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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.

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Across the Atlantic Sea: US versus Turkey in Hospital Medicine

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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.

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

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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

experts in Africa. These experts provide care and treatment to children affected by cancer and blood disorders and build local healthcare professional capacity through training and education. Our experience demonstrates that a structured onboarding process and ongoing programmatic support has been key to the success of this program.

Method: This project's goal was to develop a solid recruitment and orientation program for the expatriate staff prior to their assignment in Africa and ongoing support throughout their placement in order to achieve good retention (minimum 1 year).

All expatriates were recruited through careful review of their qualifications and credentials, and structured multi-disciplinary interviews with hospital leadership, psychologist, medical professionals, and program managers.

The onboarding process was coordinated with local in-country NGO's to obtain work visa, medical licensing, and housing. Expatriates received a two- to four-week orientation in Houston prior to their assignment in Africa to clarify their roles and mission, reinforce program ownership, and align expectations with the global program leadership team. Physicians received benefits specifically designed to meet their expatriate needs.

Finally, ongoing communication with expatriates was maintained during their placement in Africa through weekly teleconferencing with U.S. team for programmatic follow-up and for emotional support.

Outcomes: The number of expatriate physicians increased by 11 fold over 8 years. We managed a total of 47 full time equivalent between 2007 and 2015. To date, TXCH coordinates the expatriation of 11 physicians annually to Botswana, Malawi, Uganda and Angola. The length of stay varies between 1 to 3 years.

Going Forward: TXCH needs additional resources to properly manage its fast growing global program and expatriate staff. We plan to recruit additional administrative coordinators in the US and in Africa to maintain and enhance our successful outcomes.

Funding: This project is funded by Chevron, TCH, BCM, St. Baldrick's Grant, BIPAI, and various TXCH donors.

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Training the next generation of global health leaders: the interdisciplinary framework in global health at Brown University

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Purpose: The purpose of the Interdisciplinary Framework in Global Health Program at Brown University was to stimulate engagement in multidisciplinary global health activities to address health inequities. The goal was to become an integral part of the university's larger strategic plan. This idea came to fruition with the establishment of the Global Health Initiative (GHI) in 2009.

Method: The objectives were to: develop new interdisciplinary curricular/educational opportunities through the global health

scholars program; coordinate a foundational set of courses addressing global health topics; establish mentored global health experiences; create a sustainable community of global health scholars.

Outcome & Evaluation: Global Health Scholars: provides funding to students for scholarly projects. Sixty-nine students received scholarships (9 undergraduate, 27 MPH, 6 medical, 11 graduate, 16 residents/fellows) for travel to 29 different countries.

Faculty Curriculum Development: provides grants to incorporate global health content into new/existing courses: 10 faculty from 8 departments received this award.

Minority Health Disparities International Research Training (MHIRT): provides mentored research opportunities at international sites to students from underrepresented communities. Twenty-four students (1 medical, 3 graduate, 20 undergraduate) participated at 9 collaborating sites.

Brown International Advanced Research Institutes (BIARI): brings together junior faculty from lower/middle income countries (LMIC) to address global issues through high-level collaborations. From 2011-2015, 223 scholars from over 30 countries were supported.

Fogarty AIDS International Training & Research Program (AITRP): continuously funded since 1993, trained more than 135 investigators. Since 2011 there have been 29 short/medium/long-term trainees.

Lifespan/Tufts/Brown Center for AIDS Research (CFAR): part of a national program with the goal of providing infrastructure and leadership in HIV/ AIDS research. From 1998-2015, a total of 95 Developmental and 17 International Developmental Grants were awarded.

Going Forward: With the Framework Program as its anchor, the GHI now has \$8,708,000 in funding from the following institutions/programs: Brown University, Fogarty AITRP, Brown Ukraine Collaboration, MHIRT, and 2 new grants awarded under the new Fogarty HIV Research Training Program for LMIC Institutions.

Funding: The Framework Program was originally funded by a 2008 grant from the Fogarty International Center at NIH (1R25TW008102). Other funding includes: MHIRT (1T37MD008655), Fogarty AITRP (D43TW000237), Lifespan/Tufts/Brown CFAR (P30AI042853).

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A centralized structure for approving, tracking, and monitoring global health electives at a large academic institution

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Program/Project Purpose: Recent literature suggests that many undergraduate, graduate, and postgraduate learners believe experiences in Global Health (GH) to be a valuable aspect of their education. This