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 the 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 electve 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 knowlege 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