

## A Workshop for Community Based Researchers

*“Building capacity from a research idea to a finished paper, to knowledge translation”*

Held on September 10-21, 2012 at College of Health Sciences Board Room,  
Makerere University Kampala, Uganda

### **Lecturers and Coaches**

Dominic Allain MD, FRCPC Assistant Professor of Pediatrics, University of Alberta,  
Edmonton, Canada,

Robert Bortolussi, MD FRCPC, Professor of Pediatrics, Dalhousie University, Halifax,  
Canada,

John C Lule MBChB Dip-Obs, MMed-Obs&Gyn, Associate Professor Department of  
Obstetrics and Gynecology, Makerere University, Kampala, Uganda,

Frederick N. Nakwagala MA. Bioethics. M.Med, Chair Mulago Research and Ethics  
Committee, Kampala, Uganda.

Josaphat Byamugisha, MBChB, Dip-Obs, MMed (Obs&Gyn), PhD Head Department of  
Obstetrics and Gynecology, Makerere University, Kampala, Uganda.

### **Funding Sponsors**

MicroResearch, IWK Health Centre, Dalhousie University

Canadian Child Health Clinician Scientist Program (CCHCSP)

International Development Research Council (Canada)

Makerere University College of Health Sciences

## **Introduction and Background**

The absolute need for capacity building in research was recognized several years ago by African nations. Lack of grant funds for small research projects is a major obstacle to research development in many of these countries. Small projects are the fuel, upon which research skills are honed and a track record is established, a critical factor in any research grant proposal.

MicroResearch, a concept modeled on Micro-Finance, was conceived by Jerome Kabakyenga, Dean of Medicine of Mbarara University of Science and Technology (MUST), Noni MacDonald Professor Pediatrics and Computer Science, Dalhousie University, and Robert Bortolussi in 2008 (Appendix 1). The initial workshop used educational tools, mentors, seed grant support and peer-to-peer coaching from Canadian and African researchers.

The program at Makerere University was modified from previous MicroResearch workshops based on feedback from attendees and host institutions. Local experts from the University participated as teachers on sessions dealing with research ethics and community engagement. The goal of the workshop was to enhance skills for:

- grant proposal development and management,
- pitfalls in research and research ethics,
- research manuscript development,
- pitfalls in presentations including abstracts,
- technical report writing,
- knowledge translation and policy development,
- time and resource management,
- community engagement,
- curriculum vitae development.

The format for the workshop combined lectures and daily small group interdisciplinary, interactive working sessions. Initially, each member of the four small groups (7-8 per group) developed their own idea for a research question based on their own experience. The group selected one question to develop into a research proposal as a team during the workshop. The lectures were timed to coincide with the participants needs as they moved from formulating an idea to refinement and finally to presentation.

### **Program**

The Makerere Workshop was held at Mulago Hospital, a large teaching hospital for Makerere University, in Kampala. Drs. Josaphat Byamugisha and Juliet Birungi provided the local site support prior to the Workshop. Participants were recruited at the University through word of mouth, college of Health Sciences mailing list and posters (see Appendix 2).

Participants from many disciplines were represented including medicine (anesthesiology, pediatrics, obstetrics/gynecology, medical students, medical officers), nursing,

occupational therapy, psychology, basic science, and social science disciplines (Appendix 3). All participants were interested in developing their skills in clinical research, especially research that could improve health outcomes.

Thirty-one (31) trainees were registered for the workshop. Daily attendance was over 90%. Guest lecturers contributed valuable knowledge and led discussions on the Ugandan perspective on research ethics (Dr F. Nakwagala) and community engagement (Prof. J.C Lule).

Bob Bortolussi and Dominic Allain were present and lectured through the two weeks of the workshop. Drs JC Lule and F Nakwagala led discussions on research ethics and community engagement respectively and provided valuable local context to these talks.

Course participants were divided into four groups so that each group included as diverse a range of professional disciplines as possible. Most members had not met or worked with each other previously. The collaboration started on day 2 when each person in the group argued the merit of a proposal based on the lecture on day 1: “How to develop a research question”. Each proposal also had to be important to their work, and based on their own experience. The group then vigorously discussed each question and selected one to work on as their team project. A spokesperson for each group then presented the list of topics to the entire class and noted the one selected by the group and the rationale for its selection. (See appendix 5)

Topics for Research Projects:

### **Group 1**

Retention of mother-baby pairs in PMTCT programs in peri-urban Uganda: level and factors associated

### **Group 2**

Lifestyle factors associated with obesity in school-going children aged 3 to 12 in Kampala, Uganda

### **Group 3**

Determinants of partogram use by health workers in labour wards at Mulago Hospital

### **Group 4**

Knowledge of danger signs of childhood illness as a trigger for seeking medical care among caretakers of children admitted to the acute care unit at Mulago hospital

The series of lectures were designed to provide skills needed to develop their topic into a research proposal. The lectures emphasized knowledge translation and community engagement- core principles to the MicroResearch concept. Lectures stimulated lively discussion relevant to the projects. - e.g. issues on equity, quality of care and relevance

became hot topics following the health policy lecture. As each proposal developed over the course of the two weeks, each group was coached by a facilitator (Group 1: R. Bortolussi, Group 2: Prof. Lule Group 3: Prof. Josaphat Group 4: Dominic Allain).

The Workshop ended with the four groups presenting a 10-minute overview of their research proposal followed by a 10-15 minute of comments and questions from the judges and the audience.

### **Judging Panel:**

Jane Namatovu, Director of Family Medicine, Makerere University, Walter Schlech, Professor of Medicine, Dalhousie University, and Samuel Luboga, Associate Professor, Faculty of Health Sciences, Makerere University.

A judging scoring system was developed from feedback of past judges (Appendix 6). Coaches for the groups do not take part in the scoring but make note of the judges' comments to give feedback to the groups.

### **Winner Best Presentation:**

The judges selected Group 4 “Knowledge of danger signs of childhood illness as a trigger for seeking medical care among caretakers of children admitted to the acute care unit at Mulago hospital”

### **Comments from Judges and Participants:**

Every presentation was impressive especially since the members were strangers beforehand and the topic was only selected 9 days previously. All of the proposals were relevant for Uganda, the MDG and to MicroResearch goals. Judges wanted to encourage each group to polish their proposal and submit it for grant funding. The judges specific comments for other groups were as follows:

Group 1: This is an important but ambitious topic. Some suggestions are offered to help the group achieve success for their goal.

- For the quantitative aspect of study (frequency of compliance): consult with a statistician for a random sampling strategy and size determination.
- Clarify what data fields are needed from charts and test the quality of this data.
- For qualitative aspect: clarify who the key informers will be, describe two focus groups, with those distant and those near the health centre.
- Confirm that the health centre director will participate.
- Address ethical issues for secondary use of data and how you will deal with data collection for mothers or babies who have died.

Group 2: This will be an interesting study if the group can show that the sample is representative of the general population. Some other suggestions:

- Narrow the age group being studied (and consider minimal age for BMI)
- Clarify how schools will be selected, and consider stratifying them by SES.

- Define measurement tool for activity(may not be applicable to lower age groups: will help define target age group)
- Develop strategy to collect information on parents' attitudes and cultural influences affecting obesity.

Group 3: The partogram study may provide important information to influence policy, if data is collected and used carefully. Some suggestions:

- Review all studies done in East Africa to determine how yours will provide new information, different from previous ones. Some of these studies may be unpublished; therefore need to also ask people with an interest/experience in this area what has been done; if previous study too similar, then may need to modify question a bit
- Pay special attention to doctor's attitudes either as separate focus group or key informants.
- Clarify how you will deal with sensitivity of data collection if there is a tragic outcome to a pregnancy.
- Collect demographic information at end of questionnaire.

Group 4: This is an important study, which may inform policy makers as the health system in Uganda is developed.

- The knowledge of parent might be assessed done by describing a clinical situation and asking what defined options they would follow a, b, c, etc.
- Develop data collection tool to gather information on what alternate health providers and alternate clinics/health centers were used before child came to Emergency care at Mulago.
- Develop data collection tool to gather information on barriers to access;:financial, transportation, family, cultural etc. and consider gathering information on caretakers' perceptions of these barriers
- Show how you will deal with sensitive situations, like death of child; .including these patients and cases may be important to the study, but more difficult to approach families who are grieving
- Try to find standardized questionnaire tools appropriate for East Africa.

### **Workshop Evaluation**

Twenty-two (22) of the 30 participants (73%) completed an anonymous structured evaluation form. Scores and summary of comments are shown in Appendix 7.

### **Outcomes and Recommendations**

1. All graduates of this MicroResearch Workshop who received a "Certificate of Participation" (listed in Appendix 3) will be eligible to apply for a MicroResearch grant at a future grant competition.
2. *Refining a Research Plan:* Participants are encouraged to put into practice what they

have learned, both for their personal research/academic growth, as well as by passing on this learning to others. Each Group will be encouraged to refine their proposal by meeting and discussing it regularly. The materials from the workshop were provided to each participant on a flash drive to assist them with their preparation.

3. *Grant application:* Ugandan and Canadian coaches should be recruited to help each group prepare and refine a MicroResearch grant.

4. *Makerere Infrastructure:* Planning for local infrastructure should be developed to ensure the program will become sustained through local support:

- Grant management: Once a grant receives scientific approval from MicroResearch, a mechanism to assist the group to apply to IRB and to manage the research funds should be established. The Grants Office at Makerere may be a logical site for this. Funds for the approved MicroResearch project will be sent to the Makerere Grants office to cover indirect costs, and the experiment cost of the approved research.
- Strategies to build on Makerere teacher and coaching quality should be developed to ensure their continued support and appropriate incentives for their efforts.

5. *Workshop Suggestions:* The workshop was well received by participants. Nevertheless, some changes to consider:

- Combine talks “What editors are looking for” and “Preparing a manuscript” into one presentation. This will allow you to avoid repetition and reinforce the key elements.
- Incorporate the MicroResearch You-tube presentation into the introductory talk. This will clarify the goals and history and give examples of past successful projects from a peer.
- Consider adding a short talk on basic Statistical principles and principles of designing and administering a Questionnaire/Survey (as this is a common method employed by MicroResearch groups in the past)

6. *Final Day Organization:* Organizers should coordinate and plan the final day’s celebration in advance to ensure the time, place are clear to judges and participants, and that the tasks of organizers are distributed.

7. *Workshop Report:* Organizers should schedule a meeting on the eve of the final day to discuss recommendations and to ensure the final report will be prepared completed immediately after the end of the workshop.

## **Acknowledgements:**

We wish to thank the tremendous work of Juliet Birungi and Josaphat Byamugisha in organizing and managing the logistics of the workshop. Without their assistance the workshop could not have been the success it was.

## **Appendices:**

1. MicroResearch: MacDonald N and Kabakyenga J. Micro- Research: borrowing from the micro finance model. CMAJ 2008;179:399
2. Poster Invitation
3. Program Outline
4. List of participants, backgrounds and email addresses
5. Topics and Questions explored by each group
6. Scoring System for Proposal presentation
7. Course Evaluations

Respectfully submitted October 3, 2012

Robert Bortolussi and Dominic Allain

## Appendix 1

CMAJ

EDITORIAL

FRANÇAIS À LA PAGE SUIVANTE

## Microresearch: borrowing from the microfinance experience

**W**ho is at risk of severe head injuries in the hospital in Mbarara, and what are the outcomes? Why do some mothers in rural western Uganda seek care early for babies with severe diarrhea while others delay until the babies are in shock? These are 2 of the many vital applied health research questions raised by Ugandan health faculty members at a recent multidisciplinary research training workshop in Mbarara. Participants refined their questions, developed appropriate methodology and discussed the potential for this research to affect local health programs. But after days of hard work, a more worrisome question arose: Where will the money come from to undertake these small studies?

The lack of research capacity and access to local research funds has precluded the development of quality-of-care research using the “plan, do, study, act” approach common in industrialized countries. Local health faculty members are best placed to identify high-priority problems, help assemble local resources to study and solve problems and, most importantly, push local stakeholders into action. Motivation for change would be high, given that the community would live with the benefits or ongoing failures. Local research would also foster a culture of inquiry that would permeate the local health care system.

The scarcity of funding for locally applied research persists despite the dramatic increases in research dollars being spent in the developing world. The Bill and Melinda Gates Foundation, governments of developed countries and the World Health Organization have all invested millions of dollars in research on disease-specific health problems in developing countries, including tuberculosis, malaria and HIV/AIDS. Although this has led to important advances in health care, most projects are conceived, designed and managed by researchers from developed countries and offer little opportunity for local health faculty members to increase their research capacity. Even the Special Programme for Research and Training in Tropical Diseases ([www.who.int/tdr/](http://www.who.int/tdr/)), which offers small grants to researchers in developing countries, does not accept applications beyond those related to infectious diseases. Furthermore, the program is run from a distance and local health faculty members are not involved in selecting the most relevant research projects.

To enhance capacity and find funding for locally applied research in developing countries, a new model is needed. Such a model might be found in the bold microfinance concept of the 2006 Nobel Peace Prize winner, Muhammad Yunus, who revolutionized financial opportunities for the poor in many developing countries.<sup>1</sup> An analogous approach could revolutionize research opportunities in such settings. Let's call it “microresearch.”

Borrowing from microfinance principles, a microresearch model would offer grants of about \$3000 to those who normally have no access to research funding opportunities. Only immediately relevant, local, applied health research questions

would be eligible. Multidisciplinary groups of local faculty members would set the research priorities, assist in developing and reviewing grant applications, and assess the progress and outcomes of each project. Research networks could evolve, allowing local research groups to share new knowledge and develop best practices. Repayment of monetary loans is a measure of success in microfinance; the parallel in microresearch would be improvement in the health of communities, as assessed by community members. This approach would reward both the researchers and the communities.

Barriers, such as insufficient baseline local research knowledge and the capacity to do research, could be addressed by providing online access to clinical research education opportunities, such as those developed through the Canadian Child Health Clinician Scientist Program ([www.cchcsp.ca](http://www.cchcsp.ca)). To ensure a high rate of success in research, prominent clinical and health services researchers worldwide could volunteer time to mentor a microresearch group.

A dedicated start-up fund of \$20–\$30 million, distributed among developing countries and managed by local universities, is needed. Bureaucracy must be kept to a minimum, and the major focus kept on the outcomes, including enhanced research capacity, answers to local research questions and regional health improvements. As with microfinance, the spinoffs for microresearch would likely be dramatic, with improved health reaching areas of the world where the need is greatest.

Making microresearch a reality will require champions to get the movement underway, perhaps as pilot projects in 2 or 3 countries. We need to persuade governments, nongovernmental organizations and volunteers to step up with the necessary financial and mentoring support. The developing world is waiting.

**Noni MacDonald MD MSc**

Section Editor, Public Health

**CMAJ**

**Jerome Kabakyenga MD PhD**

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Mbarara University of Science and Technology

Mbarara, Uganda

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## REFERENCE

1. Gangemi J. Nobel winner Yunus: microcredit missionary. *Bar Week* 2005 Dec 26. Available: [www.businessweek.com/magazine/content/05\\_52/b3965024.htm](http://www.businessweek.com/magazine/content/05_52/b3965024.htm) (accessed 2006 Jul 24).

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## Appendix 2 Poster

# MicroResearch Workshop

## Interdisciplinary Research Training

10<sup>th</sup> to 21<sup>st</sup> September, 2012.



MicroResearch workshops provide training to do your own community based research, especially research that will improve health for mothers and children.

- Encourages collaboration,
- Coaches and mentors from Canada and Uganda
- Permits an exchange of ideas, strategies and knowledge of community needs

### Who is eligible to attend?

- Academic faculty staff in any clinical training program, such as nursing, pharmacy, social work, medicine etc.
- Trainees in clinical areas who would like to become researchers will be considered.

### What will be expected from you?

Half day attendance for 2 weeks  
(10<sup>th</sup> to 21<sup>st</sup> September, 2012)

### What will you get?

- Excellent training on research
- Outstanding teachers:
  - **Dr Noni MacDonald** Journal Editor, Canada
  - **Dr Robert Bortolussi** Award winning Canadian researcher
- Course material on memory stick
- Certificate
- Opportunity to do your own research with grant of up to \$2,000 CAN in a MicroResearch Competition
- Ongoing support to do research through mentors, collaborators, research

Learn the secrets to successful clinical research projects

- How to conduct clinical research
- How to publish results
- How to write a grant proposal

*"Modeled after the microfinance concept, Micro-research will provide small grants, training and mentoring to clinical researchers to ensure the researchers are successful."*

### How to apply?

Contact: **Juliet Birungi**

Tel: **0772 397665**

Email: **jlietmb@yahoo.com**

Web site :

[www.microresearch.ca](http://www.microresearch.ca)

**Deadline for application :  
31st August, 2012.**

## Appendix 3 Program Outline

### Building Capacity from a Research Idea to a Finished Article/Report, to Knowledge Translation

Makerere University and Mulago Hospital , Kampala, Uganda  
Sept 10–Sept 21, 2012.

#### Week One

##### Day 1 (Monday 2:00 - 6:00)

- Welcome and introduction of faculty and participants –Bob Bortolussi
- Introduction to the Course and Objectives- Bob Bortolussi
- Introduction to the Web program- Dominic Allain
- Defining the research question- Bob Bortolussi

*Group activity: Each member of the group is challenged to identify a research question from their own experience.*

##### Day 2 (Tuesday 2:00 - 6:00)

- Principles of Clinical Research- Bob Bortolussi (1<sup>st</sup> half of talk) and Dominic Allain (2<sup>nd</sup> half)
- Pitfalls in Research- Bob Bortolussi (1<sup>st</sup> half) and Dominic Allain (2<sup>nd</sup> half)

*Group activity: The group selects one of the proposals to develop and refine into a research project.*

##### Day 3 (Wednesday 2:00 - 6:00)

- Each Group Present their Research Question- Chair
- Getting started on writing a proposal- Bob Bortolussi
- Writing and Abstract for Meeting Presentation- Dominic Allain

*Group activity: Refine proposal*

##### Day 4 (Thursday 2:00 - 6:00)

- Basics of Research Ethics – Bob Bortolussi
- Ugandan Research Ethics Perspective  
(Local Guest lecturer: Dr ...- Role in IRB)

*Group activity: Refine proposal*

##### Day 5 (Friday 2:00- 6:00)

- Oral and Poster presentation- DA
- Writing a report- Bob Bortolussi

*Group activity: Refine proposal*

## Week Two

### Day 6 (Monday 2:00-6:00)

- How a manuscript is reviewed- Dominic Allain
  - How a grant proposal is reviewed- Bob Bortolussi
  - What editors are looking for- Bob Bortolussi
- Group activity: Refine proposal*

### Day 7 (Tuesday 2:00- 6:00)

- Principles of Knowledge Translation- Bob Bortolussi
  - Moving Research into Policy- Dominic Allain
- Group activity: Refine proposal*

### Day 8 (Wednesday 2:00- 6:00)

- Effective Utilization of time and resources- Dominic Allain
  - Community Engagement- Bob Bortolussi
  - Ugandan Perspective on Community Engagement- Prof. JC Lule  
(Local Expert Perspective and Discussion)
- Group activity: Refine proposal*

### Day 9 (Thursday 2:00- 6:00)

- Developing your Curriculum Vitae- Dominic Allain
- Group activity: "Polish" proposal for presentation.*

### Day 10 (Friday 2:00- 6:00)

- Each Small Groups Presents their research proposal
- Group Activity: Awards and Graduation Ceremony*

*Small Group Research Sessions: Those participating in the program will be divided into groups. Each group will remain together throughout the course as they develop, refine and complete their research proposal. These sessions will be facilitated to help them focus the research proposal and develop their plan.*

*Each group will give a 10 minute research presentation at the end of the course (Day 10).*

## Appendix 4 List of Group Participants

### GROUP 1

Name	Discipline	Email address
Proscovia Namuwenge	Doctor/population science and reproductive health	<a href="mailto:namuwengep@yahoo.com">namuwengep@yahoo.com</a>
Assumpta Nabukenya	Counseling Psychologist	<a href="mailto:assukenya@yahoo.com">assukenya@yahoo.com</a>
Joseph Lunyera	Intern doctor	<a href="mailto:josephlunyera@gmail.com">josephlunyera@gmail.com</a>
Mark Kizito	Medical Student	<a href="mailto:kizitomark@yahoo.com">kizitomark@yahoo.com</a>
Albert Miwanda	Data management/ information Science	<a href="mailto:miwalb03@yahoo.com">miwalb03@yahoo.com</a>
Anne Ampaire	Ophthalmology/master in public Health student	<a href="mailto:annamusika@yahoo.com">annamusika@yahoo.com</a>
Cissy Nambejja	Ethno- botanist/ masters phamacognosy student	<a href="mailto:nambejjacissy@ymail.com">nambejjacissy@ymail.com</a>
Kamuchaki Justine	Paediatrician	<a href="mailto:m.kamuchaki@gmail.com">m.kamuchaki@gmail.com</a>

### GROUP 2

Name	Discipline	Email
Nassanga Ritah	Doctor/ masters radiology student	<a href="mailto:ritlyn777@yahoo.com">ritlyn777@yahoo.com</a>
Kimbowa Daniel	Data Information	<a href="mailto:kimbowad2002@gmail.com">kimbowad2002@gmail.com</a>
Dorcus Ayo	Bachelors Nursing	<a href="mailto:dorcasekau@yahoo.com">dorcasekau@yahoo.com</a>
Sarah Matovu	Occupation therapy	<a href="mailto:saranatty@yahoo.com">saranatty@yahoo.com</a>
Gloria Nakitende	Nursing student	<a href="mailto:syndayemagloria@yahoo.com">syndayemagloria@yahoo.com</a>
Louis Kamulegeya	Medical student	<a href="mailto:kamulegeyalouis@yahoo.com">kamulegeyalouis@yahoo.com</a>
Annette Kyomuhangi	Population studies	<a href="mailto:kayogoza@gmail.com">kayogoza@gmail.com</a>
Gladys Kasirye	Medical doctor	<a href="mailto:gkatasi@yahoo.com">gkatasi@yahoo.com</a>

# MicroResearch Workshop Report

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1  
3

## GROUP 3

Name	Discipline	Email
Anna Nalumansi	Medical student	<a href="mailto:nalumansianna@yahoo.com">nalumansianna@yahoo.com</a>
Mathew Kagwisagye	Medical student	<a href="mailto:mateisson@gmail.com">mateisson@gmail.com</a>
Henry tamale	Masters Physiology student	<a href="mailto:henryduketamale@gmail.com">henryduketamale@gmail.com</a>
Ibanda Hood	Doctor/pharmacology lecturer	<a href="mailto:hibanda@gmail.com">hibanda@gmail.com</a>
Patrick Lumala	Statistics	<a href="mailto:Lumala_patrick@yahoo.com">Lumala_patrick@yahoo.com</a>
Jacque Nampijja	Clinical officer	<a href="mailto:Jakilove01@yahoo.co.uk">Jakilove01@yahoo.co.uk</a>
Joselyn Ayikoru	Mid wife	

## GROUP 4

Name	Discipline	Email
Aliru Omega Rose	Midwife/ Social worker	<a href="mailto:alirur@yahoo.co.uk">alirur@yahoo.co.uk</a>
Nakibuule Agnes	Nurse/masters International relations	<a href="mailto:gnwkayondo@gmail.com">gnwkayondo@gmail.com</a>
Senabulya Richard	Industrial psychology	<a href="mailto:sennavonpearl@hotmail.com">sennavonpearl@hotmail.com</a>
Arthur Kwizera	Anaesthesiologist/lecturer	<a href="mailto:akwizera@chs.mak.ac.ug">akwizera@chs.mak.ac.ug</a>
Kaganda Chris	Medical doctor	<a href="mailto:kagandac@yahoo.com">kagandac@yahoo.com</a>
Juliet Birungi	Obstetrics/gynaecology	<a href="mailto:jlietmb@yahoo.com">jlietmb@yahoo.com</a>
Sharon Nyesiga	Medical student	<a href="mailto:nyesigak@gmail.com">nyesigak@gmail.com</a>
Aggrey Dhabangi	Paediatrician/lecturer	<a href="mailto:adhabangi@chdc.mak.ac.ug">adhabangi@chdc.mak.ac.ug</a>

## **Appendix 5 Topics and Questions explored by each group**

### **Group 1**

- 1) CVS diseases, HTN in particular : knowledge attitude and practices
- 2) Knowing association between parent-child relationship and drug abuse (psychologist)
- 3) Causes of increasing incidence of HIV in Uganda despite attempts at control
- 4) Perceptions on child blindness in Uganda: causes, barriers to treatment
- 5) Malnutrition in children: examining malnutrition in siblings of patients admitted to hospital
- 6) **Level of and factors associated with retention of mother-infant pairing in the PMTC groups, what is level of retention**
- 7) Association between cancer and depression among patients admitted and prevalence of depression
- 8) Herbal medication use in pregnancy and mothers' perceptions to its possible link to successful deliveries

### **Group 2**

- 1) **Childhood obesity: its prevalence in ages 3-13 years and causes**
- 2) Relationship between quality of maternal care and maternal death
- 3) Effects of HIV non-disclosure and its effects on the children in the home.
- 4) Barriers to utilization of maternal and child health services in Uganda.
- 5) Factors associated with delayed milestones in children presenting to Mulago Hospital
- 6) Effects of maternal UTIs on the unborn child
- 7) Psychosocial development differences between children raised by biological parents vs maids

### **Group 3**

- 1) Factors leading to congestion in labour wards
- 2) **Factors affecting the use of partogram in labour**
- 3) Assessment of subclinical CVS disease among people with sedentary lifestyles
- 4) Incidence of antibiotic associated diarrhea in kids under 5 admitted at Mulago
- 5) Predisposing factors leading to stroke among kids with SCC
- 6) Factors leading to delays to presentation to the Emergency Ward
- 7) Influence of in-service training on ...
- 8) Perceptions of community reasons for high mortality rates in rural areas
- 9) Barriers to uptake of family planning methods, especially in rural Uganda.

### **Group 4**

- 1) Causes of low usage of family planning services in rural Uganda
- 2) MDG 1 and 5: links between the 2

- 3) Premenstrual symptoms among girls in Uganda
- 4) **Factors that trigger mothers to seek medical help for critically ill children; what is there understanding, where are the lacks, are there needs for intervention/education?**
- 5) Comparing the practices of prescription filling for Septra prophylaxis in HIV
- 6) Factors affecting women access to PMTC services in Uganda-
- 7) Knowledge of practice and attitudes on home deliveries
- 8) Practice of hiring private midwives and people's attitude towards this new practice (and comparison of socioeconomic status)

**The selected best presentation**

**Group 4**

**Time between onset of illness and assessment by HCP (OTC) (or Time between onset of illness and admission) and factors associated with delays among children under 5 years presenting to the pediatric acute care unit at Mulago hospital.**

**Initial idea: Factors that trigger mothers to seek medical help for critically ill children and barriers encountered; (what is there understanding, where are the lacks, are there needs for intervention/education?)**

Juliet-Obs/Gyne MD

Arthur-Anesthesia MD

Aggrey-Pediatrician

Sharon-medical student

Rose-Midwife and social worker

Chris-Medical officer

Richard-Psychologist (industrial organizational)

Agnes-(Masters in) International Relations and Diplomatic work

## **Appendix 6: Judges Scoring System**

1. Feasibility: eg. time, budget (35 points)
2. Importance and Relevance: to local & the wider community (35 points)
3. Other (10 points each)
  - o Importance to Africa
  - o Novelty
  - o Multidisciplinary team participation

## Appendix 7 Evaluation

**Makerere Micro Research Course September 10-21 2012**

**Total 19 respondents (61.3%)**

Score: 1=low to 5=excellent

Number respondents (n), median score **in bold**

**a. How would you rate this course?**

1 (0), 2 (0), 3 (0), 4 (7), **5 (15)**

**b. Did it raise research issues you had not considered before?**

1 (0), 2 (0), 3 (2), 4 (7), **5 (13)**

**c. Did it stimulate your interest in research?**

1 (0), 2 (0), 3 (1), **4 (10)**, 5 (11)

**d. Would you recommend it to a colleague?**

1 (0), 2 (0), 3 (0), 4 (6), **5 (16)**

### Comments:

**1. Why did you come to the course?**

- Gain knowledge on research (8 respondents)
- Improve research skills (7)
- Gain writing skills (4)
- One each responded \*:  
\*Learn how to do a CV, \* Learn ethical conduct in research, \*Learn data analysis,  
\*Challenge myself , \*Get help on how to carry out micro research, \*Learn about  
proposal development, and \*Nurture my academic career, \*learn if my basic  
science knowledge can be used in microresearch.

**2. What was most helpful in the course?**

- Learning more on research methods (8)
- Learning to work as a team activity (6)
- Research ethics fundamentals (3)
- Improving presentation skills (2)
- Learning about policy development (2)
- One each: The mentors, KT, writing an abstract, what editors want.

**3. What might be changed?**

- Nothing to change (8)
- Increase time of the workshop (5)
- One each responded\*:

\*Shorten time of workshop, \* Give out material of workshop for those who do not have a laptop, \*Give talks specifically on how to do “Introduction”, Methods”, “results” etc., \*Help identify potential funders and contacts, \*Increase amount of funds for each grant, \*Get more local speakers, more interaction, and \*Incorporate talk about herbal medicine.

#### **4. What lectures were most helpful?**

- Curriculum Vitae (8)
- Ethics (6)
- KT (4)
- Manuscript writing (3)
- Defining Research Question (2)
- Writing a proposal (2)
- Pitfalls of research (2)
- What editors are looking for (2)
- One each responded:  
Clinical research (GCP), Writing a report, Moving research into policy, Grant writing, Research Design, Poster presentation, everything.

#### **5. What lecture(s) topic could be shortened or dropped?**

- None (19)
- Effective use of time (make it shorter 1)
- Community engagement (make it shorter 1)

#### **6. How will you use what you have learned?**

- Write a grant (11)
- Teach medical students (5)
- Get more involved in research (2)
- Write a paper (2)
- One each responded \*:  
\*Improve research for my MSc, \*improve use of KT, \* write a report, \*share ideas, will apply what I learn in my new job and \* Improve care

#### **Other Comments:**

- Reduce the time for presentations so groups have more time to work,
- It is too long, can be made in one week, full time,
- I will teach students this team approach,
- Can you aim at solving problems using herbal medicine?
- Set expectations at start,
- Very helpful, very eye opening, very educational!
- Interactive sessions were necessary,
- Increase dollar amount for grants,
- I wish MR could also offer scholarships,

# MicroResearch Workshop Report

## [MAKERERE UNIVERSITY 2012]

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- I have already learned a lot especially on proposal, report writing, CVs, and team work. So I thank a lot prof Dominic, Robert, Dr Lule and everyone who has helped us. God Bless You!