



# DEVELOPING MENTORSHIP IN A RESOURCE-LIMITED CONTEXT: A QUALITATIVE RESEARCH STUDY OF THE EXPERIENCES AND PERCEPTIONS OF SURGICAL TEAMS AND MENTORS IN ETHIOPIA

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# SAFE SURGERY 2020 APPROACH

- Partnership with Ethiopian government
- Focus on local surgical priorities
- Multicomponent intervention supported by mentorship
- Build local capacity and empower surgical teams
- Evaluate to promote learning about how best to strengthen surgical services in LMICs



# MENTORSHIP IN SURGERY

## ■ History

- Traditional teaching method for surgical trainees in academic institutions in high-income countries
- Used to transition knowledge and skills that cannot be taught through theoretical teaching alone (Entezami, 2012)
- Enables side-by-side observation and coaching to build capacity of providers in performing surgical procedures

# RESEARCH GAP

## ■ Mentorship in LMICs

- Lack of human resources, quality simulation, and training make it difficult to provide adequate supervised training in LMICs
- Some experience in LMICs suggests that mentorship can improve areas such as:
  - Patient assessment (Manzi et al., 2014, Magge et al., 2015)
  - Treatment (Workneh et al., 2012)
  - Quality of care (Bradley et al., 2008)
  - Self-confidence and self-efficacy (Mehrota, 2018)
- Effectiveness of mentorship in low- and middle-income countries is not well understood in the context of surgery (Schwerdtle, 2017)

# RESEARCH AIM

## **This study aims to:**

- Explore the experiences of participants of Safe Surgery 2020's mentorship program
- Identify facilitators and barriers associated with successful implementation of a surgical mentorship program
- Share lessons learned for scale-up of this program in LMICs

# JHPIEGO'S MENTORSHIP PROGRAM

- Jhpiego implemented a Leadership Development Program to empower surgical teams at SS2020 facilities
- A mentorship program was developed to reinforce knowledge and skills gained during the training to facilitate sustainability
- The Federal Ministry of Health, Regional Health Bureau, and Surgical Society of Ethiopia collaborated with Jhpiego to develop standardized curriculum of program to align with national strategic plan (SaLTS)
- Structuring the program as a nationally coordinated approach made it Ethiopia's first formal mentorship program to improve surgical care

# MENTORSHIP PROGRAM STRUCTURE

- Ten mentors selected from intervention regions, Amhara and Tigray
- Ten mentee hospitals selected in respective regions
- Monthly visits by mentors to mentee hospitals
  - Meet with hospital management
  - Meet with surgical team, provide formal feedback, assist with problem-solving both in the OR and surgical ecosystem and establish next steps
  - Debrief with hospital administration
- Submission of monthly reports to supervisory staff of mentorship program

# METHODS: STUDY DESIGN AND POPULATION

## ■ Study Design

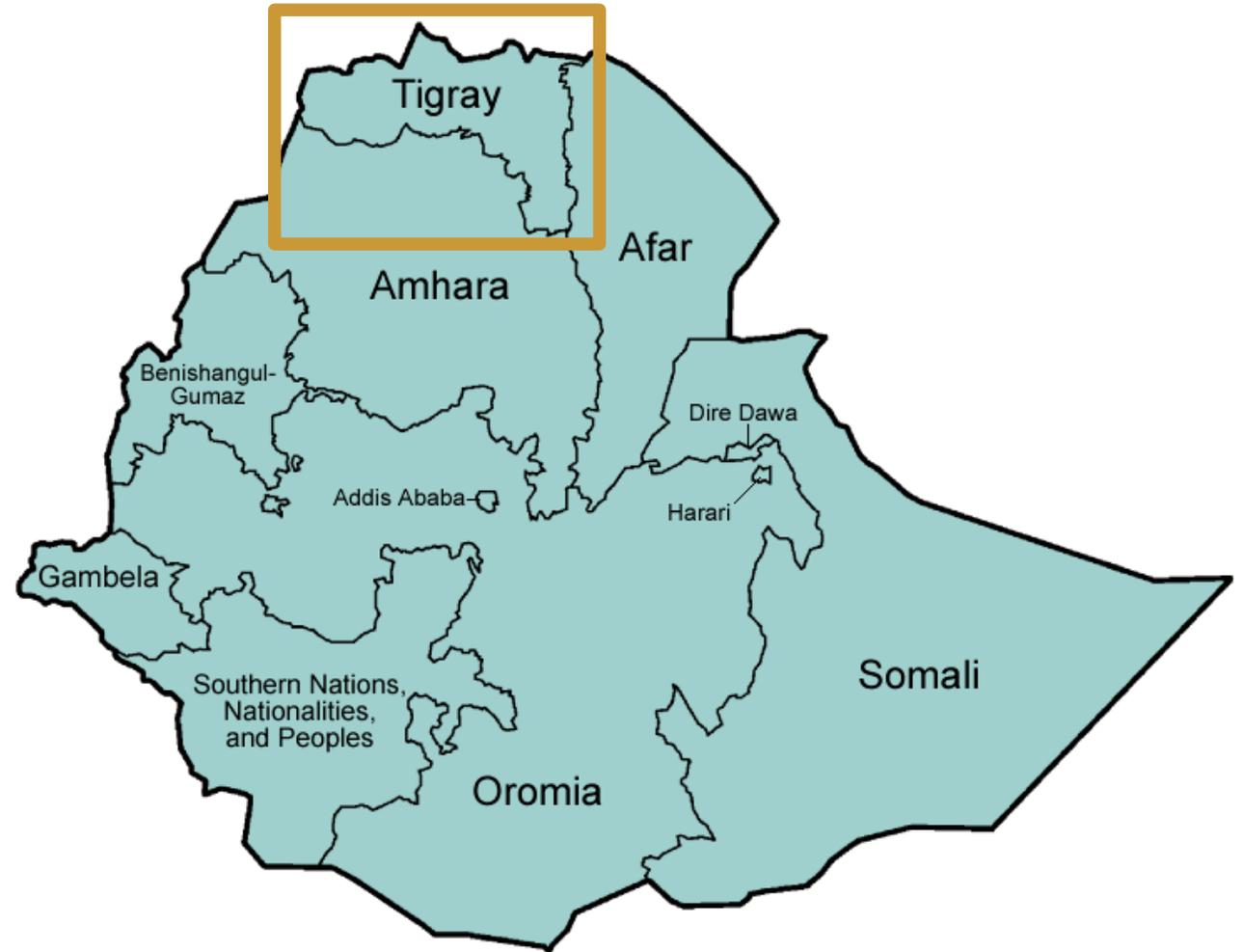
- Qualitative in-depth interviews

## ■ Setting

- 5 intervention sites in Tigray, Ethiopia

## ■ Sample

- 21 key informants including stakeholders, mentors, hospital administrators and surgical team members



# METHODS: DATA COLLECTION AND ANALYSIS

## ■ Data collection

- Data collected December 2018 in Tigray, Ethiopia
- Interviews conducted at 5 intervention hospitals
- 21 semi-structured interviews with key informants
  - Stakeholders, mentors, hospital administrators and surgical team mentees

## ■ Data analysis

- Constant comparison method to identify salient themes related to facilitators and barriers



# METHODS: INTERVIEW PROTOCOL

## Semi-structured interview tool overview:

<b>SS2020 Mentoring intervention</b>	Definition of mentorship vs. supervision, description of program, goals and priorities
<b>Areas of mentoring support</b>	Areas of support received, perceived level of importance of each area
<b>Perceptions of program, mentors, mentor relationships, and experiences</b>	Overall experience, characteristics of effective mentors, mentor-mentee relationship, receptiveness
<b>Difference made by mentoring</b>	Impact of program on facility, practice, personal life; unmet needs of program
<b>Strengths, challenges, areas for improvement, lessons learned</b>	Facilitators, barriers, satisfaction, recommendations for scale-up

# RESULTS

- Analysis yielded **five main facilitators** and **five main barriers** identified by participants
- **Intrinsic factors** were more likely to **facilitate** success of mentorship program
  - Factors in control of participants such as mentee motivation, mentor commitment and style of mentorship, facility receptiveness of program
- **Extrinsic factors** were more likely to be **barriers** to success of this program
  - Factors outside of the control of participants such as funding, structure of visits, compensation for participation

# RESULTS

## ■ Facilitators

### ■ Mentee-level

- Surgical team motivation to work with mentors to strengthen surgical services

### ■ Mentor-level

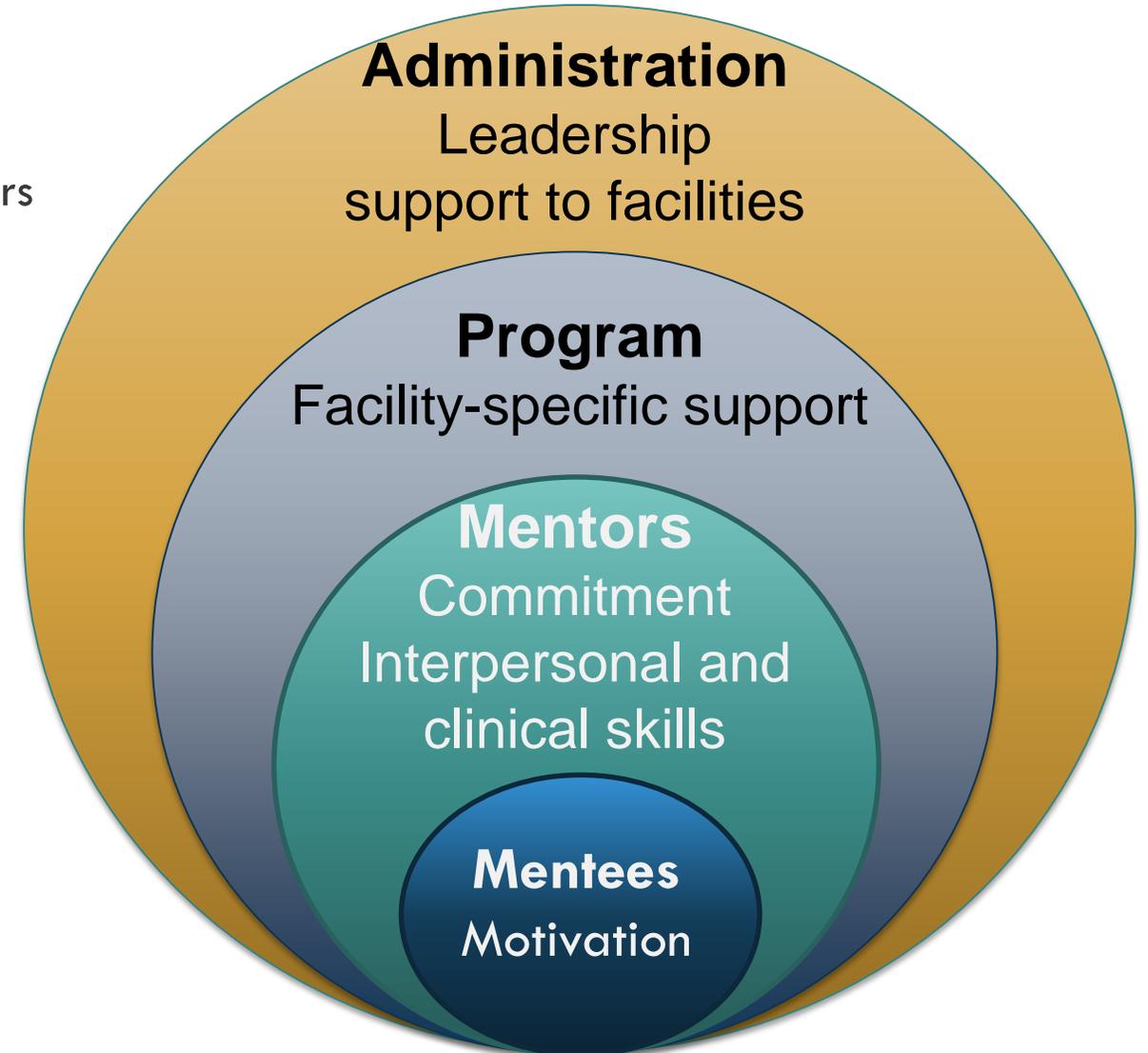
- Mentors characterized as highly committed, skilled, friendly
- Mentors provided support outside formal mentor visits via telephone

### ■ Program-level

- Mentorship support tailored to facility-specific needs

### ■ Administration-level

- Leadership support from hospital directors and the regional health bureau



# RESULTS

## ■ Barriers

### ■ Mentee-level

- Expectations by mentees that exceed program capability such as acquisition of supplies and equipment

### ■ Mentor-level

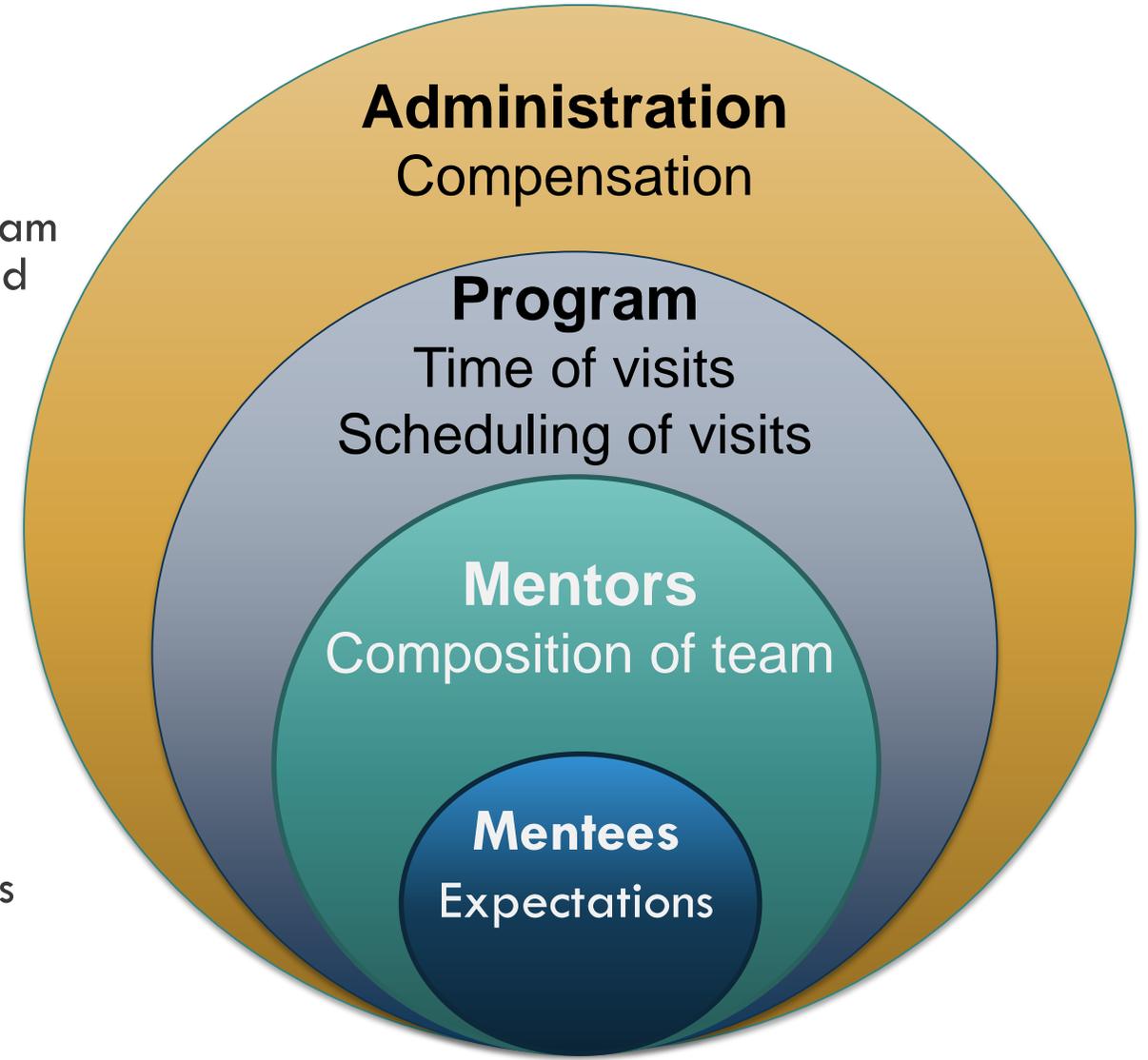
- Lack of nurse mentors

### ■ Program-level

- Insufficient mentoring time
- Inconsistent scheduled visits

### ■ Administration-level

- Need for further funding for program needs
- Lack of compensation for mentors



# LIMITATIONS

- Due to political instability, data could not be collected in intervention sites in the region of Amhara
- The mentorship program was implemented as one intervention in a multi-component intervention
  - Qualitative data collected in interviews may be confounded by participant experiences with other interventions
  - Provision of resources, skills training, and other interventions at intervention sites may have increased receptiveness of mentorship program

# LESSONS LEARNED

- **Context and conditions** are key to designing a program
  - Mentors must understand the local context and conditions
  - Facility needs may vary and mentorship programs must be tailored to meet the needs of each site
  - Mentees require different mentor perspectives based on their role (e.g. nurses need nurse mentors)
- **Purpose and goals** should be communicated to mentee teams
  - Mentees must understand the purpose, goals and scope of the mentorship program
  - Clarify whether financial support or resources will be provided
  - Mentors and mentees should establish realistic expectations of program

# LESSONS LEARNED

- **Culture** of mentorship is established through mentee and mentor efforts as well as an enabling administration
  - Select committed mentors and engage motivated mentees that believe in the program
  - Top leadership support and support of RHB is essential to building a culture of mentorship
- **Sustainability** of the program requires sufficient resources and coordination
  - Engagement and support from administration and regional health bureau are necessary
  - Program requires adequate funding to coordinate and compensate mentors

# CONCLUSION

- Mentorship holds promise for strengthening surgical services in LMICs
- Programs should be designed with consideration to local context, conditions, and resources for successful implementation
- Further research is needed to expand knowledge on how best to design and successfully implement a surgical mentorship program

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