

other crucial health services. Pap smear results, contraception, and STI treatments are delivered in country. Follow-up, funded by HHA, is arranged in collaboration with *promotores* and *Ashonplafa*.

Outcomes & Evaluation: This year 21 students, 1 resident, and 3 attending physicians provided care and health education to nearly 600 women. HHA continues to work with local partners to ensure women receive planned follow-up and treatment for abnormal pap smear results. For complicated cases (beyond the capability of *Ashonplafa*) treatment is arranged at a large national hospital. HHA strives to improve services and adapt to evolving needs of the communities through continuous feedback from patients, *promotores*/partners, and students.

Going Forward: Our steering committee, physician advisors, and student leadership help HHA to determine the best way to adapt to our continued growth each year. We are also investing domestic violence resources for women and want to serve as many women as possible, but must do so within our means and without sacrificing quality of care, or student education.

Funding Source: The majority is student fundraising. Travel supported by the UNC SOM Office of International Affairs.

Abstract #: 2.083_HRW

The Disaster Essentials for Healthcare Providers (DHEP) course- A multidisciplinary training approach to global and local emergency preparedness and disaster response for Utah medical trainees

K.M. Wells¹, M.L. Fix¹, K.M. McCulley², J.E. Lazzara³, M.B. Shab⁴; ¹Division of Emergency Medicine, The University of Utah School of Medicine, Salt Lake City, UT, USA, ²The Utah Department of Health, Salt Lake City, UT, USA, ³The University of Utah College of Nursing, Salt Lake City, UT, USA, ⁴Intermountain Center for Disaster Preparedness, Utah Emergency Physicians, Salt Lake City, UT, USA

Program/Project Purpose: Global estimates predict that 250 million people worldwide are affected by natural disasters each year, this does not include those affected by slow onset disasters such as those related to civil discourse, and pandemics. Locally the Utah Geologic Society estimates that Salt Lake County is at high risk for a magnitude 7.0 earthquake, which would affect over 1 million residents, of which 9,000 may be critically injured with an additional 2500 deaths. This could create severe infrastructure damage, including damage to hospitals. A pandemic in Utah would create a crisis situation with significant health care resource shortages. To address the preparedness needs of this community; the multi-disciplinary Disaster Essentials for Healthcare Professionals (DEHP) course was developed in 2012.

Structure/Method/Design: The DHEP course was developed by the Intermountain Center for Disaster Preparedness in cooperation with the University of Utah, with grant support and guidance from the Utah Department of Health. In 2013, the course became a component of the Inter-Professional Education (IPE) program at multiple University of Utah professional schools, to foster improved cross-disciplinary teamwork. The DHEP is a one-day course with topics on basics of disasters, triage, government response, resiliency, and challenges of disaster response. Didactic time has been minimized to allow for immersive simulations and

debriefings. The course focuses on teaching crisis resource management strategies over fact-based knowledge acquisition.

Outcome & Evaluation: The DHEP course has been taught 4 times per year 2012-2015 (n= 12). We have taught 621 students: medical students (40%), nursing students (30%), nurse practitioner students (15%) physician assistant students (10%), and pharmacy students (5%). The course is a requirement for senior University of Utah medical students and bachelor of nursing students. On post course surveys, trainees indicate that they are more likely to engage in future courses and drills, and that they are more interested in responding should a disaster arise.

Going Forward: Disaster preparedness education should be implemented on a systems basis with shared learning objectives and universal competencies to allow multidisciplinary students to learn role responsibilities that fit into a larger disaster response framework.

Funding: Grant support from the Utah Department of Health.

Abstract #: 2.084_HRW

Improving global nursing's research capacity - the rutgers global nursing research collaborative

S. Willard, A. Linn, W. Holzemer; Rutgers School of Nursing

Program/Project Purpose: While 90% of healthcare worldwide is delivered by nurses, research for and by nurses has been limited. Factors are varied however, lack of doctorally prepared nurse scientists are often cited. To address this, an innovative program was developed by Rutgers University School of Nursing to create opportunities for collaboration, mentoring and capacity building for our global nursing workforce.

Structure/Method/Design: The workshop was an active process that included training on research methodology as well as working as a team. Drawing on the strengths and connections of Rutgers nursing faculty, the participants in the Collaborative work together to develop research questions related to global health and nursing science. The resulting multi-site studies aim both to answer these questions as well as develop the capacity of the nurse researchers implementing the research. Sessions included an overview of collaborative research and the development of a research question, quantitative and qualitative methods, and the IRB process. Second, the full three-day workshop provided a venue for the development of research questions as well as didactic sessions on the ethics of collaborative research, examples of successful international collaborative research partnerships, and resources available through collaboration Rutgers.

Outcome & Evaluation: The inaugural workshop was attended by 33 nurse scientists from 7 countries. Groups collaborated to form research questions around four subjects: nurse willingness to embrace technology, an exercise-related intervention for pre-operative breast cancer patients, factors related to adolescent HIV disclosure, and mental health among migrant and refugee populations. The groups were tasked with the submission of a full proposal 2 months after the workshop.

Going Forward: While we were very pleased with the outcome of the inaugural workshop, the bulk of the work is yet to occur. We will

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.

Funding: All funding for this project has been provided by Rutgers University.

Abstract #: 2.085_HRW

Leadership lessons in health disparities: What do students learn in student- vs. program-directed field experiences?

B.C. Williams, J. Williams, A. Haig, P.B. Mullan; University of Michigan, Ann Arbor, MI, USA

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

J. Wu¹, A. Lai², A. Roedlach³, T. Townley⁴, D. Munley⁵; ¹Creighton University School of Medicine, ²Creighton University School of Medicine, ³Creighton University School of Medicine Department of Internal Medicine, ⁴Creighton University Department of Cultural and Social Studies; Creighton University School of Medicine Department of Psychiatry, ⁵Creighton University School of Medicine

Project Purpose: Physician intercultural sensitivity and insight are essential aspects of professionalism, effective team collaboration, and patient care¹. 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 context². 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.^{3,4,5} 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.

Funding: The study was funded by application fees from Project CURA participants without external funding.

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