Preparing medical students for field experiences in low-resource settings: Development and evaluation of a pre-travel trigger video and large group discussion module

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Background: Medical students increasingly seek opportunities for field experience in low-resource international and domestic settings. Participating students have been shown to care for medically underserved populations. However, programs infrequently provide anticipatory guidance that meaningfully engages students in anticipating and preparing for predictable challenges. This study sought to evaluate the impact of a trigger film, featuring medical students who had completed fieldwork in low-resource settings, on students’ preparedness for their field experience.

Methods: Development and evaluation of a 30-minute trigger video and discussion guide for first-year medical students planning field experiences in low-resource settings, in international and domestic settings, to prepare students for complex decision-making and cultural awareness. The trigger tape featured medical students describing unexpected dilemmas they experienced in their field experiences in projects intended to ameliorate health care disparities, both domestically and internationally. Faculty-facilitated discussion, guided by a discussion guide, followed each student-narrated dilemma. The intended learning outcomes focused on students’ ability to anticipate and identify strategies for dealing with: death or injury of collaborating community members; respect for patients in the setting; precautions for students’ own exposure to infectious agents, risks to physical safety, and harassment; cultural sensitivity and humility; and managing cultural isolation. The curriculum was implemented at two points in time, to promote students’ planning and reflection for anticipated field experiences in the succeeding six months. Evaluation included post-session anonymized reviews of the relevance and impact of the educational intervention.

Findings: Of the 45 M1 students who planned domestic or international disparities-focused field experience, most (over 90%) characterized their behavioral intentions following the video tape trigger and follow-up discussion as “very likely” to: anticipate and deal with potential risks to their personal safety, exposure to infectious diseases, and sexual harassment; plan for potential challenges to cross-cultural communication and cultural isolation; complete prophylactic immunizations prior to travel; and manage differences in respect demonstrated for patients. Almost all (98%) of students characterized the program as helpful for their planning and would recommend the video and discussion to other students planning field experiences in settings with low-resources and medically underserved populations. Students who disagreed characterized the session as “making them uncomfortable about challenges” or indicated the information could have been condensed into an e-mail summarizing key points.

Interpretation: Conclusions: A focused, engaging educational intervention featuring medical students’ challenges in working medically underserved populations can promote students’ preparation.

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Reference