

*Oxford-Muhimbili National Hospital February 2020 Partnership Visit Report***Summary of Trip**

The February 2020 partnership visit involved seven people affiliated with the Oxford team visiting Muhimbili National Hospital, including a neonatal nurse specialist, academic doctors, a paediatric surgeon, and a plastic surgeon. On this trip, members of the Oxford liaised with their respective teams at Muhimbili National Hospital to provide teaching and training and to support ongoing research work. The trip also included a half-day of research training, led by Mr. Fungai Dengu and Ms. Roba Khundkar, and a half-day Stakeholders' Meeting for all of those involved in Paediatric Surgery in Tanzania.

**Research Overview**

I have personally been involved in two research projects. The first involves measuring the impact of the kidsOR theatres in Muhimbili National Hospital. This work is based on data collected from last year's visit (November 2018). We have written this into a comment, which has been submitted to the *BMJ Surgery, Interventions and Health Technology* journal.

In addition, we have been working over the past few months to gain ethical approval to run a six-month pilot project looking at the impact of a paediatric peri-operative safety booklet, to include all of the surgical safety checklists required for safe surgery before, during, and after the children attend theatre. Last year's visit involved a pilot study with data from twenty booklets completed. This year, the aim was to initiate this larger scale study. On arrival, we met with various members of staff, including theatre staff and ward nurses. In between our visits, they have taken the principles of quality improvement upon themselves to refine their existing surgical safety paperwork that follows children on their surgical journey. Given our ethos of promoting locally-led initiatives, we have met with staff to determine how we can improve further on their existing paperwork. Staff were very positive about combining existing paperwork into a single booklet, rather than individual pieces of paper. In addition, ward staff felt the pre-operative checklist was not paediatric-specific and would prefer to switch to the pre-operative checklist we had created with them on our last visit. Therefore, our next actions will be to use this feedback from local staff to run our six-month study with a combination of existing paperwork and the pilot paperwork to optimize it for the local setting.

**Reflections on this Trip**

Being on the ground and being able to discuss with staff about the appropriateness of the paediatric peri-operative booklet was invaluable in making the peri-operative safety project locally focused. Being able to refine the project further on the ground will undoubtedly contribute to the success of this project. This process of incorporating local feedback is essential to any quality improvement project in global surgery. This is also a valuable lesson for myself when continuing to work with my Tanzanian colleagues to promote global surgery initiatives.