

GLOBAL NURSING AND MIDWIFERY RESEARCH DEVELOPMENT
INITIATIVE SUMMIT MEETING

July 8th – 9th, 2015 in Nairobi, Kenya

Columbia Global Centers | Africa

Moving the Agenda Forward for Nursing and Midwifery Clinical Research in Southern and Eastern Africa: Summit Report



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Executive Summary

In conjunction with Columbia University School of Nursing, School of Nursing Sciences University of Nairobi, Kamuzu College of Nursing | University of Malawi, Forum for University Nursing Deans in South Africa (FUNDISA), and the WHO Regional Office for Africa, Columbia Global Centers | Africa hosted the first research Summit meeting “Moving the Agenda Forward for Nursing and Midwifery Clinical Research in Southern and Eastern Africa” on July 8th – 9th, 2015 in Nairobi Kenya. The aim of the research Summit was to foster regional and international relationships for collaboration and sharing of human resources in order to increase clinical research capacity and to shift the regional agenda to critical research priorities as established by regional clinical nursing and midwifery research experts.

In attendance were 32 participants from 12 regional countries and two additional countries that supported the current effort and will plan and conduct a similar Summit in the Middle East region (United States and Jordan) in 2016. All participants were regional leaders and experts in this field and had previously participated in a Delphi survey to establish regional clinical nursing and midwifery research priorities. Other participants included the Director, Columbia Global Centers | Africa & MDG Center, Eastern and Southern Africa; Director of Nursing Services, Ministry of Health, Kenya; Nursing Council of Kenya; the president of the Confederation of African Midwives Associations (CONAMA); Chair, Lugina Africa Midwives Research Network (LAMRN); Director, Office of Global Initiatives and PAHO/WHO Collaborating Center for Advanced Practice Nursing; Associate Dean for Research, Columbia University School of Nursing.

Research Summit Expected Outcomes

Overall Expected Outcome of Research Summit: Identify regional clinical nursing and midwifery research priorities and action plan to meet them.

- ***Shared regional priorities in clinical research identified with examples of projects to address these priorities***
- ***Regional action plan developed to address barriers to research priorities***
- ***Country-specific action plans developed***
- ***Resources for clinical research mentorship shared among participants for their potential use***
- ***Communication networks maximized***
- ***Development of next steps from the Research Summit to support the dissemination of identified action plans and sustainability of mentorship and networks***

Research Summit Actual Outcomes

- ***Confirmation of regional nursing and midwifery clinical research priorities***
- ***Development of regional action plans to address research priorities***
- ***Development of themes and guiding principles for regional action plans***
- ***Establishment of subgroup technical committees based on the themes***
- ***Establishment of a steering committee***

Background

Columbia University School of Nursing's Office of Global Initiatives received a three year grant from Columbia University's Presidential Global Innovation fund, the first year of which was dedicated to establishing a network of clinical nursing and midwifery researchers in Africa. Worldwide, nurses and midwives comprise the largest proportion of health care professionals and are the backbone of health care systems. To address the large global health disparities, the development of a robust nursing profession needs to be a critical goal in countries and regions with minimal human resources for health and huge disease burden. The African region bears 25% of the disease burden and only 1% of healthcare workers whereas North America has 3% of disease burden and 30% of the healthcare workforce. To improve global health and primary care delivery it is vital to understand current nursing care needs and practices, and outcomes of nursing care provided. This requires research expertise to collect and critically analyze data and identify priorities and gaps. In collaboration with Columbia Global Centers | Africa, the Forum of University Nursing Deans of South Africa (FUNDISA) (a unified platform to pursue excellence in nursing scholarship at Universities in South Africa and promote nursing practice, research, and education in collaboration with other stakeholders), the University of Malawi | Kamuzu College of Nursing, and the University of Nairobi School of Nursing Sciences, we proposed to establish a cross-regional core convening group of nurse and midwifery leaders and researchers in global health; developed a database of nurse and midwife leaders involved in regional research and program evaluation; planned and convened a research Summit to identify and reach consensus on gaps in knowledge and priorities for nursing research to address global needs for education and research, and develop a dissemination of recommendations and implementation plan for support for nursing research with a mentorship component. This template will then be introduced in collaboration with the Columbia Global Centers | Middle East to extend this model of gap analysis and program planning to other CU Global Centers.

Research Summit Proceedings

The Research Summit commenced with an Opening Ceremony moderated by Grace Omoni. Participants each introduced themselves briefly and the ceremony proceeded with the following (please see Appendix for the agenda):

Welcome: Belay Ejigu Begashaw, Director, Columbia Global Centers | Africa & MDG Centre, Eastern and Southern Africa.

Dr. Belay remarked on the global nursing perspectives and the need for emphasis on global solutions to common problems. He also gave brief over-view of the programs of Columbia Global Centers | Africa that are aligned to the MDGs transitioning into the SDGs for the next 15 years. He emphasized that this Summit should help propel the nursing research agenda forward and should not just end at the close of the 2 days.

Opening address: Susan Agunda Otieno, Director of Nursing Services, Ministry of Health, Kenya, and the President of Eastern, Central and Southern Africa College of Nursing (ECSACON)

Susan Agunda Otieno presented an address entitled Nursing and Midwifery Clinical Research in Southern and Eastern Africa. She spoke about Changes in Nursing over time. To maintain quality, the nurse must be aware of the research to implement the evidence. She gave examples

of Florence Nightingale using statistics to provide evidence for practice and Sister J. Ward who noted that sunshine treated neonatal jaundice. Money should not be an obstacle to basic clinical research. Nurses provide many roles in practice but need to have regulatory bodies to protect nurses. Topics to be addressed include: nursing shortage; nursing workload; deployment as per the skills; effective task shifting to address shortage; resources; strikes; preparedness to manage highly infectious diseases; rational thinking in care. Only research will give us evidence-based answers. Other areas of research that are needed to defend nursing's position include: Education-- Ending the certificate program; nursing specialization—should be a master's level rather than diploma level; Placement and internship program; tutor/lecture: student ratio. Nurses and midwives in southern and eastern Africa need to strengthen research, develop leadership and management. The main goal of nursing research is for the empowerment of nurses. To move forward there should be a data base of those involved in research, establishment of centers of excellence, Involvement of professional associations. Parting Call: "We must demystify research."

Ms. Otieno emphasized that the sustained delivery of quality nursing care is informed by a research translated to evidence-based actions. Therefore, to strengthen research the following are needed: build critical mass of lecturers to teach research, introduce the clinical nurse researcher to the system and utilization of data to inform evidence based practice. She concluded by saying that the main goal of nursing research is to empower nurses to have control of their practice/actions. Moving forward, there should be a data base of the nurses involved in research, establish centers of excellence and involve professional associations.

Remarks: Edna C. Tallam-Kimaiyo, Registrar, Nursing Council of Kenya

Ms Edna Tallam also shared remarks on promoting capacity building, continuous advancement of nurses and implementation of mentorship programs. Visionary leadership and international collaboration will help move the research agenda forward

Short Greetings:

- Magda Awases, Adviser, Human Resources for Health, Health System and Services Cluster, Inter-Country Support Team for East and Southern Africa (IST/ESA), WHO Regional Office for Africa, the president of Sigma Theta Tau International. *Read by Dr. Omoni from Dr. Awases, as Dr. Awases was unable to attend the meeting.*

Dr. Awases' message emphasized that research funding should be aligned within research priorities for the region and that the international organizations, governments, and NGOs should work together in supporting this course.

- Core Collaborators:
 - Hester Klopper, Chief Executive Officer of Forum for University Nursing Deans in SA (FUNDISA), President of Sigma Theta Tau International, Professor of University of Western Cape and North West University
 - Address Malata, Vice President | International Confederation of Midwives (ICM), Principal, Kamuzu College of Nursing | University of Malawi. *Dr. Malata was unable to attend the meeting and greetings were presented on her behalf by Prof. Ellen Chirwa.*

- Grace Omoni, Director, School of Nursing Sciences, University of Nairobi, President, Confederation of African Midwives Associations (CONAMA), Chair, Lugina Africa Midwives Research Network (LAMRN)
- Columbia University School of Nursing
 - Jennifer Dohrn, Assistant Professor of Nursing, Columbia University School of Nursing, Director, Office of Global Initiatives and PAHO/WHO Collaborating Center for Advanced Practice Nursing



Dr. Belay presents opening remarks

Delphi Survey Results: Clinical nursing and midwifery research priorities for southern and eastern African countries.

Elaine Larson presented the results of a scoping literature review, environmental scan and Delphi surveys in which representatives participated prior to the Research Summit.

- A Scoping Review – a review of the peer-reviewed published literature – revealed 72 indexed publications from 20 African countries, most frequently focusing on Midwifery/Maternal Child health.

- A Grey Literature Review – a review of the unindexed research – identified 262 research projects from 25 countries. Most chronic disease and pediatric research was in the grey literature, and patient satisfaction studies were more often published in indexed sources. This also provided a network for the Delphi survey.
- A Delphi Survey was conducted among 71 clinical nursing or midwifery research experts (48 participated in round 2 of the Delphi survey) from 14 countries. Critical priorities identified were in infectious disease and maternal/midwifery. Important research priorities were child, health promotion, malaria, and non-communicable diseases (NCDs), and rural health. Moderately important research priorities were population health, palliative care, and infectious disease. Low priority topics were gerontology and other topics.

After this session, participants broke into groups to discuss the results as well as common regional gaps in knowledge and priorities for nursing and midwifery research and mentorship at the clinical level.

Each group developed examples of three clinical research projects/aims to address regional priorities. Expected outcome: Shared regional priorities in clinical research identified with examples of projects to address these priorities.

Common Regional Gaps	Projects/Aims
Inadequate research knowledge and skills among clinical nurses and midwife researchers	<ol style="list-style-type: none"> 1. Research capacity building 2. Mentorship programs 3. Identify small or seed grants 4. Create a database of regional researchers. 5. Collaborate and build regional networks.
Lack of clinical research on non-communicable diseases.	<ol style="list-style-type: none"> 1. Prioritize and mainstream non-communicable disease (NCD) clinical research 2. Strengthen nurse and midwife educators on NCDs. 3. Develop regional dissemination platforms (publications and conferences).
Maternal deaths / child deaths /whole system <ol style="list-style-type: none"> 1. How do we understand the current patient pathways through health care systems? 2. How can we maintain engaged nurses and midwives in the healthcare system? 	<ol style="list-style-type: none"> 1. Track the actual journey through a health care service (from clinic - ward - home). 2. What environmental and personal factors that maintains the nurse/midwife in health system.
Chronic Illnesses	<ol style="list-style-type: none"> 1. Compliance / adherence 2. Quality of care 3. Transition of Care from institution to community 4. Models for palliative care and rehab 5. Challenges of palliative care in home settings

Common Regional Gaps	Projects/Aims
Existing community deliveries with unknown care of the babies and mothers after birth	<ol style="list-style-type: none"> 1. Improve neonatal and maternal care in the community 2. Elicit the type of care (immediate) provided to the newborns and mothers after birth. 3. Improve reporting statistics on neonatal and maternal morbidity and mortality
Lack of staffing norms and standards to inform nursing/midwifery workforce.	<ol style="list-style-type: none"> 1. To determine the staffing levels and its impact on the quality of patients' outcomes. 2. To determine effects of the staffing norms and standards to the nurse workload and stress. 3. Determine how staffing norms and standards can inform policy.
Gap between policy makers and the nursing/midwifery regulatory bodies and patients.	<ol style="list-style-type: none"> 1. Identify strategies to influence nursing power that can support patients' outcomes.
Methicillin resistant <i>staphylococcus aureus</i> infection among nurses and midwives.	<ol style="list-style-type: none"> 1. Determine the prevalence of this infection and identify existing policies to prevent/control the increase of MRSA 2. Identify existing policies to prevent/control the increase of MRSA.



Participants worked in groups to discuss achieve the expected outcomes.

Regional Barriers and Specific Actions to Address Research Priorities

Hester Klopper moderated a session to discuss regional barriers and specific actions needed to addressing research priorities. Each group discussed regional barriers and specific actions to be taken to accomplishing these research priorities in terms of: Research skillset and interface with clinicians; Support (e.g., funding); Political stakeholder buy-in, etc.

Groups' responses are summarized in Table 1.

Expected outcome: Regional action plan developed to address barriers to research priorities

Table 1. Results of session one: Regional barriers and action plans to address these barriers.

Barriers	Action Plan
Group 1	
Capacity in grant writing, publications and scientific writing	<ol style="list-style-type: none"> 1. Training workshops 2. Mentorship 3. Nursing curriculum <ol style="list-style-type: none"> a. how to educate students to do research
Access to information <i>For example, sometimes nurses are asked to participate in proposal reviews but the invitation is sent via computer and some nurses don't have access or skill to use computer</i>	<ol style="list-style-type: none"> 1. Strengthening informatics/statistical packages 2. In-service training
Political will and commitment	<ol style="list-style-type: none"> 1. Advocacy <ol style="list-style-type: none"> a. <i>Nurses can become politicians/start political groups to push the agenda of nursing</i> 2. Using nurses in higher positions e.g. Parliament, and holding them accountable for nursing mandate
Lack of structures for research and policy <i>Nurses do not always know where to bring their agenda</i>	<ol style="list-style-type: none"> 1. Developing research structures and Strengthen existing structures for research, e.g. ERC, research agenda, councils
Attitude towards research	<ol style="list-style-type: none"> 1. Demystifying research (curriculum and CPDs) 2. Partnerships between institutions and clinical practice 3. Using discretion about the way we present ourselves to others/colleagues
Collaboration between countries, partners academia and clinical areas	<ol style="list-style-type: none"> 1. Collaboration agenda through meeting
Funding	<ol style="list-style-type: none"> 1. Opening up funding opportunities by nursing organization structures (e.g. ECSACON, STTI, ICN, ICM)
Group 2	

Barriers	Action Plan
Lack of capacity to and to teach research by clinical nurses (RNs) and nurse educators.	<ol style="list-style-type: none"> 1. Strengthen research knowledge and skills in undergraduate nursing curricula. 2. Up skill the nurse educator through <ol style="list-style-type: none"> a. Training b. Doing c. Mentorship 3. Improve quality and dissemination of research.
Clinical work environment not “enabling” to do clinical research	<ol style="list-style-type: none"> 1. Introduce evidence-based Champions <ol style="list-style-type: none"> a. cultivate research environment b. resources needed e.g. funding, IT connectivity c. use / implement findings
Health System Structure and Political Inference	<ol style="list-style-type: none"> 1. Develop a regional strategy to advocate through ICN, ICM and ECSACON and other like-minded organizations; Summit change mindset of the politicians 2. Political assertiveness and savvy to be strengthened.
Group 3	
Skillset - clinicians and academicians	<ol style="list-style-type: none"> 1. Training and mentorship <ol style="list-style-type: none"> a. institutions and universities
<p>Culture</p> <p><i>The value of research among the professional nurses and midwives. For example, how does research change things? Is there willingness to share data?</i></p> <p><i>Confidence in doing research/Fear that causes you not to share data, or causes you to lose confidence in your data</i></p>	<ol style="list-style-type: none"> 1. Environmental Shifts <ol style="list-style-type: none"> a. Institutional commitment (emphasizing evidence-based practice) b. Journal clubs in clinical areas c. Role models in clinical faculty d. Marketing nursing research
Lack of Rewards (time, funds, awards)	<ol style="list-style-type: none"> 1. Advocacy <ol style="list-style-type: none"> a. Create more awards <i>e.g. solicit some funds from the University</i> b. Nominate people c. Celebrate people
Lack of interface between academicians and clinicians	<ol style="list-style-type: none"> 1. Create joint work <ol style="list-style-type: none"> a. Appointments b. research projects

Barriers	Action Plan
Support (lack of buy-in, lack of funding, lack of valuing certain types of research)	<ol style="list-style-type: none"> 1. Networks <ol style="list-style-type: none"> a. leverage funds and important people
Group 4	
<p>Few nurses and midwives engaging in research (few don't like clinical practice)</p> <p>Lack of incentives for clinical nurses and midwives</p> <p>Lack of political will for research agenda</p> <p>Inadequate representation in policy making including the research agenda</p> <p>Lack of interface between clinical nurses and academia</p> <p>Lack of research uptake</p> <p>Inadequate dissemination strategies resulting in lack of impact.</p>	<ol style="list-style-type: none"> 1. Scale up research capacity for both academia and clinical practice 2. Develop collaborative mechanisms between clinical nurses and academicians 3. Demystifying research as an ivory tower for the elites (<i>Only through research can we demonstrate our practice is evidence-based.</i>) 4. Promoting faculty practice 5. Dual appointment of both clinicians and academicians <ol style="list-style-type: none"> a. <i>So that nurses do not leave practice as they become more educated</i> 6. Interdisciplinary research to demystify research 7. Advocacy for research e.g., regulatory bodies, parliament 8. Dissemination of research 9. Looking at other possible budgets for funding in healthcare (e.g. instead of "research" applying for "quality measures," "patient safety" funding 10. Collaborating with Clinical Instructors 11. Collaborating with developed countries

Summary of Closing Session for Day 1

Closing session for the first day was led by Hester Klopper, and focused on topics such as "how do I become a leading researcher?"; "how do I build a research program?"; and "nurses can work together and collaborate together to go for the big money" rather than trying to obtain small grants.

The first day priorities were identified as well as aims were identified. Aims and a comprehensive list of barriers were addressed as well as a detailed framework for overcoming these. Specifically:

- Increasing research capacity all levels
- Developing a research culture
- Using the evidence that already exists

Better utilization of existing local research and development of strategies to increase generalizability of research from other regions and countries
- Political will and advocacy

- Collaborate, collaborate, and collaborate!

It was established that this Summit is an opportunity to network. Columbia University School of Nursing will serve as a facilitator, but this initiative will be driven by the regional leadership.

Developing Core Themes and Solidifying Action Plans

After discussion among the core collaborators and feedback from the participants, the agenda for the second day was significantly modified to identify core themes and cross-cutting themes that should be addressed in regional action plans and begin to develop theme-focused technical groups.

Expected outcome: Identify themes for regional clinical research priorities and guiding principles.

The following guiding principles were identified:

- Capacity building
- Collaboration
- Policy influence and advocacy
- Quality/ Value (Return on investment)
- Curriculum
- Innovation
- “Face to Face is the first interface”

The following core themes were identified:

- Mentorship
- Development of a research culture
- Implementation science/Evidence based practice/ Interface (between clinical and academics/Collaboration/Impact of our research)
- Dissemination/Writing/Communication
- Resources (funding, human resources, experts, etc.)
- Knowledge Translation/Utilization of Resources in Systems

The group also defined “success” for the Summit as “THINKING BROAD, THINKING GROUP, THINKING FUTURE;” sustainability; quantifiable achievements; evidence of progress; visibility; evidence that you have achieved more than you set out to do; and the process (resilience, starting small, grow big, benchmarks).

The group discussed what identifying marks of success for this project would look like.

Immediate indicators of success

1. When we have agreed on common research priorities
2. When we have developed a regional plan of action for research in midwifery and nursing → strategic plan
3. When we stay engaged and connected on research priorities
4. Commitment → Consensus → Championing or steering committee

5. Responsibility → accountability plan
 - Who will monitor?
 - Measurement
6. Share and monitor progress
7. Evaluation
8. Establish a group that will be working together to network
9. Identifying common issues that we want to address as a region: regional proposal to monitor and implement to solve national issues across the region
10. Having a sustainable plan to move towards
11. Collaboration (common platform, framework)
12. Share contribute to nursing science
 - Stepwise reporting of achieved outcomes
13. Researcher capacity
14. Innovative models
15. Country and regional specific plans of action
16. Developing a Database of Nurse Researchers
17. Levels of contribution
 - continent
 - regional
 - national
 - individual

Other Longer term indicators of success:

1. Increased collaboration on proposals that are funded
2. Publications
3. Research uptake

The group emphasized that the overarching goal is high quality service to the population served and a strengthening of clinical practice research that improves patient outcomes. The underlying principle is respect for the population served.

Measure of success within the next 5 years include:

1. Number of funded proposals and projects
2. Number of publications
 - increase on clinical (patient outcome) publications
3. Number of post-graduate students
4. Evidence of a strategic plan
5. Number of citations
 - Include each other's publications and citations
 - Increase of H-index
6. Network
7. Functional steering committee
8. Increase in lead researchers (with established research programs)

9. Impact – practice, policy, economy
10. Influence our students to shift their questions to a patient-focused outcome research topic

Hester Klopper will send a link where WHO asks for open contributions to Human Resources for Health – group will aim for a submission.

Recap of this session:

Three priorities were established:

- **Priority 1:**
 - Our **number one priority** is to form a steering committee (Who's going to house this? Who's going to drive this?)
- **Priority 2:**
 - Network: Starting a list-serve → the group that attended the Research Summit is a network itself and should be developed as such.
- **Priority 3:**
 - Create a strategic plan
 - Think big e.g. patient safety
 - Think systems
 - When, how, how soon? e.g., FUNDISA is ready to share the “Plume Programme” that helps build post-grad researchers (<http://www.southafrica.info/news/nursing-041213.htm#.VckqNetWJrl>)

Formation of Technical Groups and Steering Committee

Elaine Larson elaborated on the Research Summit history. A small grant was obtained that allowed us to convene this Summit, but there are no additional funds to support future work; the idea is that the network would be established during the Summit and continue forward with regional leadership.

The next year, the funds will be used in Jordan to have a similar Research Summit. In the third year, there are additional funds that have not been allocated, some of which may be used for mentoring and support as the network grows, but the hope is that the network will continue far beyond the third year. The group decided it would be best to form steering groups with technical subgroups, each focusing on the one of the key themes established. The following groups were formed.

Steering Committee

Address Malata, Grace Omoni, Hester Klopper, CUSON, WHO Afro

There was consensus that the original core collaborators should be the steering committee:

1. Address Malata
2. Grace Omoni
3. Hester Klopper
4. CUSON

5. Columbia Global Centers|Africa (Mabel Wendo)

Other committees developed are presented in Table 2.

Table 3. Committees formed

Dimension/Theme	Next steps	Measures of success	Chair and Team/Consultant
Mentorship (8 members)	<ul style="list-style-type: none"> • Feedback to organizations in country from this Summit • Develop training needs assessments • Appoint a point person • Identify team members 	<ul style="list-style-type: none"> • Clinical research program for nurses and midwives will be in place <p>Specific objectives:</p> <ol style="list-style-type: none"> 1. Concept Paper 2. Training Needs assessment for mentorship for clinical research 3. Disseminate findings 4. Develop mentorship curriculum 5. Pilot in country 6. Training Of Trainers 7. Develop Methods & Evaluations 8. Identify current resources 	<ul style="list-style-type: none"> • Elizabeth Oywer - Kenya CHAIR • Elizabeth Namukombe - Uganda Secretary • Käthe Hofnie-//Hoëbes– Namibia • Nthabiseng Molise – Lesotho • Rose Ruthuthi– Kenya • Juliana Misore Kenya • Marycelina Msuya – Tanzania – • Lídia Mondlane – Mozambique <p>CONSULTANT: FUNDISA</p>
Networking (communication, dissemination) (5 members)	<ul style="list-style-type: none"> • Develop a networking strategy • Establish a Linked-In Group and subgroups • Need a name for the Network 	<ul style="list-style-type: none"> • Strategy in place and accessible to members • Leaving here today all members will have joined or will be in the process of joining the Linked-In group 	<ul style="list-style-type: none"> • Belinda Gombachika - Malawi (CHAIR) • Elizabeth Mokoka – South Africa • Judy Bruce – South Africa (Networking or Mentoring) • Samuel Kimani (Kenya) • Ellen Chirwa (Malawi) <p>CONSULTANT: Kenrick Cato (USA)</p>

Dimension/Theme	Next steps	Measures of success	Chair and Team/Consultant
Resource Development (identification of potential funders, grant writing) (8 members)	<ul style="list-style-type: none"> To be the resource mobilization for capacity building <p><i>Immediate:</i></p> <ul style="list-style-type: none"> Hannah Inyama will create a WhatsApp group Update Skype contacts Starting Monday begin communication <p><i>Intermediate (3 months):</i></p> <ul style="list-style-type: none"> Find a consultant (perhaps Hester Klopper or Jennifer Dohrn) Look for call for grants (contact Columbia for suggestions) <p><i>Long term:</i></p> <ul style="list-style-type: none"> Develop grants (run concurrently with mentoring from other groups) Develop grant proposal with collaboration 	<p>By October</p> <ul style="list-style-type: none"> Have a consultant to mentor in this area Grant proposal writing workshops 	<ul style="list-style-type: none"> Sabina Wakasiaka – Kenya CHAIR Pricilla Dlamini – Swaziland Secretary Margaret Maimbolwa– Zambia Angela Chimwaza – Malawi Hannah Inyama – Kenya Rudo Nyamakura – Zimbabwe Naomi Seboni – Botswana

Evaluation

An evaluation was conducted to determine the overall success of the Research Summit in terms of objectives achieved as well as the process of setting up the Research Summit and the topics addressed. Both the collaborators and the participants were surveyed at the end of the Summit. See summary of the complete evaluation in Appendix.

Overall, the results of the Summit evaluation demonstrated a consensus between the core collaborators and the participants that the Research Summit was successful in terms of task definition, representativeness, resources accessibility, structured discussion, independence, transparency, influence, early involvement, and cost-effectiveness. The individual comments also indicated that participants overwhelmingly felt the objectives were met in terms of establishing regional research priorities, and development of regional strategies and tactics to implement this necessary research.

Conclusion of Summit

The purpose of the “Moving the Agenda Forward for Nursing and Midwifery Clinical Research in Southern and Eastern Africa” Research Summit was to gather influential nurse and midwife scientists from within the region, develop a nursing network to foster research collaboration, solidify clinical nursing research priorities, and move the agenda forward by developing a plan for action and strategies to overcome barriers to implementing clinical research in established priority areas. The Research Summit successfully completed each of these objectives. First, the conference was attended by representatives from 12 countries in the region. Regional priorities were developed through the Delphi survey and were confirmed through participation and feedback of attendees as well as the evaluation survey. Tactics to overcome potential barriers were successfully identified, as well as a strategy going forward and a task force for accomplishing the agenda. Seeing that critical research priorities are successfully implemented into the research agenda will require the continued efforts of each of the participants and well as key collaborators. Through the united efforts of each of the collaborators and participants, nursing and midwifery research in southern and eastern African countries will see increased output, as well as a shift in direction to focus on critical clinical research priorities.

Media

The Summit appeared under “Little Research Is Done in Africa by or for Nurses” in the New York Times on July 13th, 2015: <http://nyti.ms/1L2NhG5>

Appendix 1. Agenda

GLOBAL NURSING AND MIDWIFERY RESEARCH DEVELOPMENT INITIATIVE SUMMIT MEETING

Moving the Agenda Forward for Nursing and Midwifery Clinical Research in Southern and Eastern Africa

Nairobi, Kenya | July 8th – 9th, 2015

Agenda

Wednesday, July 8th, 2015 Location: CGC | Africa

8:30-10:00 a.m.

Opening Ceremony

Moderator: Grace Omoni

Introductions: Each participant will introduce self

Welcome: Belay Ejigu Begashaw, Director, Columbia Global Centers | Africa & MDG Centre, Eastern and Southern Africa

Opening address: Susan Agunda Otieno, Director of Nursing Services, MoH, Kenya

Remarks: Mrs. Edna C. Tallam-Kimaiyo, Registrar, Nursing Council of Kenya

Short Greetings:

Magda Awases, Adviser, Human Resources for Health, Health System and Services Cluster, Inter-Country Support Team for East and Southern Africa (IST/ESA), WHO Regional Office for Africa

Three Core Collaborators:

Hester Klopper, Chief Executive Officer of Forum for University Nursing Deans in SA (FUNDISA), President of Sigma Theta Tau International, Professor of University of Western Cape and North West University

Address Malata, Vice President | International Confederation of Midwives (ICM), Principal, Kamuzu College of Nursing | University of Malawi

Grace Omoni, Director, School of Nursing Sciences, University of Nairobi, President, Confederation of African Midwives Associations (CONAMA), Chair, Lugina Africa Midwives Research Network (LAMRN)

Columbia University School of Nursing

Jennifer Dohrn, Assistant Professor of Nursing, Columbia University School of Nursing, Director, Office of Global Initiatives and PAHO/WHO Collaborating Center for Advanced Practice Nursing

10:00-10:40 Moderator for morning: Grace Omoni

Housekeeping: Mahmouda Hamoud

Presentation of results of scoping review, environmental scan and Delphi surveys

Elaine Larson, Anna C. Maxwell Professor and Associate Dean for Research, Columbia University School of Nursing, Professor of Epidemiology, Mailman School of Public Health, Editor, *American Journal of Infection Control*

10:40-11:00 Tea

11:00-12:30

11:00-11:45

Expansion of presentations

Identify common regional gaps in knowledge and priorities for nursing and midwifery research and mentorship at the clinical level

Activities:

Break out session (3 groups)

Each group will develop examples of three clinical research projects/aims to address regional priorities

11:45 -12:30

Presentations from the 3 groups back to entire group

Expected outcome: Shared regional priorities in clinical research identified with examples of projects to address these priorities

12:30-1:30 Lunch

1:30-3:30 Moderator for afternoon: Hester Klopper

1:30 – 2:30

What are the regional barriers and specific actions needed to addressing these research priorities?

a. Activities:

i. Each group (3) will discuss regional barriers and specific actions to be taken to accomplishing these research priorities in terms of:

Research skillset and interface with clinicians

Government support

Funding

Political, stake-holder buy-in, etc.

2:30 – 3:30

Report back to entire group

Expected outcome: Regional action plan developed to address barriers to research priorities

3:30 – 4:00

Summary of day, Overview of next day

4:00 – 4:30 Core Group Debrief Meeting

6:30-8:30 Summit Dinner Location: *Wasini All Suite Hotel*

State of Nursing and Midwifery Research: 3 collaborators (Grace Omoni, Ellen Chirwa, Hester Klopper) will each present a success story of their research building work. Professor Ellen Chirwa is the Vice Principal, Kamuzu College of Nursing, and Coordinator, WHO Collaborating Centre for Interprofessional Education and Collaborative Practice

Thursday, July 9th, 2015 (8:30 am – 3:00 pm)

8:30 – 8:45 Moderator for morning sessions: Ellen Chirwa

Brief re-cap of previous day

8:45 – 10:00

8:45 – 9:30

1. Recommendations for strategies at country-level that address the gaps / barriers to addressing the research priorities and general action plans discussed yesterday.

Activities:

Break out sessions (3) to develop country-specific action plans and tactics, led by participant from each country

9:30 – 10:15

Report back to entire group

Expected outcome: Country-specific action plans developed

10:15 – 10:30 Tea

10:30 – 12:00

10:30 – 11:15

Development of a mentorship plan with access to a pool of regional and global nurse and midwifery research experts: What currently exists (Brief comments from core collaborators)

Activities:

Break out session:

Identify current resources for sustainable mentorship

Identify potential funding sources

11:15 – 12:00

Report back to entire group

Expected outcome: Resources for clinical research mentorship shared among participants for their potential use

12:00 – 12:30 Lunch

12:30 – 3:00 Moderator: Mabel Wendo

12:30 – 1:15 Communication

Strengthening communication networks between nurse and midwifery research experts: What exists now? What do you use?

Activities:

Group discussion on options for fostering and expanding professional communication networks with development of consensus

Example: Social network framework (Kenrick Cato)

Expected outcome: Communication networks maximized

1:15 – 2:00 Next Steps from the Research Summit

Summarizing action plan to pave the way for sustainability and replication

Expected outcome: To develop next steps from the Research Summit to support the dissemination of identified action plans and sustainability of mentorship and networks

2:00 – 2:15 Survey

Evaluation of meeting

Activities:

Distribute and complete evaluation forms

2:15 – 3:00 Closing of Summit

Closing Remarks: Grace Omoni, Ellen Chirwa, Elizabeth Mokoka, Mabel Wendo, Jennifer Dohrn

Remarks from all participants

Distribution of certificates

Overall Expected Outcome of Research Summit:

Identify regional clinical nursing and midwifery research priorities and action plan to meet them.

Appendix 2. Contact List

Nursing and Midwifery Research Summit - July 8-9, 2015 Nairobi, Kenya Attendees/Delegates			
Country	First name	Last name	Email
Botswana	Naomi	Seboni	SEBONINM@mopipi.ub.bw
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Kenya	Sabina	Wakasiaka	swakasiaka@gmail.com
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CUSON	Kenrick	Cato	kdc2110@cumc.columbia.edu
CUSON	Carolyn	Sun	cjs2200@cumc.columbia.edu
CUSON	Yu-hui	Ferng	yf2182@cumc.columbia.edu

*Unable to attend

**Invited speaker

Appendix 3. Biographies

SUMMIT PARTICIPANTS

CORE COLLABORATORS

KENYA

PROF. GRACE OMONI, PHD, MSC.



She is an Associate Professor, School of Nursing Sciences, University of Nairobi (UON) with key competencies in midwifery practice, operational research, documentation and resource mobilization. She

has recently initiated collaboration between AMREF and UON for an E-Learning programme upgrading RN to BScN.

She has 34 years in teaching and clinical experience, Capacity Building and Research Work. In addition, Prof. Omoni has excellent program management skills including data collection, data processing and report writing.

She is also a Consultant Editor for two scientific journals namely: The African Journal of Midwifery and Women's Health and Journal of Sexuality and Health. As early as 1992, she was instrumental in the development and Implementation of the curriculum for Reproductive Health Programs in Kenya.

Currently Prof. Omoni is the President of the Confederation of African Midwives Associations (CONAMA) and Chair Person for Lugina Africa Midwives Research Network (LAMRN) and the Focal Group Leader for LAMRN- Kenyan Chapter. She is also a committee member and reviewer for the Commission of Higher Education (CHE) authentication programs in Kenya.

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MALAWI

ADDRESS MALATA, PHD, MSCN



Address Malata is a Professor of Nursing and Midwifery at the University of Malawi, Kamuzu College of Nursing and Adjunct Professor of Nursing and Midwifery at Michigan State University, USA. She holds a Doctor of Philosophy in Nursing

from Edith Cowan University. She is a Fellow of the American Academy of Nursing (FAAN). Professor Malata is the current Vice President of the International Confederation of Midwives (ICM).

She has published extensively in peer reviewed journal, contributed chapters in academic journals and serves as an editorial member in international journals. She also serves as a board member in over 20 local and international organizations. Her research interests are in nursing and midwifery education, HIV and sexual reproductive health. She is a resource mobilizer from both local and international institutions and organisations. Professor Malata has led KCN to diversify Undergraduate programs and develop six Masters and three PhD programmes.

Due to unforeseen circumstances, Dr. Malata was unable to attend the Research Summit.

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SOUTH AFRICA

HESTER KLOPPER, PHD, MBA, FANSA



Hester Klopper is an international leader and academic with extensive international networks in global and public health, policy development, nursing and health care. She is the Chief Executive Officer of Forum for University Nursing Deans in SA (FUNDISA) and the President of Sigma Theta Tau International (2013-2015). She is the first person outside of North America to be elected to this position. Prior to this, she was the Dean of the Faculty of Community and Health Sciences, University of the Western Cape, where she continues to hold a full professor appointment. She is also professor with INSINQ, a research unit at North-West University. She holds a Master's degree (1992) and PhD (1994) from University of Johannesburg and a MBA (2002) from Luton University in the UK. As a scholar her research programme focuses on positive practice environments, patient safety and quality improvement. A continued interest is global health and the role nurses play in policy influence and strengthening health systems.

Embedded in her work, is the focus on leadership development and capacity development of young scientists. She coordinates the national PLUME programme funded by the National Research Foundation (NRF), to support the development of research programmes of university nursing department and post-doctoral candidates. Hester has supervised more than 25 PhD students and 45+ master's students; published 60+ peer reviewed publications, and presented her research at more than 100 international conferences. She has received several awards for international leadership. She is a Fellow of the Academy of Nursing of South Africa (FANSA), an inductee into the Hall of Fame for

Excellence in Nursing Research (FUNDISA) and a member of the Institute of Directors of South Africa (IODSA). She will be inducted as Fellow into the American Academy of Nursing in October 2015.

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USA

JENNIFER E. DOHRN DNP, CNM, FAAN



Jennifer Dohrn DNP, CNM, FAAN is Assistant Professor and Director of the Office of Global Initiatives (OGI) and its WHO Collaborating Center for Advanced Practice Nursing at Columbia University School of Nursing. As Director of Midwifery Services, she initiated the first freestanding maternity center in an inner city in the United States to serve women with minimal access to perinatal services. Dr. Dohrn was the founding Project Director for the United States/PEPFAR-funded ICAP Global Nursing Capacity Building which provides technical assistance to build nursing and midwifery capacity in ten Sub-Saharan African countries in response to the HIV pandemic. Its subproject, the Nurse Education Partnership Initiative (NEPI), has the focus of graduating more nurses/midwives with quality, quantity, and relevance to population health needs. Dr. Dohrn has worked with Ministries of Health to provide mentorship for nurses/midwives in HIV care since 2003. She is principal investigator for a Columbia University funded grant to assess nursing and midwifery research network building capacity in Sub-Saharan Africa and the Middle East. She has currently devoted her expertise to support nurses and midwives in response to the Ebola epidemic. She has integrated her global experiences in crisis response situations into two decades of teaching in midwifery and global health equity. With nurses and midwives as the main providers for HIV and primary

care, she is witnessing nursing and midwifery voices being finally heard – at the global level and regional levels - and can mark that health care systems are truly being strengthened through nursing and midwifery leadership. She deeply thanks her three children, three grandchildren, and family for their ongoing support.

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ELAINE L. LARSON PHD, RN, FAAN, CIC



Elaine Larson is Associate Dean for Research and the Anna C. Maxwell Professor of Nursing Research, Columbia University School of Nursing and Professor of Epidemiology, Columbia University Mailman School of Public Health. She is a former Dean, Georgetown University School of Nursing. Dr. Larson received the first Pathfinder Award from the National Institute of Nursing Research in 2003, an International Nurse Researcher Award from Sigma Theta Tau in 2011, and the John Stearns Medal for lifetime achievement in clinical practice, New York Academy of Medicine, 2014. She is a fellow in the Institute of Medicine, Society for Healthcare Epidemiologists of America, and the Infectious Diseases Society of America, the Director of the Center for Interdisciplinary Research to Prevent Infections at Columbia University. She has been Editor of the American Journal of Infection Control since 1995 and has published more than 400 journal articles, four books and a number of book chapters in the areas of infection prevention, epidemiology, and clinical research.

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COLUMBIA GLOBAL CENTERS | AFRICA

MAUREEN ADUDANS, REGIONAL HIV/AIDS ADVISOR

Maureen Adudans is the HIV/AIDS Regional Advisor for the MDG Centre, East and Southern Africa. Her main responsibility is to support communities and countries accelerate progress towards achieving the MDGs as relates to HIV/AIDS and TB under MDG 6. Maureen brings on board her experience in HIV/AIDS treatment, care and research during her tenure with the Kenya Medical Research Institute in close collaboration with the University of California, San Francisco. Some of her key achievements included the establishment of research clinics and the successful conduct of a series of HIV prevention and incidence studies in Nyanza, Kenya. In addition, she played a key role in the design and development of the microbicides research and clinical protocols for the International Partnerships for Microbicides. Maureen has also worked with GiZ Health Sector Programme, Kenya, as a Senior Reproductive Health Programme Officer working closely with government ministries and relevant stakeholders to ensure high quality program implementation. Maureen received her Bachelor's Degree in Medicine and Surgery from the University of Nairobi. Thereafter was awarded a full Fogarty scholarship to undertake a Master's in Public Health at the University of California, Berkeley.

BELAY EJIGU BEGASHAW, PHD, DIRECTOR, COLUMBIA GLOBAL CENTERS|AFRICA & MDG CENTRE, EASTERN AND SOUTHERN AFRICA

Belay Ejigu Begashaw joined the Earth Institute at Columbia University in January 2009 as Senior Agriculture Policy Specialist for Eastern and Southern Africa. He became director of The MDG Centre in August 2009 and he also serves as associate director of the Earth Institute's Tropical Agriculture and Rural Development Program. Since January 2012, Dr. Begashaw serves as the Director of the new Columbia

Global Center | Africa, where the MDG Centre is now housed. He also serves as a member of the UN/SDSN Leadership Council – an initiative aimed at supporting the development of sustainable development solutions at local, national and global levels. He has over 20 years of experience in agriculture extension and rural development, ranging from a grass-roots development agent to the Minister of Agriculture for Ethiopia. During his tenure as Minister of Agriculture, Ethiopia established the coalition for food security strategy, the National Extension and Transformation Program, the Technical Vocational Education and Training Program, a strategy for commercializing smallholder's agriculture and institutional reform of the agriculture knowledge system. Belay has also done extensive consulting work for several international organizations in the area of food security, poverty reduction and investment.

Belay earned his MPA degree from Kennedy School of Government at Harvard, M.Sc. from University of Reading and a B.Sc. from Addis Ababa University, Almay College of Agriculture. He holds a Ph.D. in agricultural policy from Texas A&M University where he is a Borlaug Fellow. He has served as a member and chair of several boards of trustees with national and international mandates, including International Live Stock Research (ILRI), Almay University, Ethiopian Agriculture Research System, Ethiopian Biodiversity Institute, the National Drug Administration and the National Standard Organization. Belay is the father of three daughters and likes reading in his spare time.

MABEL ADHIAMBO WENDO

Current position: regional community health worker technical advisor at the Columbia Global Centres, Africa -for the millennium villages projects in eastern and southern Africa (Kenya, Uganda, Tanzania, Ethiopia, Rwanda and Malawi). Nurse by Profession and Holds Master's Degree in Community Health and Development

Expertise and Experience: Mabel is a Community Health and Development specialist and Educationist with experience in community program initiation dynamics, including community based health program actions for different models of partnerships

in working with communities. She has experience in curriculum design and development for different settings-For health professionals' education and training, Community Sensitization for Health and Development focusing on Reproductive health and child survival. Extensive and proven experience in developing capacities of HIV and AIDS service implementers, including health care workers and community based workers through provision of training and mentorship. Proven experience in participation and networking with diverse range of stakeholders in several African country's Ministry of Health Care Systems both at district, Provincial and National levels, and other partner agencies and organizations. She was a trainer at the Kenya Medical Training College department of Nursing for sixteen years. Mabel is an approved teaching fellow on the Health Systems Strengthening Approach in HIV and AIDS Care and Management Degree program that is validated by the University of Manchester, UK. Mabel was appointed chair of the examination board of the same program by the university as from 2010 up to 2014.

Previous Work: Regional Technical Advisor for Mildmay's Africa Region HIV and AIDS and OVC programs in Kenya, Tanzania, Uganda, Rwanda and Zimbabwe. The key responsibilities and achievements included, providing direction for Technical input and development in current operations in line with country specific strategic plan for HIV and AIDS and OVC programming. Participated in the development of appropriate policies that ensured the effective management of newly designated projects. She supported the designing and development of curriculum in Sub Saharan Africa as required in different programs and led the development of the National Palliative Care Policy, Training Curriculum and Manual for health professionals in Rwanda. Mabel previously worked with ADRA for the Global Fund- Malaria project in Southern Sudan. She supported the Government of South Sudan to develop effective and appropriate policy, guidelines and strategies to guide implementation of Malaria management in the health sector. Developed training materials and trained health workers on malaria treatment protocols and guidelines that targeted low literacy audiences. Mabel holds Masters of Community Health and development of Great Lakes University of Kisumu (Gluk), Advance Nursing of the

University of Nairobi and Diploma in Nursing and Midwifery from Kenya Medical Training College Nairobi –Kenya.

PARTICIPANTS

BOTSWANA

NAOMI MMAPELO SEBONI, PHD

Professor Seboni is a registered nurse-midwife. She obtained her basic degree at the University of Botswana and Swaziland, master's degree at Columbia University and her PhD at the University of California, San Francisco. She is a former Head of School of Nursing, Director of the WHO Collaborating Centre for Nursing and Midwifery development for sub-Saharan Africa, she is currently its Coordinator. She taught courses at undergraduate and graduate levels at University of Botswana (UB). Researched and published in the areas of adolescent health, HIV and AIDS, orphans and other vulnerable children, and sexuality and culture. She served as an external examiner for a number of university based Southern Africa Schools of Nursing. She led the development of the Bachelor of Nursing Science Programme at UB, and also led the initial implementation Master of Nursing Science programme in 1996. She is one of the founder members, and former President of the Tau Lambda at Large Chapter of Sigma Theta Tau International Honor Society for Nursing. Also, she is a Founder member of East Central and Southern African College of Nursing. Together with two midwives from Zimbabwe and Sweden developed a draft constitution of the African Midwives Research Network. She served as a member of the recent Lancet Commission on Women and Health.

Professor Seboni is a former President of the Nurses Association of Botswana and Botswana Family Welfare Association, latter is an affiliate of International Planned Parenthood Federation. Currently she is the international President of



International Planned Parenthood Federation. She served as a Member of the editorial boards and reviewer for a number of refereed Nursing and midwifery journals. She received the Alumni Excellence Award from the University of California, San Francisco (UCSF) at its 150th year of existence celebrations on the 30th of May, 2015. Previously, Professor Seboni was one of the 100 staff and former students of the School of Nursing at UCSF, honoured to be on the Schools Wall of Fame. She is married with 2 sons, one daughter, and 4 grandchildren.

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ETHIOPIA

GEZASHIGN DENEKEW, BSc NURSE, MPH

My name is Gezashign Denekew I am a nurse and also a holder of master of public health nurse, working in the ministry of health and coordinating Nursing and midwifery practice at a national level, developing national nursing and midwifery reform manual and training material, leading the national nursing/midwifery advisory technical working group, supervising nursing best practice and develop strategies for scale up and follow up. Developing the capacity of regional and federal hospital with the following activities. Providing orientations and training on EHRIG (Ethiopian hospital reform implementation guideline) providing on site supervision on the implementation of different reform guidelines in the hospital, during my work I had improved the quality of nursing and midwifery practice at the national level. *Due to unforeseen circumstances, Ms. Denekew was unable to attend the Summit.*

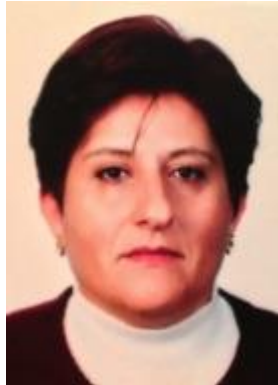


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JORDAN

HANIA DAWANI, DNSC, MPH, RN



Hania Dawani, DNSc, MPH, RN is a mental health nurse consultant from Jordan. She currently is an Associate Professor at California State University Northridge- Los Angeles. Parallel to her academic career she served as a consultant and as the

technical director of the Jordanian Nursing Council since its inception and until 2014. As an academician, she chaired nursing programs and occupied various academic positions in both public and private universities in Jordan. She functioned as an adjunct faculty at both Azusa Pacific University-USA, and Balamand University- Lebanon. She served as a member on various national committees in Jordan and a consultant on multiple national and international projects. She spearheaded various national mental health programs and services in the country, and is a strong advocate of human rights of service users. She is an alumina of Boston University, schools of Nursing and Public Health.

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SHAHLA MATAR

Shahla Matar works as the program Officer for Columbia Global Centers | Middle East. She received her Honours Bachelor of Arts degree from the University of Toronto. She completed a Specialist in Political Science, a Major in Crime Law, and a Minor in Sociology. Shahla joined the Columbia Global Centers | Middle East as a Programs Officer in March 2015. She is responsible for conceiving and executing

new programmatic opportunities in line with the Center's strategy and foci.
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KENYA

SAMUEL T. KIMANI, PHD



Samuel Kimani is a Senior Lecturer in Medical-Surgical Nursing at School of Nursing, University of Nairobi. He is the current head of Medical-Surgical thematic unit at the school of Nursing. He received his doctorate in Pharmacology and Toxicology from

University of Nairobi. His recent publications include; Ebola Outbreak: Knowledge to Act (2014), Memory deficits associated with sublethal cyanide poisoning relative to cyanate toxicity (2014), Carbamoylation correlates of cyanate neuropathy and cyanide poisoning: relevance to the biomarkers of cassava cyanogenesis and motor system toxicity (2013). His current research interests include; Toxico-dietary implication on developing brain and neuro-degeneration. Cardiovascular, degenerative and metabolic diseases. Reproductive health issues. Research and capacity building. He is currently involved in a multidisciplinary research regarding the health impacts of female genital mutilation/cutting.

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JULIANA MISORE, MPH



Juliana Misore is Director School of Nursing Uzima University College situated in Kisumu Kenya. An experienced Nurse educator, held posts as Training Program Manager at the Kenya Medical Training College, Regional Education Technical

Advisor with Mildmay International and currently is a PhD Student in Community Health with Kenyatta University

Juliana is a Registered Nurse holds Master's Degree in Community Health, Advanced Diploma in Medical Education & Diploma in Health Systems Approach to care and Management' awarded by the University of Manchester. Her friendly disposition and respected expertise enables Juliana to work comfortably with students, colleagues and health care clients in the community alike.

With her wide experience in research, curriculum development and education Juliana has developed several programs. At community level she has developed and implemented Action Learning programmes with prison officers and prisoners in Kenya and Tanzania. These programmes help the participants to manage and care for those affected by HIV & AIDs in the prison communities. Juliana has also developed similar programmes with advocacy committees of health workers living with HIV&AIDS, community organizations and carers of vulnerable children.

As a teaching Fellow with the University of Manchester Juliana supervises and mentors online students within the East Africa Region who are studying for BSc (Hons) degree in Health Systems Approach to Social Care and Management. Juliana's special interests include research, developing teaching and learning innovations, such as virtual learning, action learning, and enquiry based learning and mentoring that facilitate the improvement of health and social care systems.

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SUSAN AGUNDA OTIENO, BSc NURSE, MPH

Currently Susan Otieno is the Director on Nursing Services in the Ministry of Health Kenya. She is also the President of East Central and Southern Africa College of Nursing (2014-2018). Before being elected as president, she served as the chairperson of Leadership and Management for the same college.

She has over 20 years' experience in nursing administration; She has coordinated the development of ARV administration policy guidelines for nurses and midwives; policy on injection safety practices and sharp waste management for health workers. Has developed guidelines on rational industrial strike by the nurses and midwives. She has also coordinated the review of the current scheme of service for nurses in the country. She handles Nursing policy issues nationally and regionally which impacts on nursing practice and ethics.

She is a board member of both Nursing council of Kenya (NCK) and Kenya Medical Training College (KMTc). She is a technical member of the Ministry's AIDS control unit and a member of Technology Development Advisory Program Committee under the United Nations Development Programme, a global project on health care waste. Has represented the Ministry in Improving Nursing Education and Practice in East Africa (INEPEA) Project.

Susan has done several leadership and management courses at various level, the latest being Strategic Leadership and Development Susan is a member of NNAK, IPNET, IPCAN and ECSACON. She is a Registered Nurse, Midwife, higher diploma in community health, BSc in nursing and Master in Public Health and Epidemiology.

MRS. ELIZABETH OYWER, DEPUTY CHIEF
NURSING OFFICER, KENYA.



For the past 20 years, Elizabeth has been involved in improving nursing education and practice in Kenya. She has been the Registrar of the Nursing Council for the last 11 years. Currently, she serves as the Deputy Chief Nursing Officer.

She trained locally in basic general nursing before venturing in post basic studies in mental health nursing and advanced nursing from the University of Nairobi. Later on she did courses in research and leadership/management and a bachelor of nursing degree from Dundee University. Elizabeth holds a Masters degree in Health Studies (Mental Health) from UNISA and a masters degree (nursing education) from Dundee

Her working experience include clinical nursing in various hospitals in Kenya, teaching at the mental health nursing school, leadership and management at the Ministry of Health headquarters and Nursing Council of Kenya. She has participated in the facilitation and development of standards documents/regulatory tools and several curricula for training health workers. Under her leadership at the Council, the Council built the prestigious NCK Plaza and there is a functional nursing database which is a best practice in the region. Secondly, over 7,000 nurses have been upgraded from certificate to diploma using distance learning and six universities have been approved to upgrade nurses from RN-BScN using the same strategy.

Finally, Elizabeth has had a lot of exposure in global nursing issues both as an active member of NNAK; longtime contact person for regional body- ECSACON (East, Central and Southern Africa College of Nursing) and member, board of directors for the International Council of Nurses (Area 1). Her interest is in workforce issues and regulations.

CHARITY NDWIGA

ROSE RUTHUTHI

EDNA TALLAM-KIMAIYO, BSCN, MPH, GH
FELLOW

Edna is the Registrar and Chief Executive Officer of the Nursing Council of Kenya. She holds a Master's degree in Public Health from Kenyatta University, BSc. in Nursing from University of East Africa Baraton and a Fellow with Global Health leadership program, University of Washington.

She is responsible for the management and administration of the Council functions, legislative compliance, leadership, training, registration, licensure and standards of nursing practice in accordance with statutory requirements. Her experience has inspired her to develop advanced research skills to help lead Nurses and Midwives towards building health systems research capacity for promoting progressive health care policies. Her interests lies in Strategic Leadership, Research, Quality/Performance Improvement and Policy Development.

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SABINA WAKASIKA

HANNAH INYAMA, PHD CANDIDATE, MSC.
CRITICAL CARE NURSING, BSC.NURSING



Hannah is the Thematic Head of Midwifery/ Obstetric & Gynaecological Nursing Unit at School of Nursing Sciences, University of Nairobi. Her PhD work is in the area of Post resuscitation care of the critically ill and it's partially funded by Sigma

Theta Tau International. She teaches Neonatal Nursing, Neonatal & Adult Intensive care as well as Midwifery & Obstetric Nursing and has some publications in local journals as well as made several national conference presentations in the area of Critical care Nursing. She is the current elected Secretary of the Kenya Intensive Care Nurses Chapter (KICNC). Research interests are in the areas of; Neonatal, adult intensive care and resuscitation. In addition, she is a member of the Secretariat for the "Friends of the Beyond Zero Campaign" which is the First Lady's (Mrs. Margaret Kenyatta) initiative, whose goal is to reduce Maternal & Neonatal Mortality rates in Kenya. Moreover, she is the Chairperson for E-learning steering committee & the E-learning programme Co-ordinator at School of Nursing Sciences, University of Nairobi.

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LESOTHO

NTHABISENG MOLISE, R/N, R/M, BED
NURSING, MSC (NURSING)



Nthabiseng is the Coordinator of PEPFAR supported project called NEPI Lesotho at the level of the Ministry of Health. She has served in this position since 2011 to date where she is responsible for ensuring that NEPI design is aligned with the needs of the

country; NEPI is implemented as designed and guided by its overall objectives. Whilst in this project, she facilitated numerous transformative strategies for Nursing Education in Lesotho which include development of competency-based education, simulation based education, strengthening of clinical learning and e-learning for midwifery education which is under development.

She worked at National Health Training College (NHTC) since 1994 to the time she moved to serve at the NEPI project. She served at NHTC at various departments as the Lecturer, Head of Midwifery Department, Deputy Director and also as the Director of the College. She has a wide experience working at clinical facilities which included rural health centers. She currently serves in ECSACON in the Education Committee as the Deputy Chairperson. She is the Member of the Lesotho Nurses Association, ECSACON and Sigma Theta Tau International. She is a registered Nurse Midwife holding a Diploma in Nursing and Midwifery, Bachelor's Degree in Nursing Education, Master's Degree in Nursing Science (Community Nursing). She received the best performing student award in Midwifery.

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She has vast experience in nursing practice, research, education and administration both at district and national levels gained over several years. She joined Kamuzu College of Nursing in 1999 and has mainly been teaching nursing (Adult, Children) in undergraduate and Epidemiology in postgraduate programs. She has been involved in various academic initiatives in the college including: development of undergraduate, masters and doctoral curricula. Dr. Gombachika has held leadership positions and currently, is the Deputy Head of Medical Surgical Nursing department, Vice Chairperson of Research and Publications Committee. Her research areas are HIV, AIDS, sexual and reproductive health of couples living with HIV: this has resulted in publications in refereed journals and conference proceedings. She has been part of a NUFU Collaboration Project - Improving access and quality in maternal health care in Sub Saharan Africa between University of Malawi, Kamuzu College of Nursing and University of Oslo, Institute of Health and Society. 2015.

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Lídia Justino Mondlane is a nurse. She has a solid experience in clinical Health care and Management, at the Health Units and Government institutional as well as at the project level, and 37 years of experience in the field of nursing.

Between 1977- 1986 – She was a nurse in emergency and intensive care, head of Orthopaedics' Department at Maputo Central Hospital. From 1995 – 1999 – Head of Division of Curricular planning and development at the Ministry of health. Coordinating activities of Nursing curriculum review. From 1999 – 2001- Master in Education 2001 – 2007 – Lecturer in the Health Sciences Institute of Maputo (ICSM) and at the higher Institute of Health Sciences (ISCISA). 2002 - 2004 – Member of Commission of ISCISA criation (Superior Institute of Health Sciences). 2003 – 2007 – Academic Director of the ISCISA ((Superior Institute of Health Sciences). Between 2008 –2009 she was a Scientific Committee members of nurse health research at the Ministry of science and technology. From 2005- 2010 - Executive Director of ANEMO 2010 – Consultant in palliative care at Family Global Health for palliative care activities in coordination with the MOH, African Palliative Care Association. 2010 - 2012 – PHD in Nursing at Universidade Federal de São Paulo-Escola Paulista de Enfermagem. 2012 – 2015 Founding member and National

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NAMIBIA

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Dr Käthe Hofnie-//Hoëbes is a senior lecturer and an Associate Dean for the Schools of Nursing and Public Health in the Faculty of Health Sciences. She has over thirty five years of experience in the Namibian health sector in the arena of clinical, management and education. Dr Hofnie-//Hoëbes is currently a lecturer in Mother and Child Health. Her research activities cover Reproductive Health, including contemporary issues in Public Health such as HIV/AIDS among others.

She participated as a country representative in a specialised, intensive, international programme of "Leadership for Change" (1998-2001), with the main focus on health sector reform. The candidate was awarded full international credits by the International Council of Nurses (Geneva 2001). This participation empowered the candidate to pursue her Doctorate in "Change Management"

Dr Hofnie-//Hoëbes has represented the University of Namibia on the Regional Network for Equity in Health in East and Southern Africa (EQUINET). She has been involved in participatory reflection and action research on People Centred Health Systems with the nursing students (2006 to 2010). Dr Hofnie-//Hoëbes obtained Doctorate in Nursing Science, at the University of Namibia, (2006); Master of Science in

Mother and Child Health, University College, London (UK), 1996; BA Honours (Major: Nursing Education) at Academy, Namibia, (1993); B Cur (Majors: Nursing Education and Management), University of South Africa, (RSA), (1991).

Her Professional Qualifications are: Registered Nurse, Registered Midwife, Registered Community Health Nurse, Registered Nursing Administrator, Registered Tutor

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SOUTH AFRICA

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Judith Bruce is Professor and Head of the School of Therapeutic Sciences at the University of the Witwatersrand, Johannesburg. She has more than 30 years of experience in the education of nurses and nurse educators, half of which was spent in the higher education sector. Her area of expertise is in co-operative learning approaches, specifically problem-based learning and curricular issues in nurse education.

She has a keen interest in developing and promoting scholarship in nursing locally, and on the African continent through the work of the Tau Lambda-at-Large Chapter. As former president of the Chapter she continues to provide leadership and support in education/capacity development projects in Africa.

Locally, she served as Vice-chairperson of the Forum of University Nursing Deans in South Africa (FUNDISA) and chaired its Education Portfolio for

several years. Her academic expertise is widely recognised by appointments on the Ministerial Task Team for Nurse Education, Training and Practice, the Academy of Science of South Africa, the International Academic Nursing Alliance (chairperson) and by her induction into the Academy of Nursing in South Africa.

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Minette Coetzee, RN, PHD is currently an Associate Professor in the UCT School of Child and Adolescent Health at the Red Cross Children's Hospital in Cape Town. She leads a practice development initiative with two major

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Marycelina Msuya, Dean Faculty of Nursing KCMU College, was born in 1951 in rural village Kilimanjaro Tanzania Married with three children. She finished her education in 1970, joined Nursing course at the Kilimanjaro Christian Centre four

Years and graduated as a Nurse Midwife in 1975. Worked as Nurse Midwife for few years in Obstetrics and Gynecology wards. In 1979 graduated as Nurse Tutor University of Dare salaam. The same year started teaching Midwifery and Pediatric Nursing. In 1989 she graduated at the University of London was awarded Advanced Diploma in Primary Health Care (PHC).

In 1990 worked as Health Educator developing HIV and AIDS Health education programmes, in 1999 graduated at Karolinska Institute Sweden awarded Master of Public Health. In 2000 continued teaching and coordinating curriculum development for BSc Nursing and became the Faculty Dean at the Kiimanjaro Christian University College Tanzania.

Other Skills include: I) Family Planning, II) Leadership in Health Systems and Human Resource Management, III) Facilitator for Prevention transmission of HIV, IV) Facilitator for Management skills training, V) Facilitator/Instructor of communication and concealing skills, VI) Facilitator of Good clinical practice and documentation.

Papers Presented in International Seminars/workshops and Scientific Conferences: Msuya M.H; AIDS Education for Primary School Children in Tanzania presentation at 5th International Conferences on Women and AIDS in Africa (Lusaka

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Project Proposals and Supervision: Participated in the proposal development for an AMREF project on High Transmission Area (HTA) programme funded by NORAD started January 1993. Initiated the start and running of the first Information Centre for AIDS Education officially opened in 1992 in Moshi under MUTAN programme. Developed 15 minutes Radio Programme known as “Sauti ya Upendo”. The first programme was on the air in February 1994 until June 2000. Participated in proposal write up for Nursing Manager’s at KCMC. The programme was funded by German Ecumenical Scholarships. Supervision of Research report for BSc. Nursing. Coordinated Research Project – Singida & Dodoma region – Integrated programme to combat HIV/AIDS among youth in Tanzania.

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Kenrick Cato, RN, PhD, is an informatics researcher at Columbia University School of Nursing. Dr. Cato's program of research focuses on the use of data science to investigate ways of improving patient safety, quality of care,

and individual health. Towards these goals, Dr. Cato's previous work has included National Institute of Health funded research in health communication via mobile health platforms, shared decision making in primary care settings and data mining of electronic patient records. His current projects include automated data mining of electronic patient records to discover characters about a patient that are often missed by clinicians. Dr. Cato has published his findings in numerous peer-reviewed journals and at national and international conferences.

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Carolyn Sun is a PhD candidate at Columbia University School of Nursing. She has been serving as the Research Assistant for the Office of Global Initiatives and is very excited to be a part of this Global Nursing and Midwifery Research Summit. She will be using

much of the research she has been doing in preparation for this Summit as part of her dissertation entitled, "Clinical Nursing and Midwifery Research Priorities in Southern and Eastern African Countries." She is excited to share all the work with you during the Summit and invites you to read the complete dissertation when it is finished. She would like to thank each of you for your contribution to this research and in turn, to her dissertation work and hopes it will be very useful to you in the future.

In addition to working on her dissertation, Carolyn works per diem at NBC Universal as an Adult Nurse Practitioner. She received her Masters from New York University and undergraduate degrees from Bellevue College (nursing) and Seattle Pacific University (art), both in Washington state. Before she became a nurse, Carolyn was a graphic designer.

Carolyn goes by the nickname "Carrie" and lives in Manhattan with her husband and two young daughters. She is so thankful for their support.

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Clinical Research Experience: Factors that influence utilization of family planning methods among post-abortion women in the emergence gynecological ward of Mulago National Referral Hospital: Principle investigator (April-August 2002) Not published but recommendations implemented at the unit. Factors that influence clinical practice among student nurses and midwives of Mulago school of nursing and midwifery (BNS dissertation- June 2007-May 2008). Knowledge, attitude and practice of midwives working the antenatal clinics of a national referral hospital towards primary prevention of preterm births (MNS dissertation-2011), Not yet published.

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ZAMBIA

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Margaret is a PhD nurse-midwife and a Senior Lecturer, researcher and consultant in the Department of Nursing Sciences, at the School of Medicine, University of Zambia, lecturing and supervising under and post graduate students. Conducts research in maternal, and newborn as a Principal Investigator and in some co-investigator. The studies were done within Zambia and in high income countries. She received her PhD in International Health Research from Karolinska Institute in Sweden in 2004. One of the founder members of the Africa Midwives Research Network. She is the current country Lead LAMRN in Zambia and country Coordinator for the Wellcome Trust funded by the Southern Africa Consortium for Research Excellence, a partnership between three African Universities and four well established U.K universities. She is a Project Manager for the Basic Science and ancillary Health Care Programs for the Medical Education Partnership Initiative, a project building existing partnerships and develop innovative educational initiatives as a strategic response to emerging national health needs largely impacted by the HIV pandemic. Okanagan-Zambia Health Initiative (OKHAZI) building capacity among health care workers. Honorary lecturer in Norway, Sogn og Fjordane at the University College, Faculty of Health Studies, Forde. Co-editor in Chief of the British Journal of Midwifery and is an editorial Member of the African Journal of Midwifery and Women's Health and an Executive Director for the Zambia Forum for Health Research in Zambia, which is a Knowledge Translation Platform. Country coordinator NORHED Project, Norway, Bachelor of Science, Master of Science and PhD in Midwifery programs initiate.

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ZIMBABWE

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Rudo Nyamakura has been a lecturer at the University of Zimbabwe, College of Health Sciences, Department of Nursing Science since 1999. She teaches theory and



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presentations, covering issues of emergency and critical care nursing.

Prior to 1999, she was a team leader for 12 years in the Adult Intensive Care Unit at Parirenyatwa Hospital in Harare, Zimbabwe. She received her general nurse training as well as intensive care and coronary care nurse training at Parirenyatwa School of Nursing. In 1990, she won the Baldachin Award for the highest aggregate in Intensive care and coronary care nursing examinations. She earned the BNS, MScNS and MSc. Clin Epi degrees from the University of Zimbabwe. She is currently undertaking DPhil studies at the University of Zimbabwe.

Rudo Nyamakura's current research interests focus on adolescent sexual and reproductive health, adolescent HIV and AIDS issues as well as prevention of maternal and infant mortality. She has authored and co-authored 5 publications in peer reviewed journals. She is working on implementing a BLS and ACLS curriculum for doctors and nurses. The curriculum was developed following results of a research study completed in partial fulfilment of the Health Education and Leadership in Zimbabwe (HEALZ) Course she successfully completed in 2014.

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Appendix 4. Acknowledgement

In addition to Dr. Begashaw, Dr. Adudans, and Ms. Wendo, our special thanks to the CGC | Africa staff for making the research Summit possible.

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Appendix 5. Evaluation

Participant survey

We evaluated the Research Summit using a validated questionnaire (G. Rowe, and Frewer LJ, 2000; G. Rowe, Marsh R, and Frewer L, 2004; G. Rowe, Marsh R, Reynolds C and Frewer LJ, 2001) which was distributed to survey attendees of the Summit (exclusive of the Columbia University School of Nursing team) across the following criteria: representativeness, independence, influence transparency, resource accessibility, task definition, structured decision making, and cost-effectiveness (used by permission. The survey included a Likert-type scale, on which participants rate agreement with each statement as either “Very Strongly Agree,” “Strongly Agree,” “Moderately Agree,” “Neither Agree nor Disagree,” “Moderately Disagree,” “Strongly Disagree,” and “Very Strongly Disagree.” The survey also included general demographic and contact information.

Evaluator survey

Whereas the participant evaluation is intended to capture the views of the Summit attendees, this component of the evaluation method established by Rowe and Frewer is a validated instrument developed to solicit the perceptions of the organizers and sponsors (G. Rowe, Marsh R, and Frewer L, 2004; G. Rowe, Marsh R, Reynolds C and Frewer LJ, 2001). This is important because some attendees may not have a complete understanding of all aspects of the program and the rationale for certain decisions or methods, and it also is a more in-depth survey to assist in evaluation at the completion of the program. Table 3.3 lists the items, each criterion is given a qualitative (and subjective) rating by the evaluator: very poorly to very well or unsure. On the last day of the Summit, the core collaborators were also asked to complete a paper version of the survey.

Paper copies of the surveys were distributed at the conclusion of the Research Summit, given time to complete them, and immediately collected to encourage 100% participation. The surveys were anonymous and a check was done to ensure all surveys were collected.

Data analysis

The results of these surveys were evaluated following the method established by the survey authors. The scores for each question were recorded both as an average and the proportion of respondents for each score (e.g. 10 participants rated question 15 as 4 on a scale of 1-5). Results are presented both on average and by number of participants’ rankings for each category to avoid minimizing minority views (G. Rowe, Marsh R, and Frewer L, 2004). The scores from each group of questions relating to the same evaluation criterion are combined to give an average score for each criterion. A criteria with a score of 5 or better, on average, for participant surveys and 4 or better on evaluator surveys were considered successful (G. Rowe, Marsh R, and Frewer L, 2004).

Results

Participant surveys. Thirty one participants attended the Research Summit in Nairobi, Kenya on July 8th and 9th, 2015. There were participants from 12 African countries. All criteria of the survey

(Representativeness, Independence, Influence, Transparency, Resource accessibility, Task definition, Structured decision making, and cost effectiveness) were successful for the participant surveys.

Table 4 Research Summit participant survey results.

	Number who rated as Very Strongly Disagree	Number who rated as Strongly Disagree	Number who rated as Moderately Disagree	Number who rated as Neither Agree nor Disagree	Number who rated as Moderately Agree	Number who rated as Strongly Agree	Number who rated as Very Strongly Agree	Mean
<u>Representativeness</u>								
The participants at the Research Summit fairly represent the members of the nursing research community affected by the issues raised in it.	0	0	0	0	2	9	8	6.32
<u>Independence</u>								
The Summit has been run in an unbiased way (i.e. independent of undue influences by the Summit sponsors).	0	0	0	0	0	4	15	6.79
<u>Influence</u>								
I am likely to implement the recommendations for clinical research priorities that arose from the Summit in my research.	0	0	0	0	0	9	10	6.53
<u>Transparency</u>								
The purposes of the Summit have been clear and transparent to the delegates.	0	0	0	0	1	8	10	6.47

	Number who rated as Very Strongly Disagree	Number who rated as Strongly Disagree	Number who rated as Moderately Disagree	Number who rated as Neither Agree nor Disagree	Number who rated as Moderately Agree	Number who rated as Strongly Agree	Number who rated as Very Strongly Agree	Mean
<u>Resource accessibility</u>								
The Summit provided sufficient resources in terms of time and information to enable me to take part in the discussion effectively.	0	0	1	0	1	12	5	6.05
<u>Task definition</u>								
The nature and scope of the task was well defined (i.e. I understood precisely what was required from me at the Summit).	0	0	1	0	0	10	8	6.26
<u>Structured decision making</u>								
The structure and conduct of this consultative meeting is likely to result in recommendations that will be logical/consistent.	0	1	0	0	1	6	9	5.58
<u>Cost-effectiveness</u>								
This seminar was a cost effective way of taking into account views on clinical nursing research priorities in southern and eastern African countries (i.e. it is unlikely this could have been achieved more efficiently by an alternative method of consultation).	0	1	0	0	1	6	10	5.95

	Number who rated as Very Strongly Disagree	Number who rated as Strongly Disagree	Number who rated as Moderately Disagree	Number who rated as Neither Agree nor Disagree	Number who rated as Moderately Agree	Number who rated as Strongly Agree	Number who rated as Very Strongly Agree	Mean
The topic of the Summit was appropriate to my area of work/interests.	1	0	0	0	0	5	12	6.05

Note: Criteria with a mean score of 5 or higher were considered successful.

Comments from participants regarding plans to return the results of the Research Summit to their institutions, and to encourage their colleagues and trainees toward a shift in research topics toward those identified as priorities. General comments showed thematic elements of gratitude for the Research Summit and satisfaction with the level of organization of the meeting. For example, “It was insightful, a learning process for me. It’s an honor to be part of such an experienced group of researchers. Thank you for the opportunity,” and “It was well organized and participatory.”

Evaluator surveys. Five core collaborators evaluated the Research Summit as well, including components that included the process that went into the development of the Research Summit. The core collaborators were those who worked to build the participant list, develop the agenda, and who led the Research Summit. The evaluator surveys distributed to core collaborators demonstrated successful agreement on all criteria (see Table 5).

Table 5. Results of Evaluator Surveys.

	Number who rated as Unsure	Number who rated as Well	Number who rated as Very Well	Mean
<u>Task Definition</u>				<u>4.5</u>
Was the context to this exercise clearly identified	0	2	3	4.6
Was the scope of the exercise clear and appropriate?	1	1	3	4.4
Were the overall aims and outputs of the exercise clear and appropriate?	1	1	3	4.4
Was the rationale for choosing this particular type of exercise both clear and appropriate?	1	1	3	4.4
<u>Representativeness</u>				<u>4.4</u>
Were all persons with a legitimate interest in the issue (and therefore the outcome of the participation exercise) clearly identified?	0	3	2	4.0
Were participants appropriately selected from among the group of stakeholders?	2	1	2	4.4

	Number who rated as Unsure	Number who rated as Well	Number who rated as Very Well	Mean
Was the right balance achieved between participants acting as representatives (delegates), and participants acting in an individual capacity?	1	1	3	4.4
Was enough effort made to get the right participants?	1	1	3	4.4
Whatever the intentions, was the group of participants actually representative (and stayed that way during the course of the exercise)?	0	3	2	4.4
<u>Resource Accessibility</u>				<u>4.8</u>
Were there enough people involved, with the appropriate level of skill and understanding, in setting up, running the exercise, and handling the outputs?	0	1	4	4.8
Was sufficient time available to run the exercise?	0	1	4	4.8
Were there enough suitable facilities and equipment to meet the needs of the exercise?	0	1	4	4.8
Was expertise brought in, at the right level, to meet the needs of the participants?	0	1	4	4.8
Was sufficient finance available to meet the needs of the exercise?	1	1	3	4.4
Was enough good quality information available, at the right level of detail, in a good usable format?	0	4	1	4.2
<u>Structured Discussion</u>				<u>4.6</u>
Was the exercise well organized and managed on a practical level?	0	2	3	4.6
Were the decision-making (or discussion) procedures used appropriate for the discussion/exercise and the participants?	0	1	4	4.8
Was the exercise flexible and adaptable, as necessary?	0	0	5	5.0
Were the decisions made (or conclusions drawn) consistent?	0	2	2	4.5
Were the participants competent to contribute satisfactorily to the exercise?	0	3	2	4.4
Were any methods used validated with reference to standards or some other form of quality control?	1	3	1	1
Was there sufficient shared understanding of essential concepts and terms by all parties?	1	1	3	4.4

	Number who rated as Unsure	Number who rated as Well	Number who rated as Very Well	Mean
<u>Independence</u>				<u>4.3</u>
Did participants have an appropriate level of control over the procedures and outputs of the exercise?	0	3	2	4.4
Did the assessment of the exercise adequately reflect the range of views available?	0	3	2	4.4
Were there adequate external checks on Independence?	1	2	2	4.2
<u>Transparency</u>				<u>4.0</u>
Did the exercise comply with both the letter and the spirit of any relevant legislation or regulations on access to information?	1	3	1	4.0
Was there adequate publicity?	0	5	0	4.0
Was there a thorough audit trail, in a proper format?	1	3	1	4.0
Was the audit trail available to all parties?	2	3	0	3.6
Was information available in an appropriate format, at the appropriate level of detail?	0	4	1	4.2
<u>Influence</u>				<u>4.1</u>
Were better specific decisions made as a result of the exercise?	0	1	4	4.8
Did the exercise have a positive impact on policy-making procedures?	1	3	1	4.0
Did the exercise have a positive impact on the general approach to handling the issues?	0	4	1	4.2
Did the exercise bring a significant amount of constructive media attention on to the issues?	3	2	0	3.4
<u>Early Involvement</u>				<u>4.4</u>
Were all the parties involved early enough to become familiar with all the (timeliness) elements of the exercise, in order to make a proper contribution?	0	3	2	4.4
Did the exercise take place early enough in the decision-making process?	0	3	2	4.4
<u>Cost-effectiveness (cost-benefit)</u>				<u>4.5</u>
Was the exercise effective? (Did it meet its aims?)	0	1	4	4.8

	Number who rated as Unsure	Number who rated as Well	Number who rated as Very Well	Mean
Was the benefit/cost ratio high?	0	3	2	4.4
Were the benefits fairly distributed across all the stakeholders?	1	1	2	4.4

Note: Criteria with a mean score of 4 or higher were considered successful. No items were rated very poor or poor by any evaluators.

Comments from the collaborators were similar to those of participant and included statements about the Summit such as “The Summit was well organized,” and “the aims and objectives of the Research Summit were met.” The complete list of comments is listed in Table 6.

Conclusions

The results of the evaluation Summit show agreement between both the core collaborators and the participants that the Research Summit was successful in terms of task definition, representativeness, resources accessibility, structured discussion, independence, transparency, influence, early involvement, and cost-effectiveness. The individual comments also indicate overwhelmingly participants felt the objectives were met in terms of establishing regional research priorities, and development of regional strategies and tactics to implement this necessary research.

Table 6. Comments from the Evaluation Surveys from the Research Summit

Participant survey comments.

How will you be using the information you learned from the Summit?	Do you have any other comments about the Research Summit?
First of all, I will provide feedback to the organization (University) immediately. Assess what is the existing gap (compare with the new information) communicate a work on the assigned task inform the Ministry of Health Training Department.	I heartily appreciate, finally those who have been identified as chairpersons to take the lead immediately to take off fast.

How will you be using the information you learned from the Summit?	Do you have any other comments about the Research Summit?
<p>I share with immediate colleagues at work; research groups that I belong to (LAMRN); in-charge clinical nursing at the MoH; council members (UNMC); form groups that will be part of this clinical research network.</p> <p>I will initiate collaboration, interfacing with clinical nurses and continue to network for improvement of clinical research.</p> <p>I will try to implement because I am interested to be part of the group as networking group. I will try to implement in two levels at government level (Department of Train and clinical level as part of students practice tutored by nurses and Midwives. I will certainly ensure that the guiding principles become part of my research planning and implementation.</p> <p>To develop research framework in my institution the School of Nursing and development of mentorship programme in clinical research for Nurse/Midwife</p> <p>Report back at my institution, seek for their contribution towards the priority areas of research - give them feedback on the three areas - mentorship, networking and funding sourcing related to capacity building in clinical research and collaborative clinical research to be done in future.</p>	<p>It has been timely to strengthen the national and international focus for research in nursing and midwifery.</p> <p>This was a timely workshop and well executed. More of this form should be initiated to showcase nursing/midwifery research.</p> <p>My comment is that this was a good opportunity to me as a participant coming from a Portuguese speaking country, and as a PhD in Nursing who needs to join others to get more experience in research. Thanks for this opportunity.</p> <p>Great idea- three days would have enabled a better outcome / or clearer moderation throughout.</p> <p>This is a great opportunity, to begin improving on Nursing/Midwifery Practice, through evidence based. This will further improve on our University ranking worldwide, as we develop critical research networks of agendas, publish and disseminate and influence our policy based on research.</p> <p>They are very important and the interface should be followed by continuous online communication to track progress and lastly</p>

How will you be using the information you learned from the Summit?	Do you have any other comments about the Research Summit?
<p>Sensitize faculty members and others nurse-midwife leaders in Botswana about the purpose and achievement of the Summit.</p> <p>Enhance collaborative projects in the region.</p> <p>I will use it when doing my own research but also when supervising post-graduate students - I will encourage them to do clinical research.</p> <p>The information will be used to expand transformative strategies in nursing, which include research to ensure the relevance of nursing to patients, safety and quality of service.</p> <p>Change of mindset to be incorporating health workers in the clinical setting.</p> <p>The information was very useful and I will use it in my organization to improve the clinical research in nursing and midwifery.</p> <p>1. I will report back to my department within the University of Zimbabwe so that my colleagues get onto the same level as I am. 2. I will use the information on the importance of utilization of evidence in my clinical teaching. 3. I will change the way I advise students in research to focus more on patient-outcome based research.</p> <p>Participate in my thematic area and research team in my hospital as well as ECSACON.</p> <p>Use it for education for nurses and midwives and also share with the midwifery association.</p>	<p>It was well organized and participatory.</p> <p>Added value to my professional development. Strengthened my networks.</p> <p>Meet with other nurse0midwife leaders met worked with in other Regional networks.</p> <p>It was well organized.</p> <p>Next time to have similar representation from the respective countries, which also include the target population. It would make bargain better enhanced.</p> <p>A good start. Next time improve on accommodation- no sharing of bathroom. Transport must be on time.</p> <p>In the beginning I thought that the two days will not be enough but to my surprise the Aims were managed at the end effectively. Good leadership.</p> <p>Well done, colleagues.</p> <p>Very good. The revised programme worked fine.</p> <p>The Summit has included more countries from regions, which is an excellent idea for collaboration and address issues affecting the continent.</p>

How will you be using the information you learned from the Summit?	Do you have any other comments about the Research Summit?
It will strengthen my own attempts (and advocacy) towards clinical research projects in nursing and midwifery survey results provide evidence to back up a new research agenda for clinical research.	
It will assist me to mentor nurses who are involved in research to demystify the fact that a research is a hard subject.	- There was regional representation. - The organizing group was organized and very helpful. - Keep up the good work.
I will ensure that I am part of the research team and play my part in ensuring that I'm part of the process in obtaining, writing grants and implementation. For I have learnt that in a team, I move further.	It was insightful, a learning process for me. It's an honor to be part of such an experienced group of researchers. Thank you for the opportunity.

Evaluator Survey Comments

Do you have any other comments about the Research Summit?
The Summit has brought together nursing and midwifery researchers and this is good initiative.
Thanks for well-organized Summit. In retrospect it may have been useful to share same core concepts to generate a frame for departure. Thanks for opportunity to participate!
The Summit was timely and approach (bringing people from the region together) was very appropriate.
A well-organized platform that will hopefully be sustained as countries and the group start to show positive movement towards building clinical nursing and midwifery research.
The aims and objectives of the research Summit were met.

Appendix 6. Publication

Sun, C., & Larson, E. (2015). Clinical nursing and midwifery research in African countries: A scoping review. *International Journal of Nursing Studies*. doi: 10.1016/j.ijnurstu.2015.01.012

Article is included in pages below.