

Exploring the psychological effects of global health rotations on first year medical students through the analysis of student reflection.

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Background: The prevalence of global health educational rotations within American medical school curriculum is increasing. The psychological effects on the medical students participating in global health elective rotations are an aspect of global health education that have not been closely assessed.

Method: Eight first year medical student participating in a six week elective rotation during the summer of 2015 were requested to write six weekly reflection pieces during their time abroad at five diverse global health sites: (1) Kampala, Uganda; (2) Paraiso, Dominican Republic; (3) Kazan State, Russia; (4) Ho Chi Min City, Vietnam; and (5) Harare, Zimbabwe. These reflection pieces were submitted to the research group in real time. Upon their return to the U.S., the eight first year students submitted an evaluation of the elective and all students submitted a final reflection two months post elective. A thematic narrative analysis of the collected pieces (62 in total) is currently in progress.

Findings: Initial analysis suggests a common theme that has emerged from the reflections, which is the concept of ‘gaps.’ The majority of the reflections highlight ‘gaps’ between American and host cultures, as well as medical knowledge and resources. Other ‘gaps’ present in the reflections speak to first year medical student realizations about their own contribution to the host country and post-elective reflections portray new experiential ‘gaps’ between global health participants and their fellow medical school peers. Further analysis assessing the narrative transition and changes within the reflections is currently underway, assessing how the participants coped with new and emerging challenges during their elective.

Interpretation: Results from the analysis of the student reflections will provide a direction for further data collection and analysis of medical student psychological impacts and possible needs during a global health educational rotation. These results will potentially broaden the discourse surrounding the infrastructure required for global health rotations during undergraduate medical education.

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Cultural and organizational differences in dental leadership attributes

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Background: Leadership training and skill building is a growth industry within health care, but to date little research on the meanings or practices of leadership in dentistry has been conducted. There is no doubt with globalization, increasing collaboration and cooperation among dental professionals will be necessary to address more widely the impact of oral diseases and conditions and reduce disparities in health care access.

Methods: This study will be a part of an international comparative project. The specific aims will be to:

1. Analyze previously collected qualitative data from academic dental leaders to determine the attributes considered valuable for clinical leadership in dentistry in the U.S.
2. Conduct interviews of leaders in global oral health, to determine the attributes valuable in Global Oral Health Leadership, and
3. Compare leadership attributes of General practitioners in Greater Manchester and Tokyo (previously published) with those of U.S. academic and Global Oral Health Leaders. Individual interviews will provide the qualitative data from a convenience and snowball sample. Structured and open coding will be conducted to determine attributes and compare to previously published research in different cultural contexts.

Results: This study will explore the critical issue of leadership competencies in dentistry and is innovative in that it will explore both cultural and delivery system contextual issues in the conceptions of leadership qualities by dentists and global oral health leaders.

Expected Outcomes: Presentation of perceptions and attributes of clinical leadership in dentistry among clinicians in the US, U.K and Japan and further compare these attributes to those of US dental academicians and Global Oral Health leaders.

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Do maternal knowledge and attitudes towards childhood immunizations in rural Uganda correlate with complete childhood vaccination?

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Background: Improving childhood vaccination coverage and timeliness is a key health policy objective in many developing countries such as Uganda. Of the many factors known to influence uptake of childhood immunizations in under resourced settings, parents’ understanding and perception of childhood immunizations has largely been overlooked. The aims of this study were to survey mothers’ knowledge and attitudes towards childhood immunizations and then determine if these variables correlate with the timely vaccination coverage of their children.

Methods: From September to December 2013, we conducted a cross-sectional survey of 1000 parous women in rural Sheema district in southwest Uganda. The survey collected socio-demographic data and knowledge and attitudes towards childhood immunizations. For the women with at least one child between the age of one month and five years who also had a vaccination card available for the child (N=302), the vaccination status of this child was assessed. The study was approved by the Uganda National Council for Science and Technology, Mbarara University of Science and Technology Internal Review Board, and the University of