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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Abstract #: *2.084_NEP*

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.

Funding: Department of Global Oral Health, UCSF School of Dentistry.

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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 sociodemographic 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

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Wisconsin-Madison Internal Review Board. Written consent was obtained before all participants were surveyed. If the age of the participant was less than 18 years, a guardian was required to provide assent.

Findings: 88% of children received age-appropriate, on-time immunizations. 93.5% of the women were able to state that childhood immunizations protect children from diseases. The women not able to point this out were significantly more likely to have an under-vaccinated child (PR 1.354: 95% CI 1.018-1.802). When asked why vaccination rates may be low in their community, the two most common responses were "fearful of side effects" and "ignorance/disinterest/laziness" (44% each).

Interpretation: The factors influencing caregivers' demand for childhood immunizations vary widely between, and also within, developing countries. Research that elucidates local knowledge and attitudes, like this study, allows for decisions and policy pertaining to vaccination programs to be more effective at improving child vaccination rates.

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Assessing refugee trauma in the primary care setting

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Background: Refugees entering the U.S. often come from countries where violent conflict permeates everyday life. Many have suffered, witnessed, or perpetrated violence themselves, which can lead to trauma, an emotional shock experienced as a result of a violent or otherwise distressing event and a risk factor for posttraumatic stress disorder (PTSD), depression, and anxiety. Unfortunately many refugees are never screened for trauma, and traditional trauma assessment tools are ill-suited for refugee populations, or are lengthy and impractical for primary care. Working in partnership with the International Institute of St. Louis, this project had two objectives:

1. To develop a trauma assessment tool for use by primary care physicians, and
2. To design an evaluation program assessing the tool's effectiveness.

Methods: First, a systematic literature review was conducted concerning symptoms of trauma in refugee populations. Next, semi-structured interviews were conducted with the staff therapist, 1 social worker, and 2 caseworkers at the Institute; 2 primary care physicians working with refugees; and 2 mental health professionals at the Center for Survivors of Torture and War Trauma. The trauma assessment tool was developed through a qualitative assessment involving coding of themes from the literature review and interviews. Finally, I designed a validity study utilizing the Harvard Trauma Questionnaire as the gold standard to assess the effectiveness of the new tool.

Findings: The literature search produced 129 results, 17 of which met inclusion criteria for development of the tool. Interviewees had similar insight as to symptoms of past trauma in refugees. Most suggested that a tool for use in primary care should avoid asking sensitive questions. The final tool reflects the most important symptoms and issues from both sources, including sleep, pain, appetite, mood, anxiety, and general functioning, while also seeking to be succinct and establish rapport.

Interpretation: Limitations of this project include the small number of interviewees and the lack of time and funds to carry out the evaluation program. Primary care is an important setting where refugee trauma can and should be assessed. It is possible to assess trauma without asking sensitive questions and without taking up too much time.

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Career trajectories of global health MPH alumni from the University of Washington

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Program/Project Purpose: We sought to better understand the nature of careers in the emerging field of global health by collecting qualitative and quantitative information on the types of employment held by graduates of a long standing global health graduate program. We solicited input from a diverse group of both domestic and foreign alumni on the course of their careers both before and after enrolling in The University of Washington's Master in Public Health (MPH) in Global Health Program.

Structure/Method/Design: We used a combination of quantitative and qualitative methods to collect information on the careers of graduates of the University of Washington's Department of Global Health. For the quantitative component, we developed a web-based survey that was e-mailed to graduates of The University of Washington MPH in Global Health program. The contacted group included graduates of the original International Health Program (1988 – 2007) and its continuation, The Department of Global Health, established in 2008. For the qualitative component, we randomly selected 40 MPH graduates from whom to solicit Curriculum Vitae (CVs). CVs were collected in order to gather information about graduates' "career trajectories," or the course of their careers in—and outside of—the field of global health. The graduates were selected using a systematic sampling method from the group of 274 people who graduated during a 25-year period (1989 – 2013). We then contacted the graduates via e-mail and requested copies of their CVs for review.

Outcome & Evaluation: At the time of the initial survey request, 415 people had graduated with a MPH from one of the aforementioned programs. We received 173 responses to the survey, or 52.8% of alumni whose updated contact information was available. We received a total of 30 CVs, or 75% of the sample. From the CV analysis of domestic students there were clear trends with our earliest graduates having settled into domestic public health after working in