

Student Temporary Research Assistant

We are looking for a part-time student temporary research assistant to support work to develop and implement a novel blended virtual implementation research training program between Northwestern University and University of Global Health Equity (UGHE) in Rwanda. The aims of the project are:

1. Develop, pilot, and evaluate a 1-year combined in-person and distance course with didactic and distance mentoring to increase implementation research knowledge among existing Master of Global Health Delivery (MGHD) students and build advanced implementation research capacity for selected students at UGHE.
2. Provide distance mentoring to the selected 3-4 masters students to integrate implementation research into their master's theses.
3. Integrate results of evaluation to adapt pilot curricula for ongoing integration into courses at UGHE, providing resources for expansion into other projects at Northwestern and UGHE.

The role of the student temporary research assistant will be to help the coordination and tracking of the work, support and if interested participate in the learning sessions and support the evaluation. No travel will be included. We are looking for someone who has good organizational skills, and interest in learning about blended learning and virtual teaching and in understanding implementation research and program evaluation.

Start date:

ASAP

End Date:

August 31, 2021

Application Submission Deadline:

February 1, 2021

Rate 20\$/hour for a total of 100 hours

Application Procedure: To apply, please submit a cover letter and resume to Kate Klein (kate.klein@northwestern.edu).

Background:

The last century has produced a wealth of evidence based interventions (EBIs) to reduce morbidity and mortality, yet there is a gap between the knowledge that has been generated on interventions and the effective delivery of those interventions in many low and middle income countries. The resulting inadequacies in access and quality is associated with over 8 million deaths.¹ Implementation research (IR) is essential to understand how to address these delivery and policy gaps, learning from countries that are effectively implementing EBIs and generating the transferable knowledge needed to continue progress towards the global Sustainable Development Health Goals and effective Universal Health Coverage.²

The proposed partner institutions, Northwestern University and the University of Global Health Equity (UGHE) in Rwanda, have a successful track record of carrying out studies to understand the contextual factors that influence the choice of implementation strategies and adaptations needed to transfer lessons learned from one setting to another. The two universities have been collaborating on a Bill & Melinda Gates Foundation-funded project (**Dr Binagwaho**, Vice Chancellor UGHE, **Dr Hirschhorn**, Northwestern) to apply IR to understand reductions in under-5 mortality in countries that exceeded expectations based on their resources and region. The Northwestern has also been a leader in developing capacity in IR in the US and in other settings including through the Center for Prevention Intervention Methodology (Ce-PIM: Introductory online sessions, Prevention Science and Methodology Group online series, implementation science reading courses)³, Ce-PIM and the Third Coast CFAR (online introduction to IR and Implementation Science Working group)⁴, development and testing of an Implementation Research Logic Model⁵ by J.D. Smith for training and designing IR studies, and ongoing work to adapt and implement the reading course and introductory implementation research embedded in an RO1 to improve hypertension care in Nigeria.

UGHE is an implementation-focused university that is well positioned to become a hub for training in IR in the sub-Saharan Africa region. We propose to build on existing work at Northwestern and the US to develop a blended course to build capacity in IR, first by integrating it into the existing Master of Science in Global Health Delivery program now in its fifth year at UGHE.⁶ The blended course will rely on current and relevant pedagogical frameworks tailored to support adult learning and enhance the sustainability of the

¹ Kruk ME, et al. High-quality health systems in the Sustainable Development Goals era: time for a revolution. Lancet Glob Health. 2018 Nov;6(11):e1196-e1252. doi: 10.1016/S2214-109X(18)30386-3

² 139. Binagwaho A, Frisch MF, Udoh K, Drown L, Ntawukuriryayo JT, Nkurunziza D, Donahoe KB, Hirschhorn LR. Implementation research: an efficient and effective tool to accelerate universal health coverage. International Journal of Health Policy and Management, 2020

³ <http://cepim.northwestern.edu/trainings>, Prevention Science Methodology Group, CEPIM reading course

⁴ <https://www.thirdcoastcfar.org/implementation-science/>

⁵ Smith, J. D. (2018). An implementation research logic model: A step toward improving scientific rigor, transparency, reproducibility, and specification. Implementation Science, 14(Suppl 1), S39.

⁶ <https://ughe.org/academics/mghd/>

curriculum⁷. The structure of the curriculum will incorporate collaboration across disciplines through the use of didactics, case studies and critical reflection in course instruction. Didactics will enhance integrative instruction of IR that builds on the importance of understanding context-specific factors in relation to delivering health interventions globally. Case studies will add meaning and promote innovation through peer-led facilitated course discussion, bolstering critical thinking and strategy building in IR for global health delivery. Finally, integrating critical reflection exercises into the framework of the proposed IR curriculum will ground the course instruction, requiring assimilation of personal experiences into concrete ethical considerations. The proposed curriculum will rely on general sessions of larger group sessions and breakout sessions of smaller groups. These sessions will involve interactive lectures, videos with discussion worksheets and asynchronous pre-departure modules. To ensure sustainability of the proposed curriculum, an interdisciplinary, competency-based approach will be integrated into the IR curriculum framework. We will also determine where this can be integrated into the ongoing curriculum and potential for funding to enable cost-share with ongoing visiting professorships that are already administered and financed through UGHE.

Each master's student is required to do a research project in partnership with a local healthcare delivery organization, and there is growing interest from partner organizations and UGHE faculty in carrying out implementation research projects. This pilot blended course would provide foundational IR curricular material that UGHE could integrate into other training programs, both degree-granting and non-degree granting (i.e. executive education short courses) in order to build critical capacity in IR in both the future and the existing health workforce.

Aims:

4. Develop, pilot, and evaluate a 1-year combined in-person and distance course with didactic and distance mentoring to increase IR knowledge among existing MGHG students and build advanced IR capacity for selected students at UGHE.
5. Provide distance mentoring to the selected 3-4 masters students to integrate IR into their master's theses.
6. Integrate results of evaluation to adapt pilot curricula for ongoing integration into courses at UGHE, providing resources for expansion into other projects at Northwestern and UGHE.

⁷ Doobay-Persaud, A., Chuang, C. J., & Evert, J. (2017). Global health pedagogy The art and science of teaching global health. In *Global Health Experiential Education* (1st ed., pp. 11–11). Abingdon, Oxon; New York, NY : Routledge, 2018. |: Routledge.