

**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.

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### 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 thereof 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

- Social determinants of health
- Professional development, e.g. PowerPoint, abstract writing, conference participation, literature searches
- Workplace skill building, e.g. conducting performance reviews, advancement and recognition, conducting quality improvement programs
- Advanced clinical skill building, e.g. midwifery, pediatrics, HIV

**Outcome & Evaluation:** Ongoing mentoring through video and e-mail will be used to reinforce content. Evaluation of outcomes will be measured by participant retention and mobility within own system; requests from the Ministry of Health to continue the course; and expansion of the course into other countries. Additional measures of success include tracking of US-based nurse participants who decide to pursue a career in global health.

**Going Forward:** The course will be customized and offered to low resource settings around the world where nurses are responsible for delivering health care. The goal is to offer the course two times per year in low resource settings where health outcomes are poor and nursing shortages and lack of leadership inhibit improvement of health outcomes.

**Source of Funding:** Center for Global Health.

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### **Stronger Training Programs for Better Transitions and Improved Retention: The Experience of a Bridging Program to Facilitate the Transition from Medical School to Internship Training in Botswana**

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**Program/Project Purpose:** A focus on improving existing training programs in Botswana is seen as key to addressing the challenge of retaining medical doctors and preventing the attrition of medical graduates trained at considerable cost both in-country and abroad. Establishment of the national Medical Internship Training Programme (MIT) in 2014 represented a first step; here we review the addition of a dedicated bridging program for foreign and locally trained medical graduates in August 2016. The program aimed to facilitate medical graduates' return and transition into internship training in the context of considerable baseline variability in

knowledge, experience, clinical skills, and familiarity with Botswana's healthcare system.

**Structure/Method/Design:** We conducted a national, intensive, two-week program designed to facilitate the transition from medical student to intern and "bridge the gap" between foreign and local medical graduates. Formats included lectures, workshops, simulations, discussions, and reflection-oriented activities. All interns entering in August 2016 participated. The program was evaluated using the Kellogg Foundation Outcomes Logic Model and participants were assessed with paired questionnaires before and after participation.

**Outcome & Evaluation:** Paired data were available for 48/54 participants (89%). Participants reported a high degree of satisfaction with the program (mean 4.2/5). Self-rated preparedness improved after participation (mean 3.2 versus 3.7,  $p < 0.001$ ), as did confidence across 18/19 knowledge/skill domains, suggesting the program prepared participants, particularly those who initially felt unprepared. 20/25 participants (80%) reporting either no or a negative effect following participation had rated themselves "extremely" or "quite" prepared beforehand, suggesting the program grounded expectations for interns who initially were overconfident. Interns commented on the benefits of learning about roles/responsibilities, interacting with clinicians from Botswana's healthcare sectors, and the sense of community the program engendered.

**Going Forward:** This program prepared medical graduates of varying backgrounds to begin internship with a common set of knowledge, skills, and expectations about their role in Botswana's health system. Gathering retrospective feedback at a later point may add insight regarding impact on internship outcomes and decisions on professional migration. Our results may be of interest to educators dedicated to training, professional transitions, and career pathways in similar settings in the region and beyond.

**Source of Funding:** Botswana Ministry of Health, University of Botswana Faculty of Medicine, Botswana Medical Education Partnership Initiative.

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### **Creating a New OSCE Program at One Medical School in Turkey**

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**Program/Project Purpose:** Teaching medicine in English in non-English-speaking countries is increasingly common. IMGs receive less communication skills training and tend to perform less well on communication skills assessments. This project's purpose was to create the first Objective Structured Clinical Examination (OSCE) program in English with standardized patients at one medical school in Turkey.

**Structure/Method/Design:** All 48 medical students in the fourth year M.D. class (of six years) at Koç University School of Medicine, Istanbul, Turkey, were separated into two internal medicine blocks