



Report on MicroResearch (Mini) Workshop at the Bethune Round Table

Hosted by Dalhousie University, June 4-5 2016

Bethune Round Table is a scientific meeting on global surgery held in Canada each year. Dalhousie University faculty of Medicine was the host for 2016. In support of this year's theme of " *Building Collaboration Teams to Strengthen Global Surgery*", the local Planning Committee invited MicroResearch (<http://microresearch.ca>) to present a one hour seminar on MicroResearch followed the next day by a 6 hour Mini MicroResearch Workshop. MicroResearch is an innovative strategy centred in East Africa 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 in the Bethune Round Table Program

June 4, 2016

The seminar, entitled *Addressing Local Barriers to Improving Health Outcomes: MicroResearch in Eastern Africa and Beyond*, was attended by over 40 participants and covered the rationale and basic principles of MicroResearch including outcomes. The participants were then challenged to think about how groups differ from teams. Those planning to attend the next day's Mini Workshop were then asked to think of a burning community focused health question.

June 5, 2016

The Mini Workshop was attended by 14 eager participants, 4 from Canada and 10 from low income countries. All participants were surgeons, anesthesiologists or obstetricians. They were placed in 3 intra-disciplinary groups. Brief lectures selected and shorted from the full MicroResearch Workshop program focused on criteria for selecting the best question put forward by MicroResearch group members, an over view of research design and methods applicable to MicroResearch small projects, an introduction to community engagement, knowledge translation and research into policy interspersed with three group work tasks. The workshop concluded with each of the three groups briefly presenting plans for their own community based research project, including: the rationale for selecting the project, the research design, research methods, to be used, what communities should be engaged and a knowledge translation plan.

The three selected project questions were:

Group 1: What has been the management of patients with adrenal tumors over the past 20 years in the resource limited setting of Mulago National Referral Hospital?

Group 2: Factors determining late presentation of patients with Typhoid Fever perforation to tertiary hospitals in Rwanda

Group 3: Is the prevalence of gastroschisis increasing in Nigeria?

Participants received a Certificate to indicate they had successfully completed the Mini MicroResearch Workshop. Each of the groups and group members contributed enthusiastically to the deliberations in their own group and to the general discussion.

A Workshop evaluation was completed by 11 (79%) of the 14 participants. All indicated they would welcome holding a full 2-week MicroResearch Workshop at their institution. Many felt that the program was too short but all highly valued the experience and provided ideas how they would use the knowledge they had acquired. The principles behind MicroResearch were understood and the value of participatory learning much appreciated. (See Evaluation Report).

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MicroResearch (Mini) Workshop Evaluations

Norman Bethune Conference, June 4, 5, 2016

Dalhousie University

Workshop Participants: 14

Number Responses: 11 (79%)

For Questions a-c the Scale: (1) = low, (5) = excellent or agree strongly.

a. How would you rate the mini workshop?

(1)-0, (2)-0, (3)-0, (4)-3, (5)-8

b. Did it raise community focused research issues you hadn't considered?

(1)-0, (2)-0, (3)-0, (4)-2, (5)-9

c. Did it stimulate your interest in MicroResearch?

(1)-0, (2)-0, (3)-0, (4)-1, (5)-10

1. Why did you come to the Mini MR workshop?

- Curiosity x 3
- Interest in research x 3
- Learn more about research x 2
- To lead research in my institution.
- Interested in community research
- Wanted to know how MR works
- Improve skills at grant writing

2. What was most helpful in the Mini MR Workshop?

- All x 3
- Community and Policy x 3
- FINER
- Practical applications
- Mix of didactic and practical
- KT and Community
- Team work
- "Local problems need local solutions"
- Designing community research
- Health Systems

3. How might the Mini MR workshop be changed (improved)?

- No suggestion x 4
- More time x 4
- Introduce it online beforehand.
- Ask participants to design pretest question
- Give test between didactic and practical.

4. Will you use what you have learned and, if so, how?

- Will do more research x 5
- Will use with PhD for health policy
- Will use in teaching
- Will heighten awareness of research ethics
- Will organize a similar workshop
- Will develop low-cost research and work in teams

5. Would there be interest and support for a full MR Program at your site?

- Yes: x 11
- Issue is funding
- MR is the way to go
- MR is needed to increase understanding
- In my country MR is needed to boost research

6. Other comments:

- “Brilliant”
- In (country name) lots of research courses but nobody teaches what to do with research- policy level, KT. Thank you for excellent course
- By seeing my team co-workers enthusiasm, I really realized it is a very important need to get those datas quick and start QI plan.
- Great work- wonderful introduction
- Could you sponsor us for full research programs with you that are (??) and accredited?
- It was a wonderful workshop, though too short.
- We would love you to train champions in MR and grant-writing in (name).
- Great work. MR Program is the way to go.
- Helpful for sure, and I did appreciate that; grateful to be part of this
- Fantastic