

**Structure/Method/Design:** For the period from January 2012 to December 2013, multidisciplinary teams that included medical students and residents from hospitals in Canada and the United States, mobilized bimonthly, and conducted outreach clinics in five rotating communities seeing 80 to 160 children daily for 1 week. All participants were required to have predeparture training and protocols were developed to ensure consistent diagnosis and treatment of common conditions in children. Statistics were collected for each day and location.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** Haiti Village Health

Haitian Ministry of Health

**Summary/Conclusion:** The data obtained for the years 2012 and 2013 were compared for all children seen from newborn to age 15 years. There were five outreach programs from four different hospital and residency programs in each year conducted in the same months each year. There was an equal amount of patients served in both years with a similar sex and age distribution. The data for the top 12 most common diagnoses were reviewed and compared over this 2-year period. A total 4825 distinct diagnosis in 4133 patients were reviewed and compared. There was no significant difference found between the rate of recorded diagnoses in the years 2012 and 2013. Results were consistent across all diagnostic categories and independent of team composition. A protocol-based global child health approach is effective at improving the accuracy of diagnosis and treatment among medical trainees of varying experience and from multiple training programs.

### Finding the perfect match: Creating a structured interview tool to choose candidates for global health training programs

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**Background:** In the past 30 years, the number of medical school graduates participating in global health experiences has nearly quadrupled. As more medical students seek opportunities in global health elective programs, the members of selection committees are forced to choose from a large population of excellent candidates without a standard comprehensive tool to select most appropriate candidates for the limited positions. Existing tools are not comprehensive, and thus, programs often invest time, training, and funds on students who may not be emotionally and culturally prepared and fit for a global health elective. Recognizing the need for a comprehensive, structured instrument, we set out to invent an interview tool.

**Structure/Method/Design:** We conducted a literature search to identify competencies deemed necessary to succeed in global health. After categorizing these traits, we weighed them according to popularity among publications, and assigned each a point value between 5 and 15. Interviews and written works from global health directors and alumni were collected to produce case-based questions related to global health competencies. A scoring system for each question was made.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** The interview tool assesses 14 global health competencies. Students are given four pieces of literature related to global health experiences to reflect on prior to their interview date. Based on these writings, interviewers ask a series of questions correlating with competencies and reward points according to the established scorecard. A written reflection, academic transcript, and three letters of

recommendation are all considered and contribute to the candidate's competency score. This tool has been used by the Western Connecticut Health Network/University of Vermont College of Medicine Global Health Program, however, validity must be proved longitudinally.

**Summary/Conclusion:** Most global health programs lack a standard tool for choosing prospective students. We have created an instrument based on published global health competencies to provide a structured mode of interviewing and identifying appropriate candidates for popular global health electives. Although it has been implemented on a small scale, wider use will prove its value and reliability.

### Undergraduate and graduate student training in global health research: Preparing the next generation

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**Background:** Academic global health programs are growing rapidly, with students increasingly pursuing research-based field experiences both at the graduate and undergraduate levels. Students conducting research abroad face significant challenges that require preparation and support, yet current guidelines and publications focus primarily on clinical activities. We conducted a mixed-methods study to characterize the full range of experiences of students conducting global health research projects in low- and middle-income countries (LMIC). In this analysis of survey data we focus on the experiences of undergraduates, a growing cohort of global health students, compared with graduate students.

**Structure/Method/Design:** We invited current and former undergraduate and graduate/health professional students from Yale University who had conducted research in an LMIC in 2009-2013 to participate in an online questionnaire. The questionnaire focused on predeparture preparation, relationship with advisors and host communities, research ethics, dissemination, and impact on the student.

**Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract):** Among the 89 respondents, 48 (53.9%) were undergraduates (UG), 41 (46.1%) were graduate students (GS), 67.4% were female, and the mean age was 22 years. More UGs than GS conducted research in a hospital setting (25% vs. 4.9%;  $P = 0.05$ ). Undergraduates reported significantly less-frequent communication with their Yale advisors before, during, and after their research experiences ( $P < 0.04$  in all three periods), while there were no differences in communication with host advisors. More GS hosts and institutional advisors had worked together previously (65.9% vs. 37.5% of UG,  $P = 0.008$ ). Fewer UGs reported predeparture research ethics training (58.3% vs. 92.7% of GS,  $P < 0.001$ ) and UGs reported less support from advisors on ethical issues (scale of 1 to 5: 5 = significant support, mean 2.48, standard deviation (SD) 1.05 vs. GS mean 3.03, SD 0.885,  $P = 0.012$ ). Undergraduates felt less prepared to deal with both ethical challenges (scale of 1 to 3: 3 = well prepared, mean 2.15, SD 0.659 vs. GS mean 2.48, SD 0.506,  $P = 0.012$ ) and issues of poverty (mean 2.43, SD 0.580, vs. GS mean 2.70, SD 0.516,  $P = 0.023$ ). Both UGs and GSs reported satisfaction with their research experience (89.7%) and stated that the experience influenced their education or professional plans (87.2%).