Sherbrooke experience

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Program/Project Purpose: Globalization calls educational programs to increase their graduates' competence in Global Health (GH). Various initiatives here or abroad have been implemented on different scales. If programs and students are called upon, teachers are also at the forefront of GH education.

While some teachers possess GH expertise, a higher percentage of them don't. Teachers' needs are then twofold: for most of them to increase their own competency in GH and for all of them to increase their educational capacity to optimally sustain student competency development in GH.

Structure/Method/Design: Université de Sherbrooke Faculty of Medicine and Health Sciences (FMHS) committed itself in 2012 to ensure GH competency development for all its future health professional graduates, more specifically in medicine, nursing sciences, occupational therapy and physical therapy. Concomitantly to the progressive integration of GH content in the programs, a GH faculty development strategy was recently confirmed. It focuses on the following elements: disciplinary-based professional development adapted to participants' experience in GH; educational capacity building; consideration of expected student competencies; interdisciplinarity; integration of activities to the present faculty development structure.

Outcome & Evaluation: Our first year experience confirmed the adequacy of the planned strategy. Issues raised by both participants and faculty development resources were the following: GH is relevant to all disciplines; a shared comprehension of concepts and a common language is of prime importance; an operational definition of GH is a necessity; disciplinary professional development in GH shall not be overlooked; emphasis must be on the identification of concrete and practical ways to enrich curriculum as well as participants' own teaching interventions.

Going Forward: Our one-year experience confirms the importance of not overlooking faculty development in order to improve the teaching of GH for future health professionals. Future challenges include: to convince teachers to participate to GH faculty development activities; to optimally link professional and educational development; to adapt to specific needs of each discipline; to use

communication technology in order to reach a larger public; to develop expertise and leadership in faculty development in GH; and to insure long term sustainability.

Source of Funding: None.

Abstract #: 2.073_HHR

Interactive Training in Emergency Preparedness and Response [EPR]: Innovative Class Simulation Module that Helped Save Lives in Recent India Floods

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Program/Project Purpose: Increasing numbers of environmental emergencies (disasters, pandemics) and manmade disasters around the world, require diverse training of healthcare professionals and students at all levels. Global Health (GH) teaching programs struggle with developing an optimal model which could move the needle from theoretical understanding of the issues to real-life implementation and capacity building.

An innovative module – “WoE”- developed under the Ben-Gurion University of the Negev Global Health Track was successfully implemented during multi-cultural GH training courses over the last 4 years. A course graduate reported her effective use of WoE during 2015 floods in Chennai, India which supported saving of lives there. Lessons-learned from WoE could inform other GH programs which are in need of effective EPR modules.

Structure/Method/Design: Imitating in the classroom a well-functioning World Health Organization’s SHOC Room (JW Lee Strategic Health Operations Centre) under an emergency situation is the fundamental concept of WoE. Students are pre-assigned to their roles (e.g. Technical Officer for Epidemics, Country Liaison Officer, UNICEF Adviser on Youth in Emergencies, Representative of the WHO Director General, Press Officer) with sufficient lead time to study it and be prepared for a simulation of an unfolding emergency.

Classroom is arranged with features corresponding to the SHOC Room in Geneva, Switzerland and an Event Manager is rolling out a written simulation plan. A Monitoring & Evaluation team (2-3) documents and records the exercise for an evaluation and reflections session. Written assignments, pre-reads and a preparation session are part of the WoE Module.

Outcome & Evaluation: During a declared emergency in Chennai, India due to floods, a graduate of the class (SJ) implemented the principles and essentials practiced during the WoE module taught in Israel to coordinate a local response translated into effectively saving lives during that emergency (Nov-Dec 2015,) 500 people have been killed, 1.8 Million were displaced, and a record of 1049mm of rain was registered.

The responses of over 50 participants, including written and video-recording feedback and evaluation data, had been used to qualitatively evaluate the module. Lessons learned for curricula developers, teachers and students will be discussed.

Going Forward: We intend to expand the implementation of the WoE exercise through collaboration with other institutions in GH.

Source of Funding: None.

Abstract #: 2.074_HHR

Improving Newborn Care in Resource Poor Settings: Evaluation of a Combined Training and Quality Improvement Approach

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Background: Every year 2.8 million newborns die worldwide due to complications in the newborn period. Newborns with low birth weight <2,500 g (LBW) are at greatest risk for death due to complications related to asphyxia, prematurity, and infections. Outcomes for newborns in resource poor countries have seen little improvement over the last decade. The objectives of this study are to measure changes in newborn care quality in a hospital setting in rural India following a combined training and quality improvement intervention.

Methods: This study took place at the Mota Fofalia Pediatric Center in Gujarat, India between February 2014 and July 2016. Assessments of 10 newborn care quality measures were completed at baseline and at 6 month intervals. We utilized previously validated quality measures for newborn care in resource poor settings and recorded compliance with quality measures through direct observation of care using a standardized data collection tool. At training intervention, hospital staff received structured training in intra-partum, post-partum and LBW newborn care according to best practice protocols and WHO guidelines. Training was based on the Helping Babies Breathe protocol for immediate newborn care and the Integrated Management of Maternal and Neonatal Care program. The QI intervention consisted of ongoing data review by local management and PDSA improvement cycles based on gap analyses on reported issues.

Findings: Since the implementation of staff training intervention, a total of 112 deliveries and 718 care encounters in 326 newborns were observed. The mean age was 2.75 days (range: 0 to 26 days) and mean birth weight was 2.549 + 0.49 kg (range: 1.00 to 3.68 kg). At baseline, provider performance for care quality in the immediate newborn period (delivery room resuscitation), postnatal care and care for LBW babies was low (0%). Following the interventions, care quality improved in the majority of quality measures. Ongoing challenges with bag and mask ventilation during resuscitation, equipment use, and discharge for LBW babies exist.

Interpretation: An approach utilizing a training and QI intervention improves care in most aspects for newborns in resource poor settings.

Source of Funding: None.

Abstract #: 2.075_HHR