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In the spring of 2009, Dr. Sheila Carlon, program director of Regis University’s Health Services Administration (HSA) Department, was featured in the Rueckert-Hartman College for Health Professions (RHCHP) Report for her work implementing health information technology (HIT) in Ethiopia. Today the HIT project is in its second year and making a major impact.

Dr. Carlon first encountered Ethiopia on an RHCHP immersion trip, during which she volunteered at Project Mercy. That connection to hospital work in Ethiopia eventually led to her collaboration with Tulane University and Ethiopia’s Federal Ministry of Health in the development of the HIT project.

Ethiopian students have now completed one year of the HIT curriculum, which was developed by this collaborative effort, known as the Tulane University Technical Assistance Program Ethiopia (TUTAPE). Dr. Carlon spent August 2010 teaching the faculty at health science colleges across Ethiopia the content that will be taught to second year students. The third year will emphasize required courses and the last clinical attachment or internship.

There are currently no HIT workers in Ethiopia. There is no medical record or health information department either. Information is decentralized, stored in registers and on “cards” in various parts of hospitals, so the concept of centralization and having staff in charge of these processes is entirely new. Resistant at first, a few hospitals became sold on the idea after trying it and finding it successful.

The team hopes to move eventually to a more efficient electronic record system. Barriers to this include adequate power supplies, money for hardware and software, and cultural issues such as an inability to identify patients by date of birth or any identifying number. Training staff to use computers also is difficult, as most have never had access to them.

Dr. Carlon’s students are mostly male. Women and girls typically need to tend to work and chores at home. When girls do attend school, they still must cook, clean, walk several miles to get water and tend to the animals. There is little time for study, so the TUTAPE collaborative is trying to provide additional resources for female students.

The next phase of the project is to complete the simultaneous training of hospital personnel in HIT content so they can oversee graduates of the program. This new profession will be a government level position. Jobs will be available in hospitals, health centers, health posts, regional health bureaus and other similar government agencies in the country.

Dr. Carlon is also working with the U.S. association, AHIMA (American Health Information Management Association), to launch an organization in the country to help the profession mature and to develop best practices for records management. “The initial impetus for this entire project was to improve health outcomes. We are hoping to demonstrate that,” says Dr. Carlon.

The biggest challenge, she says, has been trying to create this profession without any in-country experts. There are, however, many qualified health workers, including physicians who are anxious for this project to succeed.