

*S.L. McKune, C. Ikponmwonba, M. Alabduljabbar; University of Florida College of Public Health and Health Professions, Gainesville, FL, USA*

**Program/Project Purpose:** The University of Florida's annual Global Health Case Competition (UF GHCC), established in 2014, supports the idea that multidisciplinary collaboration will drive the innovative solutions to global health issues. Inspired by the competition hosted annually by Emory University, students were invited to participate as teams to develop a solution to a trending global health issue, identified and developed as a case by fellow students on the GHCC Planning Team (Planning Team). The strength of UF's GHCC lies in its interdisciplinary composition of teams and faculty. Though relatively new, this being the third year of the UF GHCC, metrics of success underscores the university's strength in innovation that occurs at the boundaries of disciplines.

**Structure/Method/Design:** The Planning Team selects student teams by degree seeking status (undergrad, graduate, and professional) and discipline, to maximize diversity on each team. Teams are then charged with using integrative approaches to develop innovative solutions to the problem outlined in the case. Faculty panels representing more than five disciplines evaluate the team presentations. All participants are then surveyed for their views on their interdisciplinary experience after the event.

**Outcome & Evaluation:** UF's GHCCs both received overwhelming interest from students: 12 colleges and all status of degree were represented among participating students. Students indicated enjoying the team-based assignment, feeling being better prepared to work in interdisciplinary teams, and having a greater appreciation for interdisciplinary work. Students and faculty consistently reported an overall satisfaction of 4.8 out of 5 scale. Winning teams have demonstrated synergies from the interdisciplinary constitution of their respective teams, thus maximizing innovation. The competitions' outcomes demonstrate the value of interdisciplinary work, and implications on educational training of the next generation of the global health workforce.

**Going Forward:** The GHCC 2016 winning team will represent UF in Emory's 2016 international GHCC. Though minimal team attrition was experienced in the competitions, participant retention after the assignment was a challenge. The steering committee discussed practical solutions to ease these challenges in upcoming years. Interdisciplinary collaboration remains one aspect to capitalize on for next competitions.

**Funding:** Collaborative funding from University of Florida colleges and institutes, including UFIC.

**Abstract #:** 1.066\_HRW

#### **Across the Atlantic Sea: US versus Turkey in Hospital Medicine**

*Y. Ince<sup>1</sup>, M. Sonmez<sup>1</sup>, M. Kanbay<sup>1</sup>, N. Bertelsen<sup>2</sup>; <sup>1</sup>Koc University School of Medicine, Istanbul, Turkey, <sup>2</sup>New York University School of Medicine, New York, NY, USA*

**Program/Project Purpose:** Although, the internist plays a central role in the hospital, as the coordinator of interdisciplinary diagnostic and therapeutic care, they may function differently in different parts

of the world. This project aims to compare the general structure of internal medicine clinical services at hospitals in USA and Turkey.

**Structure/Method/Design:** The study was conducted in Koc University Hospital in Istanbul, Turkey, and Bellevue Hospital in New York, USA, in 2015, by trainees participating in an academic exchange. At Bellevue Hospital, approximately 80% of internal medicine beds are managed by internal medicine attendings and hospitalists. In United States (US), general internists provide comprehensive and organized care for both acute and chronic diseases. In comparison, in Koc University Hospital, Istanbul, all internal medicine beds are managed by nine different subspecialties, with general internal medicine as its own subspecialty, and not a primary hospitalist team.

**Outcome and Evaluation:** In New York, once the patient is admitted and stabilized, the primary hospitalist teams provide medical care. Thereafter, the primary internist team may request a subspecialty consult considering medical condition of the patient. On the other hand, in Istanbul, transfer of patients are triaged from the first point of contact to subspecialty service that is related to their medical condition. This subspecialty team manages the patient's condition and provides appropriate medical care until discharge. When there is a need to consult, the primary subspecialty team would consult other subspecialties.

**Going Forward:** These two different écoles have their own advantages and disadvantages. While a central role for internists in US offers important advantages such as high patient-population satisfaction and cost effectiveness, it also has been associated with discontinuity of care, patient dissatisfaction, loss of acute care skills by primary care physicians, and burnout among hospitalists. In Turkey, although subspecialized services may provide better-focused medical care, they may sometimes miss the big picture and are over-used. In future exchanges, the division of care between generalist/hospitalist and consultant/subspecialist care will be studied, which can include type of ward patient is assigned, stratification by chief complaint, percentage of consults requested, length of stay, and patient satisfaction.

**Funding:** This project was funded by the Koc University School of Medicine and the New York University Internal Medicine Residency Training Program.

**Abstract #:** 1.067\_HRW

#### **Developing a logistical plan for deploying full and part-time healthcare providers abroad – Texas Children's Cancer and Hematology Centers's experience**

*E. Ishigami<sup>1,2</sup>, G. Airewele<sup>2,3</sup>, P.S. Mehta<sup>2,3</sup>, M. Cabbage<sup>1,2</sup>, E. Fruge<sup>1,2,3</sup>, S. Salgado<sup>3</sup>, K. Wilson-Lewis<sup>1,2</sup>; <sup>1</sup>Texas Children's Hospital, Houston, TX, USA, <sup>2</sup>Texas Children's Cancer and Hematology Centers Department of Pediatrics, <sup>3</sup>Baylor College of Medicine, Houston, TX, USA*

**Program Purpose:** Eighty percent of annual pediatric cancer incidence occurs in resource-limited setting with only ten to forty percent survival. Since 2007, in order to alleviate the shortage of pediatric hematologists and oncologists in Africa, Texas Children's Cancer and Hematology Centers (TXCH) has placed full and part time