A novel trauma first responder course in Potosi, Bolivia: initial results


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Participation of Harvard Medical School and Brigham and Women’s Hospital to a major academic global health initiative: Benefits to faculty, trainees, and institutions

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Program/Project Purpose: The Human Resources for Health - Rwanda (HRH) Program was launched in August 2012 to expand the number, diversity, and competencies of the Rwanda health workforce. The HRH program includes faculty from 23 U.S. academic institutions, including Harvard Medical School (HMS) and Brigham and Women’s Hospital (BWH), and builds on a longstanding partnership between the Boston-based nonprofit Partners in Health (PIH) and the Rwandan Ministry of Health. This study focuses on the contributions of Harvard-affiliated institutions and faculty deployed to Rwanda in 2012 and 2013 through the HRH program to determine the institutional benefits of participation in this initiative.

Structure/Method/Design: We developed an evaluation framework with inputs (governance, operations, faculty and trainees, infrastructure, equipment, and funding), activities (research, training, and health service delivery), and outputs (capacity building, partnerships, and knowledge generation/innovation). Data for these indicators was collected through a systematic review of internal HMS and BWH reports, and by interviewing 20 Harvard-affiliated faculty deployed to Rwanda.

Outcomes & Evaluation: Governance: A novel Memorandum of Understanding (MOU) was created collectively by the Rwanda Ministry of Health (MOH), HMS, and BWH to respond to the needs of Rwanda while remaining consistent with each co-signatory’s institutional mandate. This MOU serves as a useful template for coordinating future government partnerships across multiple Harvard-affiliated institutions. Operations: Drawing from PIH’s experience deploying Harvard-affiliated faculty to Rwanda, HMS and BWH have been able to harmonize processes within their own institutional structures for faculty recruitment, licensing, malpractice coverage, orientation, and ongoing mentoring and supervision. Faculty: In 2012 and 2013 respectively, 9.3 and 15.5 full-time equivalents from Harvard were deployed in anesthesia, dentistry, global health, medicine, obstetrics-gynecology, pathology, pediatrics, psychiatry, radiology, and surgery. The work pursued by these faculty in Rwanda has led to oral presentation at conferences, publications, grants, awards, and professional growth. Trainees: Between 2012 and 2013, at least 20 trainees from Harvard-affiliated institutions have been engaged in activities related to the HRH Program. Additionally, at least 15 faculty

lacked infrastructure and experience in caring for patients with tracheostomies.

Interpretation: These examples underscore the need to plan mission trips carefully to ensure that local physicians and nurses can care for potential complications that arise or persist after the surgical teams depart.

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