



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

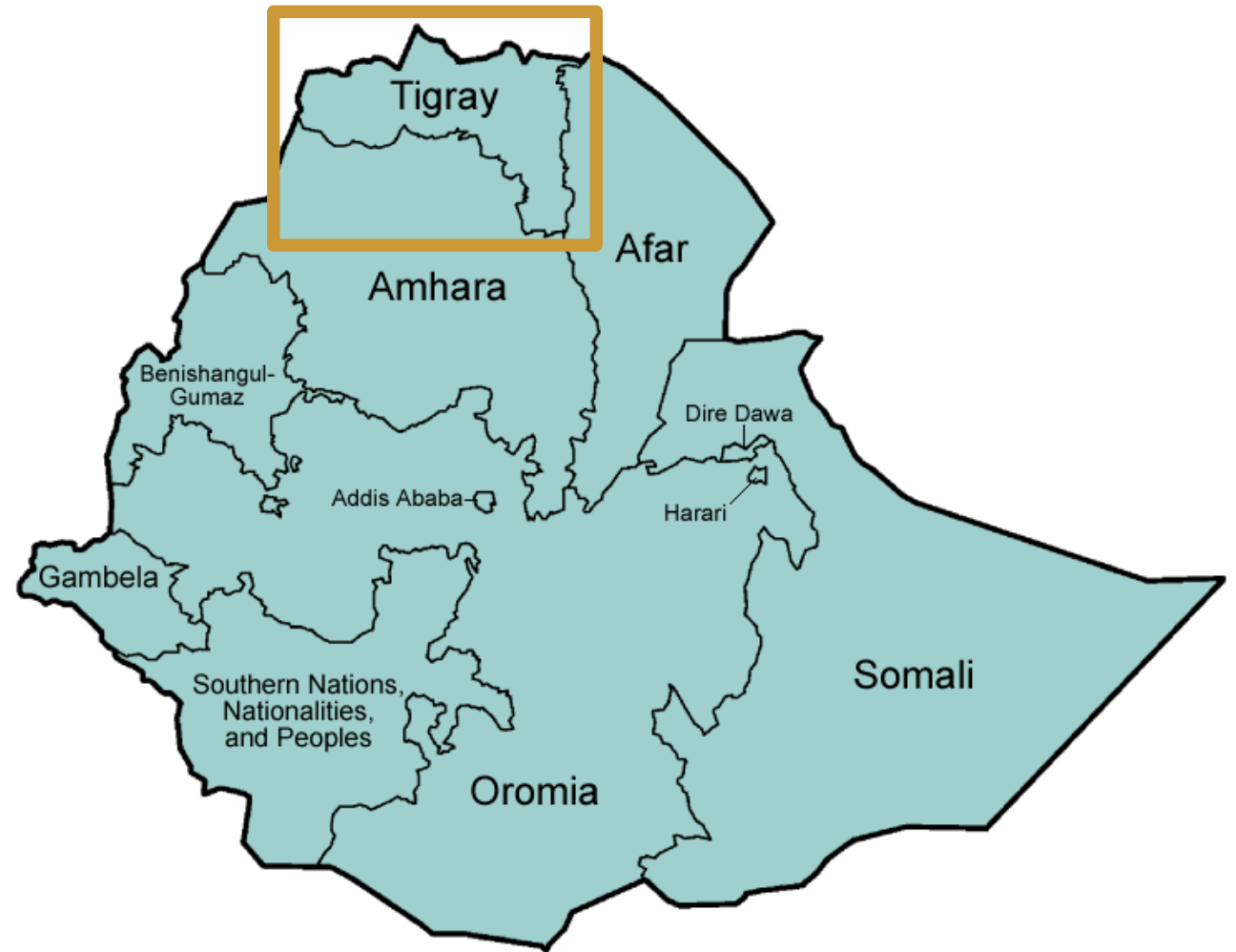
- Qualitative in-depth interviews

■ 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:

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

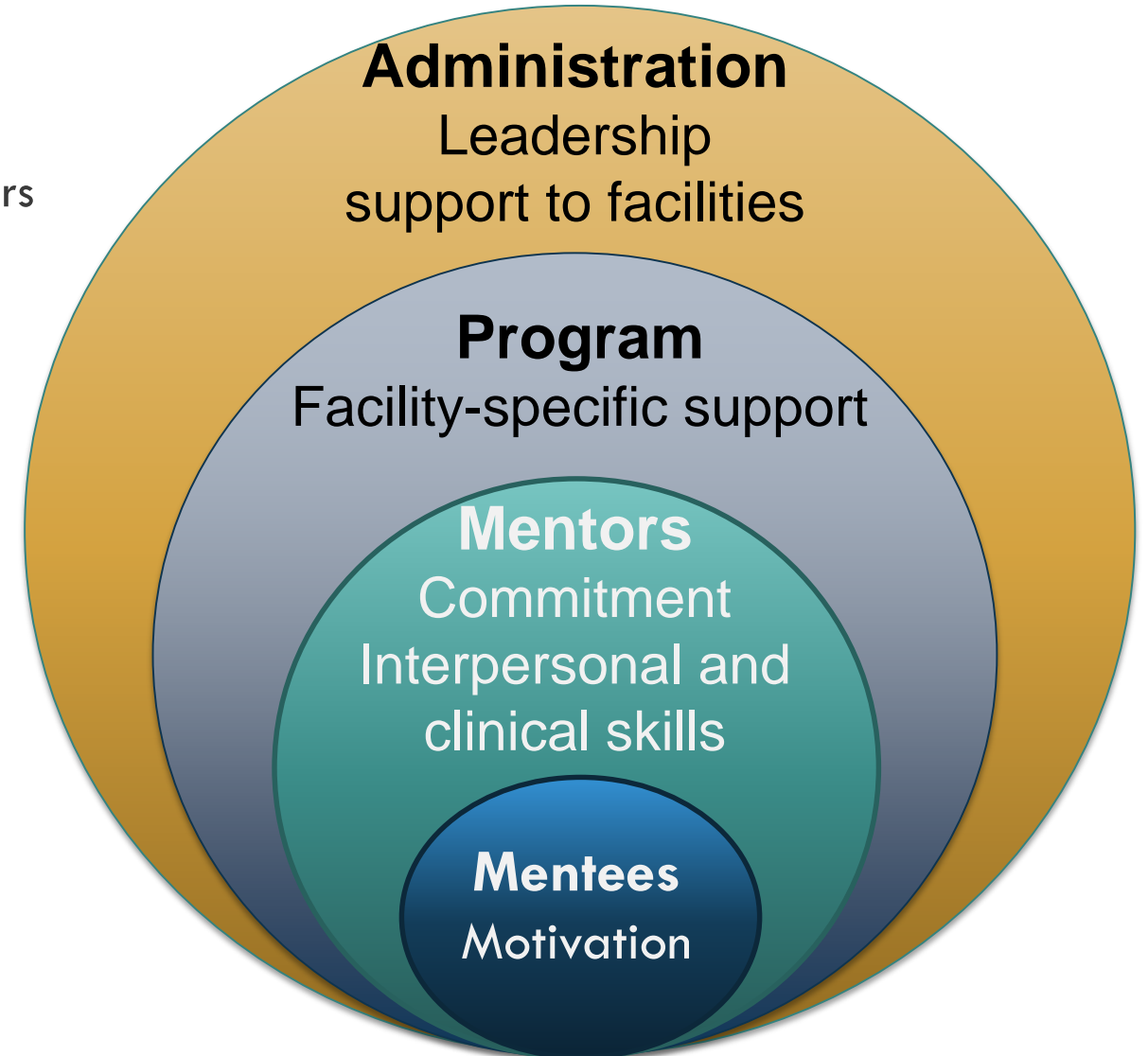
- Mentors characterized as highly committed, skilled, friendly
- Mentors provided support outside formal mentor visits via telephone

■ 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

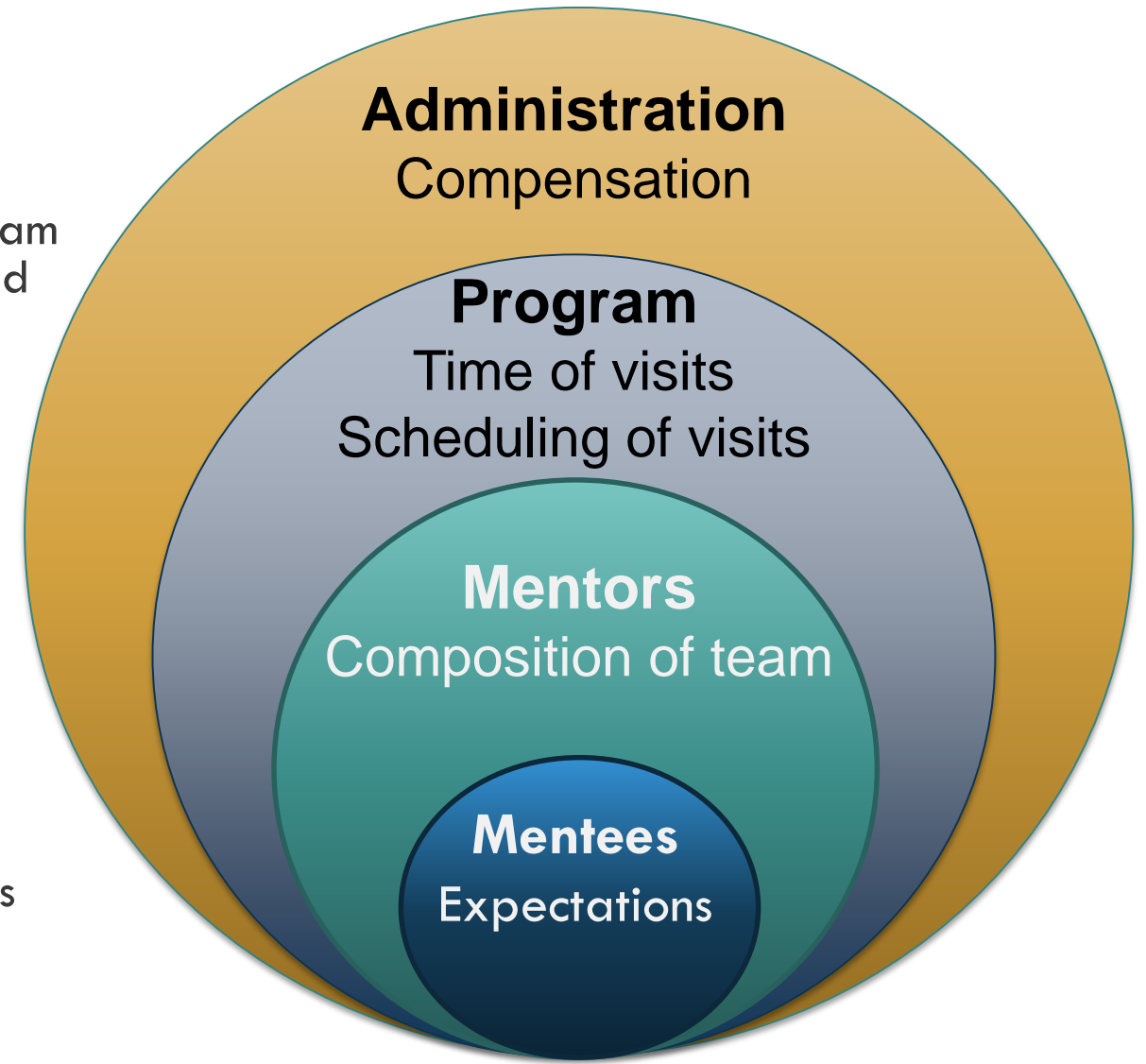
- Lack of nurse mentors

■ 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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