

## REALLY GOOD STUFF

# Tailored contraception training: Enabling implementation in Sierra Leone

## 1 | WHAT PROBLEMS WERE ADDRESSED?

At a low-resource small district hospital in rural Sierra Leone, there had been difficulties incorporating post-partum family planning into maternity care due to training and material challenges. Hence, there were learning needs to increase staff knowledge, communication skills and technical expertise. Traditional methods of continuing postgraduate education (CPD) involving nationally organised, standardised courses with external facilitators and minimal follow-up were ineffective because they were top down and not ongoing. A local context of economic instability, low staff morale, geographical separation from training activity centred in the capital city, equipment deficits and the absence of a culture of locally authentic CPD activity were contributing factors. Tailored interventions<sup>1</sup> are interventions following investigations into the determinants of clinical practice that can help or hinder learning and change. The determinants can be delineated by the terms enablers, barriers, obstacles and facilitators.

## 2 | WHAT WAS TRIED?

The analyses of the determinants of practice produced a 2-day post-partum family planning workshop for 20 multidisciplinary healthcare workers (four midwives, four nurses, five maternal-child-health-aides, five community health officers and one doctor), facilitated by local clinicians known to the participants. The workshop was organised around enablers that included context-specific issues identified through local routine data and pre-workshop interviews with staff regarding real patient encounters, training needs, equipment shortages and factors that explained current practices.

Barriers and obstacles to the intervention included enabling staff release to attend the workshop in the context of severe staffing shortages, limitations in local connectivity and ensuring future sustainability of educational and clinical supplies.

The determinants informed the active learning during the workshop using simulation scenarios with role play focussing on

counselling, group debates, participant presentations and a practical session inserting an intrauterine contraceptive device using a model that was subsequently left with participants. Post-workshop support was by the lead facilitator in-person and remotely.

There was an increase in a knowledge-based assessment score from 44.5% pre-workshop to 74.9% post-workshop, and a qualitative evaluation showed increased confidence with counselling and technical skills.

Three months later, short-term patient encounter data showed improved post-partum contraception provision. Further family planning and maternity outcome data are required to assess the persistence of change.

## 3 | WHAT LESSONS WERE LEARNED?

The tailored intervention<sup>1</sup> aimed to address CPD needs by taking account of openly identified determinants. Authenticity with the staff was sought through ascertaining the local context-specific issues, facilitation by faculty known to the learners and provision of ongoing support.

The learners appeared comfortable with the authenticity because they actively engaged throughout the process, often highlighting underestimated specific cultural factors including male partner dominance in reproductive health decision making and communication.

Addressing the learners's physiological needs (the base of Maslow's pyramid) in the setting of endemic poverty remains a pervasive obstacle; this was highlighted by learner disgruntlement about the incapacity to be paid a financial incentive for attending the course (as per the usual in-country practice). However, the intervention describes progress in tailoring context-specific training in a low-resource setting to help training be translated into clinical practice and to bridge the gap between standardised national programmes and local implementation.

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**REFERENCE**

1. Baker R, Camosso-Stefinovic J, Gillies C, et al. Tailored interventions to address determinants of practice. *Cochrane Database Syst Rev.* 2015; 2015(4):CD005470. Published 2015 Apr 29. doi:[10.1002/14651858.CD005470.pub3](https://doi.org/10.1002/14651858.CD005470.pub3)

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