

PCVs typically engage with and represent the communities served. Moreover, PCVs represent only one type of stakeholder involved in this partnership. As illustrated in this single application of the model, PCVs assessments indicate that this partnership model may be useful in facilitating other community-academic partnerships aiming to improve access to quality primary health care services that are locally prioritized.

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CSIH MentorNet: exploring application of module-based curriculum for mentoring students and young professionals in global health

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Program Purpose: In 2011, the Canadian Society of International Health (CSIH) created MentorNet, a national global health mentorship program, to address the need for connecting students and young professionals (SYPs) with experts in fields relevant to global health. Four mentorship cohorts have completed the program to date (2011-12, 2012-13, 2013-14, 2015), with a fifth cohort beginning in January 2016.

Methods: MentorNet is run by a volunteer Steering Committee of seven young global health students and professionals from across Canada. The Committee members manage all aspects of the program, including recruitment, selection and matching of SYPs with mentors. SYP admission is competitive and successful applicants are matched with a mentor based on their interests. Committee members also liaise SYP-mentor relationships, providing tailored monthly modules that prompt pairs to critically engage in discussions on global health issues, reflect on career goals and expand their professional networks.

Outcome and Evaluation: There were a total of 185 SYP (vs. 140 in 2011, 70 in 2012 and 156 in 2013) and 40 mentor (vs. 30 in 2011, 22 in 2012 and 40 in 2013) applications in Year 4 (2014). Program capacity adapted in 2014 to match increased applicant demand. Applicants were divided into two cohorts – 29 pairs were matched for ten months (cohort 1) and another 8 pairs were matched for 8 months (cohort 2). Participants were primarily concentrated in Ontario, Canada. Mid and post program evaluation results indicate that participants were highly satisfied with the program, with the majority of SYPs reporting improved understanding of global health issues, expanded professional networks and increased interest in pursuing a career in global health.

Going Forward: After three years, MentorNet has proven to be a valuable initiative for supporting Canadian SYPs to become leaders in global health. Moving forward, MentorNet aims to continue expanding the capacity for more mentorship pairs and to better match SYPs and mentors within the same geographic area. Additionally, our vision includes recruiting former SYPs as mentors in a “pay-it-forward mentorship” approach to generating a more sustainable program.

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Educating an interprofessional workforce: evaluation of a competency-based MS in global health

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Background: Students enrolling in graduate-level degree programs represent the diverse interprofessional and international workforce who often commit to careers in global health.

A recent study of global health employment opportunities in the US noted that 70% require a post-graduate degree – supporting the need for standardization and accreditation.

A recently published list of interprofessional global health competencies in *Annals of Global Health* served as the basis for evaluating Northwestern University's online Master of Science in Global Health (MSGH). This evaluation analyzed gaps and the distribution of domains covered. We also validated and aimed to further delineate advanced level degree competencies.

Methods: The competencies can be differentiated for students with diverse educational and professional goals in global health. The highest level with defined competencies is Level III: Basic Operational Level, so this was used for mapping Level IV (Advanced).

Two global health faculty independently mapped course goals to competency domains. A third independent reviewer made a final determination using the same criteria in cases of disagreement. MSGH faculty validated the final map.

Descriptive statistics were used to determine if the curriculum met each competency and analyze the distribution of courses. All 82 competencies were reviewed and compared with those in MSGH.

Findings: All 11 domains were equally represented across the program. 9 of 11 domains were covered at 7.1–8.9%. Program Management was lowest at 5.4%. Professional practice, health equity and strategic analysis ranked highest at 10.7–12.5%. Comparisons revealed gaps in addressing healthcare worker issues. Unique MSGH competencies included grant writing skills and global health governance & policy.

Interpretation: Northwestern's MSGH program fulfills all of the proposed Level III competencies and provides a practical, balanced generalist program.

Limitations include these assumptions:

- Learning objectives are taught and appropriately assessed.
- Equal time is spent on each goal.
- Application of Level III recommendations for a Level IV program is appropriate.

The MSGH syllabus is being rewritten using the new recommendations. Competency assessments and student careers will need to be reviewed. Curricular material is in development to address remaining gaps.