

be challenged to sustain collaboration due to constraints in funding, time and energy. We anticipate hosting biannual meetings and providing seed funding to groups who are successful in submitting proposals.

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Abstract #: 2.085_HRW

Leadership lessons in health disparities: What do students learn in student- vs. program-directed field experiences?

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Background: Leadership training is advocated as an essential component of health professions' education. Most curricula are based on 'best concepts' from business or organizational leadership literature. We sought to describe medical students' perceptions of high-value leadership lessons derived from field experiences related to health disparities, and compare lessons from student- vs. program-directed projects.

Methods: Ninety second-year medical students in the University of Michigan Global Health and Disparities Path of Excellence during 3 academic years (2012–15) formed teams to complete field projects. In Years 1 and 3 students pursued questions of interest through engagement with an organization or person in health disparities. In Year 2 teams were assigned to collaborate with pre-selected community-based organizations (CBOs) to deliver a 'product' useful to the CBO. In all years students were introduced to the GRPI (Goals, Roles, Processes, and Interpersonal Relations) model of organizational analysis. Years 1 and 3 project reports described "lessons in physician leadership" in open-text format. In Year 2, reports included a structured analysis based on GRPI, and an open-text description of "lessons/reflections". Open-text responses from all years were abstracted and phrases describing lessons in leadership were extracted. Responses were sorted into categories by consensus among the authors.

Findings: Eight categories were identified: 1) personal commitment, 2) work-life balance, 3) personal leadership skills, 4) organizational development, 5) strategic planning, 6) coalition building, 7) interdisciplinary work, and 8) patient-centeredness. Themes of personal and commitment, strategic planning, and coalition building were represented across all years. Themes of personal development, work-life balance, and interdisciplinary work appeared in Years 1 and 3 but not Year 2.

Interpretation: Medical students' high-value learning in health disparities leadership occurs across a broader range of domains than curricula based on business models, reflecting their exploration of the unique challenges of a career related to addressing health disparities. Student-directed, field-based projects allow students to learn across a wider range of domains than program-directed curricula. Leadership curricula should provide conceptual frameworks for learning leadership opportunities, then provide opportunities for student-directed flexible learning experiences. Other areas of leadership learning of high value to medical students may be identified in future research.

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The intercultural development inventory as a cultural competency and sensitivity measure for medical students opting into Project CURA, a student-run local and global service learning organization at Creighton University School Of Medicine

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Project Purpose: Physician intercultural sensitivity and insight are essential aspects of professionalism, effective team collaboration, and patient care¹. Cultural sensitivity formation for medical students and physicians remains an increasingly important consideration for medical institutions preparing graduates to practice effectively both locally and globally. The Intercultural Development Inventory (IDI) is a validated measure assessing attitudes and orientation towards other cultures to evaluate intercultural perspectives in a group and individual context². Although the IDI has been used in multiple disciplines of healthcare, business, and education measure intercultural mindsets, it has never been applied to medical students in their pre-clinical years.^{3,4,5} The purpose of the study is to (1) apply the IDI to a novel population over a one-year period and (2) Assess the IDI as an evaluation tool for service learning programs.

Structure/Methods/Design: We offered the IDI v.3 to 31 first year medical students opting into Project CURA, a student-run local and global service-learning organization, to assess intercultural attitudes before intercultural formation experiences involving pre-departure training and a 4–6 week service-learning experience at international sites. The IDI v.3 consists of 50 quantitative items, 19 demographic items, and 4 qualitative questions.

Outcome/Evaluation: Analysis and discussion focuses on IDI developmental stages of Denial, Polarization, Minimization, Acceptance, Adaptation, and Cultural Disengagement in medical students as well as predictors and factors impacting intercultural formation. Perceived intercultural orientation scores and actual developmental orientation scores are measured.

Going Forward: This study examines the utility and effectiveness of the IDI in evaluating intercultural formation programs in medical education. Future steps include investigating the impact of Project CURA on intercultural sensitivity and personal development by administering the IDI to participating students following immersion experiences. Implementation and further critical analysis of intercultural training programs in medical education can benefit universities, student organizations, and community partners. Such intention and purpose can improve intercultural training for medical students and move institutions towards egalitarian partnerships in addressing health disparities.

Funding: The study was funded by application fees from Project CURA participants without external funding.

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Abstract #: 2.087_HRW

AIDS barefoot doctors in rural Kenya: A paradigm for sustainable public health impact

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Purpose: AIDS Barefoot Doctors [ABDs] constitute a cadre of grassroots health workers who are leading their communities in breaking the cycle of disease and poverty. Since 2004, 24 ABDs have been trained and empowered to improve public health through multi-faceted interventions. Context: SOTENI [“All of us” in Swahili] links organizations in Kenya and the USA. This network operates with a unified paradigm of sustainability, based on local leadership demonstrated by donation of property, democratically-elected managers, and community-wide engagement. The prevention and mitigation of HIV/AIDS has been a priority for three of SOTENI’s “Villages of Hope,” including Siaya County where HIV/AIDS prevalence is 3rd highest in Kenya.

Design: In 2004, 21 high-school graduates were trained in first aid, HIV/AIDS, and public health. Refresher courses have enabled them to respond to evolving priorities and opportunities. Program stakeholders are PLWHA and their households, their wider communities, international students, and commercial sex workers.

Outcomes and Evaluation: The ABDs have provided: Home-based care for persons living with HIV/AIDS [PLWHAs] and their households; Training, seeds, and other supplies for income-generating activities; Clean and safe drinking water; Holistic support for orphans and other vulnerable children; School-based and out-of-school behavior change communication; In-home treatment for endemic infestations of worms; Referrals for clinic-based services (e.g., prevention of mother-to-child transmission [PMTCT] of HIV, highly active antiretroviral therapy [HAART]); Male and female condoms; Family planning; and Commodities (e.g., bed nets, folate, water purification equipment). Eighteen of the original 21 ABDs continue their public health work. Factors promoting sustainability include flexibility in scheduling and programming, ABD-leadership, pertinent priorities, mentoring, job satisfaction, transportation, and partnering with local and international individuals and institutions.

Going Forward: SOTENI is addressing challenges of remuneration, HIV/AIDS donor fatigue, reporting (due to ABDs’ limitations in English and computers); and quality.

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Abstract #: 2.088_HRW

Developing innovative and interdisciplinary global health training programs across all levels of medical education

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Program: Northwestern University provides innovative and interdisciplinary global health education opportunities for students at all levels of medical training ranging from pre-med, medical students, residents and fellows in graduate medical education (GME) programs, as well as physicians in post-graduate training programs. This innovative pedagogical approach requires collaborations beyond a single school and calls for interdisciplinary research and education programs in fields of public health, engineering, medicine, business, among others. The strategy provides opportunities for trainees to engage longitudinally with global health learning objectives and mitigates the weaknesses of short-term clinical experiences.

Global health programs across trainee levels at Northwestern focus on the following areas:

Pre-medical – Interdisciplinary global health minor Undergraduate medical education – Clinical electives, year-long fellowships, and research tracks; Graduate medical education – GME global health certificate for residents and Master of Science in Global Health Post-graduate medical education – Fellowship for post-graduate research. Training grants sponsored by NIH and other sponsors. CME credit for alumni

Structure: Provide faculty with dual-appointments, opportunities to teach in multiple programs, and protected time for clinical faculty. Establish memoranda of understanding with diverse network of global partners. Funding support for trainees. Externally sponsored-projects to support faculty research.

Institutional oversight to reduce risk, limit liability, and increase safety for students.

Limitations: The short time-horizon of a typical medical school or residency curriculum is a major challenge, where four-week clinical electives are often the maximum window of opportunity available to dedicate to an elective or research project. Maintaining faculty engagement, especially clinical professionals, requires a large faculty and diverse revenue streams from tuition, grants, and development dollars. Effort must be made to ensure that trainee learning objectives, global partner needs and institutional goals are identified and achieved.

Going Forward: Short-term clinical training in global health that are not integrated into the curriculum, while arguably attractive to medical trainees, do not provide meaningful opportunities to engage with global health and learn about the interdisciplinary nature of the field. Innovative academic programs need to provide multiple and