Implementing a Women’s Acute Care Provider Program in Northern Rural India
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Introduction
There is a critical shortage of health staff globally, compounded by a profound shortage of faculty.1 India accounts for 1/5 of the global health burden, of which 30% is due to diseases that can be prevented or treated easily early in the course of the disease.2 Access to care for similar diseases was improved in rural Haiti using an application-based curriculum, the Acute Care Provider (ACP) Program to train secondary school graduates in acute care diagnosis and management. However, in rural India, lack of education and technologic illiteracy is a barrier to using a stand-alone electronic tablet based curriculum.

Objective
To use a two-week curriculum to train lay-persons with secondary school education, to facilitate and guide discussion (become “Master Trainers”) for the ACP so that village women with primary education and technologic illiteracy can be trained to become lay-person providers for their villages.

Methods
Program design: 1) Two-week Master Trainer Course, provided by Stanford staff, to instruct the master trainers in:
- Core content of program
- Facilitating use of electronic curriculum (animated videos)
- Conducting group activities modules on relevant clinical topics
- Guiding discussion
2) Four month ACP program, facilitated by master trainers

Evaluation
To test proficiency, master trainers were required to complete the following:
1. Comprehensive written final exam of clinical module material with minimal pass rate of 90%
2. Structured oral case exam with critical actions and clinical skills with pass rate of 100%
3. Direct observation and evaluation of ACP training session

Quality Assurance
Master trainers undergo knowledge retention and ACP session preparation with biweekly video trainer sessions
Six month in-person skills workshop with direct observation of procedural skills lead by Stanford ED staff

References