

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)

expand the quantity, quality, and relevance of nursing and midwifery professions to address population-based health needs; 2) strengthen the capacity, quality, and effectiveness of nurse and midwifery training and education programs; 3) identify innovative models to increase the number of qualified health care workers; 4) strengthen research and professional development opportunities; and 5) develop evidence-based strategies to guide future human resources for health investments

Structure/Method/Design: The NEPI Coordinating Center (CC) facilitates the planning, implementation, and monitoring of this preservice nursing program in the countries of DRC, Ethiopia, Lesotho, Malawi, and Zambia. Each country receives approximately \$1.2 million per year, for 5 years. There are three to six NEPI schools of nursing (SON) in each country. Under the leadership of the Ministries of Health and Education, the CC works with national nurse leaders to implement innovative interventions that respond to identified needs and have a sustainable effect on the nursing profession by increasing the number of well-prepared nursing and midwifery graduates.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Envisioned by Ambassador Goosby, NEPI is supported by the Office of the U.S. Global AIDS Coordinator (OGAC) and implemented through the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA). Ministries of Health and Education lead program implementation and assure synchronized coordination and sustainability. Other stakeholders include In-Country PEPFAR teams, USAID and its CapacityPlus Project, World Health Organization, Clinton Health Initiative, and ELMA Philanthropies.

Summary/Conclusion: NEPI has strengthened the spectrum of nursing by using innovative models to invest in preservice and regulatory bodies, educators, educational practices (competency-based curricula, preceptors, clinical simulation), equipment, and support to nursing students. Concurrently, NEPI has increased the administrative and financial capacity of NEPI schools; it is expected that NEPI SONs will be able to seek and be awarded support from other funding sources.

Assessment of a community health worker training program in the Peruvian Amazon demonstrates effective learning retention: Implications for health care education in a resource-limited setting

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Background: UNICEF data suggests under-5 mortality rates (U5MR) rates in rural Peru are nearly double those of urban areas. To reduce U5MR, the World Health Organization developed the Integrated Management of Childhood Illness (IMCI) framework, which utilizes vital signs to classify illness severity in children under the age of 5. Using IMCI as a model, Comunidades Unidas Peru (CU Peru) designed and implemented trainings for community health workers (CHWs) in the Peruvian Amazon to measure and interpret vital signs. This study evaluated the effectiveness of the training to increase the ability to collect and interpret patient vital signs in the rural areas of the Loreto Region in Peru.

Structure/Method/Design: A vital sign pre- and post-test was administered to CHWs at each training to evaluate improvement over the year and the retention of the vital signs curriculum from year to year. CHWs were given the Short Assessment of Health Literacy for

Spanish Adults (SAHLSA-50) to assess if the curriculum was appropriate for learners with varying health literacy.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): After adjusting for gender, age, and years as a CHW, CHWs that have previously attended CU Peru training sessions scored higher on the pre-test than first-time attendees ($P = 0.07$); although marginally significant, this implies a trend of curriculum retention. No significant difference was observed in post-test scores between first-time CHW training attendees and those CHWs who had previously attended ($P = 0.49$). For those CHWs who had attended training sessions in 2012 and 2013, there was no significant difference in the post-test scores from 2012 and pre-test scores in 2013 ($P = 0.13$), again indicating a trend in curriculum retention. The main effect of SAHLSA-50 scores and possible interaction with CHWs who had attended a previous training sessions were considered in the model but were not statistically a better fit than the model excluding SAHLSA-50 scores ($F = 0.41$; $P = 0.53$). Therefore, literacy is not modifying or confounding the results nor is the SAHLSA-50 score a good predictor of CHWs' pre-test scores.

Summary/Conclusion: CHWs who complete the training retain the curriculum from year to year, and performed better at the pre-test than those CHWs who had not previously attended a training program. First-time attendees and repeat attendees did not differ significantly in their post-test scores, indicating that single training provides substantial improvements. CHW SAHLSA-50 scores were not strong predictors of CHWs' pre-test scores, suggesting that this curriculum is well suited for a CHW population with varying levels of health literacy. Future work will evaluate the effect of training on community health outcomes.

Creation of a continuing and professional development (CPD) library for nurses and midwives in the East, Central, and Southern Africa College of Nursing (ECSACON) region

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Background: The development of a CPD Library for ECSACON will contribute to the overall sustainability of newly created national-level CPD programs in the region. Many countries have created national frameworks for CPD over the past 2 years, and this library will help support them by making high-quality CPD content more accessible.

Structure/Method/Design: The CPD Library will be housed on the ECSACON website. Library content and delivery mechanisms will be determined based on the results of a survey that was developed and piloted by ECSACON, ARC, and nursing leaders in the region. It was distributed to nursing and midwifery leaders in 17 countries. A desk review was also conducted of content already available and produced by other implementing partners in the region.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): East, Central, and Southern Africa College of Nursing (ECSACON)

African Regulatory Collaborative for Nurses and Midwives (ARC)

Afya Bora Consortium in Global Health Leadership
Centers for Disease Control and Prevention (CDC)
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