

test the preparation of responders for a number of scenarios. Preparation is considered a cornerstone as well as an effective tool to plan for and mitigate the effects of disasters. For those planning on working in humanitarian crises, it is an ideal method to evaluate a participant's competence prior to deployment into a real humanitarian setting. Additionally, simulation provides a safe way to introduce and practice competencies in a setting that does no harm and will be instructively added and beneficial to the participant and their employer. Long recognized in the developed world, simulations and drills are increasingly recognized as essential to response in the developing world.

Structure/Method/Design: The primary objective was to evaluate the workforce personnel during a humanitarian crisis simulation and provide real-time feedback to the World Health Organization to help determine whether or not participants were immediately deployable in crisis response, or would need additional training in competency specific areas. Secondary objectives were to create and test the applicability of an evaluation tool that would be competency based, and incorporate within it the knowledge skills and behaviors required for crisis response.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): The evaluation forms for each participant reflected different skills and scenarios and the composite of all evaluations reflect each participant's core competencies. Each participant received an average score for each competency, and the standardized format allowed for comparison between individuals. Each person had a "roadmap" of areas to work on, which facilitators used to guide their recommendations about best next steps. This novel tool also allowed WHO leadership to assess select participants' suitability for deployment with an evidence-based approach.

Summary/Conclusion: This tool will help to determine the core competency of humanitarian aid personnel. With this tool, one can teach and evaluate competencies and help to close the gap between the workforce presently available and that with the necessary competencies to do the job. This is a critical accountability step in the pathway to the professionalization of humanitarian workers and will create a workforce of providers who not only have discipline-specific knowledge but also the operational skills and attitudes necessary in crises situations.

Building effective global health education and training at local levels

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Background: Scientists have an increasing responsibility to share research findings. Yet, burgeoning amounts of information, and disparate information-sharing and retrieval systems challenge scientists to find the best venue and means to communicate their results to those who will receive the most value. The need for such targeted communication and information sharing is vital to the success of education and training necessary to mitigate the impact of emerging infections. As these diseases do not recognize borders, effective education and training can be difficult across governments, industry, and nongovernmental and academic institutions; and yet vital to disease intervention from the global to the local level. This presentation provides guidance on communicating research findings and mitigation strategies to educate and train communities to combat the threat of emerging infections.

Structure/Method/Design: Experience researching and mitigating emerging vector-borne and other disease threats across multiple,

international rural settings provide case studies and detailed examples for this presentation. Specific operations against emerging infections begin with understanding their context and situation, the pressures facing those responsible for intervention, and the expectations of the public, who are the customers of the intervention efforts. Assembled multidisciplinary teams include scientists, decision makers, and customers. Formats to share information and educate include forums, lectures, hands-on activities, multimedia, press releases, and small- or large-group projects. Each venue has specific tangible products to provide a bridge targeted for future cooperation and customer acceptance. Basic concepts of "who, what, when, where, why, and how" educate all parties to the function of the system responsible for intervention, and the process by which scientists produce results.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Expected outcome is a targeted sharing of research findings to produce sustainable collaboration and effective intervention from global to local levels. Understanding specific problems and concerns facing decision makers and consumers at all levels provides the opportunity for scientists to meet the challenge of effective communication. Properly communicated science can, and has, benefited thousands in education and training programs to combat emerging disease threats.

Summary/Conclusion: The future of successful emerging disease prevention and control depends on successful and sustainable educational and scientific discussions involving scientists, decision makers, and the public at all levels. A targeted information sharing approach educates all parties to the dynamic structure of the disease, the function of the system responsible for intervention, and the process by which scientists define and research the problem to meet the public's need.

Establishing a program of global initiatives for nursing education

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Background: In this global community with great disparities in access to quality health care, distribution of health workforce, and burden of disease, schools of nursing are increasingly developing initiatives and networks across national boundaries to address these inequities.

Structure/Method/Design: This presentation describes the process undertaken at a school of nursing to determine its global health priorities, within the context of health care as a human right and unacceptable inequalities in population health, and develop a program of global initiatives for nursing education to address these issues. A series of meetings were held to determine faculty global activities, with input from nursing educators on several continents, and gauge interest in designing a 5-year strategic plan for the program. A volunteer Strategic Planning Workgroup was convened to formalize a mission, vision, and strategic plan for the program that were presented to, refined, and vetted by an advisory board and the faculty at large. A model depicting priority areas of focus was developed based on identification of global health needs and gaps that could be filled by nursing education and research as well as expertise of faculty members. The strategic plan is currently being implemented with collaborations being developed in two global regions.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Based on this strategic planning process, an Office of Global Initiatives was developed and expanded with a 3-year plan for collaboration in two global regions (<http://www.cumc.columbia.edu/nursing/global/index.html>).

Summary/Conclusion: We recommend this process to schools committed to developing or expanding a program dedicated to global initiatives and a global perspective in educational planning. Involving stakeholders, building on current strengths, and aligning with mission and vision are essential elements for developing a meaningful program of global initiatives for nursing education to address health inequities.

Fostering postgraduate global health elective opportunities through shaping university policy: The case of the University of Illinois at Chicago

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Background: Universities widely offer postgraduate global health electives, however, there is minimal documentation describing oversight of these activities. A collaborative effort to formalize and standardize global health elective policy for all residency programs across the College of Medicine (COM) at the University of Illinois at Chicago (UIC) was undertaken. A task force was formed among representatives of residency programs, the Office of Graduate Medical Education (GME), and the Center for Global Health (CGH) to accomplish three aims: 1) formalize and standardize postgraduate global health elective operations at UIC COM, 2) catalogue and leverage assets at the UIC postgraduate level to advance global health within the mission of the university, and 3) assure the sustainability of postgraduate-level global health education.

Structure/Method/Design: This case study uses documentary analysis and task force reporting to 1) illustrate the process undertaken at UIC, 2) report on the implemented policies as the outcome of the collaborative process, and 3) report on the evaluation methodology and outcomes variables that will be used to evaluate and refine the policies over time.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): The task force was comprised of 13 members representing six departments, the GME, and the CGH. The task force met monthly from September 2013 to May 2014. Preliminary assessments identified 14 programs offering electives, 21% recognize a gap in current centralized risk management support, 24% desire increased multidisciplinary collaboration, and 32% request more program funding support. We will report the following: 1) milestones of this collaborative effort including organization, identification of aims, information gathering, and policy development; 2) the final results of a campus-wide survey that gives insight into the prior state of global health electives at UIC; 3) the devised policy statements that respond to the identified aims of the task force; and 4) the methodology and outcome variables that will be used to evaluate and refine the policies over time.

Summary/Conclusion: This task force identified that many current global health elective opportunities offered at UIC are not in compliance with university policy as previously stated. The task force identified several significant and cardinal barriers to compliance. We hypothesize that a collaborative effort (trainees, faculty, administrators, and legal) aimed at global health electives policy development will positively impact: 1) program compliance, 2) risk management, and 3) program sustainability. Universities that currently experience challenges with establishment of and adherence to policy affecting global health electives at the postgraduate level may benefit from the UIC experience.

Global networks, alliances, and consortia in global health education: CONSAMS and the case for South–South and North–South partnerships

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Background: Africa bears 24% of the global burden of disease but has only 3% of the global health workforce. To cope with this burden of disease, the African health workforce needs to be adequately capacitated. By some estimates, over 100 new medical schools will open in Africa over the next decade. Whether these new schools will be capable of sustaining themselves remains uncertain.

A seminal report, “Health Professionals for a New Century: Transforming Education to Strengthen Health Systems in an Interdependent World” (Frenk et al., 2010) has stressed the importance of “global networks, alliances, and consortia” through which resource-constrained medical schools can achieve sustainability by sharing resources and developing context-appropriate teaching and training programs.

CONSAMS—the Consortium of New Southern African Medical Schools—represents such a consortium. Currently comprised of seven medical schools of less than 5 years old (in Namibia, Zambia, Mozambique, Lesotho, and Botswana as well as two Northern partners in the United States and Finland), CONSAMS partners are committed to sharing facilities, programs, accreditation standards, as well as promoting faculty and student exchanges. CONSAMS now works alongside and in conjunction with the Medical Education Partnership Initiative (MEPI) of PEPFAR. We describe here some of the challenges and opportunities facing CONSAMS since its inception in 2011.

Structure/Method/Design: Through annual joint meetings and regional exchanges between partner schools we have kept careful track of the challenges and opportunities facing CONSAMS and, as a result, have implemented, several successful programs aimed at health care strengthening and health worker capacitation, through implementation of context-appropriate educational strategies and programs.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Medical Education Partnership Initiative (PEPFAR/MEPI)

Summary/Conclusion: Challenges identified for CONSAMS included: 1) outdated “Western” medical curricula unsuited for the African context; 2) faculty shortages and lack of faculty development; 3) lack of postgraduate training programs; 4) uncertainties about sustainable government funding and strategic planning for the medical schools; and 5) inequitable student admissions policies favoring affluent urban applicants over disadvantaged rural applicants.

Opportunities identified for the CONSAMS schools included: 1) Innovative context-based medical curricula; 2) sharing of limited resources and pedagogical innovations with partner schools; 3) faculty and student exchanges between schools; 4) establishment of committee for accreditation standards; and 5) submission of joint funding applications.

The sustainability of new medical schools opening in Africa can best be achieved through “global networks, alliances, and consortia.” CONSAMS represents one such vital consortium that demonstrates the validity of the *Lancet* (2010) recommendation for such a consortia as a viable approach toward health-system strengthening and capacitation of health workers in Africa.