

Program has had a major impact in building the next generation of global health leaders. Findings are limited by the absence of a comparison group.

Midwest Consortium of Global Child Health Educators: Local collaboration to strengthen global education

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Background: The mission of the Midwest Consortium of Global Child Health Educators is to advance the science and implementation of global child health training through regional multi-institutional collaboration and scholarly output.

Structure/Method/Design: In 2009, global child health educators from seven Midwest pediatric residency training programs founded the Consortium in order to standardize and synergize the various global health educational efforts that were occurring at each respective institution. The Consortium meets annually, and facilitates additional communication through collaborative workshops, publications, and presentations.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): The Consortium is comprised of pediatric residency global health educators from the following institutions: Cincinnati Children's Hospital, Mayo Clinic College of Medicine, Medical College of Wisconsin, Northwestern University, Rainbow Babies and Children's Hospital, University of Minnesota, and University of Wisconsin.

Summary/Conclusion: The following accomplishments have been achieved through collaborative efforts: (1) competency-based objectives were adopted at each institution; (2) knowledge assessments were developed; (3) curriculum resources were shared; (4) global health workshops were led by consortium members (2010-2013); (5) consortium members assumed national leadership roles pertaining to global health education, including within the Association of Pediatric Program Directors Global Child Health Educators Association; (6) a shared article was published and two further have been submitted; (7) simulation curriculum and facilitator training were developed for implementation and evaluation at each program; (8) global health elective resources and partner sites were developed and shared; and (9) tools for evaluation of global health trainees are being developed. Despite the challenges of coordinating multi-institutional projects and schedules, we have found that regional collaboration improved the capacity of each respective institution to develop innovative educational tools, establish standards for curriculum, and optimize global health education in pediatric residency training. This model has the potential to be highly effective and warrants regional replication amongst other institutions that are committed to advancing the field of global health.

Preparing locally to learn globally: The development of a joint UME and GME preparatory curriculum for global health electives

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Background: Recent studies on trends in US medical schools' global health curriculum found less than 30% of programs adequately prepare students for their overseas experience. To align with the AAMC's Guidelines for Premedical and Medical Students Providing Patient Care During Clinical Experiences Abroad (2011), the Medical College of Wisconsin (MCW) developed a joint undergraduate and graduate medical education (UME and GME) preparatory curriculum for trainees seeking to participate in global health electives.

Structure/Method/Design: An interdisciplinary group of MCW faculty was formed in 2012 to determine the essentials of predeparture preparation for medical trainees. Based on a literature review, discussion with national colleagues and local expert consensus, 2.5 hours of training materials were developed with the following components: 1) two 20-minute online preparation modules ("What to consider with international travel health" and "Global health elective preparation"); 2) an MCW Guide for Global Engagement; and 3) an in-person 1.5-hour seminar on the ethics of short-term global health electives jointly for UME and GME trainees. The curriculum was piloted on MCW UME and GME trainees in spring 2013 and some modifications were made. UME and GME administrative approval was subsequently obtained to incorporate the curriculum for all MCW trainees participating in global rotations, and institutional review board approval was secured for a long-term evaluation of the curriculum. Data will be gathered through annual surveys (2013-2017) to assess whether the curriculum enhances trainee preparation for global electives.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Curriculum development was funded through an internal grant from the Medical College of Wisconsin. Institutional collaborative partners included faculty and administrative leaders from Bioethics, Medicine, Pediatrics, International Travel Clinic, and Global Health Program.

Summary/Conclusion: The largest challenge is for trainees to attend the in-person ethics seminar due to schedule conflicts; therefore, an alternative online documentary viewing is offered. A review of the literature does not reveal similar combined UME and GME preparatory curriculum that is provided in conjunction with faculty mentorship to cater to individual training requirements. Thus, this is a potentially scalable model for other programs attempting to prepare large groups of trainees for global engagement.

Are we practicing what we teach? Ethical guidelines and student global health research experiences

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Background: Increasing numbers of students from high income countries (HIC) are participating in global health research in low- and middle-income countries (LMICs). Current best practices exhort students to define objectives and procedures in collaboration with LMIC partners, seek local IRB approval, receive research ethics training, and disseminate results locally, among other recommendations. However, compliance with such guidelines is not monitored or widely known.