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enrolled at Johns Hopkins University during academic year 2013-14. Questions addressed level of interest in global health, prior global-health experiences (GHEs), and demographic information. Bivariate and multivariate logistic regression analyses were performed.

Findings: Of 519 respondents, 60% reported an interest in global health and 59% had at least one prior GHE. Bivariate regression found that age greater than 25 years, household income below $100,000/yr, being female, and having prior GHE were significant for greater global-health interest. On multivariate regression, age greater than 25 years (adj. OR: 1.6, 95% CI: 1.1-3.3), household income below $100,000 per year (adj. OR: 1.8, 95% CI: 1.2-4.3), and having prior GHE (adj. OR: 3.3, 95% CI: 1.6-8.4) remained significant. To elucidate which characteristics affect a GHE's impact on student interest, further analyses were run using only respondents with prior GHE. Bivariate and multivariate regression analyses using this subset population found that having a GHE with a research component (adjusted OR: 2.0, 95% CI: 1.1-3.6) and having more than one GHE (adjusted OR: 4.0, 95% CI: 1.0-16.3) were significant for higher interest levels.

Interpretation: Our findings indicate that increased age, lower household income, and at least one prior GHE are associated with increased global-health interest. Moreover, multiple GHEs and those with a research component are associated with greater global-health interest than other GHE characteristics. As such, efforts to increase the number of global-health professionals may benefit from: increasing student exposure to GHEs, incorporating research into GHEs, and targeting recruitment efforts to older or less affluent students. It is likely that students with apriori interest in global health may seek more GHEs, including research, than their counterparts. It is not possible to account for this influence or establish temporality in our study.

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Abstract #: *1.022_HRW*

Henry ford health system global health initiative's "Research Training to Research Project Model"

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Program/Project Purpose: Many academic institutions in resource-limited countries consider building local research capacity a priority for health system strengthening and improved health outcomes. To address this need expressed by our collaborators, the Global Health Initiative (GHI) at Henry Ford Health System (HFHS) in Detroit implemented a "Research Training to Research Project" model. This model, part of our Medical and Research Education Exchange Program, aims to increase research knowledge and infrastructure at partner institutions, while improving international and interdisciplinary collaboration.

Structure/Method/Design: The model complements traditional education with research projects, allowing participants to implement lessons learned and gather relevant research data. Three-day research workshops are taught through lectures and group activities. Students leave the workshops with increased knowledge and improved capacity to conduct research.

GHI/HFHS selected participating universities based on existing partnerships. Local faculty nominated participants. Curriculum was designed in collaboration with partners and instruction was provided by HFHS and local experts. This collaborative process contributes to local ownership and sustainability.

Outcome & Evaluation: We piloted this model in August 2014 with Université Quisqueya FSSA in Haiti. This first workshop highlighted research ethics and methodologies. After this training, participants conducted a healthcare utilization survey to apply their newly gained skills. We followed this successful pilot with two other workshops, one at Universidad Francisco Marroquín in Guatemala (March 2015) and one at Universidad Tecnológica del Chocó in Colombia (September 2015). These were adapted based on local interests. For instance, in Guatemala epidemiology and biostatistics were considered most needed, while in Colombia we focused on health disparities and community-based participatory research.

Going Forward: Challenges include:

- Difficulties with finalizing survey data collection and analysis process in Haiti.
- Limited evaluation data collection and delayed implementation of research project in Guatemala.
- Need for additional funding to implement follow-up projects and evaluate and disseminate results.

These challenges were addressed in subsequent workshops by ensuring a follow-up project was identified prior to the workshop and by providing remote assistance with data collection and analysis. Research workshops will continue to be offered in 2016 incorporating these solutions, including a "Train the Trainer" component to ensure sustainability.

Funding: Support is through HFHS funding and in-kind contributions by host institutions.

Abstract #: *1.023_HRW*

Improving the Use of a Surgical Safety Checklist

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Project Purpose: The WHO Safe Surgery checklist was developed as a global quality improvement tool to improve team communication and reduce surgical complications in a variety of resource settings. A large academic hospital in Massachusetts introduced the surgical checklist in July 2014 to overcome major issues regarding patient safety in the operating room (OR). However, after 2 attempts at implementation, it failed to gain traction among staff. Our project aimed to uncover the barriers to successful implementation of the surgical safety checklist and provide recommendations for an improved implementation process.

Methods: We extracted data from the OR electronic record from October – December 2014, and observed OR cases. We conducted

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