Brought together by a shared concern about the challenges in delivering emergency medical services in Ethiopia, Addis Ababa University’s Tikur Anbessa Hospital (AAU/TAH), the University of Wisconsin-Madison (UW), and the non-profit diaspora organization People To People (P2P) formed a twinning partnership in the fall of 2009. Twinning partnerships are founded upon guiding principles that emphasize collaboration and relationship-building. This partnership received a five-year grant from the United States President’s Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Centers for Disease Control and Prevention (CDC/Ethiopia), administered by the American International Health Alliance (AIHA).

The goal of this collaboration was to enhance and strengthen emergency care at AAU/TAH by building institutional and human resource capacity, and by increasing the number of medical professionals trained to deliver emergency care. This collaboration was designed with the local setting and resources in mind, with active leadership from the Ethiopia diaspora. Given the successes achieved by this partnership, it may provide lessons for replicating to similar environments.

The Ethiopia emergency medicine partnership followed a six-phase model to address the spectrum of emergency services:

### Leadership Training and Development

The partnership conducted a condensed competency-based EM Fellowship for four Ethiopian physicians and four nurses at the University of Wisconsin who would serve as the leaders of the newly emerging AAU/TAH emergency department. The curriculum was designed for experienced Ethiopian physicians and nurses to augment their practice and enhance their professional development. It incorporated elements of critical and trauma care, quality improvement, leadership, and management. The physicians and nurses were trained simultaneously at the UW to foster communication and teamwork. The physicians had more than five years of patient care experience and were all trained in specialties such as anesthesiology, internal medicine, surgery, obstetrics/gynecology, and pediatrics. The nurses were experienced health care workers.

### Bi-directional Exchange Trips

A series of technical exchanges based on the train-the-trainer model were conducted at AAU, with courses adapted to the Ethiopia setting. Trainings were designed for a range of health care workers, including residents, physicians, nurses, midwives, ambulance drivers, and community health workers. The courses were initially taught by trained emergency professionals from the U.S., while a cadre of local instructors was developed.

### Expansion of Local Workforce

In order to increase and sustain local capacity to deliver emergency medical care and services, the partnership conducted exchange trips to teach emergency modules at AAU.

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### Timeline

- **June 2006:** Formation of Emergency Medicine Task Force at AAU, with members representing all clinical departments.
- **Oct. 2006:** National consensus workshop on Emergency Medicine, held in Addis Ababa.
- **Aug. 2008:** First Emergency Services Unit established at AAU/Tikur Anbessa Hospital.
- **Summer 2009:** Twinning Partnership formed between AAU, the University of Wisconsin, and People To People.
- **Fall 2009:** First group of EM Fellows conduct training at UW.
- **Fall 2009-Present:** UW and other US institutions conducted exchange trips to teach emergency modules at AAU.
- **Feb. 2010:** AAU launches Emergency Training Center and hosts EM Symposium. Graduate programs in EM approved by AAU Senate.
- **Summer 2010:** AAU’s Emergency Services Unit is converted to an ED.
- **Sept. 2010:** First class of Emergency Medicine residents are started at AAU.
- **Oct. 2010:** AAU Pediatric EM fellowship (for physicians and nurses) conducted at UW.
- **Oct. 2010:** University of Toronto conducts first exchange trip to AAU/TAH.
- **March 2012:** Ethiopian Society of Emergency Medicine Professionals (ESEP) is formed.
- **October 2012:** CME Conference and ESEP Meeting to be held at AAU.
Hamad Medical Corporation (HMC) is the premier provider of secondary and tertiary care in Qatar, and one of the leading healthcare providers in the Middle East. HMC manages eight highly specialized hospitals and is committed to providing high-standard services to the country’s growing population. We are expanding our team of clinical experts to facilitate greater knowledge transfer and ensure world-class, evidence-based patient care.

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For further details please contact:
Professor Peter Cameron - Chair, Emergency Department at pcameron@hmc.org.qa or Dr. Don MacKechnie - Director of Emergency & Acute Medicine Transformation at dmackechnie@hmc.org.qa
Lessons Learned

Through program evaluations and key informant interviews with program staff and trainees, key themes emerged that contributed to the partnership’s success. One of the fundamental principles of a twinning partnership is that information is mutually exchanged, whereby all partners communicate and priority is given to building relationships (process) rather than producing outcomes (product). This helps ensure that program efforts are sustainable and responsive to the local context. Solutions implemented to ensure this is achieved include communication strategies, clear definition of roles, sufficient time for trust and peer relationships to be built, and recognition for individual accomplishments and shared successes.

The Ethiopia EM twinning partnership will continue to take a systems approach to support emergency training, research, and infrastructure at AAU/TAH. This includes the EM residency program, a critical care fellowship, nurse training and empowerment, pediatric emergency and critical care, quality improvement and leadership. The short-term achievements of this twinning model suggest that long-term, collaborative partnerships can be effective in systems strengthening and components adapted to similar environments may achieve equal success.

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<tr>
<th>Key Themes</th>
<th>Challenges</th>
<th>Successes</th>
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<tr>
<td><strong>Knowledge Transfer and Shared Responsibility</strong></td>
<td>• Communication (due to distance and time zones) and limited human capacity to cooperatively adapt trainings to Ethiopia setting meant that trainings were designed by Americans and not completely relevant. It took time and repetition of trainings before the knowledge and ownership was fully transferred.</td>
<td>• Identified Ethiopians to participate in “Training of Trainers” to build a local base of instructors. The fellows took leadership roles in designing and conducting trainings that were adapted to the Ethiopia setting. • Included non-physician health care workers in training &amp; mentorship activities since responsibilities in the ED often fall to nurses and residents • Through trial and error, the partners learned how to better incorporate input from Ethiopian partners when designing trainings and curricula.</td>
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<td><strong>Engaging Multiple Partners and Stakeholders</strong></td>
<td>• Institutional knowledge about past EM research projects and partnerships at AAU was not always recorded or communicated, which led to duplication of efforts. Communication among multiple institutional partners was challenging, especially as the participation level naturally ebbed and flowed.</td>
<td>• Utilized the diaspora community and their networks. • Collaborated with multiple international academic institutions to conduct trainings, residency program evaluation, and exchange ideas. • Conducted monthly conference calls. • Visited community EM services such as 911 Call Center and Fire Departments.</td>
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<td><strong>Professional Development Activities</strong></td>
<td>• Ethiopia has a shortage of health care workers, and providing training could lead those trained to leave Ethiopia for a private hospital that paid more or offered better opportunities.</td>
<td>• Conducted workshops on clinical research for fellows and sought opportunities for collaborative research projects between Ethiopian and American colleagues to build professional capacity. • Identified global EM conferences for fellows and nurses to attend and/or present at. Improved local working conditions, environment, and salaries. • Built professional, peer-to-peer relationships.</td>
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<td><strong>Teamwork and Communication</strong></td>
<td>• There is a clear hierarchy within the medical profession, not only in Ethiopia but also the U.S. This at times may have limited full participation of all team members.</td>
<td>• Emphasized teamwork and communication in hospital and pre-hospital settings, both in the fellowship curriculum and EM trainings. • Recruited diverse attendees, such as nurses, midwives, community health workers, residents, interns.</td>
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<td><strong>Cultural Exchange and Appreciation</strong></td>
<td>• Language barriers • Social roles and customs • Gender roles</td>
<td>• Shared meals, social events, and visited cultural sites in both Ethiopia and Wisconsin, spending time together outside of the hospital to build understanding and friendships. • Worked to understand cultural differences, not necessarily change them.</td>
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