developing a theoretical framework for global programs in schools of nursing, calling for quality standards, identifying metrics for measuring outcomes on all partners, increasing interprofessional opportunities and addressing nursing regulation issues pertaining to credit-toward major global coursework.

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Abstract #: *01ETC015*

A framework for categorizing short-term medical experiences abroad by local partnership engagement model

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Background: Interest in short-term medical experiences (STME) abroad continues to increase. Countless organizations are developing stylistic approaches to entice volunteers, and public perception has explored the entire spectrum of reasons behind participation, ranging from education to service. Unprecendented levels of participation is increasingly rasiing questions around ethics and responsibility, with some discussions focusing particcularly on local partner engagement. By presenting a framework around different models of local partner engagement, this work aims to allow STME conducting groups to evaluate their programs and strategies to better consider potential ethical ramifications.

Methods: We conducted a literature review and identified models of local partner engagement associated with the conduct of STME abroad. We also conducted expert panel discussions; members were leaders of organizations that conducted STMEs. From these we developed a framework categorizing various models of local partner engagement and STME. For each model, we produced a description, reviewed pros and cons, and identified an active example provided by one of our participant organizations. We then closed by reviewing common themes and concerns around each model and areas for further research.

Findings: Our framework was predicated on three factors: number of visiting STME groups (single/multiple), number of local partners (none/single/multiple), and frequency of STME (continuous/intermittent). Review and discussion suggested that single STME, working intermittently without a local partner, provided enormous flexibility to STME participants, but presented the greatest potential harm for the receiving community. Other models, such as multiple visiting teams continuously working with a single local partner, provided an opportunity for centralization of efforts, greater local input, and meaningful impact. More extensive involvement of local partners was seen to require more effort on the part of visiting STME but had the greatest potential benefit for meaningful impact in the receiving community.

Interpretation: The perception that all STMEs are created equal is unfounded. Even on this single point around local partner engagement there is a heterogeneity of methods and strategies by which this is undertaken. Each model has pros and cons, and all together present consistent underlying themes. One of those most consistent cross-cutting themes is that meaningful impact to host communities requires some form of local engagement and does not ethically support the deployment of single STME without local partner engagement. Other models should be considered carefully and tailored to the health and resource context in which the STME is being conducted. Our framework allows organizations and local partners to select a model that targets benefits for both visiting STME and local receiving communities, while privileging the needs of the local populace.

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Interprofessional host perspectives on global health competencies

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Background: International medical electives [IMEs] for undergraduate and graduate level medical trainees present not only unique learning opportunities, but also potential risks for hosts, patients and trainees. There has been much work in developing competencies for home-based global health curriculum reflecting the perspectives of faculty, organizations, and insitutions in the Global North. The competencies expliciting related to IME's has only started to be elucidated. Building on global health competencies more generally, desired outcomes specifically for IMEs are necessary to provide home-based institutions, students, faculty, and host institutions with clear standardized guidelines, as well as a process for developing customizable curriculum in collaboration with host preceptors and institutions. This research aims to create a roadmap for competency-based IMEs with a specific focus on the viewpoint of host preceptors and institutions.

Methods: The literature was reviewed to determine previous efforts to categorize or develop competencies for IMEs as seen from a host perspective. Data was subsequently collected regarding current competencies/educational objectives for IMEs as seen from the perspective of high-income nations. A 33 question survey was created, including likert scales for existing competencies as outlined by CUGH's Interprofessional Global Health Competency Sub-committee and existing professional competency sets, as well as open-ended questions for host community members. The survey includes questions to elicit host community member (faculty, hospital/clinic/NGO staff, other hosts of trainees) perspectives on trainee preparedness, competency focus on IMEs, as well as host perspectives on post-engagement follow through. The survey will be distributed via online, snowball sampling methods in English, Spanish, and French.

Findings: Findings are pending distribution of the survey during the data collection period of November 2014-February 2015. It is anticipated that the findings will contribute significantly to the dialogue about Global Health Competencies, Host-perspectives on collaborations between the Global North and Global South. The March 2015 CUGH Annual Conference will be an opportunity to provide an exclusive release of this data and infuse the dialogue about interprofession North-South Global Health education best-practices with data-driven input.

Interpretation: In order to effectively develop competency-based IMEs that are ethically sound and reflective of partner goals it will be essential to gain the insights of the host and partner communities in

the Global South. This interprofessional study with collaboration from the Global North and South is a concrete step toward rigorous, inclusive competency-based global health education.
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The International Cancer Expert Corps (ICEC): a unique global mentoring model for building sustainable expertise in low- and lower-middle income countries and geographically remote areas in resource-rich countries

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Program/Project Purpose: Context: The growing burden of non-communicable diseases including cancer in low- and lower-middle income countries (LMICs) and in geographic-access limited settings within resource-rich countries requires effective and sustainable solutions. Less recognized is the global issue of access for native, aboriginal and geographic-access-limited populations in resource-rich countries that share similar economic, social, cultural and healthcare issues with LMICs (abbreviated "native" populations). Program/project period: ICEC was established as a non-for-profit corporation in 2013 and has initiated programs in 2014. Why program is in place: The growing burden of cancer in LMICs is projected to be 70% of global cancer in 2030 (WHO 2012). Despite this global investment in NCDs and cancer is low (Science2014). Innovative sustainable solutions are needed. Aim: Establish a sustainable corps of mentors (Experts) to advise, guide and support local healthcare providers (Associates) to establish ICEC Centers in LMICs that can provide guideline and protocol-based multi-modality cancer care appropriate for the local circumstances. Given its efficacy for curative treatment for advanced cancer and palliation, radiation therapy is a key component for the Centers to develop. Key is to establish a bona fide career path in altruistic human service. ICEC involves implementation science and economic, translational and clinical research.
Structure/Method/Design: Project goals: Establish a global network of cancer centers in resource-rich countries (Hubs) that link Expert mentors to local "champions" (Associates). Using a "bottom up" approach establish cancer care programs in LMICs and for native populations. Establishing a career path is deemed essential. ICEC provides people and not physical infrastructure. Participants: Hubs provide infrastructure support and Expert mentors. Healthcare professionals are organized in Expert panels. Experts are expected to provide > 10% of time in mentoring activities which involve limited visits and primarily be by telemedicine case discussions with multiple global experts assisting each Center. Initial Associates and Centers in LMICs and native populations are selected from existing twinning partnerships of the Hubs. Capacity building: Global partnership will provide breadth of expertise, experience and investment.
Outcomes & Evaluation: Following an application and on-site visit, a multiyear plan with metrics for progress will be devised jointly by the Associate/Center and Experts/Hub. The primary outcome is the ability to develop sustainable cancer care programs at international quality standards which will take a number of years.
Going Forward: The underlying approach to ICEC has been published (Public Health Oncology [1] and Science, Service and Society [2]). To date the founder Hubs are from United States, Singapore, Canada and Europe. More are being recruited. Challenges: 1) build network; 2) recruit experts from academia, private practice and senior mentors and retirees; 3) engage industry; 4) develop support for experts; 5) establish career path. [1]Love R. AnnalsOncol 2014. [2] Coleman CN, SciTranMed 2014.
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Utilizing a shared leadership model for development of an effective, locally-adapted and locally-relevant pediatric Triage training program in Latin America

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Program/Project Purpose: Clasificación, Evaluación, y Tratamiento de Emergencias Pediátricas (CETEP) is a collaborative quality improvement initiative to improve pediatric emergency care in Latin America (LA). CETEP is based on the World Health Organization (WHO)-developed Emergency Triage Assessment and Treatment (ETAT) guidelines and training program designed to promote improved assessment, triage, and initial management of acutely-ill children in resource-limited settings (RLS). In partnership with a Guatemalan teaching hospital, Guatemalan Ministry of Health (MoH), and Pan American Health Organization (PAHO), Baylor College of Medicine/Texas Children's Hospital (BCM/TCH) created ETAT training materials in Spanish (CETEP) and piloted a train-the-trainer program in Guatemala in 2010. The program aims to build the capacity of hospitals in LA by improving early recognition and stabilization of acute illnesses in children through implementation of high-quality, locally-relevant, sustainable CETEP training programs and triage processes for pediatric healthcare workers (HCWs).
Structure/Method/Design: Goals include: developing a locally-adapted CETEP curriculum relevant for LA; training HCWs as future facilitators; developing an effective implementation model for local training scale-up; and strategically managing partner relationships to successfully expand CETEP throughout LA. Program viability and expansion utilizes a train-the-trainer approach ensuring local sustainability. BCM/TCH actively teach initial participant and facilitator courses; local facilitators teach subsequent courses with sustained mentoring from BCM/TCH. For CETEP expansion, trained facilitators from established countries travel to new countries to teach the course and share experiences. Following an existing collaboration between BCM/TCH and a Guatemalan teaching hospital, PAHO now identifies priority countries and partners for CETEP training.
Outcomes & Evaluation: Program successes include: a collaboratively-developed CETEP curriculum; a piloted and evaluated training program in Guatemala resulting in a locally-led, high-quality, effective and sustainable program that has informed further program development; scaled-up programs in 4 countries; implemented/evaluated CETEP-based triage algorithms in LA; program expansion within Guatemala and throughout LA; and improved pediatric emergency services. Training program results since May 2010: 119 facilitators and 1,076 participants trained in