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Uptake and utilization of tuberculosis preventive therapy in a Peruvian Peri-urban Shantytown

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Background: Isoniazid preventive therapy (IPT) for tuberculosis (TB) is a safe, effective intervention for preventing active TB disease. When this study was conducted, the Peruvian TB program offered free IPT for TB patient contacts <20 years old. Despite this, uptake and adherence rates were very low. Little research had been done to understand why, so we decided to conduct a qualitative study of barriers and facilitators to IPT in order to identify opportunities to improve access.

Methods: We purposively selected 30 TB affected families living in the district of Ventanilla, Peru and conducted qualitative interviews with the household member most responsible for the care of individuals <20 years old living in those homes (caretakers). We posed questions covering the themes of: TB symptoms, contagion and prevention; and the freely available IPT program. Focus groups were also conducted with physicians, nurses and field workers in Ventanilla to elucidate barriers to and opportunities for improved IPT access.

Findings: The analysis of the household interviews revealed that caretakers almost always expressed TB transmission in terms of saliva through sharing eating utensils, lacking understanding of airborne transmission. Many also believed that taking IPT could weaken healthy children. Despite this, caretakers almost universally expressed that they would follow advice to use IPT if delivered by a physician or nurse, overriding personal reservations. In focus groups nurses and physicians expressed fears that IPT could cause development of drug resistance, and concern that their time was too limited to discuss IPT.

Interpretation: In conclusion, public health education does not appear to have corrected misperceptions concerning saliva vs. airborne transmission of TB and, despite a TB program with free IPT access, there was little knowledge of its existence. Despite this, the esteem caretakers expressed for physicians and nurses in the IPT program suggested that a simple, non-time-intensive intervention of simply emphasizing IPT as a necessary and preventive treatment available for free may have a very high impact on uptake and adherence of IPT. Finally, health care provider education regarding IPT's safety and the low time burden of emphasizing IPT will be critical to the success of expanding IPT access.

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Introduction of team based learning (TBL) approach in preclinical and clinical learning: students view and its impact in preclinical medical students

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Program: While the School of Medicine at University of Rwanda aims at becoming a Centre of excellence in training and development of health professionals, there still a substantial use of inadequate learning methods among undergraduate medical students which affects both academic assessment and post-graduate district hospital performance. Medical students employ superficial readings and memorization focusing only on given syllabus materials. This study evaluated the impact of a newly introduced team based learning (TBL) learning approach with regard to academic outcome.

Methods: This comparative study compared/weighed benefits of the TBL approach among undergraduate medical students who were exposed to it and those with no prior exposition. Data collection tools such as testimonials from medical students enrolled in undergraduate program at University of Rwanda and research papers done in other accredited universities. Two-hundred medical students exposed to the TBL approach in 2013-2015 academic years and 200 others who did not ever use the system in their studies were interviewed. In addition, 16 papers describing the impact of TBL in different universities including the Deakin University Master of Nursing Practice and St. Luke's College of Nursing were analyzed.

Outcome: First, data analysis showed that 85% of students exposed TBL did further research on the TBL topic in comparison to 12% of their peers without any prior exposure to it. Second, integration of fink and Michaelsen method showed to increase students' participation at a rate of 100%. As from this research, documented papers demonstrated that TBL approach increased students' success at an average rate of 84%. The 90% of exposed with 75% of non-exposed students preferred TBL approach introduction in their learning.

Going Forward: It was recommended that integrating TBL approach in all medical studies assignments is crucial to success and performance of future healthcare professionals trained at school of medicine, university of Rwanda; And that further researches on TBL need to be performed to see the probable benefit in other faculties and education levels.

Funding: Medical students association of Rwanda.

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How the interdisciplinary leads to the innovative in global health: learning from the Global Health Case Competition at the University of Florida

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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.

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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