

**LAMRN AFRICA MIDWIVES RESEARCH NETWORK
(LAMRN)**

WORKSHOP REPORT

KAMPALA, UGANDA

23rd – 25th August 2013

ORGANIZERS AND WORKSHOP PREPARATIONS

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Venue: Ridar Hotel
Seeta - Mukono
Uganda.

Date: 23rd to 25th August 2013

ACKNOWLEDGEMENTS

We acknowledge and thank University of Manchester under the Support of THET for their support of all LAMRN activities including facilitating the implementation of this workshop.

We are also indebted to Professor Dame Tina Lavender for rekindling AMRN network and for preparing the training materials

Many thanks to Executive members of Uganda Nurses and Midwives Union (UNMU) for the support rendered during the workshop preparations including bank paper work

My sincere appreciation goes to all the participants for their enthusiasm and active participation that led to a productive workshop.

LAMRN will remiss if it does not thank Dr. Rebecca who was the main facilitator for all her input

Last but not least AMRN would like to register our sincere gratitude to the entire team from University of Manchester for putting together all the training materials including the power point presentations and continued support to the Country focal person that has made this workshop a success.

1.0 Introduction

The Lugina Africa Midwives Network (LAMRN) network has been reintroduced by University of Manchester (UoM) under the support from THET. The main goal for this network is to develop a thriving, collaborative, sustainable, midwifery research network with the capacity and skills to strengthen evidence based-practice, thus improving care for women and babies.

The first phase of the Africa Midwives Research Network (AMRN) was initiated in 1998 with the aim of serving as a base for sharing information, strategies and solutions based on scientific evidence for provision of quality midwifery care in the Region. The network included midwives from Tanzania, Zimbabwe, Zambia, Mozambique, Eritria and Uganda being supported by Sida – Sweden for the entire period of about of 10 years. The activities of this Network were further supported by visionary midwifery leader, Dr Helen Lugina, who has subsequently died; the partners wish to honor her dedication through the name of this new project: Lugina Africa Midwives Research Network (LAMRN).

1.1 What was the Training About?

African midwives have become increasingly concerned about the poor maternal and infant health indices in Sub- Sahara Africa and other low-income-countries and are critically aware of their ability to improve on the indices given the opportunity to provide competency-based quality care.

This training therefore, complements these efforts, and helps to ensure that procedures performed by midwives are based on reliable research evidence.

Furthermore, this training will encourage nurses and midwives to abandon practices that are painful, potentially harmful and that have no evidence of benefit and to use practices that can benefit women. This means women will have better experience of pregnancy and childbirth. On the other hand, this will enhance the reputation of the provider and encourage women particularly those from disadvantaged groups to utilize services provided by skilled workers.

1.2 Workshop Methodology

The participants of this workshop were purposively selected from the midwives working in the main hospitals in Kampala Capital City, namely Mulago, Nsambya and Mengo Hospitals. Others were from Private Midwives Association, Department of Nursing-MUK, Aga Khan University and Uganda Christian University. Those from other districts were drawn from Luwero and Mbarara, Jinja, Mukono and Mityana Districts.

A total of 20 participants were trained at this workshop (Appendix I).

The workshop was mainly conducted by use of participatory methods. Dr. Rebecca Symth from the University of Manchester was the main Facilitator.

The Focal Person - LAMRN Uganda gave a historical background of AMRN to LAMRN.

1.3 Workshop Objectives:

- ▶ To identify research priorities appropriate to country
- ▶ To develop individual;
 - Research awareness
 - Research skills
 - Confidence to appraise research
 - Confidence to develop evidence based practice
- ▶ To collaborate and partner in a mutually supportive network of midwives

1.4 Expected Outcome of the Workshop

- ▶ Introduction to Evidence Based Practice
- ▶ Obtaining and critiquing evidence based practices conducted

- ▶ Evaluation to clinical guidelines achieved
- ▶ Research priorities identified
- ▶ Identification of research paper for critique conducted

1.5 Workshop presentations

- ▶ Introduction to LAMRN (Lugina Africa Midwives Research Network)
- ▶ Defining Delphi Research Technique
- ▶ Conducting a literature review
- ▶ Translating evidence into practice – clinical guidelines
 - Discussed the importance of an evidence based Clinical Guideline.
- ▶ Developing a protocol for systematic / narrative reviews
- ▶ Discussing types and hierarchy of literature reviews:
 - Traditional / narrative
 - Systematic reviews
 - Meta-analysis
 - Meta-synthesis
 - Skills required
- ▶ Critical Appraisal Skills Programme (CASP) making sense of evidence
 - 10 questions to help you make sense of qualitative research

2.0 Process

2.1 Day I

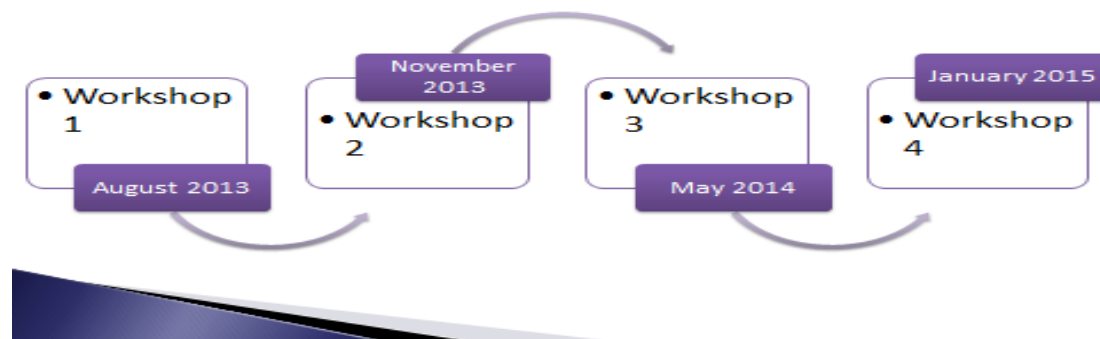
Day one started with self-introductions. LAMRN country focal person welcomed participants who were later asked to make formal introductions. Thereafter Dr. Rebecca Symth from University of Manchester was then introduced as the main facilitators.

Session1. Introduction to LAMRN and progress to date

Participants were carried through the background of AMRN to the current LAMRN. The participants were further carried through the project's objectives which are to:

- ▶ To identify research priorities (based on MDGs), through a Delphi approach.
- ▶ To use the priorities to conduct research activities, with 'alongside' training.
- ▶ To develop a collaborative research partnership.

They were also strongly reminded to take note of the remaining workshops according to already earmarked Schedule



2.2 Session 2: Introduction to evidence based care

The session objective;

► To equip midwives with skills in identifying, critiquing and utilizing available research findings for the improvement of the midwifery practice.

Enabling objectives for the participants were to:

- appreciate evidence practice
- identify the best source of information
- form an accurate clinical question
- describe and understand systematic reviews.
- introduction to the Cochrane Library and WHO Reproductive Health Library (RHL)
- identify opportunities and threats to implementing change in Midwifery
- Strategies for implementation of research findings.

What is Evidence Based health Care?

The Participants had a brainstorming exercise on what evidence is and sources of evidence

Defined evidence based care. According to (Muir Gray 1997) the definition was discussed as;

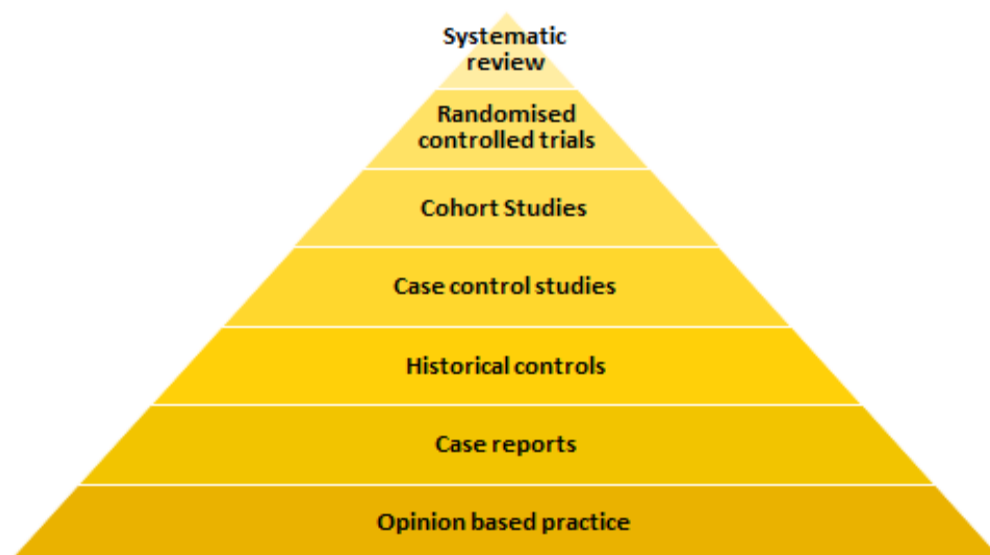
“An approach to decision making in which the clinician uses the best evidence available, in consultation with the patient, to decide upon the option which suits the patient best”

The characteristics of evidence based practice were further identified as;

- about *using* rather than *doing* research
- aiming at improving healthcare delivery
- it considers effective use of resources
- it focuses on the range of outcomes
- a tool for delivering education and is useful for standard setting

The Hierarchy evidence was also discussed where the systematic reviews were considered to be the most explicit method

Hierarchy of evidence



The hierarchy of evidence opinion based practice to information given to establish facts based on experiences but least with scientific evidence of effectiveness.

The hierarchy therefore considered the lowest level of evidence to the highest level of evidence based practice that is based on scientific enquiry.

▶ **Description of Systematic review:**

- A review of a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant research, and to collect and analyse data from the studies that are included in the review.
- Statistical methods (meta-analysis) may or may not be used to analyse and summarise the results of the included studies.

(<http://www.cochrane.org/>)

Barriers to evidence based practice were also categorized due to the following factors;

- ▶ Tradition due to;
 - entrenched views
 - acceptance of what has always been done
 - attitudes
 - being unable to challenge eg; Information gathered from either personal or clinical experiences; and the medical history of a single patient is described to illustrate an aspect of the condition
 - case reports that run together form a case series
- ▶ Lack of confidence
- ▶ Lack of motivation
- ▶ Lack of support
- ▶ Not knowing where to find the evidence
- ▶ Lack of skills to be able to appraise the evidence
- ▶ Not wanting to highlight gaps in our knowledge
- ▶ Lack of evidence

Sources of evidence - The Cochrane collaboration

In addition, participants discussed the available sources of evidence. It was observed that the Cochrane collaboration seemed to be having the most updated systematic reviews

Definition of The Cochrane collaboration:

Cochrane was described as an international organization committee for producing, disseminating and updating systematic reviews of the effects of health care interventions. Preparation and updating of Cochrane reviews is the responsibility of International Review Groups that cover all-important areas of health care

2.3 Session III: Translating evidence into practice – clinical guidelines

During the afternoon session the team was privileged to host two important guests from THET who had an opportunity to share part of the afternoon session. They actually appreciated the challenges of midwives from Sub Saharan Region and wished the team fruitful deliberations

One of the challenges discussed was in regard to lack of utilization of evidence based clinical guidelines.

Participants then discussed the Clinical Guideline on cord care. During their discussion it was realised that there were huge gaps in their practice!

- Looked at how the guideline was developed according to research evidence
- Challenges were shared with their guests.

It was important to note that although most of them were very senior midwives they had no evidence based clinical guideline on cord care inform their practice - thus lacked standardized care on a very important and basic topic.

2.4 Session IV - Research priorities – The Delphi Process

- Participants were taken through the definition and principals of the Delphi process. Ten the stapes were highlighted as follows:
 1. Formation of a team to undertake and monitor a Delphi on a given subject.
 2. Selection of one or more panels to participate in the exercise. Customarily, the panellists are experts in the area to be investigated.
 3. Development of the first round Delphi questionnaire
 4. Testing the questionnaire for proper wording (e.g., ambiguities, vagueness)
 5. Transmission of the first questionnaires to the panellists
 6. Analysis of the first round responses
 7. Preparation of the second round questionnaires (and possible testing)
 8. Transmission of the second round questionnaires to the panellists
 9. Analysis of the second round responses (Steps 7 to 9 are reiterated as long as desired or necessary to achieve stability in the results.)
 10. Preparation of a report by the analysis team to present the conclusions of the exercise
(*Fowels (1978)*)

Further to the above principals participants were informed on how Delphi processes depend on individual rounds to achieve consensus. They were however surprised with their own results with the first priority considered adolescent health

DAY TWO

3.0 Day Two: Session 1: Narrative v systematic review – overview

Definitions:

- Described a systematic reviews as the use of a more rigorous and well-defined approach with a clearly formulated question
- Narrative review was also described as an overview of significant literature published on a given topic; critiques and summarises the literature and draws conclusions about the topic in question and the narrative review brings the reader up-to-date with current literature on a topic

Participants were carried through the reasons of conducting a systematic review as follows;

- To summarise evidence
- To assess quality of evidence and reduce bias and;
- To provide reliable evidence to make clinical decisions

3.1 Session II (A) Conducting a literature review (based on priorities)

The participants begun the session by working in groups to identify the type of literature one would look at when conducting a literature review.

The following strategies were identified:

- Electronic databases (internet)
- Reference lists
- Hand searching of key journals
- Citation searching
- Other relevant sources

Evidence-based databases

- The Cochrane Library - Free
- Reproductive Health Library – WHO – Free

Other relevant searches were identifies as follows

- ▶ Websites of relevant organisations or networks
 - WHO
 - Reproductive Health Library, Department of Health, UK

Participants were further informed that Evidence-based medicine is the conscientious, explicit and judicious use of the current best evidence in making decisions about the care of individual patients. Along with individual clinical expertise, it is a required core skill for clinical problem solving and it is considered to be a comprehensive component of the medical curricula. Through RHR a general overview of the steps to be followed by clinicians to search, identify and appraise the best-available evidence that could help them to resolve a particular clinical problem.

This includes the principles for the identification of a clinical problem and its translation into a question, and the main sources for searching and locating the best-available evidence. References for guidelines designed for appraisal of the methods used in the original papers and for the interpretation of its results are also discussed.

3.2 Session II (B) Conducting a Literature Review (writing the review)

This process included the following;

1. Writing up the Search Strategy where reporting is done in a systematic way
2. Identifying when data bases were searched (limits if any?)
3. Listing of keywords used (including truncations and Boolean operators)
4. Other searches performed (How? When?) eg hand search, reference list search.

Why conduct Literature reviews? After a brain storming exercise the following observations were made

- That the primary purpose of literature review is to provide an up to date literature to your readers about the topic.
- Literature reviews are the **cornerstone** of a research proposal.
- Patient centered questions (using PICO) should be formulated
-

Finally participants were carried through the 6 key steps of **writing literature review**

- 1. Exhaustive Search:** Searching out to utilize each and every resource relevant to the topic (not just journal articles).
- 2. Keep reading** – to broadening literature base
- 3. To start writing:** to start writing literature review using the references so as to support ones arguments.
- 4. Think!** Identify whether your findings have flaws or they are precise and up-to-date.
- 5. Modify the Paper:** Examine and analyze the paper critically and modify your review paper precisely by discarding any discrepancy that you may find in the literature work.
- 6. Citation:** building up a reference list and to cite as you write.

3.3 Session III: Critiquing the literature (theory)

According to Chambers, R. (1998) critiquing literature was described as “the assessment of evidence by systematically reviewing its relevance, validity and results to specific situations”

It was important to note that Critical appraisal helps to;

- tell whether a piece of research has been done properly
- inform as to whether the information it reports is reliable and trustworthy
- help one decide what to believe when research on the same topic comes to contradictory conclusions
- ensure a comprehensive assessment of the whole paper
- highlight the strengths and weaknesses of a piece of research
- develop an improved understanding of the methodology used
- identify any specific biases in the research

However, the participants were informed of key broad issues that needed to be considered – irrespective of study design

1. Results – only to think about them if study design and methods are valid.
2. To consider statistical and clinical significance
3. To consider the relevance of results and how large was the treatment effect
4. **To Identifies any specific biases in the research. Sources and types of BIAS and when occurs were also discussed as follows;**
 - During the trial
 - Measurement of outcomes
 - Analysis of data
 - Publication of results
 - Interpretation of results
 - Selection bias - participants are **not representative** [*allocation not concealed*]
 - Performance bias - differences in **the care provided** [*blinding of women and cares not possible for all, but for some*]
 - Attrition bias - differences between the comparison groups arising from **loss of participants**
 - Detection bias - differences in the way outcomes are assessed [*?outcome assessor not blinded*]
 - Reporting bias – Publication and Outcome reporting

► **Discussed Round 2 Research Delphi Questionnaire**

- Members were thanked for completing the round 1 questionnaire that aimed at deciding the main research priorities for midwives.
- The results of round one, from each of the 6 countries (Kenya, Malawi, Tanzania, Uganda, Zambia and Zimbabwe), have now been merged. The research questions that were chosen by only 10% or less of participants have been removed this was ment to achieve consensus. This means that there are 43 questions remaining.
- Participants were requested to read the list of questions and for each question to indicate their agreement or disagreement with the research question being a priority.
- Were to fill in the oblong shape or placing a cross over it and to make any comments about your answers (if any?) in the space provided.
- To return the filled in forms to the LAMRN focal group leader /the Facilitator

3.4 Uganda Research Priorities – 1st round 02/08/2013

	Research Priority	Number of votes
20	What is the knowledge and practice gap of school health nurses in the provision of adolescent sexual and reproductive health services?	10
26	What interventions are effective in supporting male partner involvement in labour care?	9
21	What is the role of the head teacher in schools in the promotion of adolescent sexual and reproductive health services?	8
62	What is the impact of the shortage of midwives in the maternity unit?	8
9	What are the barriers and facilitators to meeting labour and birth standards?	7
10	What interventions reduce sepsis in intrapartum and postnatal care?	7

16	What are the barriers that hinder effective documentation by midwives during labour and birth?	7
46	What form of support do working breast feeding mothers need in order to exclusively breast feed for 6 months?	7
1.	What is the best partograph / labour graph format?	6
34	How can we ensure successful implementation of the partograph?	6

3.5 Session IV Feedback from critique

1. Discussed 10 questions to help one make sense of qualitative research
2. 10 questions to help you make sense of randomised controlled trials
3. 10 questions to help you make sense of reviews

DAY THREE

4.0 Day three begun with introductions and discussions on the role of 3 core midwives

The LAMRN focal person was were urged to work with the 3 identified research midwife recruits for mentorship and development of the agreed research activities including possible:

- research design,
- systematic reviews,
- data collection, protocol development,
- grant writing, review of presentations,
- manuscript preparation,
- and clinical guideline development

The three midwives selectively identified from the twenty research group. These included the following:

1. Mr. Joseph Mwizerwa Aga Khan University <joseph.mwizerwa@aku.edu>
2. Dr. Muwanguzi Arinaitwe P. Victoria University nursepesh@yahoo.com.au
3. Ms. Namutebi Elizabeth- Mulago Hospital <namubeth@gmail.com>

Roles and responsibilities

- Skype 'buddy' meetings (with focal group leaders and 3 nominated research midwives)
- UK Project Lead, 3 UK research mentors, Network Chair, 5 African partners.
- Focal group leaders to meet with nominated research midwives (n=3)
- Work with partners to produce peer reviewed papers for open access publications (UK Project Lead, 3 UK research mentors, Network chair, 5 African partners)
- Contribute to an on-going online research discussion forum/community of practice learning environment
- Participate in and present research if required at conferences including the International Conference of Midwives (ICM), ICM Africa Region and other dissemination events
- Work with all partners to produce peer reviewed papers for open access publication
- Participate in, and assist with, both internal and external project evaluation activities
- Contribute to communication and dissemination strategy/events for LAMRN
- Identify opportunities locally and within the region for LAMRN to develop funding applications for new research projects

4.0 Session I developing a protocol for systematic/narrative review (based on priorities) Delphi research priorities

Following the trends of issues unfolding from the search results members appreciated the role of male involvement to have been identified by the majority.

Topic for discussion:

The impact of including husbands in antenatal health education services on maternal health practices in urban Nepal: results from a randomized controlled trial

4.1 Session II Developing a protocol for systematic/narrative review

The day's meeting began with a brief overview of the format of a protocol for a review. Mixtures of presentations gave participants the opportunity to develop and refine protocols of male involvement in reproductive health. The workshop also covered constructing clinical questions, locating studies, appraising risk of bias and writing the methods section of a protocol. The course will include hands-on training in the use of The Cochrane Collaboration

Developing a protocol for systematic review with Cochrane library

Participants were informed that developing a Protocol for a Cochrane Systematic Review is designed for individuals that are in the process of or are considering authoring a Cochrane Review.

- Most suited to authors who already have a registered title
- Authors who have not yet identified a title will also benefit from the course and will be assisted in developing a title.

Participants discussed the undertaking a review of the literature as an important part of any research project. Evaluates the extent to which the process of systematic review can be applied to the management field in order to produce a reliable knowledge stock and enhanced practice by developing context-sensitive research.

4.2 Key Points were identified as follows;

- The Cochrane Collaboration, an international organization that aims to help people make well-informed decisions about healthcare by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions. The Collaboration's publication policy permits journals to publish reviews, with priority if required, but permits The Cochrane Collaboration also to publish and disseminate such reviews.
- The publication of protocols for Cochrane reviews in the *Cochrane Database of Systematic Reviews (CDSR)* prior to publication of the Cochrane review reduces the impact of author's biases, promotes transparency of methods and processes, reduces the potential for duplication, and allows peer review of the planned methods.
- Cochrane reviews, and protocols for reviews, are prepared in the Cochrane Collaboration.
- Titles for Cochrane Intervention reviews are agreed by and registered with Cochrane Review Groups (CRGs), who then manage the editorial process of publishing protocols and reviews.
- Cochrane reviews are prepared by teams.
- There are guidelines for co-publication of Cochrane reviews in other journals.
- The Cochrane Collaboration has a code of conduct for avoiding potential financial conflicts of interest.

4.3 BMJ Quality & Safety

The journal was discussed as an essential to read for those interested in improving quality of care. That BMJ Quality & Safety provides a rich mix of news, opinion, debate and research for academics,

clinicians, healthcare managers and policy makers. It was found that the journal encourages the science of improvement, debate, and new thinking on improving the quality of healthcare.

5.0 Workshop Achievements

- Twenty (20) motivated midwives in Uganda were identified and selected for training in research skills. All the twenty midwives as expected
- Research protocol developed basing on the Cochrane reviews in the *Cochrane Database of Systematic Reviews*
- Delphi research questions round two discussed
- Updates in research methods and evidence based practice were achieved.
- Career goal achievement for 3 midwifery research leaders were discussed
- Skype ‘buddy’ meetings (with focal group leaders and 3 nominated research midwives) UK Project Lead discussed
- Defined roles and responsibilities as demonstrated by individual’s plans to contribute to the success of the problem-solving initiative.
- Clinical care guideline on cord care discussed

5.1 Way forward: Round 2 Questionnaire

- Discussion of round 1 questionnaire, aimed at deciding on the main research priorities for midwives.
- Share the results of round one from each of the 6 countries (Kenya, Malawi, Tanzania, Uganda, Zambia and Zimbabwe) which been merged.
- The research questions that were chosen by only 10% or less of participants have been removed. This means that there are 43 questions remaining.
- To read through the list of questions and for each question to indicate ones agreement or disagreement with the research question being a priority.
- To do this by filling in the oblong shape or placing a cross over it.
- Make any comments (if any) about ones answers in the space provided.
- The form was filled and returned to the LAMRN focal group leader for submission to the UK Midwifery researchers.

5.2 Delphi Research questionnaire for round two

	What is the best partograph / labour graph format?	
2.	How can we ensure successful implementation of the partograph?	
3.	What are the experiences of men who support their wives during labour and birth?	
4.	What are the experiences of teen mothers during labour and birth?	

5.	How can we improve access to reproductive and child health services?	
6.	How do women experience care during labour and birth?	
7.	What are the barriers and facilitators to meeting labour and birth standards?	
8.	What interventions reduce sepsis in intrapartum and postnatal care?	
9.	What are the most effective interventions prenatally and postnatally to prepare women for the care of the neonate?	
10.	How do we ensure the quality and effectiveness of family planning services provided to women?	
11.	What is the role of the nurse/midwife in the prevention of reproductive health cancers?	
12.	What factors affect women's childbirth satisfaction?	
13.	What are the barriers that hinder effective documentation by midwives during labour and birth?	
14.	What factors improve respectful practices and communication with women in reproductive healthcare?	
15.	What factors improve effective communication between midwives?	
16.	What is the impact of using less qualified health workers in family planning services at community level?	
17.	What is the knowledge and practice gap of school health nurses in the provision of	

	adolescent sexual and reproductive health services?	
18.	What is the role of the head teacher in schools in the promotion of adolescent sexual and reproductive health services?	
19.	What factors influence the level of job satisfaction for midwives?	
20.	What interventions may improve job satisfaction for midwives?	
21.	What do teenagers and young adults in schools know about reproductive health (safe sex, family planning, abortion and post abortion care)?	
22.	What interventions are effective in supporting male partner involvement in labour care?	
23.	What are the problems related to delay in transfer of labouring women from the health centres and sub-district hospitals to a fully functional maternity unit?	
24.	Is catheter insertion by midwives immediately after delivery in prolonged labour a viable method of prevention of VVF?	
25.	What methods can be used to improve midwifery competencies?	
26.	How effective is the implementation of misoprostol in PPH?	
27.	How can we promote midwifery as a career?	
28.	How can we ensure successful implementation of the partograph?	
29.	How prepared are the midwives for competency-based clinical practice?	

30.	What are the priority areas for continuing professional development and/or strengthening midwifery education?	
31.	What are midwives perceptions and experiences of research?	
32.	How does an understanding of research evidence enhance midwifery practice?	
33.	What are the barriers to effective implementation of focused antenatal care?	
34.	How can midwives best serve women through the PMTCT programme?	
35.	What interventions successfully prepare midwives for obstetric and neonatal emergencies in rural/hard to reach areas?	
36.	What form of support do working breast feeding mothers need in order to exclusively breast feed for 6 months?	
37.	What are the experiences of women after giving birth to a premature baby?	
38.	What are women's attitudes, knowledge and experiences of obstetric fistulas?	
39.	What is the impact of using less qualified health workers on Maternal and Child Health?	
40.	What interventions increase the utilisation of the Youth Friendly Health Services by adolescents?	
41.	What is the impact of safe motherhood objectives on maternal and child health?	
42.	What is the impact of the shortage of midwives in the	

	maternity unit?	Disagree
43.	Does focused antenatal care improve clinical outcomes?	 Strongly agree Agree Neutral Disagree Strongly Disagree

Are there any comments you wish to make about your answers?

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Appendix (I) List of Workshop participants

S/No	Name	Tel
1.	Mr. Joseph Mwizerwa Aga Khan University joseph.mwizerwa@aku.edu	0772749494
2.	Dr. Muwanguzi Arinaitwe P. Victoria University nursepesh@yahoo.com.au	0782861883
3.	Ms. Namutebi Elizabeth- Mulago Hospital namubeth@gmail.com	0772853540
4.	Kanyunyuzi Annet Jinja Hospital annevkawa@gmail.com	0704482366
5.	Najjemba Maria UNFPA Country Midwifery Advisor- najjemba@unfpa.org	0704903662
6.	Ms Gorret Kigongo Musoke President Uganda Private Midwives Mary Gorret Kigongo Musoke mgkmusoke@yahoo.com	0703869623
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20.	Kyakuwaire Helen Aga Khan University hellen@aku.edu	0772052079

Appendix (II): Workshop I Questionnaire - UGANDA

Gender (Please circle)	Female	Male		
Age (Please circle)	18-30,	31-45,	46-60,	60+
Year of qualification as a midwife				
Number of years' experience working as a midwife				
Highest academic qualification				
Role (Job title)				
Area of work eg clinic, delivery suite etc				
Previous research experience				
Name of Hospital or institution				

Appendix (III) LAMRN program beginning from 23th to 25th August 2013

	Day 1 (23rd-20 midwives)	Day 2 (20 midwives)	Day 3 (3 midwives)
08.30 - 09.00	Registration	Recap of day 1	Introduction to role
09.00 - 09.30	Welcome and introduction to role <i>Enid Mwebaza</i>	Narrative v systematic review – overview <i>Enid Mwebaza</i>	Developing a protocol for systematic/narrative review (based on priorities) <i>Enid Mwebaza & Rebecca Smyth</i>
09.30 - 10.00	Introduction to LAMRN and progress to date <i>Enid Mwebaza</i>	Conducting a literature review (based on priorities) <i>Rebecca Smyth</i>	
10.00 - 11.00	What is evidence based practice? Groupwork, what informs practice? <i>All</i>		
11.00 - 11.30	Break	Break	Break
11.30 - 13.00	What is evidence based practice? Examples of evidence based practice. <i>Rebecca Smyth</i>	Critiquing the literature (theory) <i>Rebecca Smyth</i>	Developing a protocol for systematic/narrative review (based on priorities) <i>All</i>
13.00 - 14.00	Lunch	Lunch	Lunch
14.00 - 15.00	Translating evidence into practice – clinical guidelines <i>Enid Mwebaza</i>	Critiquing the literature (practice) Based on research priorities <i>All</i>	Developing a protocol for systematic/narrative review <i>All</i>
15.00 - 15.15	Break	Break	Break
15.15 - 16.30	Research priorities – The Delphi Process <i>Enid Mwebaza</i>	Feedback from critique The way forward Workshop evaluation <i>All</i>	Developing a protocol for systematic/narrative review <i>All</i>
16.30	Close	Close	Close

Appendix (IV) LAMRN Workshop Evaluation Uganda 23rd & 24th August 2013 – Workshop 1

How would you rate the workshops overall?

Poor – 0

Average - 0

Good – 5
Excellent – 15

How would you rate the venue for the workshops?

Poor – 0
Average – 0
Good – 4
Excellent – 16

How would you rate the organisation of the workshops?

Poor – 0
Average - 1
Good – 5
Excellent – 14

Has attending the workshop benefitted you?

Yes – 20 (100%)

Were the workshop sessions relevant?

Yes – 20 (100%)

What did you find most useful from attending?

- All of the sessions were useful n= 2
- Sessions on evidence based practice n= 6
- Instruction on literature reviewing n= 1
- Learning about critiquing n= 3
- Moving from primary studies to SRs n= 1
- Searching databases for literature n= 7
- Research methods n = 3
- Delphi technique n = 4
- Presentations and supplementary discussion by colleagues n=1
- Generation of research ideas n =2
- Session on systematic reviews n = 2
- Cochrane collaboration n = 1
- Research bias and trustworthiness n = 1

What did you find least useful from attending?

- Nothing n= 13
- Didn't answer question n= 5
- Critiquing articles n= 1
- Not sure n = 1

Is there anything you would have liked more of?

- No = 2
- Sessions on systematic reviews n = 2
- Literature reviewing n= 2
- Literature searching n= 3
- Synthesis of literature n= 1
- Critique research n= 3
- Evidence based practice n = 3
- Time n = 1

- Research methods n= 4
- Group work n = 2
- Sharing experiences n = 1
- Referencing databases – Endnote n = 1
- Translating evidence into guidelines n = 2

Is there anything you would have liked less of?

- Nothing n= 12
- Didn't answer question n= 6
- Not sure n = 1
- Length of some of the presentations n = 1

Any other comments about the workshops?

- 'More time needed for practice' n= 1
- 'The facilitators were knowledgeable, well organised, and timely information. Thank you' n=1
- 'More involvement of different categories apart from Cochrane'
- 'It needs more days since it is a research programme'
- 'For me it has been an enriching experience, having to hear from research experts, because I really want to develop a career in midwifery research, I want to influence things'
- 'Very educative, timely and empowering us with research'
- 'Very useful'
- 'The workshop was very educative, facilitators were knowledgeable. Thank you for all your inputs'
- 'It was a teaching workshop. Facilitators were good'
- 'It was a workshop worth participating in and 3 days would have been much better'
- 'Three days would have been ideal to have more practical sessions after internalising theory. Otherwise "well done" our dear facilitators'
- 'A very useful workshop conducted at fundamental time, but more useful information relayed after understandability. Thank you for organising this for the midwives'
- 'Since we are forming a network is it possible to have each other's contact?'
- 'It is an eye opener to the midwives to be relevant of research that can generate evidence that will improve practice and possibly lower both maternal mortality rate and infant mortality rate'
- 'Midwives have good research topics, but do not know the sources of funds to help them carry out research'
- 'Thank you, just what I needed'
- The small number of 20 people made it good. Facilitation was great'
- Have more hands on sessions. "When I hear I forget, When I see I remember, When I do I know"
- Thanks for giving us this wonderful, knowledge. Will be put to use for the benefit of improving midwifery'
- 'Interesting workshop, facilitators are audible, knowledgeable. Keep it'
- Timely as Uganda has been left behind in areas of evidence based. To come up with proper guidelines. I got so much because I have got information I missed out on in my training. The workshops were relevant because they related to me day-to-day work'

Thank You