

global health governance processes. A number of lessons for future simulations were assembled after reflection on the process of the conference, including mechanisms of evaluation. The discussion of the lessons is structured in Asal and Blake's framework for simulation creation.

Simulations have potential to meet some of the needs of global health education. They can be incorporated into classroom or conference settings.

Developing and sustaining residency tracks in global health at an independent academic medical center

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Background: Residency programs across the United States have been developing electives, curricula, and tracks focusing on global health, to meet growing learner demand. The Global Health Program at Christiana Care Health System (CCHS), Jefferson Medical College's largest teaching hospital, is an innovative, multidisciplinary educational program that has now spawned two residency tracks in GH.

Structure/Method/Design: The GH tracks are a result of a multi-institutional collaboration across the Delaware Health Sciences Alliance (Christiana Care Health System, A.I. DuPont Hospital for Children, University of Delaware, Thomas Jefferson University). We draw from faculty across the social and biomedical sciences to provide a robust GH curriculum, serving as the backbone of the residency track. Individual advising and structured elective programs are individualized for each resident's needs. Another unique feature is the sharing of the core curriculum across all hospital departments, and between the two tracks. The program unites residents and faculty from internal medicine, pediatrics, obstetrics & gynecology, family medicine, and emergency medicine along with nurses, pharmacists, social workers, administrators, and all interested medical staff.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): CCHS launched the Global Health Program in August 2011, which led to two GH tracks in the residency programs for internal medicine and family medicine in 2012. We accepted the first group of fellows in 2012 from already-matched residents. We currently average two GH-tracked residents per year in each specialty, for a total of 10.

The core curriculum consists of monthly lectures, three grand rounds speakers a year, and a journal/video club. A core group of faculty and residents plan the curriculum. There have been 11 annual lectures over the past 3 years in the core series, with a mean attendance of 20 persons (range 10-60). Standardized evaluations have demonstrated an average knowledge increase of 2.4 points on a 10-point scale.

Travel abroad is not a prerequisite for the track; engagement in the didactic curriculum is a requirement as is experiential work in a setting relevant to underserved and/or international populations, such as travel clinic, an FQHC, or refugee health clinic. We have formalized relationships with sites in South Asia and the United Kingdom for specific elective experiences.

We identify factors responsible for our initial success, notably the buy-in of leadership and GME colleagues; the involvement of a broad array of disciplines, with collegiality and a lack of "turf" issues;

the good fortune to have several experienced educators; and perhaps most importantly, the enthusiasm, talent, and hard work of our residents.

Summary/Conclusion: We have demonstrated a sustainable model for a global health curriculum through a multi-institution, multidisciplinary approach to the topic. Further, we have initiated and sustained two residency tracks in global health. This model has demonstrated a practical, low-cost approach to global health in an academic setting.

Gaps in predeparture training and postexperience debriefing in global health experiences: A survey of health professions students

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Background: Interest in global health (GH) among medical and nursing students has increased dramatically in the past decade and most US medical schools now offer international experiences. Predeparture training (PDT) and postexperience debriefing (PED) is believed to help students minimize potential harms to themselves and others during international experiences. However, little is known about students' perceived need and utility of such training. Therefore, this study aims to: (1) assess the perceived need and utility for PDT/PED among medical and nursing students; (2) identify gaps in existing PDT/PED curricula; and (3) identify students' preferences for the delivery of PDT/PED.

Structure/Method/Design: We created an anonymous online survey targeting health professions students (medicine [SOM], nursing [SON]) at our institution.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Respondent characteristics:

Of 116 respondents (66% SOM, 30% SON), 70% reported previous GH experiences; 53% and 94% of SOM and SON were female, respectively. SOM respondents reported interest in a broad range of specialties: medicine (37%), surgery (21%), pediatrics (18%), psychiatry (8%), family medicine (7%), OB/GYN (7%), and emergency medicine (1%). Prior to their GH experiences, interest in GH careers was 48% and increased to 69% postexperience.

Availability and content of PDT/PED:

Of respondents reporting prior GH experiences, 48% did not receive any PDT. Of those who received PDT, >50% had safety, health precautions, and cultural awareness training and 37% had ethics training. Overall, 46% of respondents stated that they needed additional knowledge/training before going abroad. 80% of respondents experienced challenges during their time abroad: 35% were deeply affected by a poor patient outcome, 32% experienced ethical dilemmas, and 16% performed clinical procedures for which they were unprepared. The majority of respondents (59%) did not receive PED; 77% of respondents who did not receive PED stated that it would have been helpful.

Delivery of PDT:

Interactive modes of learning (small-group discussions) were preferred for training in ethics, language skills, cultural awareness, and leadership, whereas didactic lectures or online modules were preferred for safety and health precautions. The preferred mode of learning for clinical skills was simulation.

Summary/Conclusion: This survey study identified significant gaps in (1) availability, (2) content, and (3) delivery of PDT/PED. Our

findings indicate that most students seeking international experiences believe that they receive insufficient training and debriefing. Existing PDT/PED curricula need to be improved to include important topics such as ethics, and include the other topics. Additionally, respondent felt that effective modes of delivering PDT should include small-group discussion, online modules, and simulation.

Importantly, the results of this student-based needs assessment will guide the development of an effective PDT/PED global health curriculum at other institutions, as well as our own.

Building a center of reference for monitoring and evaluation in health program in South East Asia: A partnership between MEASURE Evaluation and Public Health Foundation of India

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Background: The capacity-building partnership between MEASURE Evaluation at University of North Carolina at Chapel Hill and Public Health Foundation of India (PHFI) in New Delhi has generated impressive results, and highlights key lessons learned relating to institutional capacity-building efforts.

MEASURE Evaluation employs many strategies to address the need for an increase in the capacities of individuals and organizations to perform monitoring and evaluation (M&E) functions in the health sector. One of these strategies is establishing partnerships with training institutions in developing countries with the aim of creating regional centers of reference for M&E activities. The partnership with PHFI was established in July 2008.

Structure/Method/Design: Institutional capacity-building interventions conducted include capacity building of faculty members and trainers in M&E topics; designing and delivering joint training programs; developing and adapting M&E curricula and training materials; engaging faculty and trainers in regional M&E technical assistance activities; and promoting sustainability through the establishment of networks of M&E centers of reference.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Public Health Foundation of India

Summary/Conclusion: In a span of 5 years, the number of M&E training programs offered by PHFI has grown from none to a robust range of offerings, with 5 types of regional/global workshops on M&E topics, 1 postgraduate level M&E course in a diploma program, 1 M&E concentration in the MPH program (planned for 2014), and 18 national-level short-term courses. With MEASURE Evaluation's support, PHFI has also engaged in developing online courses, adapted training materials for domestic and regional use, and provided technical assistance in M&E both within India and other countries in the region. MEASURE Evaluation has also facilitated and encouraged the establishment of linkages between PHFI and other M&E training institutions around the world, making it possible for mutually beneficial sharing of knowledge and experience.

Several key points have emerged as lessons learned from this experience. First, cultivating trust and confidence among partners through relationship building has been vital for this successful partnership. Additionally, institutional commitment to M&E of PHFI and individual M&E champions were necessary to promote the partnership and securing financial resources. The presence of a core group of trainers with solid M&E knowledge at PHFI has been a

valuable asset. It is evident that to truly institutionalize M&E and safeguard sustainability it is necessary to incorporate M&E into academic programs conducted by the institution. Finally, the importance of connections with other centers of M&E activity stands out as key to sustainable success.

Expanding the global health workforce through distance education

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Background: The shortage of trained public health professionals in the domestic and global arena has called for new approaches to building the public health workforce, including maximizing the use of evolving technologies such as distance learning. From South Africa to California, more and more agencies and institutions of higher learning are developing innovative solutions to train public health professionals remotely, but the experience and effectiveness of such efforts has not been well documented.

Structure/Method/Design: Using a case-study approach, this study investigates the experience of the University of Southern California's endeavor to educate the current and future public health workforce through the launch of a new online master of public health (MPH) program, including key considerations for launching a distance-learning program, strategies for developing courses that are interactive and meet public health competencies, getting buy-in from faculty and other key stakeholders, and comparison of student feedback between the same courses taught in online and on-campus formats. Data were collected through key informant interviews with university administrators, focus groups with faculty and students, and document review of students' course evaluation forms.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Not applicable

Summary/Conclusion: Results have a number of implications that may be useful to university faculty and administrators implementing or considering initiation of distance education in global and public health.

Students for Health Innovation and Education (SHINE): Fostering leadership among medical students and residents

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Background: Students for Health Innovation and Education, abbreviated as SHINE, provides a model for bridging the gap between public health and medicine. It cultivates a greater commitment to service among Canadian medical students and allied health professionals. Distinct from many student clubs and organizations in medical school, SHINE strives to provide continuity between medical school and residency. Moreover, SHINE places a great emphasis on community development leadership, and collaboration, particularly across disciplines.

Structure/Method/Design: Our approach involves immersing students in projects that will permit early exposure to public health (coinciding with the beginning of medical training) and provides experience collaborating with a community-based organization/institution to plan, implement, and evaluate a project. Furthermore, we recognize the importance of improving communication across health care disciplines, which is why when possible/applicable, we encourage opportunities that will enable student participation in interdisciplinary teams. Each placement is intended to support