

Medical Officers in Sierra Leone: Surgical Training Opportunities, Challenges and Aspirations

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BACKGROUND: The critical shortage of human resources for healthcare falls most heavily on sub-Saharan nations such as Sierra Leone, where such workforce deficits have grave impacts on its burden of surgical disease. An important aspect in retention and development of the workforce is training. This study focuses on postgraduate surgical training (formal and short course) and perceptions of opportunities, challenges and aspirations, in a country where more than half of surgical procedures are performed by medical officers.

METHODS: The study presents findings from 12 in-depth semi-structured interviews conducted with medical officers by the primary investigator in Sierra Leone between April and June 2017. Each interview was transcribed alongside an introspective reflexive journal to acknowledge and account for researcher biases.

RESULTS: Two interviewees had accessed postgraduate surgical training and 10 (83%) had accessed short course surgically relevant training. The number of short courses accessed grew higher the more recently the medical officers had graduated. Supervision, short length and international standards were the most appreciated aspects of short training courses. Some medical officers perceived the formal postgraduate surgical training programme to be ill-equipped, doubting its credibility. This demotivated some from applying.

CONCLUSIONS: Training is an essential aspect of developing an adequate surgical workforce. Faith must be restored in the capabilities of Sierra Leone's Ministry of Health and Sanitation to provide adequate and sustainable training. This study advocates for the use of short courses to restore this faith and the expansion of postgraduate surgical

training to the districts through developing a regional teaching complex to provide short courses and eventually formal postgraduate training in the future. (J Surg Ed ■■■-■■■. © 2018 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

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COMPETENCIES: Medical Knowledge, Practice based learning and improvement, systems based practice

BACKGROUND

At the epicentre of the growing global burden of surgical disease is the human resources for healthcare crisis. Fifty-seven countries have been shown to face a critical workforce shortage by the WHO—36 of these are in sub-Saharan Africa.¹ Sierra Leone has one of the lowest Human Development Index scores in the world, not least due to, and sustained by, its workforce crisis.² Workforce is one of the crucial pillars of health system strengthening. An appropriately qualified and staffed workforce is essential to any successful healthcare system, especially in the developing world.^{1,3–5} The Lancet Commission on Global Surgery estimates that a further 2.28 million specialist surgical, anaesthetic and obstetric providers are required by 2030; this means the current workforce need to double.⁶

A shortage of training opportunities is identified throughout the literature as a major factor in the workforce crisis. This can have a direct impact as doctors cannot specialise due to lack of opportunity, or as a driving force for migration to seek training elsewhere.^{7–12}

More than half of surgical procedures in Sierra Leone are carried out by medical officers as opposed to specialist surgeons.¹³ Medical officers are graduate physicians with no postgraduate training. There were 156 medical officers on

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government payroll in 2016, which forms 2% of the national health workforce.¹⁴ The perceptions of surgical training offered by these surgical providers is critical to evaluating service delivery. Beyond formal postgraduate surgical training, short courses and continuous professional development are desperately required to instil confidence and competence in the physicians. One study that surveyed medical officers across 10 government hospitals found that only 62% or less felt confident in performing Bellwether procedures (laparotomy, open fracture repair, and caesarean section), however they continued to perform these.¹⁵

Although the importance of training opportunities is described prolifically in publications, and overcoming this deficit is cited as a solution to the critical shortage of human resources for healthcare, there is no voice from these surgical providers—the medical officers themselves. It is essential that the perceived barriers to training are explored and that socio-cultural assumptions from a developed world are not placed upon this vastly contrasting employment landscape. Training and education can only be sustainable having considered local and relevant operative paradigms within the specific context of implementation.¹⁶

METHODS

This project was conducted in partnership with King's Sierra Leone Partnership (KSLP).

Study Design

Following a literature review, the perceptions of medical officers towards surgical training was highlighted as a neglected area of the literature. Over the course of 3 months in Sierra Leone, 12 semi-structured interviews were carried out using a protocol developed in partnership with a current postgraduate surgical trainee in Sierra Leone.

The interview protocol focussed on 5 areas:

1. Background and demographic data of the interviewee
2. Career intentions and influences
3. Opportunities they were aware of and their perceptions of these including experiences accessed so far and perceptions of their successes or failures
4. Barriers faced and any ways these may have been overcome
5. Aspirations for training in the future and ideal training opportunities for Sierra Leone

As some unexplored themes emerged throughout the interview process, a sub-section of the 4th focus area was included; this was experiences of gender bias in training.

For the purpose of this study, any surgically relevant training, including infection control and life support skills training, from 1 day to 2 weeks was defined as short course. Such training opportunities are compared with formal

postgraduate training; in Sierra Leone this consists of 1 three-year programme at Connaught hospital that currently trains 3 residents in general surgery and has partial West African College of Surgeons (WACS) accreditation.

Sample and Site Selection

The sample was selected by the in-country collaborator (PMG) who was able to establish contact with medical officers providing surgical care across Sierra Leone. The country has 4 regions, Western (the only urban region), Northern, Eastern, and Southern. Three medical officers were contacted from each of these 4 regions. The geographical distribution of the medical officers selected offered a range of rural and urban workplaces and a cross section of government and private/NGO employees. Due to availability, one medical officer from the southern region was unable to partake. Another was excluded as they were found to be a duplicate sample who worked in both the private and public sector. Two additional medical officers who are currently training outside of Sierra Leone were instead included to add the dynamic of medical officers who had seemingly overcome the challenges faced.

Fieldwork

A total of 12 in-depth interviews were conducted by the principal investigator between April and June 2017. The surgical resident (collaborator) was present for the first 3 interviews and afterwards was excluded to reduce potential bias. Each of the interviews was conducted at the medical officer's workplace at a time convenient for them. The interviews had official permission from the Ministry of Health and Sanitation.

Data Analysis

Thematic framework analysis was conducted on the verbatim transcripts from the audio recording of the interviews. An introspective reflexive journal was reviewed, with the aim of reflecting on apparent emergent themes and reducing bias in the data.

RESULTS

Demographics

The medical officers interviewed were Sierra Leonean citizens who had been born in the country and lived there until some left to seek educational opportunities. Eleven of the interviewees were male (92%) leaving 1 female medical officer. This is likely to be a misrepresentation of the national average, with professionals estimating 30% to 40% of medical officers in Sierra Leone to be female. This unfortunate imbalance resulted from the reliance on the

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