

MicroResearch Workshop Report
Nairobi Hospital
March 13-24, 2017

Building capacity for community focussed health research

Nairobi Hospital Site Organizer

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Caroline Gatimu, Nairobi Hospital Librarian

Peris Kibet MD, Lecturer, Kenya Medical Training Centre. (Presented on Quantitative Methods)

Dorris Kinuthia, MMed (Paediatrics), MBChB, Consultant Paediatric Nephrologist, Gertrude's Children's Hospital (Presented on Community Engagement)

Gordon Odundo, CEO Nairobi Hospital, Nairobi Kenya. (Presentation on Health Policy)

Evelyn Rajula, BBA, MBA, MPH currently doing PhD in Global Health (Presented on Qualitative Methods)

Coaching Certificates:

Akinyi Ojee MD University of Nairobi, Kenya

Daniel Gai RN, BSc, MPH, Gertrude's Children's Hospital Nairobi Kenya.

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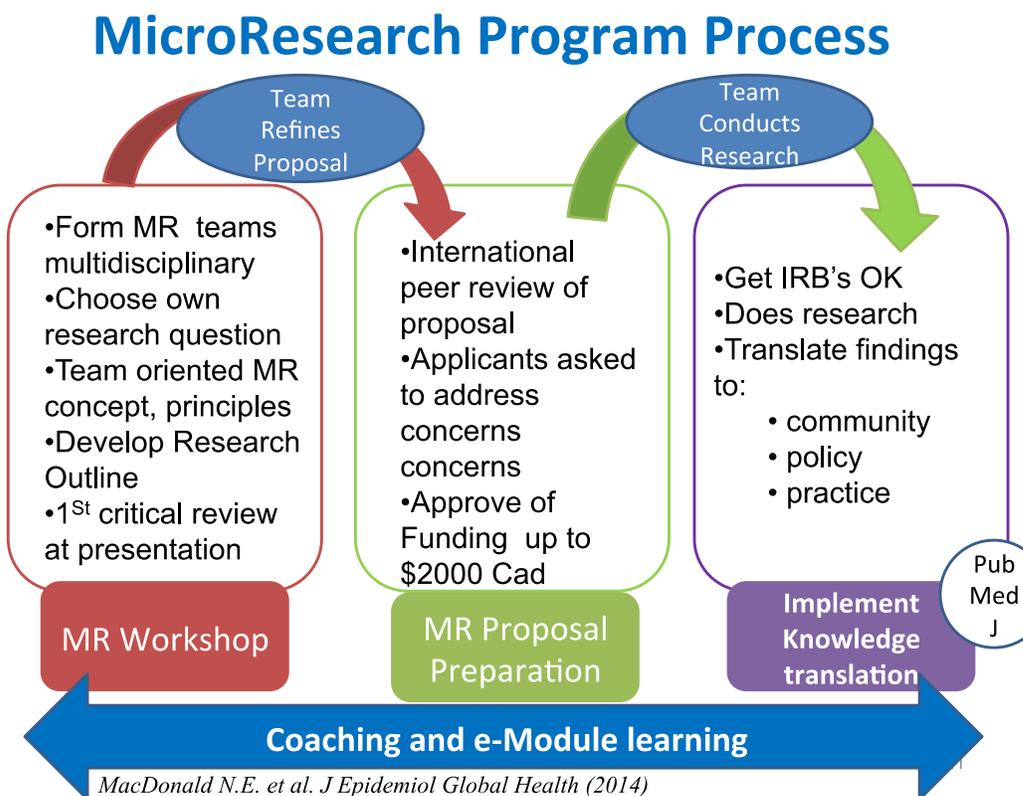
R. Bortolussi, and others

History of MicroResearch

Building on the past success, of the *Millennium Development Goals* (MDG) and the visionary 2015-2030 plan of the United Nation’s *Sustainable Development Goals* (SDG), MicroResearch aims to develop local capacity to sustain and improve maternal and child health outcomes. Health gains are a challenge since resource limited developing countries bear 25% of the globe’s disease burden with the healthcare professional work force of less than 1%. Furthermore, with only 2% of the research funds, much of it outsourced from industrialized countries with developing country only providing patients and data.

While both the SDG plan and previous MDG encourage national and regional strategies and collaborations to address complex health problems, local health problems need local, sustainable, culturally appropriate community based implementation strategies and solutions.

MicroResearch (<http://microresearch.ca>) is an innovative strategy aimed at building the capacity of local health care professionals to better address community health care problems by finding local solutions for local problems [MicroResearch: Finding sustainable local health solutions in East Africa through small locally generated and implemented research studies. *Journal of Epidemiology and Global Health*, 2014; 4,185-193 (<http://download.journals.elsevierhealth.com/pdfs/journals/2210-6006/PIIS2210600614000161.pdf>).



Workshop Preparations

This was the first workshop held at the Nairobi Hospital. The impetus for this workshop came as a result of the previous experience and interest by Gordon Odundo, Chief Executive Officer, who initiated discussions leading to the signing of an MOU between the hospital and MicroResearch in February 2017. Mrs. Rose Omutanyi completed the arrangements for the Workshop. The Nairobi Hospital and the School of Nursing provided logistical and infrastructure support for the workshop and will provide funds for the projects that may arise from the workshop teams.

Participation

Rose Omutanyi and Nebert Mchidi recruited highly qualified multidisciplinary participants from the Nairobi Hospital and. and worked tirelessly to look after logistics. Twenty five participants enrolled but one had to drop out, due to the illness (Appendix 1).

Workshop Program

The workshop was held in the Rudolph Anderson building of the Nairobi Hospital in central Nairobi, Kenya. Ample space was available for lectures (~2 h daily) and for a private break-out room for each team. Audiovisual equipment, WiFi internet access and administrative assistance were all provided by NH.

The objectives of a MicroResearch Workshop are: (1) to develop skills needed for community focused research, (2) to develop skills needed to work in a multidisciplinary group and to become a team and (3) to write a great community focused research proposal overview.

Given the cooperation between Nairobi and Gretrude's Hospital, coaches for the Nairobi Hospital MicroReserach workshop teams were recruited from the Gertrude Children's Hospital. Coaches met with Dr Bortolussi on Day 3, to select which team they would coach. Thus an attempt was made to match the team's topic with the interest of the coach. The coaches mentor their team for approximately one hour each day from Day 3 til Day 8.

Session lectures started at 2:00 PM were followed by interactive small group discussion and planning until the end of the day (usually 5:30 – 6:30 PM). The lectures coincided with the participant's needs as they moved from formulating an idea and to development of the methods for the proposal. The lectures, exercises and group work lead, step by step, through to a presentation to the panel of local judges who provided the formal constructive criticism on the final day.

Daily attendance on average was 88 to 100%.

MicroResearch Team Proposals

As in previous workshops, the major learning took place during team face-to-face interdisciplinary team discussion. On Day 1 each participant developed their own idea for a research question based on their own experience. Many bounced ideas off each other. They also started by looking at background information to see if a question had been asked before and other elements of the topic in order to provide a stronger argument for group topic discussion on Day 2. Of note the

facilitators after two hours of individual work went from participant to participant to chat about their question and topic. This was much appreciated.

Most participants hadn't worked with each other prior to this workshop. Nevertheless the team building process began immediately. On Day 2 participants were divided into four groups of individuals having a mix of professions, gender and experience. Each group discussed every member's project idea and then applied the FINER criteria to choose one that they would develop into a research proposal overview. On the same day, each group chose a spokesperson to present the topics to the class, and the rationale for the one they selection (**Appendix 6**). The questions initially selected on Day 2:

Team A: How can the discharge process for admitted patients at The Nairobi Hospital be fast tracked?

Team B: What are the commonest causes of return visits to the Accident and Emergency unit within 72hrs?

Team C: Why do we have children with vitamin D deficiency in the city hospitals as compared to rural areas?

Team D: Could stigma among nurses be contributing to under reported cases of patients falls in Nairobi Hospital.

Discussion followed each group's presentation with emphasis on importance of narrowing down each question. All four groups were complimented on the relevance of their questions to the Nairobi Hospital and to the community.

Final Day

On the final afternoon of the workshop (March 24, 2017), Christina Were, Head of Human resource of the Nairobi Hospital represented Mr. Gordon Odundo CEO. She led a thoughtful discussion on the role and reason for research to become integrated into the culture of the organization and congratulated the participants on their effort to reach this goal.

After the welcoming remarks, each team presented in 10 minutes the overview of their proposal to a panel of 3 judges followed by comments and questions from the judges and the other participants. The judges adjudicated each Team's presentation (**Appendix 7, 8**) and suggested how the proposals might be strengthened. The Judges:

1. Dr. Josephine Wahito, Department of Pharmacy, University of Nairobi
2. Margaret N. Keraka (PhD), Professor of Medical Demography and Public Health Chair, Population and Reproductive Health, School of Public Health Kenyatta University.
3. Walter Mwanda, PhD Associate Professor University of Nairobi (Pathology), (Haematology and Blood Transfusion Thematic Unit) walter.mwanda@uonbi.ac.ke]

Judges' Summary Comments:

The judges were enthusiastic supporters for all four teams and the MicroResearch approach to capacity development. They unanimously recommended that every team be encouraged to develop a full MicroResearch project proposal. All of the teams showed "fire in the belly" and passion for their project and developed a clear rationale for undertaking their plans. They all identified the communities they would be working with and a knowledge translation strategy to shorten the time

between discovery and implementation. The judges had many specific suggestions to strengthen each proposal. Each team will also have a coach who will continue to work with them to ensure ultimate success. The Judge's scoring guideline (Appendix 5) is attached, Specific comments for each Team were sent to each team after the workshop.

Best Presentation:

The Judge's decision on which was the best presentation was difficult, since all four were excellent, and delivered with passion. The Team selected for giving the best presentation was Team B.

Workshop Evaluation

Participants were asked to evaluate the workshop using a structured evaluation form. Scores and comments are shown in Appendix 6. The workshop evaluation was completed by 24 or 25 participants (96%).

Meetings with Individual Active MicroResearchers:

During the two week stay, Bob Bortolussi had many interactions with participants and coaches from the previous workshop at the Gertrude's Children's Hospital. Teams from that workshop were encouraged to finalize their research project in time for the next grant application deadline.

Informal Meetings:

Bob Bortolussi had the honour to meet with Mr. Gordon Odundo, Chief Executive Officer, Nairobi Hospital. They met for over an hour and discussed Mr. Odundo's vision for his hospital is to make it a leader in research and training in Africa and to establish a Medical School at the hospital. Ambitious construction projects are underway now to transform the institution into a learning, teaching and research leader.

During the two-week stay in Nairobi Bob Bortolussi also met with leaders of two other organizations:

1. AMREF: Dry Josephat Nyagero, at the AMREF campus. He expressed interest in conducting MicroResearch workshops at their campus in future.
2. UNITID: Bob met at UNITID with Dry James M'Imuny (Director), and Fred Moses (Senior Lab Technologist) on March 23rd. Logistical issues from past workshops were discussed and an approach to correct problems were outlined.

Recommendations:

- Consider holding more MicroResearch Workshops in future years with more and more teaching roles being assumed by faculty at Nairobi Hospital.
- Consider starting the workshop at a different time than 2:00 PM in order to allow participants more time to work: e.g. 1:00 PM or 8:00 AM.
- Recruit graduates of this workshop to become coaches for the next workshop.
- Encourage collaborative approach among Nairobi institutions for future workshops to enable multi institution participation.
- Review the format on Day 4 lecture on sampling, to respond to suggestions made by participants.

- Since the aim of MicroResearch is community focused e.g. reduction of maternal mortality, consider guiding participants to look outward into community.

Acknowledgement:

In closing, I would like to express my gratitude for the help of my hosts at Nairobi Hospital. The chief librarian, Caroline Gatimu, was an enthusiastic supporter, not only with her presentation on day one, but throughout the workshop, helping others with internet and library searches. In particular, Rose Omutanyi and Margret Sirima's leadership before and during this workshop ensured that it would be a success. I am enormously thankful for their warm welcome and the help they provided during my illness.

List of Appendices

- Teachers and Training Itinerary
- Participants: gender, profession and email
- Teams: questions proposed with coach and emails
- Scoring System for Proposal presentation
- Judges Comments Each group
- Workshop Evaluation by participants

Respectfully submitted

Robert Bortolussi MD, FRCPC, CAHS

Appendix 1

	Topic [Presenter]	Team's Task
Day 1	Introductions and Objectives, [RB] Using the internet for MR projects, [CG and RB] Defining a research question [RB and ER]	Participants choose question
Day 2	Principles Clinical Research (Research Toolkit- 1 (qualitative) , Pitfalls in Research [RB]	Groups Formed Discuss Project Ideas
Day 3	Project topic report by each group Research Tools (Design, Qual/Quan) [ER]	Topic Reporting Meet coach
Day 4	Research Tools (sampling, basic statistics) [PK] Community Engagement + <i>exercise</i> [DK]	Refine Proposal
Day 5	Research Ethics [MB] How to get published [RB]	Refine Proposal
Day 6	Writing a report [RB] Oral & poster presentations + <i>exercise</i>	Refine Proposal
Day 7	Knowledge Translation [RB] Research to Policy + <i>exercise</i> [GO]	Refine Proposal
Day 8	Writing an abstract + <i>exercise</i> [RB] Writing a Grant [RB]	Refine Proposal
Day 9	Career Planning and Time management + <i>exercise</i> [RB]	Prepare Presentation
Day 10	Presentations by Teams	Proposal Presented Certificates Awards

Presenters: Robert Bortolussi [RB], Michael Bowen [MB], Caroline Gatimu [CG] Peris Kibet [PK], Dorris Kinuthia [DK], Gordon Odundo [GO], Evelyn Rajula [ER]

Appendix 2:

Name (Print)	Gender	Profession See code	Email
• Esther Mwangi	F	Nursing	esthernjeri96@yahoo.com
• Dr. Kizito Mariita Mochama	M	Pharmacist	mariitakizito@yahoo.com
• Dr. Eric Munene	M	MD Medicine	ericmcire@yahoo.com
• Judith Thumbi	F	Nurse Counselor	judiththumbi@gmail.com Judiththumbi@nbihosp.org
• K. Harun Nyamu	M	Lab Biomedical	khnyamu@gmail.com
• Jackson Mutisya	M	Nurse	jacksonmutisya@nbihosp.org
• Irene Njeri	F	Nurse	Irenekinya2000@yahoo.com
• Josephine Nasulubi Masika	F	Allied health Personal Assistant	josephinemasika@gmail.com
• Frank Muthoka	M	Nursing	framuthoka@gmail.com
• John Wamutitu Maina	M	MD Surgery	drwamutitu@gmail.com
• Linda Gathara	F	Medical Doctor	lindagathara@nbihosp.org
• Peninah Kioko	F	Marketing	Peninahkioko@nbihosp.org pkiokos@gmail.com
• Faith Jebowott Rotich	F	Nutritionist	fjebiwott2@gmail.com
• Dr. Elizabeth Kimotho	F	MD Gynecology	kimothoelizabeth@gmail.com
• Anastasia Njambi Kimani	F	Nursing	anastasianjambi@ymail.com
• Lenox Kiprono Koromicha	M	MD Medicine	Lenoxkoromicha@nbihosp.org

•	Kevin Otieno Ouma	M	Physiotherapy	kvnotieno@yahoo.com
•	Hellen Nyaanga Omari	F	Nurse	hellenomari17@gmail.com
•	Rose Omutanyi	F	Nurse	romutanyi@gmail.com
•	Nebert Mchidi	M	Nurse	nebertnelly@gmail.com
•	Horatius Musembi Malilu	M	Nurse	hmalilu@yahoo.com
•	Zachary Ogachi Ombasa	M	Nurse	zombasa@gmail.com
•	Fridah Maima	F	Nurse	fridamaima12@gmail.com
•	James Kimiti Muthee	M	Nurse	kimi24373866@gmail.com
•	Rachel Mauree M. Kinyua	F	Nurse	nonimaureen@gmail.com
•	Elvis M Ondego	M	Medical records officer	elvisgregorie@gmail.com
•	Caroline Gatimu	F	Librarian	carolinegatimu@nbihosp.org

**Appendix 3:
List of Participants, Profession, Gender, Email MicroResearch Participants 2017**

Team A



Nebert Mchidi (Chair), Linda Gathara (Secretary), Frank Muthoka, Hellen Omari, Kimiti Muthee, Faith Rotich, Anastacia Kimaru and **Conrad Wanyama (Coach)**

nebertnelly@gmail.com; Lindagathara@gmail.com; frmuthoka@gmail.com; Hellenomari7@gmail.com;
Kimi24373866@gmail.com; Fjebiwott2@gmail.com; anastasianjabmi@gmail.com; relwancon@yahoo.com

Questions Considered (**One selected in bold**)

1. How can hand hygiene at The Nairobi Hospital be improved?
2. How can we decrease the incidence of falls in hospitalised patients at The Nairobi Hospital?
3. **How can the discharge process for admitted patients at The Nairobi Hospital be fast tracked?**
4. Can early nutritional interventions improve outcomes in patients with neck and throat cancer at The Nairobi Hospital?
5. What strategies do active TB cases use to prevent transmission to < 5's in the households in Nairobi County?
6. How can HCP's prepare patients for long term hemodialysis?
7. What is the survival of patients in septic shock admitted in THN ICU?

Team B



Jackson Mutisya (Chair), Elizabeth Kimotho (Sec), Lenox Kiprono, Harun Nyamu, Judith Thumbi, Rose Omutayi, Mariita Kizito and **Edna Ojee, Daniel Gai (Coaches)**

kimothoelizabeth@gmail.com; romutanyi@gmail.com; Judiththumbi@gmail.com; jacksonmutisya@nbihosp.org; lenoxkoromicha@nbihosp.org; mariitakizito@yahoo.com; khnyamu@gmail.com; ojeeakinvi@gmail.com; dgai@gerties.org

Questions Considered (**One selected in bold**)

1. How is Cancer of the Oesophagus influenced by geographical location?
2. What challenges are faced by patients discharged home on oxygen therapy?
3. What are the effects of chronic illness on family relationships?
4. How can we improve our Neonatal Intensive care unit (NICU) outcomes in Nairobi Hospital?
5. What are the antibiotic resistance patterns for commonly used antibiotics?
6. Common causes of per vaginal discharge in women at the Nairobi Hospital?
7. **What are the commonest causes of return visits to the Accident and Emergency unit within 72hrs?**
8. What factors influence the occurrence of drug errors at the Nairobi Hospital?

Team C



Horatius Musembi, Irene Njeri, Kevin Ouma, Josephine Wairimu, Fridah Maima and **Edna Ojee (Coach)**

malimukombi@gmail.com; irenekinya2000@yahoo.com; ericmcire@yahoo.com; kvnotieno@yahoo.com; fridamaima12@gmail.com; josephinemasika@gmail.com; carolinegatimu@nbihosp.org; ojeeakinvi@gmail.com

Questions Considered (**One selected in bold**)

1. Why are there more caesarean sections in private vs public hospitals?
1. **Why do we have children with vitamin D deficiency in the city hospitals as compared to rural areas?**
2. What is the outcome of five year management review of malaria cases in ICU and HDU at The Nairobi Hospital?
3. What is the cause of depression among nursing students in Nairobi?
4. Why do high blood pressure patients break their health resolutions?
5. What is the impact of traffic jam in urban city dwellers in relation to economical, psychological and physical health?
6. What is the prevalence of infectious disease cases at The Nairobi Hospital?

Team D



Elvis Ondego (Chair), Rachael Kinyua (Sec), Esther Mwangi, John Maina, Peninah Kioko, Zachary Ombasa and **Perez Obonyo (Coach)**

elvisgregorie@gmail.com; drwamutitu@gmail.com; esthernjeri96@gmail.com; nonimaureen@gmail.com; peninahkioko@nbihosp.org; Zombasa@gmail.com; pobonyo@gerties.org

Questions Considered (**One selected in bold**)

1. Why more women than men develop pulmonary embolism.
2. What time does it take for a patient with an ankle injury from arrival at the outpatient department to getting a diagnosis in the Nairobi hospital.
3. Is the public health sector doing better in management of HIV/AIDS than the private health sector.
4. Why do many rotavirus immunized children get admitted with rotavirus infection.
5. Comparatively does the phone have lesser micro organisms than the person carrying it.
6. **Could stigma among nurses be contributing to under reported cases of patients falls in Nairobi Hospital.**

Appendix 5

Judge's Comments



Overall comments and conclusions:

The judges considered each presentation to be clear, feasible and well done and all warrant to be developed into a full MicroResearch grant application for the May deadline. The background was well developed, especially when one considers the short time frame available for this to have been done. The knowledge translation aspects were also clear and well developed overall; especially relevant since many of the projects will investigate hospital systems issues. The judges want to encourage each team to work hard in developing a MicroResearch grant for the May competition and to consider their specific items in developing their grant.

Team A:

This was ranked highly by the judges who felt that it could be refined to make a highly competitive proposal.

1. Feasibility and relevance to Nairobi Hospital were considered qualities of the proposal. This question appears to warrant a KAP study (Knowledge, Attitude and Practice) and might be better presented as such.
2. You have made a presumption that an RCT with a “discharge facilitator” is the intervention needed. But the justification for this strategy isn’t clear.
 - a. From literature review and conclusions elsewhere
 - b. From qualitative analysis of the barriers that exist at Nairobi Hospital.
3. The RCT needs clear justification and specific objectives:
 - a. Break down each the steps in the discharge process
 - b. Develop a qualitative means to assess the importance and barriers of each stage of discharge; e.g. key informant interviews or questionnaire
 - c. Analyze the results of step (b) and to propose an intervention to address the key issue(s).
4. Clarify what the expected outcomes may be.

5. Clearly define at what stage in discharge process the intervention (facilitator or other type of Intervention) will occur.
6. Objective 1 and 2 are measurable, but Objective 3 is pre determined to deal with the RCT facilitator goal. This needs to be validated (see 2)

Team B:

This was ranked highest of the four projects by the judges. But they also felt that it could be refined to make a more highly competitive proposal.

1. Feasibility and relevance to Nairobi Hospital were considered qualities of the proposal.
Excellent background and justification for study were presented.
2. Sampling method and sampling frame should be further clarified and justified.
3. Update references to most recent and most relevant to Nairobi Hospital.
4. Narrow the study populations to 2 or 3 disciplines (e.g. Peds, Surgery, Obstetrics, Cardiac).
5. Narrow the study to specific selected conditions for each of the disciplines selected.

Team C:

This was ranked highly for potential national/international impact by the judges but a number of issues can be addressed to bring it to its full potential as a competitive MicroResearch proposal.

1. Feasibility and relevance to National and SDG are strong qualities of this proposal.
2. Expand the background to clearly justify the question you have chosen showing what information on Vitamin D is available for East Africa and Kenya.
3. Justify a specific case or population definition for Vitamin D criteria.
4. Justify why a “convenience sample” is appropriate.
5. Clarify who (and why) will participate in FGD.
 1. How will the Victoria screening tool be used?
 2. Inclusion and exclusion criteria?
6. Review the Qualitative Toolkit “Writing Tips” to find what items are expected.
7. Outline how questionnaire will be developed and how you will be able to interpret it.
8. Consider recruiting a dietician to the team to help develop and interpret questions on Vitamin D nutrition.

Team D:

This was ranked second best among the Nairobi Hospital’s high-quality proposals. It has great potential, congratulations! Some issues need to be addressed to bring it to its full potential for a highly competitive MicroResearch proposal.

1. Feasibility and relevance to Nairobi Hospital, and international are qualities of the proposal.
2. Ensure that confidentiality will be maintained for person and for their professional designation. (blinding)
3. Clarify goals and objectives for the qualitative portion of the project.
4. Provide details on how qualitative study will be done (see “writing tips” in the Qualitative Study Toolkit.)
5. Clarify how Qualitative part will lead to and help develop the quantitative part of the project.
- 6.

Appendix 6: Workshop Evaluation

MicroResearch 2016 Nairobi Hospital Nairobi Kenya

(24 of 25 participants responding)

Score: 1=low to 5=excellent

Number respondents (n), median score indicated in **bold**, mean score *in italics*.

Section 1

How would you rate this workshop?

1 (0), 2 (0), 3 (0), 4 (4), 5 (**20**) [*mean score 4.83*]

Did it raise research issues you had not considered before?

1 (0), 2 (0), 3 (1), 4 (4), 5 (**19**) [*mean score 4.75*]

Did it stimulate your interest in research?

1 (0), 2 (0), 3 (1), 4 (2), 5 (**21**) [*mean score 4.83*]

Would you recommend it to a colleague?

1 (0), 2 (0), 3 (1), 4 (0), 5 (**23**) [*mean score 4.91*]

Section 2: Comments

1. Why did you come to the workshop?

- The majority, 54.2% (n=13) said that they were attended so as to learn how to conduct research and grant application.
- This was followed by 16.7% (n=4) who said they attended because they were nominated by their departments or had personal interest in research respectively.
- The least, 4.2% (n=1) said they attended so as to learn, to experience research in a group and to learn to conduct research in a simple way respectively.

2. What was the most helpful in the workshop?

- The majority of the participants, 25% (n=6) said all the lectures were most helpful.
- 20.8% (n=5) singled out Knowledge translation,
- 12,5% (n=3) who said the workshop was simplified making it interesting.
- 8.2% (n=2) said that group work simplified a lot in understanding the workshop.
- Each of the remaining respondents, 4.1% (n=1) said the workshop demystified research, the workshop helped them learn how to conduct research; the workshop helped them learn new things; the workshop provide a Memory stick; the workshop,

changed their perspective on research; the workshop helped them with Problem statement writing respectively.

- There was one missing response to this question.

3. What might be changed?

- 37.5% (n=9) said that time for the presentations especially statistics be increased,
- 16.7% (n=4) said that lectures should be given in the morning, leaving the afternoons for group discussion,
- 16.7% (n=4) said nothing warranted any change, others said time for proposal writing and grant application should be increased to give more flexibility in writing the proposal; others felt that Coaches should help in choosing the most feasible research question to cushion groups from leaving the chosen research question to the formulator, who sometimes may lack basic skills in actualization of the question, while others felt that there was need to allocate more time for research methods.

4. What lectures were most helpful?

- 33.3% (n=8) said all lectures were most helpful,
- 16.7% (n=4) said KT,
- 12.5% (n=4) said the research methods were most helpful.
- 4.1% (n=1 each for) Publishing, Report writing, Statistics, Time management, Abstract writing and the elevator challenge were most helpful.

5. What lectures could be shortened or dropped?

- 70.8% (n=17) said that none of the lectures could be shortened or dropped.
- 12.5% (n=3) who had missing data,
- 8.3% (n=2) said that statistics and qualitative data analysis could be dropped respectively.

6. What lecturers could be shortened or dropped? (Verbatim responses)

- None x 12
- None- all were important
- None- but statistics lecture should be given more time.
- Everything was good x2
- All topics relevant. None should be dropped
- Statistical analysis of data.
- Statistics- make it simpler considering time and educational (varied) of participants
- Statistics- it needs own session too crammed! could be simplified
- Qualitative data analysis
 - **Note:** 4 people left this question blank.

7. How will you use what you have learnt? (Verbatim)

- I intend to engage in research in my area of expertise
- To move forward with the research and to start research in my department
- Work with my team to complete our question and probably publish it
- Continue involving others to come up with research proposals whose findings benefit local communities in their innovations and simplicity
- To pursue research and learn more about micro research: much appreciated
- Build the skills achieved through continued research work. **Other comments:** excellent work, I consider myself lucky to have gotten an opportunity to attend
- To develop research proposals and advance my career. **Other comments:** Well done this brought me closer to colleagues with whom I can network and made me realize that I have a huge career ahead of me.
- To participate in research projects confidently. **Other comments:** the lead presenter should give the invited guests time to present and contribute when necessary. This was not the case because most stood by as he presented even when they were invited on the same topic.
- To champion for development of research Centre in the hospital use the information learnt for my thesis for masters and PHD.
- To conduct more research in the hospital in my area of specialization and give my input and recommendation
- To do more research studies and to use the results to improve quality of health in the communities and hospitals. : Very simple way of understanding research and putting into action.
- Carry out research in the department/ hospital
- Disseminate relevant information to colleagues to facilitate more research and evidence based practice
- Disseminate to my immediate colleges and any other group of people I get an opportunity to use it for more research work for evidence based care.
- To undertake more research and supervise may research of students. **Other comments:** It was an enlightening workshop.
- Complete my MR project and share knowledge and influence colleagues into MR.
- I will continue collaborating with other research and my group members since I have many proposals in mind.
- Other comments: thank you for this opportunity and I am determined to conduct research within the institution and also publish my work in renowned journals.
- With colleagues at micro search, I hope we can identify problems convert this into proposals, apply for funding and carry out research and implement findings.
- Help the hospital get research agenda and course to solve hospital based problems.
- Other comments give more to me to invited lecturers so that their input in the course is seen to be value for money. I hope to be a researcher.

