Editor’s Note: Since HVO’s founding in 1986, there has been a revolution in technology. Although our mission remains the same, many of the ways we work have changed, both here in the US and abroad at our program sites. In an interview with HVO Executive Director Nancy Kelly, she explained some of the changes that have occurred and those she anticipates for the future. Throughout this issue of The Volunteer Connection, we will touch on different effects that global technology has had on HVO’s work — from contact with sites to distance learning to paying your membership dues online and going green!

How has technology changed the volunteer experience?

More than 20 years ago when HVO was just getting started, I could never have imagined the changes that were on the horizon in terms of technology. Communications with the sites were slow. Imagine if you will, we used to send letters via air mail. It could take weeks for a reply. I remember when we got our first fax machine – that seemed like a huge leap forward. No one had cell phones or e-mail. Families had quite a challenge in keeping in touch with volunteers. Of course, the World Wide Web did not exist.

All in all, I would say that volunteers are better prepared now, thanks to the revolution we have seen in communication and information technology. I think now we are able to be more responsive to needs and priorities identified at sites since communication is so much easier and timelier.

I occasionally hear a volunteer lament the fact that it is so easy to keep in touch with things happening back home. I think, for some volunteers, part of the appeal of an assignment was that sense of getting away. For most volunteers, though, I think it is comforting to know that they can keep up with what is happening at home and at work.

How has technology changed recruiting?

Probably the biggest change is having a presence 24/7 on the web. Potential volunteers can learn a lot about HVO and our programs before contacting the office directly. Most of our profile forms are completed on-line these days. This certainly simplifies the process for us since we can share the forms electronically with program directors and sites. Generally, this has shortened the time needed to approve a volunteer.
The Role of IT at HVO  continued from page 1

Interestingly enough, technology does not appear to have changed one aspect of recruiting. Most potential volunteers still say that they found HVO through a referral by a friend or colleague. Technology also has not supplanted the need for the personal touch – I think it is absolutely essential that potential volunteers talk with HVO staff about which site might be the most appropriate given their expertise, personal situation, and interest. I also think it is important for volunteers to speak with other returned volunteers and the program director for their site prior to departure.

What kind of impact has the HVO KnowNET had?

I don’t think we know yet, but the potential is huge. One of the biggest challenges with the HVO short-term volunteer model is that it is difficult to have real continuity between and across volunteers. The KnowNET is essentially an e-library that allows us to bring together in one place all kinds of information about the programs, the needs and priorities of the sites, and the activities of the volunteers. Since it is password-protected, we also have greater flexibility in terms of what kinds of information we can make available.

Our challenge now, however, is to get volunteers used to thinking about going to the HVO KnowNET for their orientation materials and to take some time to explore this library. We are adding resources daily — lectures, case studies, trip reports, links to other sites, educational materials, etc. We need to encourage our volunteers to visit the KnowNET often and to begin to see it as the resource that it is.

Over time, and with the contributions of our volunteers, I hope that we can make the HVO KnowNET a resource that will significantly strengthen our programming.

How would you like to see the KnowNet expand in the future?

Our long-term vision for the KnowNET is that our colleagues at the sites will also be able to access these resources.

A new web site is in the works. What are some of the new features it will offer?

I would like our revamped web site to “tell the HVO story” better. HVO is a remarkable organization - we are able to tap into the energy and commitment of literally hundreds of health care professionals who are committed to strengthening the capacity of their colleagues around the world. Their impact has been significant over the years and I would like our new web site to capture some of these stories.

As we designed this new site, we also realized that we need to consider our various audiences to a greater degree than in the past. Potential volunteers are certainly a primary audience but we also need to realize that potential
### Anesthesia
- India ......................... 2 - 4 weeks
- Peru ............................. 1 - 4 weeks
- South Africa .................. 2 - 4 weeks
- Tanzania ...................... 3 - 4 weeks
- Vietnam ........................ 2 - 4 weeks

### Dentistry
- Cambodia ...................... 2 weeks
- Honduras ........................ 2 weeks
- Laos ................................ 1 - 2 weeks
- St. Lucia .......................... 2 - 4 weeks
- Tanzania .......................... 2 weeks
- Vietnam ........................... 1 - 2 weeks

### Dermatology
- Cambodia .......................... 2 - 3 weeks
- Costa Rica ........................ 1 - 2 weeks
- India ................................. 2 weeks
- Palau ................................ 2 weeks
- Peru ................................. 1 - 4 weeks
- St. Lucia ............................ 1 - 4 weeks
- Uganda .............................. 1 - 4 weeks

### Hand Surgery
- Honduras ............................ 1 week
- Peru .................................. 2 - 4 weeks

### Hand Surgery/Hand Therapy
- Nicaragua ............................. 1 week

### Hematology
- Cambodia ............................ 2 - 4 weeks
- Peru .................................. 1 - 4 weeks
- Uganda .............................. 1 - 4 weeks

### Internal Medicine
- Cambodia ............................ 2 - 4 weeks
- India ................................. 2 - 4 weeks
- Peru .................................. 2 - 4 weeks
- Uganda .............................. 1 month

### Nurse Anesthesia
- Bhutan .............................. 1 month
- Cambodia ............................. 2 - 4 weeks

### Nursing Education
- Cambodia ............................. 1 - 2 weeks

### Oncology
- Honduras ............................. 1 - 4 weeks

### Oral and Maxillofacial Surgery
- Cambodia ............................. 2 weeks
- Peru ................................. 1 - 2 weeks
- Vietnam ............................. 2 - 4 weeks

### Orthopaedics
- Bhutan .............................. 1 month
- Cambodia ............................. 2 - 4 weeks
- Cameroon ............................ 1 month
- China .................................. 2 - 4 weeks
- Costa Rica ............................ 1 week minimum
- Malawi ............................... 1 month
- Moldova .............................. 2 weeks
- Mongolia ............................. 2 - 4 weeks
- Nicaragua ............................ 2 weeks
- Peru ................................. 2 - 4 weeks
- St. Lucia ............................. 2 - 4 weeks
- South Africa ........................ 1 month

### Pediatrics
- Malawi .............................. 1 month
- St. Lucia ............................. 2 - 4 weeks
- Uganda .............................. 1 month

### Physical Therapy
- Bhutan .............................. 4 months
- India ................................. 1 - 2 weeks
- Nicaragua ............................ 1 - 2 weeks
- Peru .................................. 2 - 4 weeks
- St. Lucia ............................. 2 - 4 weeks
- Suriname ............................. 2 - 4 weeks
- Tanzania ............................ 2 weeks
- Vietnam ............................. 2 - 4 weeks
- Uganda .............................. 1 month
- Malawi ............................... 1 month
- South Africa ........................ 1 month
- Tanzania ............................. 2 - 4 weeks
- Uganda .............................. 2 - 4 weeks

### Wound Management
- Cambodia ............................ 1 - 2 weeks
- India ................................. 1 - 2 weeks
- Peru ................................. 1 - 2 weeks
- St. Lucia ............................. 1 - 2 weeks

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**Please Note:** New programs are added regularly and volunteer assignments are made on a rolling basis. For the most up-to-date information on volunteer sites and scheduling, contact the HVO Program Department: programs@hvousa.org or 202-296-0928. Visit the web site www.hvousa.org.
AAOMS Presidential Achievement Award

David E. Frost, Chair of HVO’s Board of Directors, was honored with the Presidential Achievement Award presented at the 90th annual meeting of the American Association of Oral and Maxillofacial Surgeons in September 2008. The award recognizes “AAOMS fellows and members for important long standing contributions of benefit to the specialty of oral and maxillofacial surgery through clinical, academic, research, or public service activities.”

Dr. Frost certainly has a long history of service, having served as president of the American Board of Oral and Maxillofacial Surgery, as ambassador and, now, chair of the Oral and Maxillofacial Surgery (OMS) Foundation. He has volunteered his surgical expertise in Nepal, India, Chile, Peru, Cuba, and Vietnam.

Dr. Frost is an Adjunct Associate Professor for the Department of Oral and Maxillofacial surgery at the University of North Carolina Chapel Hill and is the National Civilian Consultant to the Surgeon General for Oral and Maxillofacial Surgery for the US Air Force.

HVO congratulates Dr. Frost on this acknowledgement of his leadership qualities.

ASHT Joins as Sponsor

HVO welcomes the American Society of Hand Therapists as a sponsor. The mission of ASHT is to “advance the science of hand therapy through communication, education, advocacy, research, and clinical standards.” The association, with about 3,000 members, was formed in 1977. It is composed of licensed occupational therapists and physical therapists that specialize in working with the upper extremity. They work in treatment and rehabilitation of the hand, shoulder, arm, and elbow. HVO looks forward to developing increased volunteer opportunities for these hand therapists.

Golden Apple Award

On World Health Day (April 7), HVO announced the winners of the fourth annual Golden Apple Award. This award was created by the HVO Board of Directors to recognize the extraordinary educational contributions of volunteers. Each of these volunteers has demonstrated a strong commitment to HVO’s educational mission through their work on curriculum development, teacher training, didactic or clinical training, or the enhancement of educational resources.

Many of these honorees have also served in leadership positions for HVO overseeing the development of new programs, monitoring the progress of active programs, identifying educational resources for sites, and serving as mentors to their colleagues overseas.

The efforts of HVO’s Golden Apple Award recipients are an integral part of HVO’s response to the global health workforce shortage, currently estimated to be 4.3 million. By highlighting the achievements and contributions of the Golden Apple Award recipients, HVO fosters an awareness of global health issues, especially the human resource shortage, which serves as a serious constraint to the delivery of health care around the world.

Congratulations to each of these volunteers and many thanks for their dedication to education!
Orthopaedics Overseas Celebrates 50th Anniversary

On February 27, 2009, during the American Academy of Orthopaedic Surgeons conference, Orthopaedics Overseas (OO) celebrated fifty years! Orthopaedics Overseas became the founding division of HVO in 1986. Since that time, of course, the OO model of developing training programs staffed by short-term volunteer health care professionals willing to share their expertise has been expanded to include a wide variety of professionals in numerous clinical areas.

As part of the celebration, Dr. Gado Tshering, the Health Secretary of the Ministry of Health in Bhutan, was invited to speak at the OO Annual Luncheon. Dr. Gado spoke about the impact of the orthopaedic training and other HVO initiatives on health care in his country, the world’s newest democracy. When the program in Bhutan started, there were no trained orthopaedic surgeons. Thanks to over 200 HVO orthopaedic volunteers, there are now 4 surgeons, 2 orthopaedic physician assistants, 8 orthopaedic technicians, and 4 more are in training. The resulting improvement in patient care led the Ministry of Health to request HVO’s assistance in the fields of physical therapy and nurse anesthesia.

Dr. Robert Stein is awarded Orthopaedics Overseas Leadership Award

HVO’s presence in Bhutan came about because of the interest of Dr. Robert Stein, an orthopaedic surgeon in private practice in Tennessee. Dr. Stein was instrumental in initiating the contacts in 1990 and he has continued to manage the program over the last 19 years. Dr. Stein was recognized for his commitment to the program in Bhutan with the Orthopaedics Overseas Leadership Award at the lunch.

Why Join Health Volunteers Overseas?

Membership in HVO allows you to:

- Support HVO’s mission of “improving the availability and quality of health care in developing countries through the training and education of local health care providers”;
- Serve as a volunteer and see HVO’s work first-hand;
- Stay connected through the biannual newsletter, “The Volunteer Connection”;
- Learn of trainings & conferences through the monthly e-news bulletin, “Net Connection”;
- Access the KnowNet, HVO’s knowledge network, which is an invaluable tool providing information on program sites, trip reports, lectures provided, etc.

If you are a member but have not yet tried out the KnowNet, please contact the HVO office for an access code. Please consider joining HVO and take full advantage of the many benefits available to you!
donors are another significant audience. With the advent of the HVO KnowNET, we can put a lot of program-related documents on that platform. That allows us to focus the HVO web site on impact statements, photos from the sites, and other information that will give a viewer a better understanding of the serious problem created by the shortage of skilled manpower in the health care sector in developing countries.

▶ *Do you envision moving almost totally to a “green” office?*

I am not sure that we can ever go completely paperless. We are certainly moving in that direction but we may never get to that point. Call me old-fashioned but I think there is still a place for the occasional print newsletter that is delivered by the post office.

We are looking at all our systems, however, to see if there are ways we can be more efficient and more “green” at the same time. Last year we started handling our renewals electronically and that has been a success – saving HVO both time and money in addition to being good for the environment. The challenge is learning to think creatively about how to deliver information to members, volunteers and donors.

▶ *How do you think technology will impact HVO in the next five years?*

Advances will no doubt continue at an amazing pace in the coming years. For an organization like HVO, the challenge is to identify which tools will really further our capacity as an organization to implement our mission. I am excited by the prospect of “virtual classrooms.” While we are not there yet, Jenny Audette’s article (see page 10) on her experience in Suriname is a wonderful example of delivering meaningful educational content at a distance.

(Editor: Whether high-tech or not, if you have an innovative volunteer teaching technique, we encourage you to share it with your recruiter, as we are always interested in sharing information with other volunteers).

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**Getting Married?**

If you are planning a wedding, you can now support HVO by registering with the I Do Foundation. From honeymoons to invitations to wedding gifts to charitable wedding favors, the I Do Foundation allows couples and their guests to make wedding-related purchases that generate donations for charity.

The I Do Foundation’s Charity Registry service also makes it easy for guests to make donations in lieu of gifts. All of these services are available free of cost at www.IDoFoundation.org. Check it out today, and be sure to select HVO as the beneficiary of your charitable wedding.
A planned gift ensures that HVO will be able to continue to make important educational strides in the improvement of health care in developing countries.

When you write or review your will, please consider leaving HVO a charitable bequest as an investment in HVO’s future. You may bequeath a specific amount of money or a percentage of your estate. Another relatively simple option is to designate HVO as the beneficiary of a life insurance policy or the assets of a retirement plan.

If you are interested in creating a charitable bequest in your will or in discussing some other charitable aspect of your estate planning, please contact Nancy Kelly at giving@hvousa.org. If you have already made a charitable bequest, please let us know! We will honor all requests to remain anonymous.

Thank you to the following people who have made such a commitment:

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Dr. and Mrs. Harry Zutz

DONATING TO HVO THROUGH WORK-PLACE GIVING

You can contribute to HVO through our alliance with Global Impact which raises funds for HVO and other international relief and development charities in the Combined Federal Campaign and the local United Way Campaign. These campaigns offer government and private sector employees a convenient and effective way to support HVO through payroll deduction. Consult your charity catalogue for HVO’s number!
Reflections from the Field

Rick Henker, PhD, RN, CRNA – Nurse Anesthesia - Cambodia
Chenda (on-site CRNA) is doing well in medical school and he certainly has an advantage and ability to understand English. All of the classes are in English. According to Chenda, he helps the students with backgrounds in hotel management and translates for those with poor English skills. As you know, Chenda was also in Vietnam for an anesthesia conference. He received a great deal of positive feedback from the faculty at the conference. He attributed his expertise to HVO!!!

Thomas K. Fehring, MD – Orthopaedics - Nicaragua
All in all, this was an extremely worthwhile experience for me as well as my son, a fourth year medical student planning on entering the field of orthopedics. We hope to be some help to our Nicaraguan colleagues in the future, both on a return visit and in trying to figure out ways to help them with their resource issues. We both learned a lot about Nicaragua, and about how lucky we are as US surgeons. I learned specifically how to be more versatile and flexible in the operating room in making do with what I have. My Nicaraguan colleagues have shown me how to make the most out of the least.

Charles Bloomer, DDS – Oral Surgery - Tanzania
My activities did meet the needs of the oral and maxillofacial surgeons and host institution. They would like to have more of us come in the future, and would be particularly grateful of equipment donations. I was able to donate my time as an educator and felt that it was at an appropriate level. To tell the truth, I gained more from them, which elevated my level as a surgeon. I now know that if I want to do the most exciting and challenging aspects of the scope of my specialty, then all I have to do is take a couple of months off and go for a visit to the Muhimbili National Hospital.

Denise Wise, PT – Physical Therapy - Bhutan
When I arrived at the department, I was uncertain of what was truly expected of me, what content to cover in the ortho unit and how I could best help them meet their goals. I asked one of the technicians what they would like to see me help out with and the response was “Don’t tell us to change our ways or to schedule patients differently. Help us to see what we can change, but don’t tell us what to change or how to change it.” These words set the stage for me and I frequently revisited them as I evolved through the experience.

The staff overall is hungry for any knowledge you can impart. What worked best for me was observing first, assisting, and doing when necessary. Some staff may seem grateful for the volunteers to alleviate their workload; however, I was prepared for this and insisted on co-treatments because my time there was so short. I approached most of my interactions as teaching moments, even though there were occasions when I was the sole physiotherapist working with a patient. Additionally, any references or resources volunteers can leave behind are greatly appreciated.

Ann Nielsen, RN, MN & Kathie Lasater, EdD, RN – Nursing Education – Cambodia
Nursing professionalism is a prominent feature of nursing care at Angkor Hospital for Children. The nurse leaders here understand what professionalism is, what it does for nursing, what it does for patient safety, and how it can advance nursing in Cambodia. They are striving to move professionalism forward at AHC and throughout the country.
Jeffrey Rothschild, MD – Internal Medicine – India
I felt that my activities satisfactorily met the needs of the local people, the host institution, and the trainees. I was able to devote as much time to training-related activities as I thought appropriate. I do think the HVO program is having a very positive impact – especially to the housestaff who were excited to hear about state of the art approaches and different perspectives to patient care.

Chester W. Gottlieb, M.D. – Hematology – Uganda
Teaching hematology to the medical students, interns and residents was a personally rewarding experience. They were knowledgeable, polite, respectful, and eager to learn. This was a wonderful teaching and learning experience that would best be handled by a clinical hematologist/medical oncologist and would be most useful as a 4-week rotation. It would be of interest to give a Ground Rounds or teach a class at Makerere Medical School. In essence, this participation is a delightful and important opportunity to further illuminate the field of hematology and its translation to patient care.

Michael Unger, DDS - Dentistry – Cambodia
My experience in Cambodia has shown me that the dental students have excellent didactic training, but often lack the opportunity to practice clinically what they have learned. They are motivated to expand their knowledge with clinical experience. I became aware of their high level of knowledge through active question periods and small discussion groups that would arise. This entire experience was highly rewarding and I feel that I have added to their dental knowledge. I know the students will become excellent dental practitioners and will improve the dental health of the people of Cambodia. I hope the students have learned as much from me as I have learned from them. My wife and I hope for a return visit.

Brian C. Bourne, PT – Physical Therapy - India
In general I LOVED my trip to India and volunteering in Vellore. It has given me a much greater passion for teaching. I am looking to take more courses so that eventually I can teach PT in the States. I love doing PT, but the students’ and therapists’ enthusiasm and eagerness to learn just invigorated my passion for PT. I am glad I did the trip. I feel it gave me the opportunity to fulfill many goals in one. I got to travel to a country that I always wanted to travel to, volunteer overseas, and it opened the world and the opportunity of teaching more in the future. I would definitely consider volunteering and visiting Vellore again, eventually.
Volunteer Perspectives

TEACHING A PT NEUROLOGICAL TREATMENT COURSE FROM A DISTANCE

Teaching a PT Neurological Treatment Course from a Distance (Without All That High Tech Stuff!!) by Jennifer Audette, PT, MS

While doing some curricular work in the spring of 2008 at Anton de Kom University of Suriname (AdéKUS), I was asked by the faculty to teach their Physical Therapy Evaluation and Treatment for People with Neurological Disorders course. I said no. I am a married mother of three girls (16, 15, and 10) and a fourth teenager was coming to live with us for the year.

I work as a Clinical Assistant Professor in an academic year position, and I am in the dissertation phase of my PhD work. I would be crazy to even consider it!! But I felt terrible. The faculty in Suriname and I had become friends. There were some students who had been waiting years to graduate because the program hadn’t been able to offer the course. How could I really say no?

I am not very computer savvy and the idea of meeting on Skype every week really didn’t appeal to me. I didn’t want to be tied to a particular meeting time and I had heard that the connection in Suriname was often poor - and at best – slow and difficult to get up and running each session. I thought there must be a way. I had used case-based and problem-based learning philosophy in the past to teach courses and I thought it just might work. After some careful consideration, I let them know that I would do the course. They were ecstatic!

I discussed with them how the course could be run without using Skype, and they agreed to give it a try. Based on their curriculum needs, I prepared 50 “distance contact hours”, 10 “direct contact hours”, and 30 “direct lab hours” to be carried out over 15 weeks. The students met in a classroom for three hours each week with the faculty liaison present and a student moderator leading the class for the “distance contact hours”. These class meetings were highly structured. I traveled to Suriname for 10 days at the end of the course to do the “direct contact hours” and the “direct lab hours”.

In order for this model to work it had to be very organized and clear to the students and the faculty liaison. The following is an outline of the steps taken to make the course run smoothly. I was in contact with the faculty liaison, as well as the PT program director throughout the process.

Steps Prior to the Course

We identified a “faculty liaison” in Suriname. She was my point person and my organizer at that end of the project.

I communicated with students to introduce myself and to introduce the concepts of case-based and modified problem-based learning.

I had the students send me their e-mail contact information and information about themselves. I wanted to try to get to know them since we weren’t going to meet until the end of the course.

I developed an e-mail group contact list.

I sent a large package that included an explicit syllabus, course schedule, and overview of all assignments along with descriptions and scoring rubrics for each. The package also included 13 carefully-organized packets that would be used for each of the 13 distance weeks. These packets contained required and recommended readings (that they would copy and distribute in enough time that readings could be completed prior to class meetings), any additional resources or references needed, weekly assignment requirements, an agenda for each class meeting, talking points handouts, discussion questions directly related to assigned readings and general topics for the week, and an outline of class activities. I also included one copy of each of the necessary textbooks.

At the Beginning of the Course

A student moderator was assigned for each week. The week that the student was assigned to moderate she was responsible for making sure all students had the appropriate readings, running the class meeting session according to the assigned discussion and activities, and communicating with me via e-mail with a summary of discussion and questions following the class meeting.

Distance Contact Hours During the Course

The students and the faculty liaison met for 3 hours each week. During those meetings they used the prepared materials to review and prepare for any upcoming assignments, discuss the readings, and participate in in-class activities to enhance learning. Specific questions related to the readings and general discussion questions were provided; the self-directed learning model was reiterated and supported by the activities and instructions provided. As scheduled, the students would present assignments for which they were responsible. These assignments included presentations on specific diagnosis
Volunteer Perspectives
TEACHING A PT NEUROLOGICAL TREATMENT COURSE FROM A DISTANCE

An exciting component of the lab sessions was the involvement of community physical therapists. In the past there had been no interaction with community therapists in the classroom and clinical placements for the students were hard to come by. There are only about 40 physical therapists in Suriname – many of whom had been educated in Holland and were leery of the AdeKUS program and the quality of the students. Community clinicians were involved in two ways. First, several came into some of the classroom lab sessions and participated in the lab activities along with the students. Second, we visited them in the clinical settings where they work and the students observed and participated in patient treatments. I believe that facilitating these connections during the lab time will have long-term effects on the program. After participating – at first a little reluctantly - the community therapists have a more positive view of the program and the students and reportedly will be more accommodating when asked to take students for clinical placements.

At the completion of the course I requested formal feedback and written reflections from the students. Both the faculty and the students said that the modified problem-based learning model, the use of patient cases, and self-directed learning were very different than what they were accustomed to and it took some getting used to. However, they unanimously reported that they felt they learned more – and more deeply – and that they felt empowered and ready to use what they had learned with patients. The model had been very well accepted!

Some important factors about the program in Suriname that influenced the success of the course: I had prior familiarity with the program and the faculty, English is understood and spoken well, and computer access for research is available. The 10 students were very dedicated, diligent, and intelligent.

I am in full support of more high tech methods of delivering courses in developing nations; however, at this point there are still personnel and technical realities that limit the ability to do all courses “on-line” or via Skype. We shouldn’t throw the baby out with the bathwater by going completely high tech. Rather we should continue to try to develop realistic and optimal ways of teaching from a distance that not only work for all those involved but are also appropriate for the course content and improve the true capacity of the learners.

Editor’s Note: In this occasional feature, we hope to highlight suggestions that volunteers have found helpful and that would apply across cultures and programs. Please feel free to submit your ideas to the HVO Washington office at: info@hvousa.org

Volunteer Jennifer Audette with students in Suriname
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