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

P.B. Mullan1, L. Schram2, B. Williams2; 1University of Michigan School of Medicine, Ann Arbor, MI/US, 2University of Michigan, Ann Arbor, MI/US

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 aimed 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 in medically underserved populations can promote students’ preparation.

Funding: No funding listed.

Abstract #: 01ETC065

Reference


Frequencies of illnesses presenting to the emergency department in puerto plata, dominican republic

M. Murphy, C.E. Bogdanoff; University of Texas Medical Branch, Galveston, TX/US

Program/Project Purpose: Context: The study took place in Centro Medico Bournigal (CMB) and Hospital Ricardo Limardo (HRL) in Puerto Plata (POP), Dominican Republic. CMB is a privately run hospital, and HRL is a publicly funded hospital. Project Period: The project was conducted May 2014 – June 2014. Why the program/project is in place: The project took place in POP because no
Mentoring for sustainable in-country academic leadership in resource-limited settings

D. Nakanyalo1, D. Kaya1, A. Kambugu1, E. Okello1, M. Kamy1, J. Turnwine1, H. Mayanja-Kizza1; 1Makerere University College of Health Sciences, Kampala, UG, 2Makerere University College of Health Sciences, Infectious Diseases Institute, Kampala, UG, 3Makerere University College of Health Sciences, Kampala, Kazakhstan

Background: With increasing diversity of training opportunities in Africa, there is an ever-increasing number of individuals that obtain initial training (bachelors and masters-level) locally, and more advance training (doctoral and post-doctoral) at international academic institutions. Reentry and retention of the internationally-trained experts is faced with variable challenges that affect trainees’ productivity and impact on health care outcomes. In the quest to maximize the return on investment, by both local and international partners in training, we set out to evaluate in-country factors that influence academic careers at Makerere University College of Health Sciences (MaKCHS), and generate locally appropriate interventions.

Methods: A series of focus group discussion (FGD) were held with four departments, in the school of medicine, that have at least nine teaching faculty (Medicine, obstetrics and Gynecology, pediatrics and anesthesia). Using a FGD guide, we conducted 60-minute-long FGDs, that comprised of at least 8 faculty per FGD, including junior and senior faculty (male and female). Qualitative data was recorded by a note-taker, audio-recorded and analyzed manually under themes that were pre-determined by a career development interest group.

Findings: Overall, 5 FGD were conducted, and a total of 72 staff participated, of whom 57 were junior faculty [19(33%) male] and 15 were senior faculty [7(47%) female]. Highlighted in-country challenges to advancement of an academic career included: a) Lack of effective in-country mentoring to navigate through common challenges. ‘It has been difficult for me to find a local mentor. I need to travel abroad to work with my mentor, which is expensive’ said one junior faculty, b) Lack of protected time for academic activities due to overriding clinical and administrative demands. ‘When faculty leave the ward to pursue academic activities, there is not enough left to take care of the patients’, said one senior faculty. ‘I need to travel abroad, away from the heavy clinical schedules, to complete my manuscripts’, said one mid-level faculty, c) Socio-economic factors and family responsibilities. ‘Everyone needs to strike a balance between academic activities and family responsibilities, which can be quite engaging socially and financially’, said one senior faculty, d) Limited use of personal development plan. ‘What is the average period a faculty should stay at one academic position before promotion?’ one mid-level faculty asked. e) Need for collaborative research teams. ‘How do I get involved in collaborative research at an international level?’ said one mid-level faculty.

Interpretation: Strategic investment in strengthening of in-country mentoring and networking activities was recommended to develop locally-relevant academic career opportunities to absorb posttraining scientists and utilize acquired expertise to improve training, research and clinical care. An institutional career development structure was proposed to spearhead regular mentoring and personal development planning activities for junior and mid-career faculty.

Funding: No funding listed.

Abstract #: 01ETC067

‘Essential clinical global health’: A multi-national collaboration develops a pioneering new 2015 textbook for global health trainees and clinicians working in resource-limited settings

B.D. Nelson1, P.S. Azzopardi1, R. Ahn2, P.K. Drain3, E. Peacock-Chambers4, J. Evert5, N. Martineau6, V. Bradford7, Kerry8, R.E. Pust9; 1Harvard Medical School / Massachusetts General Hospital, Charlestown, MA/US, 2Royal Children’s Hospital / South Australian Health and Medical Research Institute, Melbourne, AU, 3Massachusetts General Hospital, Boston, MA/US, 4Massachusetts General Hospital / Harvard Medical School, Boston, MA/US, 5Boston University School of Medicine, Boston, MA/US, 6University of California San Francisco, San Francisco, CA/US, 7Franklin Pierce University / Frisbie Memorial Hospital, Rochester, NH/US, 8Seed Global Health / Massachusetts General Hospital / Harvard Medical School, Boston, MA/US, 9University of Arizona College of Medicine, Tucson, AZ/US

Program/Project Purpose: As participation in global health continues to grow among students, trainees, and clinicians, the need continues for a clinical global health textbook to prepare individuals for their experiences abroad. In 2010, the Global Health Education Consortium (GHEC) reviewed existing global health textbooks, finding several excellent books but with a dearth of clinical emphasis. We, therefore, set out to develop a clinically focused textbook that includes contributions from renowned global health experts from across the globe and that provides the essential information required by clinicians and clinicians-in-training for effective and rewarding international experiences. The resulting Essential Clinical Global Health, we believe, fills this need.

As participation in global health continues to grow among students, trainees, and clinicians, the need continues for a clinical global health textbook to prepare individuals for their experiences abroad. In 2010, the Global Health Education Consortium (GHEC) reviewed existing global health textbooks, finding several excellent books but with a dearth of clinical emphasis. We, therefore, set out to develop a clinically focused textbook that includes contributions from renowned global health experts from across the globe and that provides the essential information required by clinicians and clinicians-in-training for effective and rewarding international experiences. The resulting Essential Clinical Global Health, we believe, fills this need.