Report
MicroResearch Workshop
Kigali University Teaching Hospital
February 15 – February 26, 2016
Nurturing a Research career
Workshop for Community Based Researchers

Held at
Kigali University Teaching Hospital (CHUK)

Facilitators

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### Funding for the MicroResearch Workshop at Kigali University Teaching Hospital (CHUK)

- Montreal Children’s Hospital Foundation
- McGill University
- Academics Without Borders
- Kigali University Teaching Hospital (CHUK)
- Canadian Paediatric Society
- Society of Obstetricians and Gynecologists of Canada
- IWK Health Centre
- Dalhousie Medical Research Foundation
- Dalhousie University

Personal donations: N. MacDonald, R Bortolussi
Introduction and Background

This was the first workshop to be held in Rwanda and at the University Teaching Hospital of Kigali (CHUK). The impetus for development of this training opportunity at CHUK came from Dr Jen Turnbull of the Montreal Children’s Hospital and McGill University. She not only facilitated the connection between MicroResearch with Lisine Tuyisenge and CHUK but was also instrumental in finding the funding support needed for the grants for proposals arising from the workshop.

Building on the past success, of the Millennium Development Goals (MDG) and the visionary 2015-2030 plan of the UN’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 this is outsourced research from industrialized countries with the developing country only providing the patients and the data collection.

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;4:185–93 (http://download.journals.elsevierhealth.com/pdfs/journals/2210-6006/PIIS2210600614000161.pdf)].
The MicroResearch Workshop Program and Participants

Participants

The two-week workshop was conducted over half days. No fee was charged by CHUCK. Dr Lisine TUYISENGE worked tirelessly to recruit high quality participants and to support local arrangements for the workshop. Timothee SHAHIDI TWAHIRWA, one of the participants, was a great help with the local and day-to-day arrangements including registration and attendance. Participants were recruited by personal invitation and word of mouth. Thirty participants initially enrolled but 5 were forced to drop out due to other pressing commitments in first few days of the program. This allowed another person to join leaving a total of 26. The final list of the 26 participants is presented in Appendix 1.

Program

The course was held at CHUK from February 15th until February 26, 2016. As per usual MicroResearch practice, the workshop combined lectures, interactive seminars and daily small group interdisciplinary, interactive working sessions with local CHUK and University of Rwanda coaches. The schedule is shown in Appendix 2. Days 6 and 7 had to be combined into one day – Tuesday – with a morning and then an afternoon session. This was required because the local elections were on the Monday and the government had closed many institutions for this.

A new twist on an afternoon workshop program was added. Some of the teams met together from 1 to 2 pm or earlier followed by the two lectures and then again with their coach from 3: 30 to 5 pm. Daily attendance for the 26 participants was over 90%.

On Day 1, the Medical Director of CHUK, Dr Jean Claude Byiringiro, welcomed the participants and the facilitators. He noted that this was a new step for CHUK but from the background supplied by Dr Tuyisenge, a most welcome training opportunity to help those working at CHUK to find local solutions for local health problems.

Course participants were divided into 4 MR teams by the MicroResearch faculty such that each team included a variety of professional disciplines and gender equity across the teams. Each team had 6 to 7 members as there were 26 final participants.

The workshop started with discussion of the research questions put forward by each member of the team. The research questions were based on their own experience and passion (i.e. we’re not just community based but community directed). These questions were further developed via the lecture: “How to develop a research question”. The teams then vigorously discussed the merits of each question and selected one to work on as their team workshop project. A spokesperson for each team then presented the list of topics to the entire class, noted the one selected by the team and then the rationale for its selection. (See appendix 3)
The 4 topics selected by the teams on Day 2 (i.e. unrefined questions) for development into an overview research proposal during the workshop were presented by each team to the full Workshop on Day 3:

**Team 1: Resurgence of malaria with severe complications among Pediatric patients admitted in Kigali University Teaching Hospital/ CHUK**

**Team 2: Does Traditional practice /medicine use have Impact on the outcomes of pediatric patients at CHUK?**

**Team 3: How is the transport by ambulance of transferred ill patients from the DH to Emergency Departments in CHUK done?**

**Team 4: Are health workers aware of alarming cancer signs?**

**KT Intervention and Health Policy**
A new KT teaching strategy was initiated with this workshop. After the KT lecture, RB or NM met with each team for 15 minutes to review their KT, using the 5 elements of KT to show how a plan might be developed for their specific question. Directed questions were asked if there seemed to be some veering off track.

Having Regis Hitimana, who had formerly worked for the Ministry of Health in planning (but is now an Assistant Lecturer, Health Policy, Economics and Management Department, College of Health Sciences at the University of Rwanda) join in the discussions of the 6 selected questions was very helpful and insightful or the participants. Having such an expert much enriches the session.

**Final Presentations and Judging**
The program for the final Day is outlined in Appendix 4. The highlight of Day10 was the oral presentations by the four teams each presenting a 10 minute overview of their research proposal followed by 15 minutes of comments and questions from the judges and then 10 minutes of constructive suggestions from the other participants on how the proposal might be strengthened.

A distinguished group of 3 judges participated and decided on the best presentation.

1. Stephen Rulisa, MBch.B, Master of Medicine (obstetrics and gynecology), PhD, Dean College of Medicine and Health Sciences, University of Rwanda.

2. Paulin Basinga, MD, PhD, Senior Technical Advisor to DG RBC, Rwanda Biomedical Center, Ministry of Health, Rwanda

3. Kato J. Njunwa, BSc, MSc, PhD. Associate Professor College of Medicine and Health Sciences University of Rwanda
The scoring system used took into account MicroResearch principles (see Appendix 4).

**Best Presentation Winner:**
The decision on which was the best presentation was most difficult as every team had ranked 1 or 2 with at least one judge. The Team selected by the judges as giving the best presentation was:

*Team 2: “What is the prevalence of traditional medicine use and association with delayed consultation among pediatric patients admitted at the University Teaching Hospital of Kigali?”*

**Judges’ Summary Comments:**
The judges were enthusiastic supporters for all of the teams and the MicroResearch approach to capacity development. Although they had difficulty selecting the best presentation, they had no difficulty in recommending that every team go on to develop a full MicroResearch project proposal. All of the teams had developed a clear and reasonable knowledge translation strategy that will shorten the time between discovery and implementation. For each of the four Rwandan teams, the outcomes of the research projects will help frame policies for the future. But, the judges also emphasized how important the outcomes will be for the hospital itself, and the international communities!

The specific comments for each Team are noted in Appendix 5

**Closing Remarks**
Dr. Jean Claude Byiringiro, Medical Director General, Kigali University Teaching Hospital attended the entire final day of the program, handed out the certificates and gave the closing remarks. He emphasized the importance of research for CHUK growth and improvement in care provided and for health outcomes in Rwanda. He commended the teams on their fine work to date and offered strong encouragement to proceed on with their projects and to do more research. He noted that CHUK did have some albeit not large funds for research too. Dr. Theobald Hategekimana, Director General of CHUK had hoped to be able to attend the final day’s presentations but was held up by pressing meetings with government members.

**Workshop Assessment**
An assessment of the workshop by participants was obtained using structured evaluation forms submitted anonymously. 80% of the 26 participants completed the form. The scores and summary of comments are presented in Appendix 6. Although RB and NM, and Lisine periodically gave some explanations in French, several participants suggested that the slides and oral presentations be given as a mix of French and English, not predominantly in English.

**Outcomes and Recommendations from the 1st MicroResearch Workshop CHUK**
We believe CHUK has excellent potential to become a strong partner with the other major MicroResearch sites in East Africa. CHUK participants perceived the MicroResearch workshop as a great success, as shown by strong attendance, enthusiastic participation by all attendees and the effective support from the site organization. We estimated the average age of workshop attendees to be higher than usual, possibly because of the strong recruitment
efforts of Dr. Tuyisenge. The strong coaching staff and guest local lecturers enriched the discussions and provided local relevance.

CHUK provided excellent local infrastructure support for the workshop under the guidance of Dr. Tuyisenge. She had asked Shahidi Twahirwa Timothee, for assistance. He provided huge help during the registration, taking daily attendance, and verifying email addresses etc. He went far above and beyond what a “participant” does. He also did an excellent job in ensuring materials were copied and ready when needed. The four coaches recruited truly helped their teams to develop their proposal overview and would be excellent MicroResearch teachers/facilitators in the future.

Conclusions, Comments and Recommendations

1. Continue MicroResearch training next year if funding can be acquired.

2. Consider translating some of the PPTs into French to help participants who are less fluent in English. A similar consideration may be helpful in Tanzania (to Swahili). One problem with translation is that the PPTs are updated often and will need to be refreshed regularly. This needs careful thought.

3. In order to support teams’ ongoing work following the workshop, encourage opportunities for the teams to meet with their coaches periodically – e.g. monthly.

4. The recruitment process for coaches worked well. They will be an excellent resource for becoming MR teachers in this program if funding is available to continue next year.

5. Re Lecture Presentations:
   a. The local University of Rwanda and MOH faculty were excellent and greatly enriched the breadth of the program. They made excellent contributions to the discussions
   b. Beatrice Niragire’s “Hanari slides” should be refined and incorporated into the Day 1 talk on “Use of Internet”.
   c. Consider moving discussion on “Predatory Journals” into day 1 discussion on internet.
   d. Having a local policy expert with government experience actively participate in the research to policy discussion, proved highly successful and should be considered at other sites
   e. Use tables like “Do’s” and Don’ts” in the “How to apply for a MR grant” and other lectures
   f. Add in slide on words to use and not use to “How to apply for a MR grant” as especially helpful for those were English is not the first language.

6. Re Toolkits and Handbook: The addition of new Toolkits as a resource was helpful.
   a. Finalize all “Draft” toolkits and add new ones on Sampling and Questionnaires.
b. Ensure that the “Handbook” is included as a resource (it was accidentally omitted this time)
c. Correct mislabeling of “Grant Writing” toolkit.

7. Having the facilitators working individually with each team for a few minutes to help further demystify knowledge translations proved helpful. This process needs to be further refined and formally added to the program.

8. On the MicroResearch grant application form CHUK has been included as a site.

9. Collect participant interviews at each workshop for MicroResearch in Africa, Facebook, and other social media uses.

10. Lisine Tuyisenge and Brenda Asiimwe-Kateera will explore with others the potential for an application to the East African Commission to support and grow MicroResearch

Acknowledgements:

In closing we would like to express our gratitude for the interest, energy and excellent organization of Lisine Tuyisenge. She is a superb MR site leader and a joy to work with. Shahidi Twahirwa Timothee, a participant, was so very helpful with the course mechanics-registration, daily attendance and copying materials needed for distribution. His enthusiasm and organizational skills were very much appreciated. Lastly, a thank you to Brenda Asiimwe-Kateera, Lisine Tuyisenge, Shahidi Twahirwa and Muramuzi Wahabu for agreeing to have their photos taken and interviews done for AWB Facebook and MR Facebook pages. Respectfully submitted by,

Noni E. MacDonald  Robert Bortolussi
MD, MSc, FRCPC, FCAHS  MD, FRCPC, FCAHS

Appendices:
1. List of participants, professional backgrounds, sites and email addresses
2. Program Outline- full day two week workshop
3. Topics and Questions explored by each Team
4. Outline of final day’s program
5. Scoring System used by the Judges
6. Specific comments for each Team
7. Course Evaluations
## Appendix 1: MicroResearch Workshop Participants CHUK 2016

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<td>26</td>
<td>Jean Damascene GASASIRA</td>
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Appendix 2: Program Outline

Kigali University Teaching Hospital
MICRORESEARCH TRAINING WORKSHOP, Kigali, Rwanda
Feb 15-26, 2016

Initials- see facilitators and lecturers section of this report.

Day 1 (Monday 2-5pm)
• Welcome and introduction of faculty and participants – TL JCB
• Introduction to the Course and Objectives- RB
• Introduction to the Web program- RB and BN
• Defining the research question- NM
  
  Homework: Each participant challenged to identify a research question from their own experience to present to their Team on Day 2.

Day 2 (Tuesday 2 -5 pm)
• Principles of Clinical Research- Toolkit 1 – Qualitative Research RB
• Pitfalls in Research- NM

  Team activity: The Team selected a chair and a secretary and then chose one of their questions based upon FINER criteria to develop and refine into a research project.

Day 3 (Wednesday 2-5 pm)
• Each Team Presents the Research Questions reviewed, the one selected and why chosen with discussion by all workshop participants- Co-Chairs NM, RB
• Research Toolkit 2 Quantitative Research RB

  Team activity: Refine research question, begin search for background materials, choose research design and meet coach

Day 4 (Thursday 2-4 pm)
• Research Toolkit 3 Sampling and basic statistics RB
• What editors are looking for : How to get published NM

  Team activity: Continue development of background materials, work on methods

Day 5 (Friday 2-5pm)
• Basic and Local Ethics RB and BAK,LT
• Community Engagement NM and LN
• Workshop participants reflections on community engagement and basic ethics for their chosen research questions –

  Team activity: Refine proposal, name budget officer- begin development of budget, start, develop content for slides for background, further work on methods. Develop background, research question PPT slides
Day 6 & 7 (Tuesday 10am –noon 2-5 pm)

- Writing a report RB
- Knowledge translation - NM, RB
  Team activity: Refine proposal, development of budget, start, work on slides for background, further work on methods.

(Tuesday 2-5pm)
- Poster exercise and Poster and Oral presentation– RB, NM
- Research into Policy NM and RH
  Team activity: Refine proposal- start on PPT, select “orator”, further refines method, develop methods slides on methods. Start on KT

Day 8 (Wednesday 2-5pm)

- Writing an abstract exercise NM
- How Grants are reviewed RB
  Team activity: Refine proposal: Check in on progress- smooth out background, methods, KT, budget, develop next steps, polish PPT

Day 9 (Thursday 2-5pm)

- Career Documentation and Planning RB
  Team activity: “Polish” proposal for presentation, develop responses to potential questions from judges.

Day 10 (Friday 2-5pm)

- Each Small Groups Presents their research proposal
  Group Activity: Awards and Graduation Ceremony
Appendix 3: MicroResearch Teams, Proposed Questions and Coaches

Question selected in Bold

Team 1:
Coach: David TUMUSIIME (dtumusime@khi.ac.rw)

Team members: RUTARE Samuel (Chair), MUKANDANGA Antoinette (Secretary), RUSINGIZA KAMANZI Emmanuel, KAYITESI Marie Louise, MURAMUZI WAHABU, UWINGABIRE Vestine, UWIMANA Jeanine

Team list serve: rutasamuel@yahoo.com; muketa2006@yahoo.fr; erkamanzi@gmail.com; mkayitesi57@gmail.com; muramuziwahabu@gmail.com; uwingabirevestine@gmail.com; habijeannine@yahoo.fr

Questions:
1. Prevalence of Streptococcal throat infection in a rural school of Gicumbi using rapid diagnostic test
2. Resurgence of malaria with severe complications among Pediatric patients admitted in Kigali University Teaching Hospital/ CHUK
3. Intestinal parasite in children attending nurse school al nyarugenge district in 2015-2016
4. Prevalence of toxoplasmosis in pregnant women attending gynecology consultation at CHUK in 2016 (GO)
5. Why the malnutrition affecting the children under 5 years in rural district
6. Factors contributing to severe malnutrition in children under five years from BUGESERA District
7. Relationship between children affective disorders and absent parents al CHUK
8. Perception and knowledge of Mother to child HIV Transmission among parents in a village in Kigali

Team 2:
Coach: Brenda ASIIMWE-KATEERA (bkateera@gmail.com)

Team members: BISIMWA Jeanne d’Arc, KALISA Michael (Chair), KUBAHO MIHIMBA Fabrice, Fabien NTAMASHAKIRO, BATAMU KAMANDA Valentine, UWAMARIYA Agnes

List serve: bjeannedarc2001@gmail.com; kalimichael@yahoo.co.uk; kubahofabu@gmail.com; nfabiannol@gmail.com; valentinobkt@yahoo.fr; uwange200@yahoo.fr

Questions:
1. What factors contribute to maternal malnutrition before and after surgical interventions, case of Gynecology & Obstetrics department in CHUK?

2. How safe is transport of critically sick patients referred from district hospitals to CHUK?

3. Why opportunistic diseases are increasing in patients in HIV care and support program?

4. How can health care providers facilitate attendance in HIV clinic without stigma for adolescents?

5. How can we improve nursing management for communicable diseases?

6. Do health care providers contribute in adherence to the ART of boarding students?

7. Is the exclusive breastfeeding enough for preterm babies to gain weight? Case study of Neonatology/CHUK

8. What is the quality of care and outcomes of patients without community health insurance, case of Mutuel de santé at CHUK/Pediatrics department

9. Does Traditional medicine use have impact on the outcomes of pediatric patients at CHUK?

10. What is the effect of HIV/AIDS on nutritional status of under 15 years old children? Case study of BIRYOGO health center. From January to December 2015?

Team 3:
Coach: Joseph NTAGANIRA, (jntaganira@nursph.org)

Team members: SHAHIDI TWAHIRWA Timothee, KARAMBIZI CHARLIE Angelique, Simon KANYANDEKWE, KANKUNDIY Riziki, RUZIGANDEKWE Yvonne, Jean de la Paix BALIYANGA,

Team list serve: timoshaw@yahoo.fr; charlieka21@yahoo.fr; kanysim@hotmail.fr; jeanneriziki@yahoo.fr; ruzyvo2@yahoo.fr; jeandelapaixb@gmail.com;

Questions:
1. Quel est l’impact sur la croissance et le développement des nourrissons nés de mères présentants une dépression post-partum?

2. Est-ce-que le protocole de prise en charge des epileptiques du Rwanda est respecté au CHUK dans le department de Santé Mentale?

3. How well is the transport of transferred patients to Emergency Departments in CHUK from the DH done?

4. What about the infant feeding practices in Pediatrics and Maternity Departments?

5. Is there any correlation between the time in consultation with a doctor with patients’ satisfaction?

6. Is hand washing practice systematic in between patients in Neonatology?
Team 4

Coach: Lisine TUYISENGE (tuyislisine@gmail.com)

Team members: GASASIRA Jean Damascene, MUGANGA Narcisse, NYIRANSHIMIYIMANA Jacqueline, INGABIRE Laetitia, KANYAMUHUNGA Aimable, KUMWAMI MUZUNGU, BENURUGO Genevieve

Team list serve: jdamascene.gasasira@gmail.com; nmuganga@gmail.com; nshimajac@yahoo.fr; laetitia.ingabire@yahoo.fr; kanyamuhunga@yahoo.fr; kmuzungu2002@yahoo.fr; benegenie@yahoo.fr

Questions:
1. Do Mothers ignore the malaria prevention in children under 5 years in Kirehe District?
2. Do baby born with birth asphyxia induce maternal psychological problem?
3. Are health workers aware of alarming cancer signs?
4. What is rickets situation in Rwanda?
5. Do delay in consultation of health facility increase the hospital mortality?
6. What is the understanding of CHUK staff about the team work?
7. Do Nurses have skills to monitor patients in ambulance during their transfer from DH to tertiary level Hospital?
8. Are there side effects on infant growth due to the current reduction of the maternal leave period?
9. Should antenatal screening with U/S improve the congenital heart disease in our setting?
Appendix 4 Outline of Day 10 (Final Day) Program

Date: Feb 26, 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Responsible person</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:30-2:00</td>
<td>Orientation of the coaches</td>
<td>RB</td>
</tr>
<tr>
<td>2:00- 3:30</td>
<td>Presentation by groups</td>
<td>All</td>
</tr>
<tr>
<td>3:30 to 4:00</td>
<td>Presentation of certificates, DR Jean Claude BYIRINGIRO, Medical Director General, Kigali University Teaching Hospital team photos</td>
<td></td>
</tr>
<tr>
<td>4:00 to 4:15</td>
<td>Judges remarks and report</td>
<td>RB</td>
</tr>
<tr>
<td>4:15 to 4:30</td>
<td>Remarks by Lisine Tuyisenge, NM, RB, &amp; Participant ER Team 1</td>
<td>LT, RB, NM</td>
</tr>
<tr>
<td>4:30 to 4:45</td>
<td>Closing remarks Dr. Jean Claude BYIRINGIRO</td>
<td>JCB</td>
</tr>
<tr>
<td>4:45 to 5:00</td>
<td>Class photo</td>
<td>ALL</td>
</tr>
</tbody>
</table>
Appendix 5: Judges Scoring System

Relevance: to local & the wider community (25 points)

Feasibility: time, budget (25 points)

Methods (20 points)

Other (10 points each)
  o Importance to Africa
  o Novelty
  o Team participation

Comments
Appendix 6: Summary of Judges Comments for Each Group

Team 1
Final Question: What is incidence of malaria and contributing factors to its resurgence at CHUK?

Comments:
This is a very important project to undertake as malaria is the number one health priority for Rwanda. The reasons for its resurgence are still not clear. The main aspect the team should consider is to focus on is to refine the methods being planned. Paulin Basinga, (paulinbasinga@gmail.com) offered to help the team find the most up-to-date reference material for Rwanda. Other suggestions:
- Clarify the denominator to justify “incidence” or is it rate seen in CHUK and has that changed?
- Consider the hypothesis that the rate/incidence has not increased, eg that there is better reporting or referral.
- Use official Rwandan data on each year to show when and how much a change there is (Dr. Basinga).
- Break down data being collected on 4 parameters; bed net usage, insect spray, treatment, climate changes in Rwanda.
- Focus questionnaire on who is getting malaria, their age, location, etc.

Team 2
Final Question: What is the prevalence of traditional medicine use and association with delayed consultation among pediatric patients admitted at the University Teaching Hospital of Kigali?

Comments:
This is a very important study that will give insights on how traditional medicine, [TM] use may influence effective and timely health delivery. The major point to consider at this stage is to determine the focus; frequency/determinants etc on use of TM and determining if it may affect delay. Data collection tools will need to be refined. Other suggestions:
- Justify why you have chosen the time frame for the data collection.
- Outline stages in path-to-care in the background and, if this is a focus describe how you will collect data at each stage,
- Define “delay”,
- Outline time stages for KT plan for the various audiences.

Team 3
Final Question: How is the transport by ambulance of transferred patients from District Hospitals to the Emergency Department in CHUK done?

Comments:
1. Need to define a standard against which this will be assessed – question might therefore be slightly revised to include this
Team 4
Final Question: Are health professional workers aware of early warning childhood cancer signs?

Comments:
This project will help develop the best educational strategy for training health care providers to identify and refer patients with early signs of cancer. The main aspect the team should consider is to focus their data collection to the most relevant caregivers. They also suggested:

- For international reviewers, be sure to justify the rational for selecting CHUK and the district site. The team might also select a district site that is “typical”.
- Justify the tool that they choose to use to assess knowledge on cancer.
- Develop a strategy to justify “how much knowledge” is enough.
- Encouraged team to develop clinical “vignettes” as tools to assess knowledge. This should be developed with help from experts and validated beforehand. Scoring response on whether they were spontaneous, prompted or not mentioned will help to grade the quality of knowledge.
- Develop a qualitative approach as well through focus groups to help identify reasons for any deficiencies in knowledge.
- Define and justify study population.
- Develop and describe a comprehensive strategy for the literature search.
- Read the book “How Doctors Think” for insights on how habits are formed.

General comments for all teams from NM and RB

1. IRB submission should only happen AFTER you have scientific approval form MicroResearch. However, if you have concerns that consent and ethics approval may be complicated, please take time to speak to a member of the ethics committee in advance - possibly Lisine.

2. Remember when you apply try to have addressed all of these valuable comments form the judges and the other suggestions you were given on Friday after the presentations

3. Remember the international peer reviewers will NOT know how the health care system in Rwanda is organized. A slide summary in the Appendix to the MicroResearch grant application and then brief reference in the background or methods where fits will help

4. You will have noted how the KT slides and discussion were well received by the judges - take care to make this section well done in the MR application - it is your sales pitch for the value of the project

5. Please ensure that you provide the local context for the question - why is the question relevant for the team - what are the local data/ concerns.
Appendix 7: Course Evaluation

MicroResearch 2016 Kigali University Teaching Hospital, Kigali Rwanda

Anonymous Workshop Evaluation (20/26 (80%) respondents)

Quantitative
1. How would you rate this workshop? (1 = low….5=excellent)
   - average score: 4.9; 90 % score of 5; 10% score of 4; 5% score of 1
2. Did it raise research issues you had not considered before?
   - average score: 4.75; 80% score of 5; 15 % score of 4;
3. Did it stimulate you interest in research?
   - average score: 4.95; 95% score of 5; 5 % score of 4
4. Would you recommend it to a colleague?
   - average score: 5; 100 % score of 5

Qualitative
1. Why did you come to the workshop?
   - personal invitation from Dr TUYISENGE X6
   - increase my knowledge and skills in research
   - to learn how to work as a research team
   - for continuing professional development
   - committed to research before 2 and this will help me

2. What was most helpful in the workshop?
   Everything
   - participation in teams X5
   - KT X4
   - writing an abstract X3
   opened my mind about many aspects of MicroResearch/research X2
   - oral presentation and poster x2
   how to write an article X2
   - Methods X2
   - budget considerations
   - learnt a lot about incorporating research into policy
   - CV
   - FINER criteria for research questions
   - sampling
   - writing a report
   - how to work as a team to make change
   - answer questions that will help those we care for
   - help me to grow my research skills
   - how was taught is very good – team work
   - helped me change ideas
   - what was taught will help me in my work, not just research
   - how to organize for research and MicroResearch
-all lectures and group/team discussions

-3. What might be changed?
- Nothing X 8
  - so far so good, well presented
  - move it away from workplace
-give in 5 full days not 10 days X2
-use both English and French X2
- more time each day X3 try to speak slowly so improve out English too
- 2000$ too low
- normally participants get the money, you should think about it
- use both English and French X2
- more time each day X3 try to speak slowly so improve out English too

4. What lecture(s) was (were) most helpful?
- KTX7
  - principles of research methods – all x5
- FINER X 5 + Pitfalls in research
- Community engagement X3
- Basic and local ethics X3
- defining research question X3
- critical appraisal of ones article (IMRaD) X2
- writing an abstract X2
- all presenters and all persons who presented esp their experiences they shared X2
- Day 2 and Day 5 (ethics x2)
  = all presenters and all
- writing a report
- oral and poster presentations
- J’ai encore a lire attentivement les lectures-
- budget
- project topic report by each group
- how to get published
- preparing report
- oral and poster presentations
- research into policy
- grant application
- all support information
- attitude in presentation

5. What lecture topic could be shortened or dropped?
- none X14
need to increase the time- so more discussion X 2
shorten how MicroResearch grants are reviewed X 2
- sample size
- career documentation and planning
- writing an abstract
6. How will you use what you have learned?
Will use in doing research X3
Will use in teaching X2 – in my dept
I will change many things – I chose the problem and then do research to find the response
All knowledge acquired from research has to be translated Put this into practice and learn more
Do some projects and help others too
Will use whether MR funded or not
Will develop a research protocol at least once a year
Doing MR in my hospital
Will tell my colleagues about this and how important and interesting
To develop clinical research with my team
Using what I learned to initiate and perform MicroResearch culture
I will use many things form MR- FINER, KT, Budget, write conclusions
I will give feedback to a colleague, then I will be able to do research questions and inform others
I will use what I learned to do MR in nutrition area
Continue to work in my MR team to do research
Practice in doing
It has opened my eyes seeing what MicroResearch projects are and why helpful, will try as much as I can to do many research work on this
I will do research in order to improve our service and improve community health
Use the themes to develop researches

7. Other comments?
We need more workshops after this
I am very happy with the training because I learn more things and I gain knowledge in Microreserach. Thank you very much
This is great and thank you so much for this basic course!!
We will need a second course of more advanced research which explains on biostatistics. Thanks you so much for coming, come again, we still need you!!!
All presentations were very interesting but as French speaker, it could be more interesting if you used both French and English. I used more effort to catch what you said. Next step (time) do not forget to use more French than you did! I think it is the reason why we were less participative. Regards
I will need another workshop in a longtime
To be a researcher international
As some of the researchers are medium English speakers, it would be better to adapt the language to their level- speak slowly. Many lots of thanks to our facilitators. Thanks!
The workshop was very interesting and important. Please comeback again and teach many personnel in our institution (CHUK)
Thank you for delivering such teaching to us.
Come again to Rwanda for MircioResearch
NB We learned after the workshop that one of the participants used his vacation time to attend the workshop, and another postponed his wedding by 2 months!!! This was the first time MR has ever had participants show such commitment!

CHUK Class 2016, Kigali Rwanda