

capacity building for health professionals in the area of global health and designed a GHD program focusing on practicality of the training by using hands-on experience and involving participants in real situations. Countries in SEA have conducted the GHD workshop since 2010 with the aim to build up and strengthen the capacity of health and health-related professionals on global health agenda setting and policy formulation. This process has generated committed professionals who could participate more actively and negotiate more effectively in the international forum. Through country delegates' skills in GHD, they could augment international cooperation and assure benefits of global public majority from global public health policies.

Structure/Method/Design: The GHD workshops are usually implemented in the form of 5-day training providing in-depth understanding on the global health architecture and strategic practices through role plays, hands-on experience sharing, and intervention-making exercises to enhance participants' negotiation skills and to be well prepared to serve as the country delegates as well as to understand instruments and mechanisms in global health and foreign policy issues.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): With this engaging program and continuing efforts, the success of the model has been approved by a more active and effective role of the SEA region delegates in participating in the international forum particularly at the World Health Assembly (WHA). Feedback from participants positively evaluated the program as the very useful platform of practices, networking, and learning to understand more about global health and the processes technically related to it.

Summary/Conclusion: The capacity building on GHD requires continuity of participants and adjustment of the program to respond to the quickly changing global health situation.

A collaborative approach to global health training in developing countries: Experience from Kathmandu University, Nepal

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Background: Universities in developing countries that have been successful in implementing innovative approaches to sustainable and equitable health services provide excellent platforms for conducting academic and research activities in global health (GH). However, these opportunities are largely underutilized.

Dhulikhel Hospital Kathmandu University Hospital (DH) is the pioneer community-based health institution in Nepal and has been successful in establishing innovative and sustainable health programs in rural Nepal.

The DH Global Health Program was initiated in 2009 to establish academic and research programs with national and international institutions in order to promote mutual learning and exchange for advancing evidence-based, innovative, and equitable approaches to GH problems.

Structure/Method/Design: DH developed 2- to 6-week curricula in GH for medical and public health students in collaboration with international universities. All the major departments in DH were

facilitated to identify the topics that had significant GH relevance and in which the DH faculty had considerable experience and expertise. The curricula were individualized to meet the needs of the collaborating institution. In addition to infectious diseases, there were numerous sessions on noncommunicable diseases as well. Special emphasis was given to include activities to provide orientation on health systems in Nepal and also to understand DH's innovative approaches to rural health care. Faculties from both institutions conducted the course. Students and faculties provided feedback at the end.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): University of Wisconsin, Medical College of Wisconsin, University of New Mexico

Summary/Conclusion: The students agreed that the experience was very beneficial, inspiring, and often changed the way they understood and practiced GH. The partner institutions also believed it to be a very productive experience and committed to expand the scope of such programs. The DH faculties were very encouraged to see their efforts structured into such a comprehensive and rewarding program. A number of joint research projects with partner institutions were initiated from these courses. Fees paid by the students helped to sustain DH's GH program. Short duration of the program with almost no local language training was a challenge for the students involved in bedside clinical activities but it was addressed by partnering them with DH students.

Encouraged by this success, DH is currently establishing an Institute of Global Health that will encompass a greater scope of GH training and research activities. This experience can serve as a model for other universities in developing countries.

Simulation exercises for global health education

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Background: As global health continues to grow as an interdisciplinary field with multiple stakeholders, emerging global health leaders must be able to navigate and negotiate large governance structures. Leaders in global health education need teaching models that engage students and help them acquire these skills. Exercises that incorporate simulation of global health scenarios can teach students through active learning about content and processes within global health governance structures.

Structure/Method/Design: We conducted a simulation exercise during a weekend-long conference that gave students the opportunity to experience a large policymaking meeting. The topic, food security, engaged multiple stakeholders and was meant to simulate the tensions that are produced when players with different priorities interact with each as they decide on a famine prevention plan. Participants (or students) were given preassignments to research their roles, and attended lectures during the conference to help prepare them for the negotiation processes. The simulation had multiple stages during which students negotiated and compromised with other players to achieve a famine prevention plan that fit their team's interests.

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

Summary/Conclusion: Forty-two students attended the conference. The simulation was well received by the participants and overall, they were satisfied with the learning experience. 35/42 reported that they would attend a similar conference and 26/42 reported having gained knowledge in global health governance. They felt that they had attained knowledge content, negotiation skills, and better understanding of

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