Applying KM Techniques to Promote Learning: the Uganda National Quality Improvement Conference

SUMMARY:

The Ministry of Health of Uganda held its first-ever National Quality Improvement (QI) Conference in February 2012. The event, funded by USAID and other donors, brought together stakeholders from over the country and featured work supported by 17 different implementing partners. A key challenge in organizing the conference was to ensure that the design of the event emphasized peer-to-peer learning. The conference organizing committee structured the conference to include plenty of interactive sessions, which opened avenues for participants to learn from each other. Purposefully using interactive formats enriched the event and built capacity among organizing committee members to design similar conferences in the future.

PROJECT DATES:

February 28-29, 2012

TARGET AUDIENCE:

Program managers, country-based health officers and health care workers, KM professionals

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CONTEXT

In February 2012, the Ministry of Health (MoH) in Uganda hosted its first-ever National Quality Improvement (QI) Conference. The purpose of the conference was to facilitate the sharing of lessons learned from applying a variety of QI approaches in Uganda. The three-day event attracted 489 participants ranging from MoH senior management to regional referral facility heads, district health officers, health facility managers, and facility-based health care workers. Seventeen implementing partners funded by USAID and other development partners attended and shared how their work is supporting QI in the Ugandan health system.

SPECIFIC KM ANGLE: DESIGN OF THE CONFERENCE TO ENABLE PEER-TO-PEER LEARNING

The conference was intended to be different from previous technical conferences in Uganda in that its focus was on implementation experience rather than expert knowledge. All partners could and were encouraged to contribute their experiences, as opposed to one group organizing presentations to inform and instruct everyone else. All participants were seen as having relevant experiences to contribute and share with others.

The conference was structured to include plenty of interactive sessions, which opened avenues for different participants to collaborate and learn from each other as many were working in different geographical regions but addressing the same technical areas.

Throughout the three-day conference, participants shared and learned how various stakeholders had applied different approaches to improve the quality of health care in Uganda; how QI had evolved over the years; the challenges faced at the different levels of the health structure when implementing improvement efforts; and what changes had been introduced to improve specific care processes.

Moderators (session chairs) were instructed to manage the time of each session to allow participant-driven discussions and not use the entire time for presentations.

In addition to the oral presentation sessions, there were also poster presentations at which individual providers explained how they had made improvements in quality and impact on health services in their respective health facilities.

To provide a forum for sharing different QI approaches, the conference organizers designed a live showcase of the QI approaches implemented by different partners in Uganda. Five organizations—the USAID Health Care Improvement Project, JICA, AIDS Relief, Uganda Catholic Medical Bureau and Jhpiego—concurrently presented their QI approaches, results, and implementation experiences at stations around the room. The highly engaged audience moved from one station to the next, until a circuit of the room had given them a sense of all five presenters' work.

AFTER ACTION REVIEW

What worked well:

The conference received a very positive response from participants. Post-conference evaluation forms indicated that 99% of participants said the topics were well understood; 89% said the materials were adequate and relevant; and 72% found the time allocated adequate for most topics. Over 80 percent of participants were from District Health Offices and facilities across the country; the remaining participants were primarily MoH headquarters staff and technical staff from development partners.

Many participants commented that the event was very different from typical national conferences they had attended in the past. "The level of interaction, learning, and sharing that we've observed here should also be copied by all partners when you hold meetings and workshops. It is more interesting to have people talking to each other than watching PowerPoint slides," said Dr. Henry Mwebesa of the Uganda MoH. The conference's success was also attributed to the organizing committee's deep understanding of QI activities in the country, knowing which organization is doing what in what area and identifying the most appropriate persons to facilitate different sessions. Various members of the committee also had adequate experience in organizing and facilitating large conferences in an interactive and learning-friendly format. MoH senior management fully embraced the "peer learning" emphasis in the conference design and supported and guided the committee at various stages.

Challenges:

Choosing who would present, given the time available and the high number of partners interested in presenting, was a challenge. In order to include as many partners as possible, a few of the results were presented as oral presentations with two concurrent sessions in different halls, and additional results were shared as poster presentations.

Another challenge was that the conference was organized very quickly—in just seven weeks; comparable conferences usually have a timeframe of four to six months. The timeframe placed an intense burden on project staff assigned to support the conference. At the same time, the conference

Tamara Nsubuga Nyombi discusses the improvement collaborative and other QI methods used by HCI with conference participants during the "interactive showcase" of various QI approaches. Photo by Emily Treleaven, URC.

organizing committee worked very efficiently, convening only five times to plan and design the event.

Time management and allowing enough time for discussion were challenges for conference organizers. Having written guidance for the moderators (session chairs) and presenters was helpful, but not everyone followed the instructions. Also, some of the assigned session chairs cancelled at the last moment, so it was helpful to have back-ups lined up.

RECOMMENDATIONS

1. **Use KM concepts of how adults learn in the design of technical meetings.**

   In other words, give participants time and space/ opportunity to ask questions and talk in smaller groups, which are more effective for conveying experiential knowledge than formal presentations. While the Uganda conference did not have small group activities (i.e., activities in which groups of 3-5 people engage in in-depth discussion about a topic), we have found in other meetings that using small group discussion in combination with large group sharing is very efficient for stimulating in-depth thinking about a topic. Another approach is to arrange chairs in circles (even large circles) without tables between them; this helps a group feel more connected to each other. As seen in the photo, the interactive showcase did not use tables, but rather concentric circles of chairs around the presenter, who had to keep turning to address the whole group. The circle arrangement made the discussion feel like a conversation rather than a presentation, with the participants all free to contribute ideas and comments.

2. **Structure sessions and choose formats that encourage peer exchange of ideas and participant-driven discussions.**

   Since such formats are not the routine for many health care providers, they require deliberate effort on the part of the organizing committee to consider how sessions can be organized to create greater opportunities for learning and sharing. Reducing the number of formal presentations and using formats that allow participants to have conversational discussions about topics and questions that interest them results in greater engagement and interaction. Open Space--a time-block which is agenda-free, during which participants choose any experience they would like to share (sometimes within set topic parameters)--is an example of such a format. We found that once participants and conference organizers experience a different approach to facilitating interaction, it can help to change norms about how such events should be conducted in the future. This can create greater receptivity to alternative meeting formats that more effectively "draw out all the knowledge in the room" and enable participants to learn through conversation.

3. **Prepare your moderators and presenters.**

   Provide notes explaining the moderator's role in introducing presenters, keeping time for presenters, and protecting time for discussion; share them with your moderators and presenters in advance. If alternative session formats are used, make sure that each speaker understands the new format.

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