

#9DD Posters: Diversity

Location: Hall 6

#9DD01 (2606)

'Refugees and Asylum Seekers' - Developing a 'student selected component' for third and fourth year medical students.

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Background: The development of an external student selected component (eSSC) for third and fourth year medical students that seeks to facilitate their understanding of the current issues concerning the global community in the context of the refugee crisis. This includes enabling students to discover how they might help through clinical practice.

Summary of Work: '- Development of workshops led by professionals from a variety of backgrounds. 1. Students will be exposed to the work of organisations working in this field, such as Bristol Refugee Rights, Trauma Foundation South West, Medical Justice and others. 2. Students complete a reflective essay and participate in group discussions.

Summary of Results: The programme has been designed to run for a minimum of 4 students in July 2017. Significant interest has been generated around this topical proposal for an eSSC from a number of individuals, organisations and students. Full results will be gathered following programme completion through student interviews and questionnaires.

Discussion: Students will develop reflective and critical thinking skills concerning the issues and topics covered. This will enable them to gain a broader understanding and consider how they can actively help both populations and individual refugees they may encounter in their everyday clinical practice.

Conclusion: There was a need for an eSSC of this nature given the interest generated from students. The development of this eSSC will play a vital role in helping students' broaden their understanding of issues related to refugees' and asylum seekers, and discover how they can advocate for these populations.

Take-home Message: The current global refugee crisis is an issue of concern to many, including students and those working in the medical profession. This eSSC aimed at third and fourth year medical students is relevant to any seeking to develop a programme of a similar nature for undergraduate medical students.

#9DD02 (2590)

Should we remain a mono-cultural society? Diversity Issue in the Opinions of Polish Medical Students

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Background: Due to the mono-cultural character of Polish society until recently medical studies curricula didn't include diversity issues. However, for a few years more and more foreigners have been coming to Poland. The aim of this research was to find out about the attitudes of medical students towards gaining intercultural competences.

Summary of Work: Medical students (N=423) were given an anonymous questionnaire to complete, involved questions regarding: students' self-assessment of their own cultural competencies, students' needs in education on diversity issues, students' opinions about the world refugee crisis and the acceptable forms of help and students' attitude towards different groups of foreigners in Poland.

Summary of Results: Students claim that: • they don't have the knowledge on how to communicate with diverse patients; • foreigners should adjust to our culture and doctors don't have to take into consideration the needs of culturally diverse patients; • they don't know how to counteract the discrimination against religion or origin.

Discussion: The research done shows that Polish students are not prepared to treat patients from other cultures and Muslim countries in particular. At the same time, their knowledge about , e.g. refugees, students derive from the national media, which usually present a negative image of this group of people.

Conclusion: The research made it evident that in Poland teaching medical students about contact with culturally diverse students is poor. At the same time, students' opinions also differ when it comes to the issue of raising or discussing the questions of intercultural communication in medical studies.

Take-home Message: It is necessary to introduce into medical studies courses on contact with patients from minority groups. Most students don't have the knowledge how to communicate with culturally diverse patients.

#9DD03 (2535)

Incorporating cultural competence into the medical ethics curriculum: tracking the baby steps of a Catholic medical college in the Philippines

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Background: In a culturally diverse nation such as the Philippines, physicians encounter a wide array of challenges and opportunities in delivering culturally competent care. Medical education should address this by putting emphasis on understanding and respecting culture and its role in molding individual and societal concepts about health.

Summary of Work: At San Beda College of Medicine (SBCM)-Manila, we designed a cultural competence module and incorporated it into our medical ethics curriculum. Our goal is to equip learners with the knowledge, skills, and attitudes that will enable them to work effectively with patients and their families and with other healthcare workers.

Summary of Results: Five domains provided a framework for the modular design: cultural competence; key aspects of cultural competence; understanding the impact of stereotyping on medical decision-making; health disparities and factors influencing health; and cross-cultural clinical skills. Specific knowledge, skills, and attitudes need to be taught and evaluated in every domain.

Discussion: To ensure effective pedagogical practices, we constructively aligned our intended learning outcomes, teaching and learning activities, and assessment tasks. In the future, we intend to develop a curriculum assessment tool that will identify and monitor cultural competence educational experiences throughout the medical school curriculum.

Conclusion: To optimize healthcare delivery, Filipino physicians must be equipped with the necessary training to provide culturally competent care to patients coming from a wide range of backgrounds. At SBCM, a Catholic and Benedictine medical college in Manila, we incorporated a cultural competence module into our existing outcome-based medical ethics curriculum.

Take-home Message: It is important to note, however, that cultural competence is a process rather than a mere terminal outcome or skill, and should be developed in stages by building upon previous knowledge and experience. Cultural competence in healthcare delivery requires a long-term commitment and is achieved over time.

#9DD04 (1617)

A study on Cross-cultural Care embedded courses in the pre-clinical stage of medical Curriculum

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Background: Taiwanese medical students were found to have inadequate preparedness for caring diverse patients especially who are new immigrants, use alternative medicine and distrust health care system. Medical educators need to address the issues of different health beliefs and cross-cultural communication skills, and integrate trainings into different stages of medical education.

Summary of Work: Cross-cultural Care Competence development was strategically integrated into Medical English (pre-medical) and Pediatrics block PBL (pre-clinical). A Task-based learning activity: Folk Medicine and a PBL scenario about a new immigrant mother co-designed by clinical/humanities faculty were respectively included. Students' pre-/post responses to learning issues and observed performance were analyzed.

Summary of Results: Initially, over half of the students showed ambiguous attitude towards and disinterest in different health beliefs/cultural issues such as women and Qi and folk medicine etc. Students' TBL/PBL discussions and post-activity reflections demonstrated 1.rising awareness; 2.exploring bio-psycho-social aspects of folk medicine; 3.growing understanding of disparity; 4. efforts to improve communication.

Discussion: Students had limited understanding of folk health beliefs and how cultures might have impact on the healthcare quality. Given the opportunity such as TBL/PBL to explore how different aspects of cultures and health, both pre-medical/clinical students demonstrated increasing awareness of diversity and knowledge acquired for reaching better communication and solution.

Conclusion: Embedded cultural issues and explicit teaching at the pre-clinical stage could help students self-examine cultural biases, and develop competence acquired for holistic health care. Explicit inclusion of a CCC training framework in the medical curriculum is necessary to prepare students for caring patients of diverse groups and promote health equity.

Take-home Message: In the era of globalization, medical education needs to address diversity in the curriculum in order to prepare students for the myriad of situations in real clinical settings. A Spiral CCC framework with goals set for each stage can facilitate developing teaching strategy such as embedding diversity issue into PBL/TBL.

#9DD05 (1620)

An Evaluation of Taiwanese Medical Students' Awareness of and Preparedness for Caring for LGBT Populations

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Background: As a historically disadvantaged population, LGBT has been increasingly studied in the West as a crucial component to cultural diversity in medical education but not yet in the Eastern context. This study investigated Taiwanese medical students' perception of and preparedness to care LGBT patients throughout different stages of medical education.

Summary of Work: The study has conducted generic questionnaires with 1279 students from two Taiwanese medical schools. Initial findings revealed that most students rated their preparedness for caring for LGBT higher than the rest of cultural groups, the study interviewed 88 students (focus group/in-depth) recruited for each year of training for qualitative analysis.

Summary of Results: Qualitative analysis revealed that students credited various sources for their perceived strength, i.e. courses or participation in social activities. However, an underlying consensus showed that the ideal medical interaction is centered on treating them "with no discrimination" without further exploration of other issues such as LGBT's attitudes towards physical exam.

Discussion: Students' self-reported preparedness for LGBT was related to the social climate and curriculum. However, the focus on the attempted normalization of LGBT belies the significant health disparities that LGBT individuals face. There was an ignorance of societal and psychological factors that LGBT patients might face in a conservative society.

Conclusion: Medical students exhibited positive attitude towards LGBT patients and rated themselves highly in terms of preparedness but showed only superficial understanding. Health disparities were not addressed and social or psychological factors were not explored. The current curriculum regarding LGBT population is mostly only located in optional general education courses.

Take-home Message: There is a need to designate and integrate LGBT issues into the spiral medical curriculum for different stage to ensure consistency among the student body in order to promote holistic health care.

Extracurricular activities that are orientated towards LGBT promotion substantially improve understanding and awareness and should be encouraged.

#9DD06 (1355)

Cross-Cultural Medical Care Training and Education: A Survey of Pediatric Hematology/Oncology Fellows-in-training and Fellowship Program Directors

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Background: With increasing diversity in patient and physician populations, cultural competency and sensitivity training covering different aspects of pediatric hematology/oncology (PDHO) care can help improve healthcare delivery and reduce disparities and is considered a required component of fellowship training. However, there is no clearly defined curriculum meant specifically for PDHO-fellows-in-training (PDHO-F).

Summary of Work: A national online survey of 356 PDHO-F and 67 PDHO-program directors (PDHO-PD) was conducted to assess the educational experience, perceptions about identifying barriers including one's own biases and trainee comfort in delivering culturally sensitive care in various PDHO relevant clinical situations. Five-point Likert scale was used for collecting most responses.

Summary of Results: 111 (31.2%) PDHO-F and 27 (40.3%) PDHO-PD responded. 30.6% of PDHO-F 'strongly agreed/agreed' they received comprehensive cross-cultural communication (CCC) training. Top two teaching methods were faculty role-modeling and informal teaching. 33.3% of PDHO-PD reported program facilitates faculty skill development/role-modeling. Percentage of fellows reporting being 'somewhat/very comfortable' differed based on clinical situation.

Discussion: 10.8% of PDHO-F reported that most of their CCC training was in fellowship. In most clinical situations, there was a modest direct correlation between trainee's level of agreement that they received comprehensive CCC training and their comfort level. Comfort level was also significantly different based on post-graduate year with some clinical situations.

Conclusion: Pediatric hematologists/oncologists face complex situations such as breaking bad news, treatment/clinical trials discussions, and end-of-life/hospice care. Our survey shows majority of CCC training is in medical school or residency. Since comprehensive CCC training correlates with increased levels of comfort, fellowship training programs should have CCC curriculums which use experiential learning models.

Take-home Message: As a learning continuum, fellowship educational curriculum should include comprehensive CCC training to lay the foundation for promoting cultural awareness, self-reflection, and better patient-physician partnerships which can eventually adapt to and surmount the challenges unique to the physician's chosen field of practice.

#9DD07 (1205)

When East Meets West: A comparison of Students' preparedness for Cross-cultural Care between a US medical school and Taiwan medical schools

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Background: Future doctors should be culturally competent in caring for patients of diverse backgrounds, including gender, socio-economic, cultural and ethnic. Currently, Cross-cultural Competence has been more promoted in the context of western medical education. With growing awareness of diversity, Taiwan medical education needs to address this issue in the curriculum.
Summary of Work: The study conducted a survey adapted from the questionnaire designed by the Harvard Medical School CCC committee with students from two medical schools in Taiwan. 759 pre-clinical and clinical (3th~7th years) students' responses were collected and compared to 1369 students of equivalent years (1~4 years,) of postgraduate HMS medical program.
Summary of Results: Students' from both sides reported inadequately prepared/skilled in dealing with patients who use complimentary medicine, have different religion or beliefs odds with Western medicine and distrust health care system. Significant difference was found in preparedness for Minority and Transgender (HMS 73.2% v.s Taiwan 51.1%, 25.7% v.s. 59.0%). Both also agreed upon inadequate training (61.2% v.s. 88.0%)
Discussion: Students' self-reported preparedness in caring for diverse groups were correlated to the CCC skills. Even complimentary medicine is common, Taiwanese students, receiving western medical education, also struggled with people with different health beliefs. How they define 'perceived preparedness' in taking care such as Transgender also needs further research.
Conclusion: The study displayed results of how medical students perceived their CCC competence and training environment in two countries. The emerged results showed that in western medical education climate, students had similar CCC obstacles. The results can serve as reference and baseline for future research in local and global medical education.
Take-home Message: In the era of globalization, how to cultivate Cross-cultural competent health professionals who can understand the complexities and cultural association of the diverse patient populations, and therefore provide quality care and eliminate health disparity will be an issue that medical educators around the world need to address.

#9DD08 (873)

Ostracism in undergraduate training of health students: Associated factors.

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Background: Ostracism is a kind of social bullying and it implies a systematical and intentional obstruction of ostracism victim' social interaction opportunities. Health students report high levels of bullying, violence and mistreat in this training process, but there are no studies about ostracism in this group.

Summary of Work: The objective of this study was to describe ostracism perception in health students and its relationship with sociodemographic and academic characteristics. A non experimental study was performed. It was sponsored by grant FONDECYT 1161541. Ostracism Experience Scale and a demographic questionnaire were answered by 301 health students, prior informed consent.

Summary of Results: According to their report, students had being ignored by classmates in a 11.40% and they were excluded of social activities in a 42.70%. No differences in ostracism were found related to gender or discipline studied, but older students felt more ignored than younger ones.

Discussion: Students reported a low perception of ostracism, but they felt more excluded than ignored. Excluding could be less aggressive and more allowed by group than ignoring. The one variable associated to ostracism was age, and it could be related to different development psychological task of older students.

Conclusion: Ostracism is other kind of aggression that exists in undergraduate health training process. Gender and discipline are not related with it, but older people seems to have a higher risk of being ostracized. Outcomes show the importance of identifying other characteristics associated to social violence in health schools.

Take-home Message: Ostracism is other face of academic violence, and it must be researched for being stopped.

#9DD09 (2086)

Enhancing cultural sensitivity in a classroom setting by the use of drama game

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Background: Promoting cultural sensitivity is an important goal for ethics education. To stimulate students' cultural sensitivity is a challenge in the classroom setting. Drama games were introduced to support the development of interpersonal ethical sensitivity in FJU Department of Nursing. This is the preliminary report of the intervention outcomes

Summary of Work: Two drama game instructors were invited to facilitate a three-week course for a cross-cultural program; 15 nursing students across all grades took part in the group. The interactive drama games contained elements such as finding commonalities, pictures and associative words, objective listening, imitating character movements, nobility and slaves, etc.

Summary of Results: Students enjoyed course greatly with expressions 'reflective, vividly and lively', etc. In terms of cultural sensitivity, reported experience in different roles, more awareness of others' body language, changing of the stereotypes of ethnic groups and more empathy and respecting the other cultures.

Discussion: According to tutors observation notes and students' learning feedback, the key elements of success in achieving learning objectives were: 1) Fun and easy to operate; 2) Immediate sharing of reflection soon after the activities; 3) strong linkage of the learning objectives; 4) practical application.

Conclusion: The use of drama games could stimulate nursing student cultural sensitivity through an effective environment.

Take-home Message: In this global environment, it is never too late to use a new strategy for enhancing students' cultural sensitivity, especially, 'empathy', 'understanding', and 'respect' always are the key elements for care professionals.

#9DD10 (2504)

A new OSCE in the medical curriculum: assessing competences in Ethics and Health Care Law, Interculturalization and Diversity, and Patient Safety.

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Background: At VU University Medical Center (VUmc), student competences are taught in longitudinal pathways as part of the program 'Professional Development'. Three pathways (Ethics and Law, Interculturalization and Diversity, and Patient Safety) are jointly assessed in a newly developed Objective Structured Clinical Examination (OSCE) in Bachelor year 1 and year 3.

Summary of Work: We implemented the OSCE for all bachelor year 1 students in 2016 and year 3 in 2017. The OSCE was evaluated with a responsive design, focusing on the experiences and perspectives of stakeholders (students, examiners, teachers). Written evaluation forms were used, together with interviews and focus groups.

Summary of Results: Preliminary findings from the pilot and the year 1 OSCE 2016 showed that most students value the method of testing as more practice oriented, while some felt unprepared. Examiners reported being able to assess the level of performance of the student on three criteria: argumentation, information gathering, and reflexivity.

Discussion: The OSCE provides means to assess students' integrated knowledge, skills and attitude in an authentic setting. This corresponds with the central aim of the Professional Development program. However, the congruence between examiners' assessments requires further attention.

Conclusion: The OSCE seems useful for the assessment of competences in Ethics and Law, Interculturalization and Diversity, and Patient Safety. It complements knowledge assessment in regular courses, results in students taking these subjects more seriously and supports students in reaching the learning objectives.

Take-home Message: The OSCE can be used to assess students' competences in non-technical topics and is unique in Netherlands. Furthermore, this type of assessment contributes to the development of these competences by the students.

#9DD11 (1857)

Intercultural competences of Western instructors and Nepalese mountain rescue team trainees

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Background: In a globally connected world, exchange between different cultures has become normal. Multicultural settings can influence teaching and learning or even negatively influence learning outcome. This study focuses on the interaction between Western instructors and Nepalese mountain rescue teams and their attitude before and after an instructor course in Nepal.

Summary of Work: Data collection was based on self-assessments of all participants with questions on personal characteristics, communication styles, intercultural abilities and awareness of cultural differences. Western Instructors (WI) completed a pre/post self-assessment of their intercultural competence. Nepalese participants (NP) completed one questionnaire. A fraction of them were later interviewed.

Summary of Results: In conflict situations, WI prefer exchanges that are dispassionate. NP prefer to reveal people's true emotions. When negating someone's comment, NP try to convey the information indirectly, WI prefer the direct way. WI's knowledge on intercultural aspects did not change but there was a significant difference in attitude.

Discussion: The study showed differences in the way WI and NP deal with conflict situations. WI want to convey a message unemotionally, while NP want to develop a relation before they express criticism. During the 10-days course, WI - despite a short exposure - changed their attitude towards the host culture.

Conclusion: We could show that WI and NP in a mountain rescuer instructor course deal differently with conflict situations. This can significantly influence learning: Providing meaningful feedback for each learner in such a context is sensitive, and instructors' and trainees' awareness must be raised preemptively towards differences in learning culture.

Take-home Message: For future work in intercultural settings, teachers should be sensitized to differences in communication styles, also in regard to demographic subgroups. They should be prepared to create a constructive learning environment, which respects cultural diversity and therefore optimises learning.

#9DD12 (1695)

Don't ask; don't tell – heteronormative medical education and the experience of LGBT patients.

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Background: It is 50 years since the decriminalization of homosexuality in the UK.

However, in 2015, Stonewall highlighted an ongoing heteronormative discourse in healthcare – LGBT patients and staff still face discrimination. Collaborative development of educational resources aims to enhance student's understanding of sexual diversity and, ultimately, ensure good medical practice.

Summary of Work: An evaluation of publications illustrates prevailing heteronormative discourse in healthcare education- yet tomorrow's doctors must provide good medical care, regardless of sexual identity. Therefore, through the perception of LGBT patients and medical students we created online materials to enhance the student's awareness of true patient diversity and support their wellbeing.

Summary of Results: We developed an online teaching resource focusing on a range of discriminatory behaviors in clinical scenarios. This aims to increase students' awareness of issues and barriers faced by LGBT patients and healthcare professionals and support them in challenging their own existing ideas regarding the sexuality of patients and colleagues.

Discussion: When acknowledged in medical education, the needs of LGBT patients are often pathologised, with associations drawn between sexual practices, lifestyle choices and disease risk.

The clinical environment reflects this, underlining the need for a stronger understanding of patient diversity to ensure the creation of an inclusive and supportive healthcare environment.

Conclusion: Due to healthcare's heteronormative discourse, LGBT people face barriers in accessing services. Tomorrow's doctors must understand these barriers in order to challenge inequality and promote inclusivity. Medical education must therefore explore both the clinical needs of LGBT people but also challenge students existing ideas about, and normative assumptions of, (hetero)sexuality.

Take-home Message: Discriminatory attitudes continue to exist in healthcare, with current medical education strategies providing students with inadequate understanding of issues faced by the LGBT community. The use of online resources based on clinical scenarios highlights these issues and challenges students' existing assumptions - effectively promoting diversity in medical education.

#9DD13 (1519)

'Addressing the Gap in Medical Ethics Education Turkish Medical Faculties': Teaching Anti-Discrimination for LGBTI Patients

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Background: The contemporary understanding of the 21st century is that human rights can be protected and promoted only if fundamental freedoms, as well as the ability of individuals to choose sexual preferences, and their right to participate or not to participate in the cultural life of given communities are guaranteed.

Summary of Work: The medical curriculum of 44 medical faculties in Turkey according to the awareness about LGBTI and giving them the healthcare services in the ethical way will be questioned in the limits of this poster presentation.

Summary of Results: There were no data found related with the healthcare services of LGBTI in any curriculum of the medical faculties analysed.

Discussion: Nowadays, in modern societies, there is a big emphasis on the importance of the value of life, human dignity, diversity and antidiscrimination. These concepts can be defined as "a new world order". Any educational design (material), especially medical education, can not be viewed/ designed without taking these concepts into consideration.

Conclusion: As doctors we see the harms of discrimination; the results of physical attacks and the effects of anxiety linked to social stigma. When such discrimination is so clearly unfair, and when fallacious medical arguments are made in attempts to legitimise it, then doctors have an ethical duty to speak out.

Take-home Message: Physicians should be sensitive to the medical and psychosocial needs of all of their patients, especially their vulnerable patients. Patients with nonheterosexual gender identification are among these patients. All medical faculties, including Turkey, should include lectures to fight against discrimination.

#9DD14 (1058)

Are gender and ethnicity determinants of student success in medicine?

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Background: Evidence suggests that certain genders and ethnic groups perform worse in examinations. This project aims to investigate whether gender or ethnicity affects the way in which medical students perform in exams.

Summary of Work: We will be looking at both gender and ethnicity separately within the Barts medical student population since 2011 to 2016 to determine if either are factors in how well a medical student performs.

Summary of Results: Preliminary data suggests that the results show that female medical students perform better than male medical students. The results also indicate that ethnic minorities underperform in comparison to their White European counterparts.

Discussion: These results fall in line with previous research from other fields of study suggesting that this is a widespread issue throughout education, not just medical education. There could be multiple reasons for this observed effect such as socio-economic background, language barriers or culture.

Conclusion: There is a discrepancy in performance between both genders and ethnic groups. However, further evidence is required to explain these differences in more detail.

Take-home Message: Understanding these differences should help to direct the necessary support required to ensure that underperforming groups of students succeed at medical school.

#9DD15 (696)

A cross-cultural comparison between medical students' self-regulated learning challenges and influencing sociocultural factors.

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Background: Medical programmes embrace curriculums that improve self-regulated learning (SRL) and thereby the development of life-long learning doctors. Therefore, understanding which SRL components challenge socioculturally diverse students is critical. This study aims to elucidate whether medical students' SRL challenges differ between sociocultural groups and if any sociocultural factors influence students' studying.

Summary of Work: First and second year medical students at Qatar University (QU)(n=84) and Groningen University (RUG)(n=57) completed the Self-Regulation of Learning Self-Report Scale (SRL-SRS). Students answered additional sociocultural questions. Participants were purposefully sampled for one-on-one interviews (QU n=17; RUG=conducting) based on gender, sociocultural responses, and SRL-SRS scores. Analysis follows grounded theory methodology.

Summary of Results: QU students scored significantly higher on the self-monitoring and evaluation components of the SRL-SRS than their RUG peers ($p < .05$) after accounting for gender and year. In interviews, QU students indicated that cross-cultural norms and religion play a role in study habits and inter-gender communication. RUG interviews are being conducted.

Discussion: Self-monitoring and evaluation refer to the monitoring, managing, and assessment of an individual's behaviour. QU students are aware of sociocultural and religious expectations in all aspects of life. Complying to these norms requires high self-regulation, which may explain their increased ability to apply this to their learning.

Conclusion: Sociocultural norms and religion play an important role in the daily and academic lives of students from certain backgrounds. In a continuously globalizing world, universities should understand that students from various sociocultural backgrounds face different challenges in their SRL and transition to medical school.

Take-home Message: Acknowledging cross-cultural differences in SRL allows universities across the world to better anticipate and develop appropriate approaches to

guarantee maximum success for both students and universities in producing life-long learning doctors.

#9DD16 (668)

United in problems, celebrating diversity

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Background: In the context of globalisation, students from different cultures study together at the same University. The educational material is usually made by a local team of experts based by the local culture and habits. Because of that, sometimes foreign students find themselves having difficulty with some exercises.

Summary of Work: The same clinical data were provided to groups of volunteer 2nd year medical students from different countries, to create clinical scenarios aimed at reaching the same learning objectives. The scenarios were then presented as exercises to another group of students of mixed nationality who evaluated their quality.

Summary of Results: Although the starting point – clinical data – and the learning objectives were the same, each clinical scenario was different from the others. The students who came from the same country as the authors evaluated that scenario better than the other scenarios, considering it better for reaching the learning goals.

Discussion: Although they didn't know the country of origin of their scenarios, the students preferred the clinical scenarios that reflected the background of their country more. On the other hand, the enthusiasm of the authors and the good quality of the clinical scenarios that they produced should be noted.

Conclusion: The specifics of the individual culture seem to influence the way in which students created clinical scenarios. They prefer the ones which are more similar to the possible scenarios from their country of origin. The students can thus be used to adapt clinical scenarios for specific cultures.

Take-home Message: The quality of learning of foreign students can be improved by involving them in the creation of clinical scenarios. The process of the creation of the scenario seems to help the foreign students to integrate into the group, and allowing others to learn about their home culture.

#9DD17 (2375)

LGBT in Medical Education at VUmc SMS

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Background: People identifying as Lesbian, Gay, Bisexual or Transgender (LGBT) face specific health issues, such as higher prevalence of HIV/STD, suicide and substance use. Physicians feel insufficiently trained to provide adequate LGBT healthcare, but policies to promote LGBT health in Dutch medical education are lacking.

Summary of Work: We screened the curriculum of a required undergraduate course 'Sex, Sexuality and Relationships' for LGBT-related content and interviewed students. Findings were compared to Obedin-Maliver's (2011) 16 core LGBT-related topics. Using semi-structured interviews, we also explored experiences of stakeholders in medical education (N=18) with LGBT issues in their education.

Summary of Results: Most topics were addressed, but mental health, coming out, Intimate Partner Violence (IPV) and body image were absent. Materials mainly focused on G and T health, excluding L and B health. Students associated LGBT identity with HIV/STD. Most materials presented LGBT issues in stereotypical and hetero- and cisgender normative ways.

Discussion: Results show that the relationships between sexual and gender diversity and health outcomes were not accurately addressed despite the course's focus on gender and sexuality issues. To provide students with the competencies to adequately diagnose and treat LGBT patients, LGBT identities should be presented in more complex, comprehensive ways.

Conclusion: Education concerning LGBT health issues in undergraduate medical education at VUmc SMS seems insufficient. Several LGBT health topics in particular L and B health were insufficiently addressed. Furthermore, means in which they were addressed, produce and reproduce (hetero)normative thought.

Take-home Message: More consideration is needed in particular for LGBT mental and social health issues in medical education, as well as L and B health issues. In providing education, stakeholders should be aware of normative messages in the curriculum, and plead against hetero- and cisgender normativity.

#9DD18 (2595)

The Blessings that Cultural Diversity could Bring – A Prospective Case-Control Study from Taiwan International Scholarship Program

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Background: The I-Shou university launched a scholarship program, designed for international medical students (IMSS) to care the underserved populations in friendly countries of Taiwan. We aim to understand the effects of diversity and an integrated cultural-training module, which could shed light on designing future global health medical education programs.

Summary of Work: We designed a pre-requisite training of cross-cultural care during the orientation and strengthen it with small group discussion in Family Medicine rotation. Literature was reviewed and the 25-item-CAST-questionnaire was performed after the learning module. The descriptive statistics and independent t tests were conducted using SAS 9.2 software.

Summary of Results: 45/60 (75%) IMSSs and 69/90 (77%) Chinese medical students (CMSs) as controls responded. The IMSSs had overall higher CAST scores compared to that of CMSs (Mean±S.D.:95.4±10.5v.s.81.4±6.7,p<0.001.) Besides, 7/11 questions regarding cultural awareness and sensitivity and 11/14 questions regarding skill and behavioral interaction were both significantly higher in the IMSSs group.

Discussion: Through the integration of cultural-sensitivity module into the curriculum, the IMSSs reported gaining a better understanding of the needs and being confident to interact and performing clinical skills for culturally different population. Future effort should be made on exploring if the effects remained in the OSCE and clinical performance settings.

Conclusion: International students in Taiwan I-Shou University School of Medicine who completed the cultural-training learn better concepts, and more open-minded to the importance of diversity, and build cross-cultural skills than the Chinese medical students did. Developing cultural competency is a burning need while gaining exposure to health care disparities.

Take-home Message: Understand the effect of early mixture of IMSSs from diverse background with creative cultural-training module helps to shape future international medical education program. It is not only crucial to ensure a better learning outcome for cultivating international medical professionals but to achieve better cultural-sensitive global healthcare.

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**Interpersonal violence among undergraduate students:
implications to students adjustment**

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Background: In general, studies on university violence address violence against women and violence against freshmen. Few studies address all categories of violence that occurs among undergraduate students. Whereas interpersonal violence - IPV can influence students' adjustment, it is important to explore this issue in order to adopt preventive and protective measures.

Summary of Work: Students perception (health courses, public university) about interpersonal violence were accessed through a descriptive and exploratory approach. Subjects were addressed through semi-structured questionnaire with some essay question (Google Docs technology), thematically analyzed in its content. It's a cut from a larger study that investigates IPV among university students since 2014.

Summary of Results: Among 136 students from 07 undergraduate programs 63% identify the presence of IPV (seven categories including gender based violence, racism, violence due to personal characteristics and social class) and 86% consider that victims have their academic performance affected (three categories including mental suffering, emotional distress, lack of motivation, social isolation).

Discussion: Violence categories found in the daily life at University draw attention to the presence of intolerance and prejudice related to sexual orientation, gender, ethnicity, and violate human rights of groups and individuals. IPV may affect self-esteem and sense of self-efficacy, causing mental suffering, apartness, lack of motivation, affecting cognitive functions.

Conclusion: Students recognize the presence of IPV in undergraduate everyday life; and the most common violence is identified between students, among peers. They also recognize that such events affect academic achievement and the teaching-learning process.

Take-home Message: It is essential that managers and professors pay attention to their responsibility to educate citizens committed to social reality, being attentive to intolerance and prejudice among future health professionals. In addition, it is necessary to be attentive to health and well-being of students, that may be affected by interpersonal violence.