

0.03). Both decreases in concern were found to be statistically significant. All other concerns did not change pre-trip to post-trip.

**Interpretation:** Since the prevalence of ISLTs is increasing, the need to address student concerns becomes more compelling. This study highlights the importance of ensuring that students who attend ISLTs overcome their pre-trip concerns. Furthermore, reducing these concerns would allow them to focus on providing healthcare to an underserved population abroad. A global health curriculum would be an effective method to address student concerns. In conclusion, the results of this study are encouraging for the future of ISLTs, as they ultimately help create more globally committed physicians.

**Funding:** None.

**Abstract #:** 1.045\_HRW

### **Collaborating with physical therapist faculty and clinicians in a developing country: lessons learned and applications**

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**Program/Project/Purpose:** The purpose of this project was to meet the specific needs of the Physical Therapy program at Anton de Kom University of Suriname, benefitting clinicians, administrators, faculty, and students. The program used an innovative collaborative application of business consulting, teaching principles, and curriculum. It underscored the importance of preparation, ongoing communications, flexibility, reinforcement, evaluation, and follow-up.

**Structure/Method/Design:** True to the mission of Health Volunteers Overseas (HVO), this project helped to provide unmet needs for the faculty and clinicians. It reminds us of our professional duty to take responsibility for the growth of our profession and the health of the people it serves, improving quality of life for society, and providing culturally-sensitive care. It features a realistic example of how to create international development opportunities with the assistance of an international volunteer service organization.

This program highlighted the application of basic managerial skills combined with faculty educational experience to a PT curriculum and post-professional clinician education in a less-resourced country. It included consultative activities, assessment/analysis, impressions, cross-cultural interactions, and formal suggestions. The program consisted of three phases: preparation, implementation, and follow up. Within each phase, there were reflections, communications, resources, tasks and requirements, lessons learned, and opportunities for future work. Professional and personal experiences became entwined as the program evolved and the consultant became immersed in the host culture and its people.

**Outcome and Evaluation:** This program was evaluated formally and informally with feedback from the recipients of the consultation, the HVO organization, and the consultant. A detailed structured consultant report with photos documented program-related activities, comparison of requested tasks to actual execution, major contributions, program assessment, impressions, and recommendations for follow up. Based on the evaluation by the multiple

stakeholders, the response to this consultative program was extremely positive.

**Going Forward:** Future plans include the implementation of the consultant recommendations over the next several years and clearer understanding of development opportunities beyond their current horizons. Business and academic consulting skills have application beyond a traditional approach and setting. International venues could benefit from these applications in less-resourced communities. Technological advances expand our horizons for communication. Volunteer organizational support provides funding, matches experts with program needs, and brings dreams to reality.

**Funding:** Partial funding from Health Volunteers Overseas.

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### **A survey of pre-departure training provided to U.S. medical students participating in global health electives**

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**Background:** Pre-departure training (PDT) has been suggested as a means to provide anticipatory guidance regarding travel and personal safety, ethics, and culture to the increasing number of students participating in overseas global health electives. However, little information is published about how current PDT programming is organized and what it actually addresses. We sought to collect descriptive data on current PDT programming at US medical schools.

**Methods:** Via email and phone calls, we contacted representatives in the office of global health or student affairs at all 143 LCME accredited US medical schools between November 2014 and February 2015. We used an online survey tool to collect responses to questions about global health elective participation and the availability, structure, content, and funding of pre-departure training at each institution. The data was analyzed through simple descriptive statistics.

**Findings:** We received responses from administrative representatives at 104 out of 143 LCME accredited US medical schools. Among respondents, 96% (100/104) allowed global health field electives. Though 91% (91/100) of those schools offered PDT and 81% (74/91) cited mandatory PDT programs, only 59% (54/91) had formal PDT curricula. Personal safety, travel logistics, cultural competency and ethics were commonly cited topics. Only 14% (13/91) reported a budget greater than \$500 and 43% (39/91) had no budget for PDT.

**Interpretation:** A large majority of medical schools allowing global health electives offer pre-departure training. However, the content, structure, and time commitment of the programs is highly variable. Institutional financial support for pre-departure training is generally minimal. National collaboration should increase efforts to develop objectives, curricula, and standards for the pre-departure training of medical students participating in global health electives.

**Funding:** We had no source of funding for this project.

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