

fall within the academic sector. The remaining 34% work for government, NGOs, private groups, and in other capacities.

Going Forward: Ongoing challenges: 1) Differentiated learning for very diverse student body 2) Adding additional elective opportunities 3) Adapting curriculum to a rapidly changing field Unmet goals: None Future changes: Creation of tracks or optional lengthening of the program for students wanting or needing additional training.

Funding: Initial funding for the program came partially from the University of California, San Francisco. We have received some scholarship funding from private foundations since that time.

Abstract #: 02ETC005

SUNY Global Health Institute: A cross-campus global health initiative

C. Bloem¹, J. DeHovitz¹, G. Morse², S. Rinnert¹; ¹SUNY Downstate Medical Center, Brooklyn, NY/US, ²SUNY Buffalo, Buffalo, NY/US

Program/Project Purpose: The State University of New York (SUNY) is the largest public University system in the U.S. with 64 campuses, including 4 medical schools, 3 public health schools, 2 dental schools, 4 nursing schools and schools of pharmacy and optometry. Each of these institutions has developed global health programs, both through student experiences, as well as faculty research and service projects. Additional system assets include global health projects supported by the Fogarty International Center and the Department of Defense. There is clear evidence that cross-campus collaborations can increase both breadth and quality of global health experiences and research. Catalyzed by the 2013 CUGH meeting, Global Health leaders from various SUNY campuses came together 3 times over the past year to discuss opportunities for collaboration and a Global Health Institute (GHI) was created. The Institute will promote exchange of ideas, recognition of common barriers, identification of best practices and increased opportunities for funding. In addition, the Institute will leverage existing SUNY research centers, established training experience and clinical service models to benefit global partners.

Structure/Method/Design: Three primary focus areas for the Institute were elaborated: Education, Service, and Research. Project themes will center around current global health priorities, including communicable, non-communicable diseases, environmental health and water quality. A steering committee was established and asset mapping of SUNY global health programs has begun. Innovative areas such as nanotechnology, biosensors, and bioinformatics have already been identified as academic partner programs. Initial collaborative projects are being elaborated and funding is being sought to support implementation. Joint conferences have brought together global health leaders from the various campuses, along with follow-up meetings to maintain continuity of efforts. All of the SUNY campuses are eligible to be partners in the Institute.

Outcomes & Evaluation: The SUNY GHI has had success in garnering support from various campuses, as well as from SUNY leadership, for the mission of cross-campus collaboration in global health. Approximately 30 campus leaders have been involved in the establishment of the Institute, and continued recruitment from all campuses is in progress. A grant from the Networks of Excellence program of the SUNY Research Foundation was awarded to support further development of the GHI.

Going Forward: Current challenges for the Institute include securing funding for initial collaborative projects and operational support for the Institute, as well as identifying all campus leaders involved in global health. Regular communication between campuses that are geographically dispersed will be a challenge for collaborative projects, but utilization of teleconferencing and web-based communication will mediate these difficulties. The steering committee continues to look at other

university models of cross-campus global health initiatives as potential paradigms for the SUNY GHI.

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A baseline quality assessment of delivery care at a rural Kenyan hospital prior to PRONTO training

K. Bogaert¹, J. Dettinger², M. Kibore³, O. Gachuno³, J. Unger¹, D. Walker⁴; ¹University of Washington, Seattle, WA/US, ²CFAR, Seattle, WA/US, ³University of Nairobi, Nairobi, KE, ⁴University of California, San Francisco, San Francisco, CA/US

Background: Despite global efforts to improve maternal and child health, childbirth remains a risky process for women and infants in Kenya. Maternal and neonatal deaths can be prevented when deliveries occur with skilled birth attendants in adequately equipped facilities, yet many women in Kenya give birth at home. Disrespectful and poor-quality care has been cited as a deterrent to seeking care in a facility[1]. To establish baseline practices prior to a PRONTO training (a low-tech simulation-based training in emergency obstetric and neonatal care, aimed at improving provider competency and delivery of respectful, quality care in a context of cultural competency and humility), we conducted an observational study at Kisii Level 5 Hospital, a referral hospital in Western Kenya. [1] "Failure to Deliver: Violations of Women's Human Rights in Kenyan Health Facilities." Center for Reproductive Rights. 2007

Methods: Normal vaginal deliveries were observed in the maternity ward of Kisii Hospital in Kisii, Kenya between June 30th and July 16th, 2014, using a birth observation form adapted from a validated tool. Data points included evidence and non-evidence based practices, as well as metrics on communication and patient-centered care. Informed consent from mothers and providers was obtained prior to birth observation. The University of Washington IRB and the University of Nairobi Ethics and Research Committee approved this study.

Findings: We collected data on 75 births over the course of two weeks. Two different levels of nursing students attended the majority of births (91.3%). A family member accompanied women giving birth in only 9.4% of cases. Overall patient-centered care, an aggregate of practices including assuring patient privacy, using the patient's name, freedom of movement, acknowledgement of patient requests, and positive verbal communication, occurred in 6.7% of all births. Complete Active Management of the Third Stage of Labor (AMSTL) occurred in 5.4% of births. Furthermore, non-evidence based practices, such as negative nonverbal communication, occurred in 79.5% of cases.

Interpretation: This study highlights low rates of AMSTL and patient-centered care in this hospital in Kenya. Low levels of patient-centered care may serve as a deterrent for women seeking care. This and other measures suggest that a global approach to improvement of quality of care should be adopted to achieve continuing successes in Maternal Newborn survival.

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Pathology capacity building in Ghana

M. Bosland¹, N. Titiloye², S. Quayson³, E. Wiley¹, B. Awuah²; ¹University of Illinois at Chicago, Chicago, IL/US, ²Komfo Anyoko Teaching Hospital, Kumasi, GH, ³Korle-Bu Teaching Hospital, Accra, GH