

during two 1-week sessions. Participants were observed leading teaching rounds on internal medicine, pediatric, and surgery inpatient services. The second session was attended by 18 attending physicians (15 Haitian, 3 American), with 15 participating in at least half the lectures. Anonymous post-course evaluations revealed 100% agreement among participants (N = 13) that the course was important and helpful to their teaching practice, and participants rated themselves as more confident after the course. A multiple-choice test on educational best practices administered immediately before (N = 12) and after (N = 13) the course showed an improvement in average score from 44% to 72%. Qualitative feedback indicated that participants highly valued these sessions.

Challenges included consistent attendance due to conflicts with existing clinical responsibilities and variations in baseline knowledge of participants.

Attending physicians at a busy teaching hospital in Haiti found "Teach the Teacher" to be important and effective training for their new role as clinician-educators. This curriculum represents an innovative way of preparing teaching staff in a resource-limited setting to train the next generation of providers. We believe it can be used at any institution aiming to develop or improve a capacity for medical education. We plan to expand it to include more advanced topics in resident education as well as nursing-specific topics in the future.

Determining medical students' preferences regarding the delivery of global health education

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Background: Over the past decade, global health education has become increasingly important to medical students in Canada. Although it is known that medical students value global health education, little information on their preferences for delivery exists. In 2013, the Office of Global Health (OGH) at the Schulich School of Medicine and Dentistry, Western University, underwent restructuring with the aim of integrating global health learning into the core medical curriculum. This was seen as a unique opportunity to refocus global health education output with student preferences in mind. This study aims to determine preferences of medical students at Schulich regarding the delivery of and their involvement with global health education.

Structure/Method/Design: An online survey was developed and emailed to all current (2013) medical undergraduate students. The survey included campus location and year of graduation for demographic purposes. The participants ranked the importance of global health education, as well as their current satisfaction with Western programming. In addition, the survey included questions about the preferred timing, format, frequency, and content of global health programming, and concluded with an open-ended section for additional comments.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): A total of 135 students from the London campus and 29 students from the Windsor campus responded, with a total response rate of 24% for all 4 years and a total preclinical response rate of 38%. The majority of the respondents were from the class of 2017. While 68.3% of respondents ranked global health education as important or very important, 62.1% indicated neutral responses regarding their satisfaction with current programming. Most students (42.6%) preferred that global health education be offered in addition

to formal curriculum hours, indicating support for extracurricular activities with global health learning, and speaker series and skills workshops. Most students (37%) preferred to attend global health events once a semester. Student comments revealed their interest in seeking more information about global health education and funding opportunities, including involving the Windsor satellite campus and linking with other faculties for interdisciplinary learning.

Summary/Conclusion: While the study reveals that Schulich medical students value global health learning, it also highlights their concerns with current programming. A significant theme arising out of the student feedback was their lack of information about the field of global health and the competencies required in this field. Global health education was felt to be appropriate for integration in both the formal curriculum along with extracurricular activities. This data will be useful for informing the instruction of global health competencies in the formal curriculum and will promote the work of the OGH in encouraging the inclusion of global health themes in extracurricular activities.

Use of clinical practice teaching cases as a means of improving pediatric HIV care in Malawi

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Background: Although children make up a notable proportion of HIV-infected patients in Malawi, issues affecting this population are often neglected in national antiretroviral therapy (ART) and prevention of mother-to-child transmission (PMTCT) programs and training. Despite increased emphasis on pediatric care and HIV prevention in the combined 2011 Malawi PMTCT/ART guidelines, providers at many health facilities continue to express limited comfort with pediatric HIV care.

Baylor-Malawi serves as the outpatient pediatric HIV clinic for Kamuzu Central Hospital and provides support to other government health facilities throughout the central and northern regions of Malawi. Baylor providers have experience in pediatric education and support, focusing on mentorship of clinical staff and systems strengthening through frequent mentorship visits by nurses and clinicians. As program expansion continues, the need for standardized teaching tools has been identified.

The mentorship experience is busy, with the bulk of time spent in active side-by-side patient care. At the end of the encounter, there is limited time for didactic lecture-based teaching, traditionally the tool used to teach fundamental concepts of pediatric HIV care.

Structure/Method/Design: A set of standardized clinical practice teaching cases was designed in order to provide consistent, concise pediatric HIV education to clinical providers. Topics include HIV Diagnosis, Presumed Severe HIV Disease, ART Eligibility, ART Side Effects, Exposed Infant Care, Opportunistic Infections, Tuberculosis, Treatment Failure, and Adherence. The tool is a laminated card with a clinical case and questions on one side, and answers with key summary points on the reverse. The mentor conducts a brief teaching session with the mentee at the end of a