

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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### 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 care<sup>1</sup>. 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 context<sup>2</sup>. 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.<sup>3,4,5</sup> 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.

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1. Liza Altshuler, Nan M. Sussman, and Elizabeth Kachur, "Assessing changes in intercultural sensitivity among physician