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 teambuilding 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): Supervisors submitted an average of 19 supervision reports per month from among 30 supervision forms 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 themes 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 multicoOUNTRY 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)