Participatory Action Research to design a surgical training & supervision intervention for district level hospitals in Malawi, Tanzania and Zambia

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No conflicts of interest to declare.
Introduction

• In sub-Saharan Africa the main providers of surgical services for rural populations are district level hospitals (DLH), often non-physicians
• SURG-Africa: a 4-year project scaling-up access to safe surgical and anaesthesia care
• Rural populations
• Malawi, Tanzania and Zambia.
• Implementation research study
SURG-Africa Intervention

• **What:** regular supervisory visits, in-service training and mentoring support
• **Where:** 31 district hospitals
• **For whom:** surgically active clinicians, anaesthetists + nurses at DHs
• **Delivered by:** specialists from referral hospitals
• **Duration:** 24 months
Implementation Research

• **Aim:** use a *Participatory Action Research* approach to inform and improve the design of a user-focused surgical training and mentoring intervention

• PAR is part of SURG-Africa’s study protocol*

Methods – PAR Research Cycle

Source: Crane & Richardson, 2000, as cited by DHHS, 2012, p.10.
Methods

• Participatory action research (PAR) consultation meetings
• July-November 2017
• Malawi, Tanzania and Zambia
• 67 District-Level Hospitals (DLHs) and Referral Hospitals
• Surgical + anaesthesia providers, theatre nurses, OBGYN, hospital managers, MoH
Methods

- Semi-structured group discussions
- Qualitative data
- Perceptions and experiences of barriers to provision of safe + timely surgical and anaesthesia care
- Challenges with referrals system
- Training and supervision needs
Methods
Results: In-service training needs

- Pre, intra and post-operative essential skills
- How to manage common surgical conditions at DLHs
- Use and care of surgical & anaesthesia equipment
- Essential anaesthesia care
- Infection prevention control
- Mentoring
- Requested feedback on surgical referrals
Priority-setting & action-planning

- Training needs analysis and priority-setting
- *Which of these can be addressed through regular in-service training and supervision visits from referral hospitals?*
- Action-planning by mentors (surgical oversight teams) and mentees
- Created site-specific visit plans for 31 district hospitals
PAR informed the intervention design

- Prioritisation of surgical/anaesthesia skills training
- Composition of the visiting specialist team
- Negotiation of requests
- Managing expectations + setting scope of visits
- Visit length and frequency
- Visit itinerary
Conclusion

- **Participatory action research**
  - Can improve design of a user-focused country-specific intervention, and its acceptability

- **Further studies needed**
  - Assess effectiveness, relevance and sustainability
  - Assess intended outcome of improved surgical and anaesthesia care for rural populations
Thank you

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