

collection in global health, which can be used by leadership for program planning. It allows for information dissemination and skill sharing, and fosters collaboration in initiatives of common interest across departments and sites for maximum global impact.

A sustainable approach to the training and education of health promoters through incorporation into medical student and resident education

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Background: Worldwide, health promoters (HPs) are a crucial part of the health care workforce. Studies show that HPs improve access to health care and overall community health status. HPs fill many roles including serving as a bridge between the community and the health system, providing culturally accessible health education, administering health screenings, and providing informal counseling and social support. To best serve these roles, promoters need adequate training and support. With appropriate orientation and education within the necessary on-the-ground infrastructure, family medicine residents and medical students have the ability to provide this training. Students and residents from the University of Cincinnati were trained in the concepts of community health education and applied these skills while working with the nongovernmental organization, Timmy Global Health, in Ecuador in April 2013.

Structure/Method/Design: As part of a global health course, medical students and residents developed a curriculum for two groups of HPs, one urban group in Quito and one rural group in the Amazon Basin region of Napo. In the weeks before the trip, faculty and resident leaders collaborated with Timmy staff and HPs in Ecuador to identify high-impact topics. In Quito, topics included mental illness, diabetes, geriatrics, and hypertension. In Napo, topics included mental illness, prenatal and infant care, geriatrics, and diagnosing inguinal hernias to prepare for an upcoming surgical brigade. In both areas, we developed interactive educational sessions discussing the role and responsibility of being a promoter, including patient advocacy.

Each site received four interactive workshops over a 2-day period provided by medical students and residents. Sessions included team-building exercises, small-group activities, skills practice, and Q&As. Following each session of two lectures, HPs completed a brief quiz based on that day's material. Quizzes were read aloud at each site and included both words and pictures to reach multiple educational levels. Teaching was further enforced as HPs applied their new knowledge with providers during clinics following lectures.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Timmy Global Health

Summary/Conclusion: Based on a small sample size, it is difficult to draw definitive conclusions from the post-teaching quiz data. Some general themes included greater knowledge with hypertension, diabetes, and infant care. Lower scores were seen in areas of depression and geriatrics, both in the urban and Amazon Basin group. Challenges included transmitting a large amount of needed information in relatively small amounts of time. Results will assist future teams to provide focused training sessions for HPs on specific topics.

A case-based approach to village health worker supervisor continuing education

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Background: In the developing world, village health workers (VHWs) are the primary care contacts for many, providing direct care, prevention, education, timely referral, and on-site data collection to inform public health initiatives. While supervision of VHWs has been considered essential to the function of VHW programs, little attention has been given to the education or continuing education of VHW supervisors—RNs and clinical officers (midlevel providers). We sought to develop a novel program of continuing education for VHW supervisors that integrates education with a report form documenting supervisory highlights, inspired by a case-based “ambulatory morning report” utilized at Montefiore in house staff education.

Structure/Method/Design: In 2007, a VHW program was established in the rural Ugandan district of Kisoro through collaboration between the NGO Doctors for Global Health (DGH), Montefiore/Einstein, and the Kisoro District Hospital. In 40 villages, the program employs 55 VHWs who provide care for common problems, education, screening, and referral. Five VHW supervisors meet with each VHW in their village biweekly to review health-related activities. We developed a VHW supervisor report form that solicits the two to four most important cases/issues addressed in supervision, and incentivized VHW supervisors to complete the form by giving them “points” toward their annual bonus. In 2012, Global Health and Clinical Skills (GHACS) faculty fellows (internal medicine faculty from Montefiore who work in Kisoro as part of a faculty development fellowship) initiated continuing education sessions every 2 weeks based on issues recorded on supervisor reports. Three to four themes, selected through faculty review of the forms, were presented and discussed by the faculty fellows at the 1.25-hour continuing education sessions with the VHW supervisors.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Supervisors submitted an average of 19 supervision reports per month from among 30 supervisions performed (63%). Topics discussed were varied and included infectious diseases (e.g., fear of ebola, pneumonia vs. asthma), women's health (e.g., myths about contraception, birth spacing), and social issues (domestic violence). In 1 year, 80 to 90 “real” themes were discussed, with some surfacing repeatedly, allowing increased attention to common issues from diverse perspectives. Informal feedback suggests that the effort invested in supervisor documentation heightens sensitivity to and reflection about the most challenging issues encountered during VHW supervision. Supervisors provided very positive oral feedback and enjoyed the continuing education case-based format (written evaluations pending).

Summary/Conclusion: The use of VHW supervisor report forms that document actual cases and health issues that arise in the villages provides immediate relevance to continuing education sessions. The report-based format provides time for the faculty-facilitator to focus on and prepare pertinent points to discuss. The act of supervisor documentation also provides insight into the prominent health concerns of the villagers, and permits identification and analysis of key events encountered in village-level primary care in rural Africa.

Nursing education in Africa: A multcountry initiative

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Background: The US President's Emergency Plan for AIDS Relief (PEPFAR) Nursing Education Partnership Initiative (NEPI) is a 5-year subproject of the Nursing Capacity Building Program that aims to 1)