Outcome & Evaluation: This Service Learning project allows students the opportunity for hands-on experience directly related to the course curriculum, while serving the community in a very beneficial way. Student evaluations and reflective essays completed after their experience indicate enthusiasm for the project (98% highly satisfied), personal growth, and appreciation for the opportunity. Furthermore, anecdotal evidence (as gathered through observation and conversations with family members and facility staff) suggests that the ongoing, regular exposure to the activities has had a positive influence on the quality of life of some participants, as evidenced by displays of increased conversation and fewer signs of anxiety.

Going Forward: Due to the success of this project, we plan to continue and also hope to incorporate methods to quantitatively assess the impact on the dementia patients. Additionally, we will pilot-test the project in the Dominican Republic in a Service Learning Study Abroad trip for our health majors (May, 2017). We are looking forward to examining aging and dementia in a different cultural context, and adapting the project to fit the needs of the Dominican health system. Plans include partnering with a Dominican university to create a sustainable Service Learning project in their community.

Abstract #: *2.067_HHR*

Improving the Quality of Prehospital to Hospital Communication in Cuenca, Ecuador Using a Standardized Course

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Background: Poor communication can lead to adverse patient outcomes. Previous observations have highlighted the need for standardizing communication from the prehospital to hospital settings in Cuenca. The objective of the study was to determine the effectiveness of a standardized training course on the quality of communication between prehospital and hospital settings in Cuenca, Ecuador.

Methods: A short communication course was designed and conducted as a part of the Ministry of Health's prehospital training program. The course emphasized transmission of critical variables including: demographics, mechanism, injuries, vitals, treatment, allergies and meds during prehospital to hospital communication, using didactic and scenario-based techniques. A customized checklist was used by trained volunteers to observe patient handoffs before and after the training course based on these variables to assess for changes in the quality of data transmitted. Preliminary statistical analysis was performed using STAT 14.1.

Findings: A total of 65 observations were conducted, 40 before and 25 after training. Before training, there were no cases when all variables were communicated. This did not change with training. The most common variables communicated before training were Chief complaint (88%), Mechanism of injury (88%) and patient age (80%). After training, rates of transmission of several variables increased including: respiratory rate (pre: 22.5%, post: 56%), blood pressure (pre: 32.5%, post: 76%), and oxygen saturation (pre: 37.5%, post: 72%). However, despite clinically significant increases, none were statistically significant. There were minimal differences in transmission of medications (pre: 17.5%, post: 28%) or allergies (pre: 2.5%, post: 4.0%).

Interpretation: Implementation of a standardized course increased the quality of transmission of critical patient variables from the prehospital to hospital settings in Cuenca, Ecuador in a preliminary analysis. Vital signs showed the largest improvement after the course, however allergies and medications showed minimal improvement. Data analysis is ongoing and may show greater statistical difference when complete. The training may have emphasized some variables at the cost of the others and future iterations may need to take this into account to be more effective.

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Effect and Tangible Measures of Value in Global Health Nursing Education: Findings from a Comprehensive Review

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Background: With increasing globalization, emerging diseases, shifting health concerns and growing health inequities among and within countries, all nurses need the skills to address complex global health challenges. Schools of nursing in the United States are continuously embracing global health programs and educational opportunities for their students, however there is little evidence which describes the impact of these educational endeavors.

Methods: To better understand the current landscape of educational endeavors in global health nursing, a comprehensive literature review was conducted to summarize the measures of value applied in these endeavors. In order to identify these measurable concepts, it was essential to focus on effectiveness and feasible applications within global health nursing curricula and clinical experiences at both the undergraduate and graduate levels. The review was limited to undergraduate and graduate nursing educational institutions located within the United States. To conduct a comprehensive search concerning these global health nursing curricula and clinical experiences, relevant and applicable databases included those with a focus on nursing, allied health, global health, education, service-learning as well those with an interdisciplinary focus. An informationist executed the search and an interdisciplinary team of health professionals reviewed and synthesized the data and concepts for publication.

Findings: Our comprehensive review yielded a bulk of literature with the majority of results produced consisting of calls to action, creation of new global health programs, global health competencies, cultural competency and anecdotal international clinical experiences. The search produced literature on the most current practices in these educational initiatives for the concepts of global health, nursing education, and assessment. Overall the findings offered little concrete, effective or tangible measurements of global health education in nursing.

Interpretation: Nurses globally make up the majority of the health care work force and increasingly are delivering care in complex multicultural environments. In order to enumerate the value of global health in nursing curriculum and clinical experiences, further research is needed to measure the impact of global health training on nursing practice and student outcomes over time. A holistic approach examining the long term benefits of incorporating global health curriculum will yield data that will guide and influence the next wave of nursing curricula development.

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International Community Access to Child Health Program – 10 Years of Supporting Global Child Health

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Program/Project Purpose: The International Community Access to Child Health (ICATCH) program was initiated in 2005 by the American Academy of Pediatrics Section on International Child Health. It provides modest funding and technical support for starting or expanding training or services to improve child health in resource-limited settings.

Structure/Method/Design: The ICATCH Program partners directly with child health providers through small grants and technical support to develop and implement a program or project that improves child health in their local communities. Projects must be created by a local child health provider in a resource-limited area, include collaboration from others within the community, improve existing child health services or provide services otherwise not available, and show potential for program sustainability and replication in other communities. Priority is given to applicants from low-income and low-middle-income countries. Grantees receive $2000 per year for 3 years along with project mentorship, educational resources and peer support. An annual report from each grantee includes a self-evaluation of barriers, successes or failures and measures to ensure sustainability.

Outcome & Evaluation: To date, ICATCH has funded 57 innovative programs in 32 countries with the majority of the projects in Africa (43%), Asia (34%) and Central America (10%). Top countries with ICATCH grantees have been Uganda (19%), Kenya (9%), Ghana (9%), China (13%), and El Salvador (9%). As of 2015, 40 projects have been completed and 17 are still within the 3-year funding period. ICATCH financial and technical support has enabled creation or expansion of innovative health programs and a variety of health education projects including home visits for teen mothers, child abuse prevention, peer navigators, nutrition education, newborn care, passenger safety, poison control, immunization, oral health, autism screening, and adolescent health.

Going Forward: ICATCH is celebrating its 10th anniversary this year and seeking partnerships with other national health organizations to share and expand the ICATCH model. New partnerships will provide additional mentoring and peer support, increasing opportunities for local health providers to sustainably improve maternal and child health in their home communities. Through these partnerships we will continue to demonstrate the role of national organizations in global health.

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Supporting Institutional Access to Evidence-based Clinical Resources by Establishing Onsite Knowledge Management Centers

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Program/Project Purpose: Evidence-based medicine refers to the systematic application of best practices based on scientific research. It helps improve quality of care and patient outcomes, while at the same time making the most rational use of scarce resources. In many healthcare facilities in low-resource countries, however, medical and allied practitioners, students, and other interested individuals do not have access to the evidence-based clinical resources that could make significant improvements in patient care.

Structure/Method/Design: The American International Health Alliance's Knowledge Management Center (KMC) Project provides a flexible model that enables different types of partner organizations to develop capacity in target areas that best meet the needs of the people they serve. AIHA provides a core package of information resources - many specific to HIV prevention, care, and treatment - on CD-ROM, in print, and online, which may be supplemented by additional specialized material as determined by each organization.

Outcome & Evaluation: AIHA has established nearly 30 LRCs at partner institutions in sub-Saharan Africa to date, along with over 140 in Eastern Europe and Eurasia. AIHA supports active regional collaboration through various joint meetings and training activities - many conducted through distance learning modalities. These activities are designed to support expanded use of evidence-based medicine. KMCs are most successful when they are utilized in a manner that meets the needs and capabilities of their host organization.

Going Forward: KMCs can play an important role in helping institutions to improve clinical practice, patient outcomes, and education and outreach for practitioners, students, and patients alike. They improve access to evidence-based knowledge resources,