

21st Annual



Poster Presentation Participants and Award Recipients



May 28 - 29, 2026
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www.inmed.us/hhc

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About the Humanitarian Health Conference

The Humanitarian Health Conference (HHC) is an educational event with the goal of equipping learners to take the next step in partnering with the world's most marginalized people.

Target Audience: The HHC is focused on educating those involved in humanitarian health around the world, including in the USA. This includes physicians, pharmacists, dentists, advance practice providers, nurses, allied health professionals, public health professionals, healthcare administrators, students, and service-minded volunteers.

Poster Presentations

Conference organizers welcomed participants to present posters of their completed and/or ongoing professional work during the conference.

Poster Presentation Categories for Professionals and Students Included:

- Case Study
- Research or Innovation-Based
- Global Health Education

Special consideration was given to the following topics:

- Impact of international rotations and experiences on learner development
- Impact of implementing public health services in communities with limited resources
- Clinical issues in resource-poor communities
- Sustainability implications for short-term international projects or partnerships
- Global Impact of medical mission
- Innovative approaches in global health
- Global health research



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Award Recipients

1st Overall / 1st Global Health Education

Jacob Tanner

Helping Babies Breathe Training for Ghana National Ambulance Service Emergency Medical Technicians: A National Prospective Evaluation

2nd Overall / 1st Research or Innovation Based

Andrea Weitoschova & Tanner Robinson

A Cross-Cultural Comparison of Attitudes Toward and Perceptions of Childbirth Interventions in Rural Kenya and Guatemala

3rd Overall / 1st Case Study

Mia Holmgren

Economic Ripple Effects of Short-Term Medical Outreach: A Mixed-Methods Case Study of a Women's Cooperative Near a Mission Hospital in Rural Kenya

Honorable Mention / 2nd Global Health Education

Vincent Ooi

Optimizing Medical Education for High-Value Care: Strategies for Reducing Healthcare Costs While Enhancing Student Learning Outcomes



Presenter Abstracts

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A Cross-Cultural Comparison of Attitudes Toward and Perceptions of Childbirth Interventions in Rural Kenya and Guatemala

Andrea Weitsochova¹, Tanner Robinson MS², Gautam J. Desai DO, FACOFP dist.³

Introduction: Maternal mortality remains a major global health challenge, with nearly 95% of maternal deaths occurring in low- and middle-income countries, many from preventable causes. In rural communities, socioeconomic and cultural factors shape perceptions of childbirth interventions, making it important to understand these views in order to provide culturally responsive care and improve overall maternal outcomes. **Objective:** This study aimed to evaluate and compare attitudes toward and perceptions of childbirth interventions in rural Kenya and rural Guatemala. **Methods:** After KCU IRB approval, a cross-sectional, anonymous survey of women aged ≥ 18 years was conducted in rural Kenya from November-December 2025 and rural Guatemala in February 2026 following completion of a community health clinic visit. The 21-item survey assessed demographics, attitudes toward labor pain control, perceptions of delivery methods and obstetric interventions, and cultural influences on childbirth. Surveys were administered in Spanish in Guatemala and English in Kenya, with translator support available in Kenya. 49 surveys were collected and analyzed in SPSS using descriptive statistics, chi-square tests, and Mann-Whitney U tests, as appropriate. **Results:** Among 49 respondents, 27 were from rural Kenya and 22 from rural Guatemala. The groups were broadly comparable at baseline, and both rated pain relief as important during childbirth ($p=0.791$). Guatemalan respondents reported significantly more favorable attitudes toward cesarean delivery ($p=0.002$) and forceps- or vacuum-assisted vaginal delivery ($p=0.005$) and were more likely to consider elective cesarean delivery ($p=0.044$). In contrast, Kenyan respondents rated non-pharmacologic pain relief methods as safer ($p=0.028$) and were more likely to have heard of assisted vaginal delivery ($p<0.001$), despite less favorable attitudes toward its use. Respondents from the two countries did not differ in where they received childbirth information or whether they had felt judged for their childbirth choices. **Discussion:** Although many perceptions were similar between rural Kenya and rural Guatemala, differences in attitudes toward cesarean and assisted vaginal delivery suggest that obstetric interventions may be understood and accepted differently between the two communities. These findings emphasize the importance of incorporating community-specific perspectives into obstetric counseling to support informed decision-making and patient-centered maternal care. **Conclusion:** This study highlights the importance of understanding how women in different rural communities perceive childbirth interventions, as these perspectives may inform more effective, culturally responsive maternal care.

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Attitudes and Perceptions of Hernias in Rural Kenya

Jack Dunfield¹, MS, Gautam Desai², DO, FACOFP dist.

Background: Hernias are common surgical conditions that can cause pain, functional limitation, and significant morbidity when left untreated. In low- and middle-income countries, delayed presentation and limited access to surgical care may be influenced by cost, transportation, and limited awareness of hernia symptoms and complications. This project aimed to assess hernia-related knowledge and perceived barriers to care among clinic participants in rural Kenya, deliver a brief educational intervention, and evaluate changes in knowledge following the intervention.

Methods: After KCU IRB approval, a cross-sectional, survey-based educational intervention was conducted at Mama Pilista Bonyo Health Center in Kisumu, Kenya, between December 1 and December 12, 2025. Clinic participants completed an in-person pre-intervention survey assessing hernia-related knowledge, perceptions, and barriers to care. Participants then received a brief educational intervention. A post-intervention survey was administered to assess changes in hernia-related knowledge. Responses were summarized using descriptive statistics, and pre- and post-intervention knowledge scores were compared using the Wilcoxon signed-rank test.

Results: A total of 28 clinic participants completed both pre- and post-intervention surveys. Mean hernia-related knowledge increased from 2.71/12 before the intervention to 10.38/12 after the intervention, representing a mean increase of 7.66 points. This improvement was statistically significant using the Wilcoxon signed-rank test ($p < 0.001$), with 25 of 28 participants demonstrating improved scores. Knowledge gains were observed across multiple domains, including recognition of hernia complications, symptoms, and when to seek care. Commonly reported barriers included cost, transportation, lack of insurance, and distance from the clinic, with 78.6% reporting prior delay in care due to cost and 82.1% reporting no health insurance.

Conclusion: A brief educational intervention was associated with significant improvement in hernia-related knowledge among clinic participants in rural Kenya. However, persistent barriers such as cost, transportation, lack of insurance, and distance from care depict that education alone is insufficient to address delays in hernia treatment. Future efforts should combine community-based education with improved referral pathways, financial support mechanisms, and expanded access to surgical evaluation to reduce preventable morbidity from untreated hernias.

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Attitudes Toward Menstrual Cup Use in Rural Kenyan Women: A Pre- and Post-Education Analysis

Kaitlan Weppner¹, Krishna Patel², Kaelin Dickey³, Gautam Desai⁴

Barriers to menstrual health management remain prevalent globally, particularly in low-resource settings. Limited access to sanitary menstrual hygiene products has been associated with increased risk of urogenital infections. Previous studies have shown that menstrual cups provide a safe and sustainable menstrual hygiene management option. Given the challenges women face in managing menstruation and the potential benefits of utilizing menstrual cups in resource-limited settings, this study aims to understand attitudes toward the use of the menstrual cup among rural Kenyan women.

Participants aged 15 years and older (n=44) were recruited through the Mama Pilista Memorial Health Care Center following routine medical visits. Participation was voluntary and did not affect access to care. Participants completed surveys assessing barriers to menstrual hygiene products and attitudes toward menstrual cups. They were then provided an educational session on menstrual cups, and their attitudes on menstrual cup use were reassessed. Prior to the educational session, only 16% (n=7) of participants reported being aware of menstrual cups, of which only 29% (n=2) had used a menstrual cup previously. Following the educational session, 95% (n=42) of participants reported feeling comfortable or very comfortable using a menstrual cup, 93% (n=41) felt more confident in using a menstrual cup to manage their menstrual cycle, and 93% (n=41) reported they were likely to use a menstrual cup. Participants most commonly reported interest in the reusability and ease of cleaning of the hygiene product. To assess whether acceptance differed by access barriers, menstrual cup acceptance was compared between participants with and without reported barriers; 94.3% vs 88.9%, respectively, with no significant association (χ^2 and Fisher's exact tests, $p>0.05$).

Menstrual cups were widely accepted as a menstrual health management tool following education on their use. In resource-limited settings such as rural Kenya, menstrual cups may provide a sustainable and hygienic option for managing menstruation. Community-based education and improved access to menstrual cups may help reduce barriers to menstrual hygiene management by supporting long-term use of sustainable menstrual health products.

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Poster

Economic Ripple Effects of Short-Term Medical Outreach: A Mixed-Methods Case Study of a Women's Cooperative Near a Mission Hospital in Rural Kenya

Mia Holmgren¹, Brendah Oyugi²

Background: Short-term medical outreach often focuses on clinical outputs, while broader community-level economic and sustainability effects remain underexplored. Mission hospitals may serve as economic anchors, and ethical engagement with surrounding microenterprises may amplify downstream impact. Our objective was to evaluate participant-reported economic, social, and sustainability impacts of a microenterprise initiative involving a women-led cooperative near a mission hospital.

Methods: We conducted a mixed-methods pilot study of nine members of a women's artisan cooperative near Tenwek Hospital. Following an international purchasing initiative generating approximately 140,000 Kenyan Shillings (~\$820 USD), participants completed structured surveys and open-ended responses assessing economic impact, fairness, and sustainability.

Results: All participants (9/9) reported increased income, reduced financial stress, improved income stability, and perceived business growth. Income was used for essential needs including school fees (89%), housing (67%), medical expenses (67%), and business reinvestment (67%). All participants reported that the initiative was fair, respectful, and free of significant conflict. The most commonly reported barriers to business growth were cost of materials (100%) and limited access to customers (78%), while time and training were rarely identified as constraints. Participants supported continuation of similar initiatives, but they identified potential risks if such support were discontinued, highlighting concerns around dependency. Specifically, they identified repeat customers (89%) and improved marketing (89%) as key sustainability needs.

Conclusion: In this pilot study economic engagement was associated with improved income, reduced financial stress, and business growth. Income was used for essential needs such as supporting household dependents and school fees. While participants endorsed continuation, concerns regarding dependency highlight the need for sustainable models. Ethical engagement with local microenterprises may represent a scalable strategy to extend the impact of medical outreach beyond clinical care.

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Enhancing Cross-Culture Experience in Nursing Students through Collaborative Online International Learning (COIL): A UMKC–KGU Partnership

Dr. Michelle Birdashaw, DNP, APRN, FNP-C, ENP-C, Dr. Jana Rudigier DNP, RN

Background

Traditional, in-person, international rotations are often not feasible due to financial and logistical barriers. Leveraging the strengths of virtual technology and collaborated with Kinjo University (KGU) in Japan, we designed and implemented a Collaborative Online International Learning (COIL) program to offer a virtual cross-culture experience for nursing students.

Purpose

The purpose of the project was to evaluate the impact of quarterly COIL on students' cross-culture experience.

Methods

Since September 2024, quarterly virtual sessions were conducted via Teams among nursing students at University of Missouri-Kansas City and KGU. Facilitated by faculty, activities included structured cultural comparisons, collaborative presentations, and reflective dialogue.

Results

Majority of participants rated the collaboration as excellent or good, and expressed strong interest in future participation. Reported benefits included building international peer relationships, gaining cultural insights, and broadening perspectives on nursing education.

Conclusion

Virtual international student engagement is effective for cross-cultural experience and provides a scalable, sustainable, equitable pathway for global engagement.

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Exploring Methods to Promote Fruits and Veggie Intake In Children - Elizabeth Ibarra

Abstract:

Background:

Childhood dietary habits shape lifelong health, yet interventions promoting fruit and vegetable consumption are varied and inconsistently evaluated. Hands-on strategies such as gardening, cooking, and taste-based activities are increasingly implemented, but a comprehensive synthesis of their effects would help us understand better how to go forward.

Objective:

To map intervention patterns, lay-out primary outcomes, and identify research gaps.

Methods:

A scoping review was conducted of studies containing children from early childhood through adolescence. Interventions were grouped as gardening, cooking, taste-based, nutrition education, or multi-component programs. Primary outcomes were categorized into dietary intake, food-related skills, nutrition knowledge, attitudes/preferences, anthropometrics, and program engagement. Study designs, settings, and participant characteristics were charted.

Results:

Across 65 studies from diverse settings, multi-component interventions were most common, often combining gardening, cooking, and tasting activities, but most commonly including cooking or including a combination of cooking and nutrition education. Outcomes most frequently measured included food-related skills, as well as knowledge and dietary intake; few studies assessed anthropometric changes. Of all 65 studies, 71% found significant change in a primary outcome. Of all investigations, the majority were studied in schools with children on their own, outside the family unit. The most common contextual background was significant socioeconomic factors which included children qualifying for free-lunch or the family qualifying as 'low income'. The most common framework that was cited as influential was Social Cognitive Theory or no framework at all.

Conclusions:

Hands-on interventions are prevalent in the field of changing children's dietary behaviors and skills, particularly in combination with nutrition education and cooking activities. The next step in future research should focus on standardized, anthropometric outcomes to validate their ability to decrease chronic illness. Surrogate outcomes for chronic illness have already been well studied. Focusing on anthropometric outcomes will validate which approach will lead to the best health outcomes for the next generation.



Helping Babies Breathe Training for Ghana National Ambulance Service Emergency Medical Technicians: A National Prospective Evaluation

Helping Babies Breathe Training for Ghanaian EMTs: Experience-Linked Learning and Retention

Jacob Tanner MS-1¹, Niaman Nazir MD¹, Ahmed Zakariah MD², George Owusu MD², Fati M. Salifu MA², Alfred Aidoo MD², Anthony Kovac MD¹.

Background: Millions of newborns struggle to breathe at birth, especially in resource-limited settings. Helping Babies Breathe (HBB) is a neonatal resuscitation program used in more than 80 countries. This study evaluated HBB training among Ghana National Ambulance Service EMTs and examined whether years of experience, practice setting, or gender influenced learning and retention.

Methods: This prospective training evaluation included 91 EMTs who completed HBB instruction, knowledge assessments at three time points, and skill evaluations using two OSCE scenarios. Participants were stratified by experience level (Junior, Mid, Senior), geographic setting (Urban, Mixed, Rural), and gender. Within-group changes were analyzed using paired t-tests, and between-group differences were assessed using Kruskal-Wallis and Wilcoxon rank-sum tests, with significance set at $p < 0.05$.

Results: Participants demonstrated significant knowledge gains from pretest to posttest (+3.60, $p < 0.0001$) and from baseline to Phase 2 (+3.12, $p < 0.0001$). Junior EMTs (1-3 years) showed the strongest complex skill gains, improving on Scenario B (+1.44, $p = 0.0007$) and bag-valve-mask performance (+0.44, $p = 0.0492$). Mid-level EMTs (4-8 years) plateaued on Scenario B (0.00, $p = 1.0000$), while Senior EMTs (9+ years) maintained knowledge with limited new growth. Experience level predicted Scenario B performance ($p = 0.0043$). Geographic differences were not significant, though Rural participants trended toward higher delayed scores ($p = 0.0690$). Females had higher baseline knowledge scores (13.72 vs 12.62, $p = 0.0443$), but post-training differences resolved.

Conclusion: HBB training significantly improved neonatal resuscitation knowledge among Ghanaian EMTs, but learning patterns differed by experience. Junior EMTs appeared most primed for skill acquisition, while mid-level and senior providers may benefit from targeted reinforcement or refresher training. These findings support tailoring HBB education to learner experience while preserving equitable access across practice settings and gender groups.

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Menstrual Hygiene Practices and Barriers to Menstrual Product Access Among Rural Kenyan Women

Krishna Patel¹, Kaitlan Weppner², Kaelin Dickey³, Gautam Desai⁴

Period poverty and stigma surrounding menstruation remain prevalent globally and present significant barriers to menstrual hygiene management in many low-resource settings. In developing countries such as Kenya, women face multiple barriers to effective menstrual hygiene management. Further exploration of menstrual hygiene practices and barriers to product access is needed in developing communities such as rural Kenya. This study aimed to evaluate current menstrual hygiene practices and barriers to menstrual health management among women in a rural Kenyan community. The study hypothesized that rural Kenyan women use a range of menstrual hygiene management practices, with variations influenced by access to resources, awareness, and cultural factors. Participants aged 15–48 were recruited through the Mama Pilista Memorial Health Care Center (MPMHCC) following routine medical visits. Participation was voluntary and did not affect access to care. For participants aged 15–17, parental consent and participant assent were obtained with the assistance of translators who verbally translated the English survey into the Luo language. Participants completed surveys assessing menstrual hygiene practices, product preferences, and barriers to menstrual product access. Among the 45 participants surveyed, the menstrual product most preferred was disposable pads (86%). Choice of menstrual hygiene product for 23 (51%) participants was influenced by affordability. Proximity and disposability were influences for menstrual hygiene product choice for 14 (31%) participants. 35 (77.7%) participants reported at least one barrier to accessing menstrual products. The most frequently reported barrier to access was cost with 28 (62%) participants reporting this as a barrier to access. Participants expressed interest in improvements such as free menstrual hygiene products, lower-cost products, and increased education regarding menstrual health. These findings highlight the persistent barriers to menstrual hygiene management faced by women in rural Kenya, particularly financial limitations and limited access to affordable products. Community-based education and increased availability of sustainable and affordable menstrual hygiene products may help reduce barriers and improve menstrual health outcomes.

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Optimizing Medical Education for High-Value Care: Strategies for Reducing Healthcare Costs While Enhancing Student Learning Outcomes

Vincent Ooi*; **Urmeela Podder**; **Davis Diefenderfer**; **Dr. Danielle Fastring, PhD, MS**
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Introduction

Rising healthcare costs in the U.S., with nearly one-third considered wasteful, highlight the need for physicians trained in high-value care (HVC) principles.¹ Early integration of HVC into medical education can shape how future physicians balance clinical benefit, patient risk, and cost, improving decision-making while reducing unnecessary interventions.³⁻⁵ This is especially critical in resource-limited settings, where overtesting can restrict access to essential care.²

Methods

We evaluated a student-developed, three-module HVC curriculum for first-year osteopathic medical students using a pre-test/post-test design via de-identified Qualtrics surveys. Modules covered value-based healthcare, patient-centered outcomes, and total cost of care, each featuring case-based clinical scenarios and comprehensive reviews. Assessments included 10 knowledge questions, 11 attitude items, and 6 self-efficacy items, with proficiency defined as $\geq 70\%$ correct. Pre- and post-tests were identical and anonymously linked.

Results

Among 232 pre-test and 196 post-test participants, students showed marked knowledge improvements. Correct responses increased from 40% to 82% for healthcare overuse, 56% to 95% for waste drivers, 50% to 92% for patient-reported outcomes, and 38% to 80% for fee-for-service concepts. Awareness of the Choosing Wisely campaign rose from 3% to 59%, and "I have no idea" responses were nearly eliminated. Attitudes toward limiting unnecessary care strengthened (strong agreement: 50% \rightarrow 74%), and self-efficacy in applying HVC principles increased substantially. Case-based scenarios yielded the most notable gains, suggesting improved practical reasoning.

Discussion

This curriculum improved both knowledge and clinical reasoning, fostering a mindset attentive to cost-conscious, patient-centered care. Its impact may be particularly meaningful in resource-limited settings. Limitations include single-institution design, lack of control group, and outcomes restricted to short-term knowledge and self-reported confidence. Long-term retention and actual clinical behavior were not assessed.

Conclusion

A student-led HVC curriculum can enhance early medical students' understanding and confidence in cost-conscious care. Teaching HVC principles early may contribute to more sustainable, equitable healthcare by encouraging thoughtful, patient-centered decision-making.

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Patient Reported Utility of Implementing a Targeted After Visit Summary on Medication Confidence and Recall in a Student-Run Free Diabetes Clinic Setting

Madeline Fields¹, Sonia Gollerkeri², Chelsea Huerter, Sydney Kubica, Jack Campbell, Kade Schoenfeldt, Edward Ellerbeck

Background: After-visit summaries (AVSs) are useful communication tools that provide patients with visit information and treatment plans. Prior studies have shown limited utility on medication recall and perceived utility in patients with limited English proficiency and health literacy¹. At the JayDoc Free Clinic Diabetes Night, a student-run clinic affiliated with the University of Kansas, AVSs were previously not provided due to logistical constraints. A bilingual fill-in-the-blank targeted AVS (TAVS) for diabetes-specific information was developed and implemented. The current investigation is part of a larger mixed-methods study conducted to assess the feasibility of implementing the TAVS, and its impact on patient medication management and recall.]

Methods: All patients attending JayDoc Diabetes Night September 2024 — March 2025 were eligible. Patients completed a written survey and verbally recalled their medication regimen at an initial visit just before receiving a TAVS, and again at a follow-up visit ≥ 10 weeks later. Surveys included demographics, select social determinants of health, and questions regarding medication management. Medication recall was assessed by a clinic director, and included the name, dose, frequency, and indication for each home medication. This quality improvement study was conducted under IRB QI exemption.

Results: Postsurvey data was collected for 36/54 patients. 71.4% recalled receiving a TAVS at their prior visit, of whom 80.0% found it helpful for medication management. On average, patients ranked their confidence in knowing how to take their medications 4.49/5 on the presurvey, and 4.82/5 on the post ($p = 0.16$). Patients' recall of medication regimen and indication was not statistically different after receiving a TAVS ($p = 0.38, 0.12$ respectively). Self-reported medication adherence did not change (63.3%).

Conclusions: Patients who received a TAVS reported it was helpful for medication management, suggesting the program is both beneficial and feasible to implement. Overall, patients reported high confidence in understanding their medication regimens and were able to verbally recall most medications. However, preliminary findings suggest that providing our TAVS may not affect patient medication recall, perhaps related to implementation challenges, or preexisting medication management strategies.

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When Breast Cancer Hides Elsewhere: Invasive Lobular Carcinoma Presenting as Gallbladder Disease

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Invasive lobular carcinoma is a type of breast cancer that is distinctive in morphology. Due to this, invasive lobular carcinoma often proves to be difficult for clinicians to detect and treat before metastasis occurs. While invasive lobular carcinoma shares common metastasis locations with other breast cancers such as infiltrating ductal carcinoma, invasive lobular carcinoma is notorious for presenting in abnormal sites. This report will introduce an atypical case of invasive lobular carcinoma first discovered in the gallbladder. A 58-year-old female presented to the emergency department with a one-week history of right upper quadrant pain. After ultrasound revealed multiple stones within the gallbladder, she underwent an elective cholecystectomy. Pathology showed findings indicative of invasive lobular carcinoma of the breast. A follow-up mammogram and ultrasound showed no abnormalities of the breasts; however, a PET scan revealed an area of abnormal metabolic activity in the right breast. Subsequent genetic testing unveiled a missense mutation in the CDH1 gene. We will discuss the atypical findings of this presentation of invasive lobular carcinoma, specific genetic markers associated with this type of malignancy, and the unique features of this type of cancer that render early detection difficult.]

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