

and Pharmacy School (FMP) and State University Hospital (HUEH) have not been able to provide this from year to year. The University of California Haiti Initiative (UCHI) hopes to implement a collaborative rheumatologic training program between the University of California Los Angeles (UCLA) and UEH, in attempt to rebuild medical and teaching capacity in rheumatology.

**Structure/Method/Design:** Dr. Belliot, a Haitian Internist at UEH, was selected by UEH FMP administration to complete a five week observership at UCLA in August 2014, where she learned rheumatologic physical exams, joint injections, and principles of rheumatic disease. She is currently completing one year of clinical training at UEH and will manage rheumatology patients under the supervision of Dr. Rebecca Gordon (UCLA) via telecommunications, and on-the-ground by Dr. Else Chalumeau (HUEH Chief of Internal Medicine). From November 2014 – October 2015, Dr. Belliot will be assessed regularly on theoretical knowledge and clinical skills periodically upon visits to HUEH by Dr. Gordon. We are building a network by recruiting rheumatologists worldwide who can both deliver lectures at distance and visit Dr. Belliot to co-host rheumatology weeks where patients will be seen at higher volume. Subsequent years will be dedicated to teaching methodologies and epidemiologic research.

**Outcomes & Evaluation:** Dr. Belliot is currently managing 17 patients: 2 systemic lupus erythematosus (SLE), 7 rheumatoid arthritis (RA), and 8 osteoarthritis. Her SLE patients are improving with no renal involvement. All knee joint injections have been performed successfully to date. Her first clinical evaluation will occur in January 2015 by Dr. Gordon and Dr. Chalumeau. Written examinations are under development. We are keeping record of: 1) Number of outpatient rheumatology clinics held at HUEH 2) Number of patients seen at the rheumatology outpatient clinic 3) Number of inpatient rheumatology consults delivered 4) Increased availability of anti-rheumatic drugs at HUEH 5) Number of lectures delivered at HUEH Before-and-after comparisons of patient volume will be used to assess impact after the 3rd quarter (8-month mark).

**Going Forward:** Grow network of mentoring rheumatologists worldwide Build laboratory capacity at HUEH Advocate for essential rheumatology drugs to be incorporated in the national essential medicines list (NEML). Conduct secondary analysis of hospital records.

**Funding:** International League of Associations for Rheumatology DirectRelief.

**Abstract #:** 01ETC007

### Emergency nursing in Ghana: Outcomes after a five year pilot program

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**Program/Project Purpose:** In this Abstract we describe the outcomes surrounding emergency nursing clinical practice in Kumasi, Ghana, five years after the implementation of an emergency nursing education program. The burden of injury in sub-Saharan Africa (sSA) is increasing rapidly, pointing to the need for skilled health care workers to manage this serious public health threat. Nurses represent the largest health workforce in sSA. While providing effective emergency and trauma nursing care is a significant challenge due to limited human and infrastructure resources, strengthening the provision of health services, including the nursing workforce, represents a step forward in addressing this burden. A modern Accident and Emergency Center opened in Kumasi, Ghana in 2009, along with an

emergency nursing education pilot program. The goal of this pilot program was twofold: 1) to create a cadre of highly trained emergency nurses that could provide direct clinical care and 2) to develop a sustainable education program using low-resource technology that could be easily replicated at a low cost.

**Structure/Method/Design:** All training materials including curriculum, lecture materials, and examinations are in place, and shared between stakeholders. An exchange program has been implemented where Ghanaian emergency nurses selected as future preceptors train in the United States for a period of one month each year. Key stakeholders are the University of Michigan School of Nursing and Department of Emergency Medicine, the Komfo Anyoke Teaching Hospital and the Kwame Nkrumah University for Science and Technology. Together this pilot program evolved from a conceptualized six-week training program to a two-year fully accredited Bachelor's of Science in Emergency Nursing. Didactic lectures delivered by visiting faculty, skills based laboratory sessions, patient simulation and mentored clinical experience encompass the formal education. Key to the long-term success of this program is the plan for sustainability. The program is based on a modified train-the-trainers model to replace external faculty with internally trained KATH nursing leaders as the program is developed.

**Outcomes & Evaluation:** We present our findings through qualitative interviews with graduates of the program, physicians, and hospital administrators. Themes that emerged from the qualitative analysis were teamwork, confidence, challenges with existing systems and eagerness to advance.

**Going Forward:** Going forward, a high quality program ensuring the advancement of emergency nursing practice that will help develop the specialty within Ghana is currently in place. Thirty-six nurses have graduated from the program and another twenty-six are currently enrolled. Six nurses have completed an intensive immersion in emergency nursing practice and teaching in the United States. Graduates of the program are serving as leaders in the developing specialty of emergency care in Africa.

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### The undergraduate as global citizen: A survey of student attitudes and engagement on global issues

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**Program/Project Purpose:** The aim of this study was to assess university students' attitudes and engagement on global health and development issues and the extent to which they hold themselves and their governments responsible for addressing them.

**Structure/Method/Design:** As part of an undergraduate academic course in Spring 2014, fifteen students conducted semi-structured interviews with undergraduate male and female students to assess the nature and extent of student knowledge and engagement on global issues. Participants were also asked questions about language skills, international travel experience, coursework relating to global issues, sources and frequency of access to global news, their views as to where responsibility resides for addressing global challenges, and the nature and extent of their engagement in activities relating to global issues. Working with an analytical sample of 216 respondents who provided complete answers to all variables of interest, data was analyzed using chi-square tests and logistic regressions to determine the extent to which the findings varied by student attributes and life experiences.

**Outcomes & Evaluation:** Of undergraduates interviewed, 87.5% had travelled internationally at least once, 65.3% had taken a course related to a global topic, 25.5% listened to global news a few times each week or more, and 27.8% engaged in on-campus activities and organizations relating to global topics. The four issues most frequently identified by undergraduates as the greatest global challenge facing their generation were conflict and political instability (24.5%), inequity (19.9%), food insecurity and hunger (18.5%), and climate change (16.7%). Far fewer undergraduates assigned significance to key global health issues, including lack of access to clean water and improved sanitation (4.6%) and infectious disease (3.7%). Students' identification of the greatest global challenge differed significantly according to whether or not they had traveled abroad. Those who had were more likely to identify food insecurity and hunger, infectious disease or conflict/political instability than students without international travel experience. Students who felt that their government had a responsibility to address global challenges in other countries were three times more likely to engage in related on-campus activities than students who did not feel their governments should shoulder such a responsibility. There was no significant correlation between students having taken classes at the college level on global issues and their engagement in related on-campus activities. Students who reported having taken a class outside the US were more likely to be engaged in global issue-related, on-campus activities than their peers whose academic experience was limited to the US.

**Going Forward:** Given the significant relationship between international travel experience and the nature and extent of student engagement on global issues, universities committed to educating global citizens should consider strategies to increase the international expos.

**Funding:** GAIA Centers, Rutgers University.

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### Building locally relevant ethics curricula for nursing education in Botswana

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**Program/Project Purpose:** The goals of this multi-institutional collaboration were to 1) develop an innovative, locally relevant ethics curriculum for nursing students, faculty, and professionals in Botswana, and 2) build capacity in nurses in Botswana to utilize the International Code of Ethics in everyday practice. Nurses in Botswana face ethical challenges that are compounded by a lack of resources, pressures to handle tasks beyond training or professional levels, workplace stress, and professional isolation. International codes of ethics and guidance documents are of limited relevance in everyday practice because they are introduced in academic environments using case examples set in high-resourced, 'developed' countries. Faculty capacity to teach nursing ethics in the classroom and in professional practice settings has been limited, despite a growing emphasis in Botswana on promoting ethical conduct in the health environment.

**Structure/Method/Design:** A pilot curriculum, designed to promote problem-based learning through the use of cases set in local contexts, was tested with nursing faculty in Botswana in 2012. At the conclusion of the 40-hour training session, 33% of the faculty indicated they would be more comfortable teaching ethics. A substantial number of faculty indicated that they were more likely to introduce

the ICN Code of Ethics in teaching, practice, and mentoring as a result of the training.

**Outcomes & Evaluation:** Based on evaluation data, curricular materials were developed using the ICN Code of Ethics and the regulatory requirements for nursing practice in Botswana. A web-based repository of sample lectures, discussion cases, and evaluation rubrics was created to support the use of the materials. A new masters-level course, Nursing Ethics in Practice, has been proposed for fall 2015 at the University of Botswana. The modular nature of the materials and the availability of cases set within the context of clinical nurse practice in Botswana make them readily adaptable to various student academic levels and continuing professional development programs.

**Going Forward:** The ICN Code of Ethics for Nursing is a valuable teaching tool in developing countries when taught using locally relevant case materials and problem-based teaching methods. The approach used in the development of a locally relevant nursing ethics curriculum in Botswana can serve as a model for nursing education and continuing professional development programs in other sub-Saharan African countries to enhance use of the ICN Code of Ethics in nursing practice.

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### Primum non nocere – ethical concerns from procedural risks in the global health setting

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**Background:** Two billion people in various regions of the world are estimated to have little or no access to surgical care. Traditional medical mission trips are one means to provide necessary care to these areas. But the inherent risks of surgical procedures are amplified in underserved regions due to lack of infrastructure to manage complications. To evaluate the impact of otherwise straightforward surgical complications on patient outcomes, we reviewed our experience with providing surgical service to a profoundly underserved region of sub-Saharan Africa.

**Methods:** Through KenyaRelief.org, 25 volunteers, including surgeons (2 ENT, 1 adult general surgeon, and one pediatric surgeon), residents, CRNAs, scrub technologists, circulating nurses, and a recovery room team, staffed a surgical clinic for three days in Migori, Kenya. Complications and effect on convalescence were recorded.

**Findings:** The surgical teams performed 67 procedures of varying complexity. The commonest procedures were thyroid lobectomy (n=19), skin and soft tissue excisions (n=16), and inguinal hernia repair (n=15). Other notable procedures included cleft lip repair (n=2), cleft palate repair (n=1), and thyroglossal duct cyst excision (n=1). The majority of patients suffered no complications (n=65); however, postoperative complications in one patient, and an ileus in another, underscored the need for medical mission teams to prepare for the worst. One four-year old orphan developed an ileus after giant ventral hernia repair. Although treatment of an ileus is typically supportive, the team struggled to communicate with and educate local nurses resulting in substandard care. An adult patient having a benign goiter causing tracheal deviation underwent subtotal thyroidectomy. She developed a neck hematoma in the recovery room ultimately requiring emergent tracheostomy. She was transferred to a local hospital and experienced a respiratory arrest due to mucous plugging of the tracheostomy. Although a surgeon on the team urgently removed the tracheostomy, it became clear the local hospital