informal and formal interviews with OR nurses, physicians, and management. We also observed checklist use in another academic medical center with high compliance rates, and conducted a literature search.

Outcome & Evaluation: Documentation of checklist use was not mandatory, and was documented as used in only 21% of cases. The checklist in use was visually unappealing and printed on a letter sized sheet. A copy of the checklist was absent from the OR 33% of the time, and when present, the checklist was not used correctly in any observed cases. Feedback from interviews indicated that the main obstacles to checklist use were: a lack of hard edges; redundancy; and inadequate staff buy-in, particularly in terms of surgeon participation and no formal ownership among OR staff.

Going Forward: Failure to gain full buy-in and utilize principles of the diffusion of innovation was compounded by the staff's cultural resistance to change, resulting in low levels of checklist utilization. We redesigned and simplified the checklist by removing non-essential items, and capitalized on appropriate use of color and design for improved legibility. We recommended it be displayed on multiple OR walls as a poster to increase visibility and ensure easy accessibility at all times. Additionally, we assigned ownership of separate parts of the checklist to different OR staff teams to create shared responsibility. Finally, we recommended the utilization of opinion leaders, regular data feedback, and auditing by OR management to improve compliance.

Funding: none

Abstract #: *1.024_HRW*

Bridging the gap from academia to humanitarian project management

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Background: Humanitarian organizations continue to have numerous applicants from individuals with nutrition, public health, and nursing backgrounds. Individuals who qualify from an academic point of view; however, there exists a gap of both theoretical and practical knowledge on humanitarian programming in technical areas such as community assessment, international standards for humanitarian programming, core humanitarian principles, and project management skills. In the past five years, there has been a significant investment from a range of stakeholders (both institutional donors and international non-governmental organizations) in the development of general and technical competency frameworks for humanitarian workers and the design and implementation of complementary humanitarian capacity building programs.

Method: A systematic review of literature was performed to identify any existing literature on the transition from novice to expert for humanitarian health program managers. Literature related to capacity building resources and opportunities developed over the past five years are reviewed, with a focus on curriculum, target populations, and outcomes. When possible, lessons learned from these programs are identified.

Findings: Seven major programs have been developed over the past 5 years with a specific focus on the development of humanitarian project management capacity building. Some of these programs have been developed into open source comprehensive humanitarian training toolkits, available to a wider public. However most of these programs targeted staff already employed within humanitarian organizations. They did not have the goal of bridging entry to the sector nor did they focus on any specific technical skill development.

Interpretation: The new generation of humanitarian health managers from North America entering the workforce do not have direct access to the majority of training programs or courses currently set up. Spaces are limited, courses are not frequent and most often than not, are held outside of North America. New professionals entering this sector of work will both lack the technical skill set and opportunities to be trained on them unless they are linked directly to an organization that will 1) teach them the skill and 2) let them practice the skill in a real setting. This review of literature will set the groundwork for a 12 month post-graduate fellowship program that aims to transition student from academia to a humanitarian health project management role.

Funding: Action Against Hunger.

Abstract #: *1.025_HRW*

Peace corps partnering for health services implementation research: volunteer perspectives

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Background: In 2010, a partnership between Kedougou, Senegal regional Ministry of Health, the University of Illinois at Chicago (UIC), and Peace Corps Senegal, was formed and collaboratively identified cervical cancer prevention as a major service gap. As part of this partnership, Peace Corp Volunteers (PCVs), provide project coordination, research support, and community advocacy. The partnership has trained 63 clinicians in a visual inspection screening method while providing screening access to over 9000 women. We evaluated the Peace Corps Volunteers' (PCVs) views of this global health partnership approach with the aim of overcoming common challenges in low-income country communities.

Methods: A descriptive, qualitative approach was used to describe how PCVs evaluated their role in the project, as well as the global health partnership in general. The study was approved by the Institutional Review Boards at UIC and by the University of Cheikh Anta Diop, Senegal. We collected data between November 2012 to March 2014 through focus group interviews and a written 20-item survey. PCVs involved in the partnership during this time participated in the study.

Findings: Six of six PCVs (100%) PCVs were surveyed. The majority of PCVs reported that this partnership approach ensured community priorities and culturally appropriate interventions as well as efficient use of resources and empowerment of local partners. Stated challenges included communication barriers and community partner participation in the evaluation strategy.

Interpretation: We elicited the perspectives of 100% of the Peace Corps Volunteers involved in the project and asked them to assess this innovative global partnership. Limitations are that there are little to no data to compare this partnership to the ways that

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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.

Funding: CDC #1U48DP005010-01 SIP022 & the UIC Chancellor's Global Health & Well-Being Seed Grant.

Abstract #: *1.026_HRW*

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.

Funding: None.

Abstract #: *1.027_HRW*

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.