

health implementers at multiple levels. This will empower program development and implementation of best practices through interdisciplinary education, research, service, and advocacy.

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### Social responsibility of the global health researcher: A research ethics video training module

J. Logan<sup>1</sup>, Z. Msunza<sup>2</sup>, F. Tesha<sup>1</sup>, A. Kasimba<sup>2</sup>, F. Ng'ida<sup>2</sup>, N. Sombe<sup>2</sup>, R. Mwangi<sup>2</sup>, B. Temba<sup>2</sup>, E. Kisanga<sup>2</sup>, K.A. Stewart<sup>1</sup>;  
<sup>1</sup>Duke Global Health Institute, Duke University, Durham, NC, USA,  
<sup>2</sup>Kilimanjaro Christian Medical University College, Moshi, Tanzania

**Project Purpose:** For 20 years, the National Institutes of Health (NIH) and Office of Research Integrity (ORI) have developed best practices for Research Ethics (RE), Research Integrity (RI), and Responsible Conduct of Research (RCR) training. Since 2009, RE and RCR training is mandatory for universities receiving NIH funding. However, there is broad agreement that RE, RI, and RCR need to include locally relevant, culturally competent content. Locally responsive RCR training is particularly relevant following the success of the Medical Education Partnership Initiative (MEPI) program in Africa. Duke Global Health Institute (DGHI) has partnered with Kilimanjaro Christian Medical University College (KCMUCo) in Tanzania to produce a five-part series of RCR training videos.

**Structure/Method/Design:** To create locally relevant content, we surveyed RCR knowledge, attitudes and perceptions of KCMUCo faculty, researchers, administrative staff and students. We also conducted in-depth interviews with community advisory board (CAB) members, local leaders and research participants. Finally, we held focus group discussions with CABs and local community members. We analysed transcripts for key themes to develop into story lines. Using an enhanced web connection between Duke and KCMUCo, students and faculty collaborated to write and finalize scripts. A team of Duke students joined members of the KCMUCo medical student organization, "Communication Skills Club," in Tanzania for filming. Each module is approximately five minutes long, in Kiswahili with English subtitles. A website hosts the videos, facilitation guide, RCR materials, evaluation survey, and website traffic analytics.

**Outcome & Evaluation:** KCMUCo staff screened the modules for KCMUCo Institutional Review Board (IRB) members, administrators, and students. DVDs and facilitator guides will be distributed to East African research administrators and educators with plans to roll-out a training program for KCMUCo post-graduate and Duke MSc-GH students over the next year. Ongoing feedback will be evaluated from classroom and web users.

**Going Forward:** This product joins a larger initiative to develop an internationally recognized website for researchers seeking innovative, well-tested, and culturally competent RE and RCR materials. Next steps are to develop additional materials for KCMUCo and produce similar materials for other DGHI priority sites, such as China and Haiti.

**Funding:** Duke Global Health Institute.

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### Effect of medical mission trips on PA students

N. Lowy, M. Rota; Wagner College PA Program, Staten Island, NY, USA

**Purpose:** Approximately 47% of PA programs offer international experiences (Nelson, 2015), but data is limited as to the effect of these experiences. Surveys of medical students/residents indicate educational value with respect to cultural competency and communication skills (Simms-Cendan, 2013). Our purpose is to examine the effect of mission trips, as short-term immersion learning experiences, on the development of PA students. The goal is to assess cultural competencies, clinical thought processes, social responsibility and willingness to volunteer with underserved populations.

**Design:** This study will survey students (n = 50) pre-and post-participation in medical mission trips organized by the Wagner College PA Program (Belize, Guatemala). Surveys will include demographics (age, gender, professional status, and location and date of trip) and twenty 5-point Likert statements reflecting on social and cultural perspectives, future behaviors, and clinical skills.

**Outcomes:** Data collected from past mission trips indicated participants believed medical mission trips increased cultural competencies and social awareness (mean = 4.63, range = 4.48-4.74), willingness to continue volunteering with underserved populations (mean = 4.61, range = 4.43-4.77) and improved clinical skills (mean = 4.28, range = 4.17-4.43) with no significant differences in responses based on gender, age, location or date of experience. Missing was pre-experience baseline data thereby limiting our ability to extrapolate degree of effectiveness of mission trips. This study will compare pre- and post-experience data from trips to Belize (12/2015) and Guatemala (1/2016). The goal is to assess overall efficacy of mission trips as immersion learning experiences while taking into account students' baseline cultural competencies and clinical abilities. This would help ascertain which students benefit most from these experiences and help determine the value of integrating mission trips into PA curricula.

**Implications:** Immersion learning medical mission trips serve to provide clinical knowledge, raise social consciousness and enhance cultural diversity. They encourage active learning and optimize development of clinical thought processes and use of acquired knowledge. Most importantly, they encourage cultural appreciation which, in turn, helps students better manage diverse patient encounters while promoting future commitments to global outreach activities. Should the results demonstrate statistical significance, our goal is to utilize our findings to encourage integration of mission trips into PA curricula.

**Funding:** Trips are funded via tuition.

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### Mothers as diagnosticians: Healthcare access and treatment in the western highlands of Guatemala

J.S. Lu, M.Z. Garrido; The University of Chicago Department of Sociology, Chicago, IL, USA

**Purpose:** Primeros Pasos is a grassroots organization that provides health and education services to indigenous K'iche' Maya communities of the Palajunuj Valley of Guatemala. Along with factors such as