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Structure/Method/Design: A framework for monitoring trainee program activities within the first two year fellowship training interval relies heavily on mixed-methods surveys and qualitative semi-structured key informant interviewing. Mixed-methods surveys function to assess the fellows' comfort levels with core competencies and quantify core experiences within the curriculum. Surveys also serve to illicit feedback for didactic aspects of the curriculum. Interviews help administrators understand trainee, faculty-mentor, and staff attitudes surrounding the program, enabling a timely and academically rigorous approach to curriculum and programmatic enhancement and restructuring. Recruitment will target all fellows, faculty-mentors, and staff.

Outcome & Evaluation: Preliminary results of mixed-methods surveys suggest HEAL initiative fellows beginning their second fellowship year expressed greater comfort and confidence meeting the health needs of the populations they served through health care delivery and health program implementation, compared to fellows preparing to begin their training. Followup surveys tracking cohort progress are needed to make more definitive comments on HEAL's success in meeting program output targets.

Going Forward: Implementation of semi-structured interviewing and qualitative analysis surrounding trainee baseline attitudes toward global health and the HEAL Initiative are in process. Implementation of semi-structured interviewing and qualitative analysis surrounding faculty-mentor and staff attitudes toward the HEAL Initiative are in process. Results of this monitoring process and its continuation in future years will aid HEAL administrative staff in offering an effective, efficient, and relevant curriculum.

Source of Funding: HEAL Initiative.

Abstract #: *1.010_HHR*

Initial Outcomes for Program Monitoring of a Novel Multidisciplinary Global Health Fellowship and Global Health Delivery Model

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Background: The HEAL Initiative is a two-year fellowship model that combines a multidisciplinary global health fellowship education with on-the-ground experience working with health organizations to promote health equity at sites across the globe. Rotating fellows work at one domestic site and one international site each year while site fellows remain at their site for the duration of the two-year fellowship. Fellows work as clinicians and public health practitioners. Monitoring the program activities for each cohort is an important programmatic component. The purpose of this study is to monitor fellowship core competencies and illicit how HEAL Initiative fellows think about important concepts in global health.

Methods: HEAL rotating fellows (n=17) completed a mixed-methods (quantitative and qualitative) survey in the twelfth month of the program, eliciting responses from the first cohort fellows (n=6) at twelve months of the program and second cohort fellows (n=11) prior to beginning the fellowship. All HEAL rotating fellows were recruited to participate.

Findings: Results refer to fellows' previous 6 months of clinical work. Eighty four percent of the first cohort (C1) fellows, compared to 55% of the second cohort (C2), reported a high level of knowledge and comfort treating the local burden disease at their assigned domestic site. The difference was more pronounced for their international site, with 84% of C1 fellows feeling clinically confident versus none of the C2 cohort. On the topic of designing, implementing, monitoring, and evaluating health programs, over half of C1 fellows felt confident performing these activities compared to only one of the C2 fellows (9%). On qualitative analysis, C1 fellows gave site-specific examples of equity promotion or lack there-of when asked if their system promoted health equity, referring to concepts of equitable access, affordability, and compared their sites' system to national contexts.

Interpretation: HEAL initiative rotating fellows beginning their second fellowship year expressed greater comfort and confidence meeting the health needs of the populations they served through health care delivery and health program implementation, compared to fellows preparing to begin their training. Followup surveys tracking cohort progress are needed to make more definitive comments on HEAL's success in meeting program output targets.

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Collaborative Nursing Leadership Field Course in Malawi

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Program/Project Purpose: A two week field-based short course for nurse leaders from the US and Malawi to enhance skills in resource limited settings with a high disease burden. Participants are experienced nurses with management responsibilities who desire further training in leadership. Objectives are**:** 1) To create a community of nurses focused on equity in work and patient relationships; 2) To build leadership skills that improve nursing care quality in under-resourced settings in the US and Malawi; 3) To develop methods that promote inter-professionalism, especially with physicians; and, 4) To construct innovative teaching methods including case studies and simulation. Importantly this course integrates nurse leaders from both the US and the field site to pursue collaborative solutions.

Structure/Method/Design: Developed collaboratively by nurses at UCSF and partners in Malawi, the course is implemented in Malawi for 20 participants (8 US/12 Malawi), selected by a planning team from each country. The foundation of this course is social justice, professional development, and leadership skills. Each site will receive advanced training in relevant clinical content depending on pressing health issues (e.g. HIV burden, diabetes, maternal outcomes).

Curriculum Components: - Human rights and social justice approach to address UN Sustainable Development Goals 2, 3, 5 10, 16 - Leadership development