

anesthesiologists and 53.7% of obstetricians, are located in a state capital. However, only 24% of the population lives in a state capital, resulting in a maldistribution of the surgical workforce.

The average age of the surgical workforce in the state capitals is 46.85 years and 47.86 years in the interior ( $p < 0.0001$ ). Additionally, the north and central-west of the country are large donor regions for the surgical workforce. 492 SAO (18.5% of the total SAO born in the north) migrating out of the north region and 2,642 SAO (49.74%) migrating out of the central-west.

**Interpretation:** Although Brazil has a large surgical workforce, inequalities in its distribution are concerning. Government policies and leadership from surgical organizations are required to ensure that the surgical workforce will be more evenly distributed in the future. This will both improve work conditions as well as ensure access to surgical care throughout the country.

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### A multidisciplinary combined global health pathway for post graduate medical education

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**Program Purpose:** Given the growing interest in Global Health among medical graduates over the recent years, and given the increasing need for a standardized approach to global health education and training, we have decided to bring together residents from three training programs: internal medicine, pediatrics and emergency medicine with specific interest in global health to address competencies required for residents to practice medicine and research in resource limited settings.

**Structure:** The program is designed to extend over a 2 year period starting in post graduate year two of training and extending into the third year. It involves an intensive 2-week mandatory rotation which includes didactic sessions as well as hands-on experience and simulation. Methodology of Global health research is also addressed. It is followed by monthly discussions and lectures involving current controversies in global health as well as progress meetings with each of the participants.

**Outcome/Evaluation:** The pathway is intended to provide the trainees with the knowledge, skills, cultural competencies, and an overall understanding of the current challenges in global health. Ultimately, we aim at providing opportunities for the residents to become actors in achieving improved healthcare delivery and health equity.

The short term evaluation of the course involves a pre and post course test to evaluate the perceptions and knowledge of the participants.

**Going Forward:** Future steps will entail the addition of the Radiology, as well as Obstetrics and Gynecology and Anesthesiology programs to the course and the standardization of the post graduate global health education for post graduate medical education on the institutional level.

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### Effects of a short training course and professional background on the job performance of community health extension workers in Kenya

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**Background:** The Kenyan Ministry of Health (MOH) created a job category in 2013 called the Community Health Extension Worker (CHEW), who function as a link between Level 1 and 2 in Kenya's health system. None of the approximately 2500 employed CHEWs had formal training specific for this position. Kijabe Maternal Newborn Community Health Project developed an in-service course to improve CHEWs' effectiveness in implementing the community health strategy. This study aims to examine if CHEWs who had nursing or public health background performed at a different level than CHEWs from other professional backgrounds (social work, psychology, community development, etc.).

**Method:** The 5-day in-service course had didactic and practical field instructions and required an action plan with skills applied at their workplace. Innovations included six months of technical assistance (phone/email) and two days of site visits. The course emphasized the roles and responsibilities of a CHEW, practiced facilitation skills especially in low-literacy adult learners, and utilized the MOH community health volunteer (CHV) curriculum so CHEWs could train their own volunteers. Participants were encouraged to develop health system linkages, utilize local resources, improve data collection techniques, and identify narratives for community engagement and education. Tools to track progress include written pre and post knowledge test, and checklists for field visits and evaluating facilitation skills. Action plan grading used direct observation, and verbal interviews of CHEWs, CHVs and colleagues during site visits.

**Findings:** 121 CHEWs from 14 Kenyan counties participated. Nurses, public health officers, and clinical officers were classified as having medical training (61%). Other professions were classified as non-medical (39%). Mean action plan scores for CHEWs with non-medical background was 79% (SD=0.0695) while those with medical background was 80% (SD=0.0867); ( $t_{(119)}=0.7828$ ,  $p>0.05$ ).

**Interpretation:** This study showed that individuals not trained in clinical medicine or public health can perform CHEW functions at the same level as those who were. This has broad implications given the scarcity of medical professionals and the urgent need to scale up the primary healthcare systems close to the community. Participants most appreciate the emphasis on facilitation skills especially for low-literacy adult learners from the course.

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### Developing global health curriculum: Pediatric resident elective in rural Guatemala

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