

Summary/Conclusion: Undergraduate students report less preparation and support and are more likely to work in challenging inpatient settings than graduate students. While academic departments are tasked with promoting graduate and faculty research, institutional support should be provided to all student researchers to ensure safety and ethical research conduct. These data could be applied to design training and support mechanisms that meet the needs of both graduate and undergraduate students.

Facilitating student exchanges in health professions education through institutional partnerships

D.W. McKinley¹, A.M. Iacone²; ¹Foundation for Advancement of International Medical Education & Research, Research and Data Resources, Philadelphia, PA/US, ²Educational Commission for Foreign Medical Graduates, Global Education in Medicine Services, Philadelphia, PA/US

Background: International student exchanges during undergraduate medical education have become common. While these experiences are generally rewarding, they are not without challenges. Schools are not comfortable sanctioning international exchanges when details of the elective experience are unknown. Because these experiences are increasingly popular, particularly in developing countries, identifying a solution that improves transparency and facilitates the development of multilateral partnerships is paramount.

Structure/Method/Design: Interviews and face-to-face meetings with staff and faculty of international medical schools were conducted to identify features that would enhance the efforts undertaken by international medical schools associated with expanding partnerships to increase student opportunities. Key issues identified were identification of appropriate contacts, curriculum compatibility, readily available elective information, host school support, student safety, and a formal application process.

An eight-member advisory committee with global representation determined that development of an international partnership would facilitate transition from bilateral agreements to collaborative agreement among partner schools that included commitment to shared values that transcend differences in culture, curricula, resources, and local health care needs. The group further determined that this partnership should be facilitated by a charter that formalizes this commitment.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Three components were developed to address the issues identified. A web-based system, the Charter, and regular virtual meetings comprise the system that supports this effort. The system formalizes the application process and showcases elective opportunities. Schools provide detailed curricular information, contact information, safety, location, and housing information. Partner schools can view the profile of other schools, approve their outgoing students and accept incoming students. By the end of 2013, 20 schools were recruited, and their medical school deans had signed the Charter, which outlined school roles and responsibilities, and defined activities that would be undertaken by home schools (those sponsoring students) and host schools (those receiving students). The 20 partner schools in 16 countries offered over 300 clinical and research opportunities to final-year medical students. The organization developing the web-based system hosted virtual and face-to-face meetings to build trust and generate collaborative relationships.

Summary/Conclusion: Creating an atmosphere of trust for the partner schools required diligence on the part of both the schools agreeing to the Charter and the organization facilitating the exchange process. While data on the value of the Charter and the software system has not yet been collected, the partner schools are already beginning to collaborate to facilitate exchange experiences for medical students.

Building research capacity in chronic disease prevention in Mesoamerica: Progress and lessons learned

A.G. Mejicano¹, M.P. Fort², M. Ramirez-Zea¹, C. Mendoza¹, H. Martinez³; ¹Institute of Nutrition of Central America and Panamá, Comprehensive Center for the Prevention of Chronic Diseases, Guatemala City/GT, ²University of Colorado-Denver, Family Medicine, Aurora, CO/US, ³RAND, Santa Monica, CA/US

Background: Chronic noncommunicable diseases (NCDs) represent the leading cause of death and disability among both men and women in all countries in Central America. In 2009, the Institute of Nutrition of Central America and Panama (INCAP) obtained support from the U.S. National Heart, Lung, and Blood Institute (NHLBI) and the United Health Group to launch a network of Centers of Excellence (COEs) in Chronic Disease for nine countries in Mesoamerica. This presentation describes the INCAP COE's capacity-building model and reports on progress and challenges from its first 3 years, and recommendations for the future.

Structure/Method/Design: INCAP's research capacity-building approach is based on a systemic capacity-building model proposed by Potter and Brough (2004): a pyramid-shaped model with four levels: 1) tools; 2) skills; 3) staff and infrastructure; and 4) structures, systems, and roles. To determine the extent to which INCAP has implemented its research capacity-building work, a comparison was made of the project as originally designed with activities carried out to date, using proposal documents and project reports. Then, in order to elicit perceptions of progress, challenges, and lessons learned in its initial start-up phase, an internal assessment was conducted from July to September 2012 in which 18 people with different roles in the center and at partnering institutions were interviewed. Interviews were transcribed, input into Atlas.TI, coded, and analyzed using a content analysis approach.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Activities successfully carried out as originally planned were six topic-specific workshops for trainees, enrollment of students in PhD programs to meet future research staff needs, and the implementation of three core research projects on nutrition-related chronic disease prevention. The COE was unable to make proposed changes in existing master's or undergraduate program curricula in institutions in the region. Primary weaknesses identified were lower-than-expected initial academic level of trainees; insufficient number of senior mentors; and low priority given to research at local universities. The research projects were identified as the most important activity as they: build trainees' skills in an applied way, represent an opportunity to learn rigorous methodology, and present concrete opportunities for employment. INCAP's regional nature, presents both opportunities for cross-country learning and also logistical and communication challenges.

Summary/Conclusion: INCAP has been most successful in implementing activities at the skills-level of the pyramid and has faced challenges closer to the base. Building capacity at the base of the pyramid will require working with decision makers at local universities and health institutions to allocate resources and prioritize research in NCDs.

Fostering the nursing/midwifery workforce in sub-Saharan Africa

L. Middleton¹, J. Smith¹, A. Chabela², A. Howard¹, M. Murrman³, W. El-Sadr¹; ¹Columbia University, ICAP, Mailman School of Public Health, New York, NY/US, ²Columbia University, ICAP, Mailman School of Public Health, Maseru/LS, ³Columbia University, Mailman School of Public Health, New York, NY/US