



TRAINING PLAN FOR GLOBAL GRANTS

Grant number: 2459030

Improving people's knowledge and skills is a key component of every global grant. Examples include teacher training, hygiene education, professional training, natural resource management workshops, or skill development. For each training activity included in the project, answer the following questions. Add additional training topics as needed. Share any documents that give details such as the training content or the trainer's qualifications.

TRAINING 1

What is the title of the training?

Core Training Team

What is the purpose or goal of the training?

The purpose is to provide education, skills and mentorship to a select group of Rwandan nurses and a physician to become the country's experts on the Rwandan Nurses Saving Lives project and the associated curriculum.

What knowledge and skills will trainees learn from the training?

Knowledge and skills on Streptococcus pyogenes infections and the potential autoimmune response of Acute Rheumatic fever and Rheumatic Heart Disease.

Knowledge on treatment plans available in Rwanda for all aspects of pathology presented.

Knowledge and skills on how to teach nurses, physicians, school teachers and community health workers the conference content

Mentorship and advocacy skills

Determinations of advocacy priorities and development of advocacy plans concerning the conference, the evidence-based treatment plans, and how to increase stakeholder engagement.

How did you choose this training?

A prime function of this 2024 VTT is developing sustainability. A core team of nurse-experts is critical to the long-term success and continued use of this conference in Rwanda. Currently there are no nurse RHD experts in the country. The training was chosen based on needs assessment which are detailed in the needs assessment documents which reflect previous work in this area: Specialized Cardiac Nurse training and a pilot program conducted by the Lander Rotary Club. The Core team will be responsible for teaching the Certified Conference Presenters course in this grant and the future. The Rwandan government has declared the reduction in RHD as a priority, this training and the process to continue a consistent process for certified presenters is key to sustainability.

How will it address any gaps in the knowledge and skills of the beneficiaries that were identified during the community assessment?

The Needs Assessments identified a gap in nursing knowledge concerning the link of Streptococcus pyogenes infections (Strep Throat and Impetigo) and irreversible cardiac damage. The development of a core training team ensures that there are Rwandan nurses that became content experts. Again, more details on how the gaps in knowledge and skills are addressed is included in the community needs assessment for each topic that will be taught.

Is this new training as a result of this grant?

Yes- the design and content of the conference manual and training tools is developed for Rwanda and written in English as a 3rd language.

What methods (such as presentations, discussion groups, hands on activities, or case studies) will be used to conduct the training?

Power Points, case scenarios, discussion groups, brainstorming activities, hands on skills development, role play, group activities.

How many hours of training will each trainee receive? (Training duration must address the topic adequately.)

The five nurses and one physician have already been identified. We have started monthly zoom meetings and almost weekly emails. They are intimately involved in the manual review and redesign. This time is volunteered and shows their dedication to the topic and importance to their country. The formal training

is 3-ten hour days, or 30 hours of face to face training. As the grant is implemented, there will be continued debriefings to implement lessons learned as conferences are presented.

How many times will this training be offered to each trainee? (Follow-up training is required for most project types.)

Training is held in July and there is a second training in November before conferences #3 and #4. This second training is more detailed with additional pathophysiology to aid the participants growth from proficient to expert status.

Who will conduct the training? What are the trainer's qualifications? (Trainers must have professional expertise in the topic.)

Julie Carragher, certified acute care nurse practitioner. She is a content expert. Julie has been on RHD training tours of Team Heart for over 7 years. Her doctoral research is on RHD and the development of sustainable educational activities including train-the-trainer processes.

Maria Kidner DNP, FNP-BC, FAANP is the primary conference designer, the Director and primary educator of the Specialized Cardiac Nurse course for Rwanda. She is a content expert. She has been involved in healthcare in Rwanda since 2014.

Both have established trust relationships with nurses and physicians in Rwanda, including the core team. Detailed information on both people is included in their CV and VTT applications.

Who will receive the training? How many men? How many women?

5 registered nurses: 1 with ICU experiences (also a Kigali Club Rotarian), 2 NCD nurses, 2 mastered prepared nurses who are also faculty for the University of Rwanda. 1 female, 4 males.

1 physician who is a District Hospital Director General. Male.

How will trainees continue to use the knowledge and skills they learned from the training after the grant activities are completed?

Part of their role is mentorship to conference nurse participants and to the Non-Communicable Disease Nurses whom the core team will be training in the train-the-presenter course. They will be continuing to discuss with those in their assigned groups.

The two, core training team NCD nurses, will use their increased knowledge in the daily work and patient care. The two faculty members will use the knowledge and skills in student education and clinical work.

The physician is a content expert. However, he will use the training skills and knowledge to help lead the advocacy priorities.

All of the core training team are asked (and have accepted) to be available as the government, district hospitals, other healthcare organizations and Team Heart requests their support in future training projects.

How will this training be evaluated to determine its effectiveness and improve future training?

This core team will be taking pre- and post- testing. We understand the bias as this team is already working on the manual. Yet, we will obtain qualitative data.

After-Action meetings have been built into all trainings, and they are built on a horizontal leadership paradigm to encourage open discussions, plus a SWOT analysis. This will be qualitative data.

This core team training directly impacts Training #2 – Cohort #1 of the train-the-presenter certification course.

Lastly, the Core Team and Cohort #1 of the Certified Conference Presenters will be developing a Conference Process document after the November conferences.

TRAINING 2

What is the title of the training?

Train-the-Certified Conference Presenters - Non-Communicable Disease Nurses at District Hospitals

What is the purpose or goal of the training?

To train District Hospital NCD nurses (nurses who work in an outpatient non-communicable disease clinic) as Rwandan Nurses Save Lives Certified Conference Presenters.

What knowledge and skills will trainees learn from the training?

The knowledge and skills to present all six knowledge modules and the clinical skills stations.

Modules: Strep Throat, Acute Rheumatic Fever, RHD general, RHD valve disease, Heart Failure, and nursing empowerment.

Skill stations: HEENT, Resp- normal, Resp-abnormal, Cardiac-normal, Cardiac- abnormal, Abdominal

Mentorship and Advocacy skills: shared knowledge to aid the building of trust relationships and improved communication with HC nurses and NCD district Hospital nurses.

How did you choose this training?

In considering long-term sustainability, a process to increase the number of certified presenters is critical. Using the NCD nurses from the hosting District Hospital provides the Director General with two staff members who can teach the entire staff after he/she becomes certified. We have chosen a NCD nurse as they have core knowledge on heart disease, structure, and RHD basics. In addition, physicians are in high demand in clinics. Closing a clinic for a three-day training for physicians to be trained would be devastating to a clinic caring for 50-70 patients per day per physician. This decision was discussed with the Director General involved on our Core Team, who agreed this is best use of hospital staff.

How will it address any gaps in the knowledge and skills of the beneficiaries that were identified during the community assessment?

To provide this conference, well trained presenters are needed. They must have the subject matter training, but also the ability to teach and mentor others. The needs assessment indicates a strong need to

train frontline nurses about the full spectrum of RHD. The Train-the -Certified Conference Presenters course will allow the country to ultimately have two conference-certified NCD nurses per District Hospital.

Is this new training as a result of this grant?

Yes

What methods (such as presentations, discussion groups, hands on activities, or case studies) will be used to conduct the training?

Power Points, case scenario, discussion groups, brainstorming activities, hands on skills development, role play, group activities and mentorships.

How many hours of training will each trainee receive? (Training duration must address the topic adequately.)

Face-to-face, 3 10 hour days (30 hours), plus on going mentorship through their first conference presentation and post conference Health center nurses virtual mentorship process.

How many times will this training be offered to each trainee? (Follow-up training is required for most project types.)

The training will be held in July. The follow-up is when they help present a conference and again when they present at their district hospital. When they present at the district hospital, a core training team member will assist them.

We have monthly zoom meetings to discuss content, process, and share experiences. These will continue until the nurses feel the zoom calls are no longer beneficial.

A 1-day refresher will be provided in November before the conferences #3 and #4

Who will conduct the training? What are the trainer's qualifications? (Trainers must have professional expertise in the topic.)

Oversight is by Nurse practitioners Julie Carragher and Maria Kidner. Conducting the training will be the Core Training Team from training #1. Carragher and Kidner's credentials are listed above. The Rwandan Government will identify the District Hospital NCD individuals to be presenters, but has not done so at this time.

Who will receive the training? How many men? How many women?

10 NCD nurses (2 from each participating District Hospital) There may be two additional district hospitals added to conference #3 and #4 and those NCD nurses will be added in November and receive extra support. The Rwandan government has not identified these NCD nurses at this time.

Five School of Nursing faculty members will be given the courtesy of an invitation to participate in the training with the goal of evaluating content for future School of Nursing curriculum. Each District Hospital participating in the 2024 Rwandan Nurses Saving Lives project are Level 2 Training Centers with an associated School of Nursing. The Deans will be contacted and provided with a concept note. They will be invited to send one faculty member. It is hoped that this nurse will be encouraged to take the conference and build a curriculum to implement in each School of Nursing. The faculty will not be

presenters at the conference; their role is observation. This is a courtesy role to build good will and good relationships.

How will trainees continue to use the knowledge and skills they learned from the training after the grant activities are completed?

First, the NCD nurses will have the opportunity to participate in the conferences for health center nurses (1-4) both through presentation and observation. Next the NCD nurses are currently working in Cardiology outpatient clinics and the new skills and knowledge will be used every day. Each certified trainer will be required to compete a community or professional group presentation. They can receive virtual mentorship from any of the core team members, or U.S. experts. The NCD Certified Trainers are expected to participate in the virtual mentorship and post conference evaluation (data gathering) of the HC nurses, This includes an on-site visit of 50% of randomly selected health centers in their District. Lastly, it is hoped that the Hospital Directors will given them the opportunity to train staff at their District Hospital. The Core team and cohort 1 will develop a process to reach out to other certified conference presenters to assist in the local conference.

How will this training be evaluated to determine its effectiveness and improve future training?

The train-the-presenter certification course has pre- and post- testing, plus practicum where they have to give a presentation and complete a skills training with checklist. These questionnaires are more detailed than the participant questionnaires.

Qualitative data is obtained through the zoom calls, plus a formal qualitative After-Action report.

In Rwanda, each presenter will be required to have a signed and stamped certification/certificate. This will be provided to those who pass the course (This is a Rwandan governmental course evaluation process).

TRAINING 3: Conference 1-4

What is the title of the training?

Rwandan Nurses Saving Lives: Health Center Nurses

What is the purpose or goal of the training?

To improve the knowledge and skills of frontline nurses working in Health Centers about the full spectrum of Rheumatic Heart Disease.

What knowledge and skills will trainees learn from the training?

The knowledge and skills to present all six knowledge modules and the clinical skills stations.

Modules (knowledge, assessment, critical thinking- diagnosis, treatment, patient education): Strep Throat, Acute Rheumatic Fever, RHD general, RHD valve disease, Heart Failure, and nursing empowerment.

Skill stations: HEENT, Resp- normal, Resp-abnormal, Cardiac-normal, Cardiac- abnormal, Abdominal

How did you choose this training?

Nurses: the needs assessment provided evidence of the gap of knowledge. This training is custom built to be on the level of the HC nurses (high school graduate [common] to 4-years of college [rare]). It is written in English as a 3rd language. In addition, topics such as correct placement of intramuscular injections and how to draw up Penicillin is now included as a result of the review of the pilot and discussions with the Core Team.

How will it address any gaps in the knowledge and skills of the beneficiaries that were identified during the community assessment?

Through years of working with nurses in Rwanda it has been noted that these nurses truly want to do their best- they are doing their best with what they currently know. Yet the current level of knowledge and assessment skills fall below the level of safe care. The pilot showed that these remote nurses were eager to learn, engaged in the process, and committed to implement what they have learned (as evidenced of continued WhatsApp discussions with several HC nurses). This newly designed curriculum builds on the suggestions of the pilot HC nurses. It is in an easier format and language simplified. We have increased the post-conference virtual mentorship (WhatsApp) process. In addition, providing education in a community through the combined efforts of the nurses, school teachers, and community health workers may prove to truly increase public awareness (see training 4). The beneficiaries are the nurses and the people in the communities, individuals, children and families.

These nurses will receive their first stethoscope and otoscope and provided education and skills labs to practice using new tools for assessment.

Is this new training as a result of this grant?

Yes- it is a custom designed, evidenced-based training with graphic artwork representing Sub-Sahara Africa. All treatment plans and medications have been verified and available in Rwanda.

What methods (such as presentations, discussion groups, hands on activities, or case studies) will be used to conduct the training?

Power points, small group discussions and activities, scenarios, and case studies. The skills day is all hands-on.

How many hours of training will each trainee receive? (Training duration must address the topic adequately.)

16 hours, plus a 2-month virtual mentorship via WhatsApp.

Note: The Health Center nurse participants is capped at 36 for each conference because of the skills day. However, the cap for the knowledge day is 60. We are allowing each District Hospital to invite 24 additional staff members to attend day 1 of the conference (the knowledge day).

How many times will this training be offered to each trainee? (Follow-up training is required for most project types.)

Once. We recognize that repeat training would be most beneficial. The current plan for these five district hospitals and their associated Health centers in this 2024 grant is the development of a RHD nurse educator through Team Heart where the District Hospitals have RHD educations involving all of our

participants. Team Heart is in the process of hiring staff. However, this aspect is outside the scope of the grant. Yet, the Core Team has a group activity on advocacy including the development of education/video that can be shared via the HC's computer through governmental channels. Those activities are part of the Core Team's work.

Who will conduct the training? What are the trainer's qualifications? (Trainers must have professional expertise in the topic.)

Oversight: US team experts and Nurse practitioners Julie Carragher and Maria Kidner

Conference: The Core Training Team, the CV of these individuals is attached to the grant.

The certified conference presenters of Cohort #1

Note: These conferences will be presented the language best for the HC nurses. This can be English, Kinyarwanda, and/or French. The Rwandan native language does not have medical words, hence it is common to use either English or French within Kinyarwanda.

Who will receive the training? How many men? How many women?

Per conference: 36 Health Center nurses PLUS up to 24 additional nurses and physicians for day 1 (the knowledge day).

Uncertain %men/women

How will trainees continue to use the knowledge and skills they learned from the training after the grant activities are completed?

Each participant receives a conference manual plus an educational tool kit specific to his or her role. It is hoped (and expected) that each nurse will use the new knowledge and skills everyday. Those HC nurses working in unsupervised role function as a primary care provider. This conference provides them with knowledge on taking a history, assessment rationale, ways to critical think and determine a diagnosis, and using evidence-based treatment plans. The new assessment skills opens the sense (sight, hear, touch) to understanding and recognizing pathology. This information can be applied to every patient (providing time permits). The HC nurses are in roles where potential strep infections can be evaluated. Most DH nurses are acute care nurses, yet this knowledge expands the awareness of RHD and Heart failure which will be most beneficial.

How will this training be evaluated to determine its effectiveness and improve future training?

Pre- and post- questionnaires.

Skills questions and checklist

Qualitative data from the virtual mentorship.

Quantitative data on care provided during 2 months post conference.

50% will be randomly selected for a site visit by a certified presenter

At 2 months post conference, a qualitative questionnaire

TRAINING 4

What is the title of the training?

Rwandan Nurses Saving Lives: Rheumatic Heart Disease: Community Health Workers, School Teachers

What is the purpose or goal of the training?

To provide a seminar to selected local teachers and community health workers to improve their awareness of the full spectrum of RHD and the importance of advocacy to parents for appropriate treatment.

What knowledge and skills will trainees learn from the training?

Teachers and Community Health workers: knowledge of the general concepts concerning the full spectrum of RHD. Emphasis on the unique signs and symptoms of streptococcus pyogenes infections acute rheumatic fever, and RHD that they may recognize in children and young adults, the importance of full antibiotic therapy, advocacy to treat children, the contagious aspects of Strep infections, and awareness of the stigma that many children have with a chronic disease requiring frequent antibiotic therapy.

How did you choose this training?

The Health Center nurses in the Pilot study reported that they can only see patients that come to their clinic. They identified both teachers and Community Health workers as key people in their community who are seen as trusting people and could influence parents to bring sick children in for evaluation.

How will it address any gaps in the knowledge and skills of the beneficiaries that were identified during the community assessment?

Currently, the community-level awareness of RHD and the link of a 100% preventable fatal heart disease and a sore is very low (hence the high rates of RHD and most children's diagnosis are late-stage and highly symptomatic). This 4 hour seminar will increase awareness and promote the nurses in their communities.

Is this new training as a result of this grant?

Yes, a newly designed manual based on improving awareness and identifying symptoms that children might experience. Although the manual is in simple English, and educational tool kits (flip charts) will be in Kinyarwanda. The second language in most school is now English, yet CHW are often people who may not have graduated from High School.

What methods (such as presentations, discussion groups, hands on activities, or case studies) will be used to conduct the training?

Power points, seminar style with group activities.

How many hours of training will each trainee receive? (Training duration must address the topic adequately.)

Three hours of training and 1 hour for food and open discussion.

How many times will this training be offered to each trainee? (Follow-up training is required for most project types.)

Once. This training will be provided by one Core Team member and NCD Certified Presenters. The DH NCD nurses are required (part of their job) to conduct community education. The Certified Trainers have access to all training materials to help them develop their community work.

Who will conduct the training? What are the trainer's qualifications? (Trainers must have professional expertise in the topic.)

The District Hospital NCD Certified Presenter and a Core Team member.

Who will receive the training? How many men? How many women?

Currently the design is to offer for 25 community Health workers and 15 teachers per conference. As this is a seminar only, we will adjust to meet the needs of each District hospital hosting the Rwandan Nurses saving Live conference.

How will trainees continue to use the knowledge and skills they learned from the training after the grant activities are completed?

The CHW can receive additional information and support through the trained HC nurses in their areas. This is promoted throughout the course in hopes to foster improved relationships and improve referral systems.

The Teachers will have contact information of a Core team member and Team Heart to receive additional information.

How will this training be evaluated to determine its effectiveness and improve future training?

A pre and post seminar questionnaire.

The Kigali club will be doing school site visits post conference.