'Experiences of a scoping review process: Strengthening clinical governance in low and middle income countries (LMICs)'

Background to the study

• Scoping review is seeking to map existing clinical governance studies (CG) in LMICs
• Because CG is well reported in many high income countries (HICs)
• Identified key documents in HICs as guiding framework
  – Citation search of key documents
• Key documents fed into a conceptual framework development
• Conceptual framework provided the potential scope of the review
Conceptual framework

Box 1. Policy
National values/priorities for clinical governance
(Equity, efficiency, effectiveness, appropriateness)

Box 2. Systems
- Organisational culture
- Performance management
- Professional organisations
- Education and learning

Box 3. Agents of Change
- Institutional committees, teams, structures & agencies
- HR for training

Box 4. Resources
- HR
- Technologies
- Teaching & training institutions

Box 5. Evaluation methods
- Interventions
- Statutory mechanisms
- Measurement systems
- Internal/external quality mechanisms

Health system context and environment

Outcomes
Developing a scoping review question

• Carried out a preliminary review using google search
  – Set-out to include all sources of evidence
• Expanded search engine to google scholar and snowballing
• Explored feasibility of additional sources of evidence
  – institutional learning sites (e.g. JLN – b/c of UHC related information)
  – Identified researchers involved in CG research (e.g. Thailand)

• Stages of question revision
Scoping review question

What is known from existing literature about CG in LMICs?

– and the extent to which predetermined elements of CG are being articulated or institutionalised in LMICs?
Role of collaborators

• Issues to consider: limitations in Google (Scholar)
  – For next steps - relevant databases, start date of search, search strategy,
• Warwick University
  – Technical support since conceptualisation of study
  – Meetings and skype calls on search terms and strategy
• University of the Witwatersrand’s Librarians
  – Short tutorial sessions/meetings
• We developed a review protocol, search log and minutes of meetings to document process, identified databases
Search strategy

- CG relatively new in LMICs – may not be explicit
  - E.g. CG indexed in PubMed in 2009, so included synonyms

- References from 2000
  - Given WHO 1985 and 2000 report articulating clinical governance

- Developed inclusion and exclusion criteria
  - Two stage process ensued
Preliminary results: Prisma diagram

Imported references 4766

Title and abstracts screening 4579

Full text screening 256

Excluded studies 4323

Excluded studies 195

Duplicates 187

Included studies 61

Awaiting extraction and analysis

Second stage exclusion category

- Data & information systems
- Financing initiatives
- Education
- Laboratory and medical tech.
- Accreditation of facilities
- Patient safety
- Leadership and management
- Others

Conceptual background

University of the Witwatersrand, Johannesburg
Key notes in the process

• Given the large citation output - Need to expand team (number of reviewers)

• A two stage screening process emerged in an effort to strike a balance between depth and breadth
  – Iterative process of inclusion and exclusion criteria, observing and analysing pattern to revise criteria

• We went for depth:
  – Excluded citations solely on one element of CG or quality improvement

• But, opportunity to describe broad scope (breadth)
Lessons learnt

• Requires huge time and effort (over 2 years, still ongoing)

• At the present stage, is the study still a scoping review?
  – Yes, but ‘QI’+ ‘other synonyms’ broadened our output
  – Pausing to make crucial decisions
    • Balancing depth (explicit CG studies) and breadth QI studies (breadth)
  – Excluded some sources of evidence
    • Websites, stakeholder interviews, grey documents

• Flexible process – no quality appraisal process
  – But decisions on analysis due to differences in study methods (quant and qual)
Lessons learnt

• But, any changes to review question? Yes
  – What strategies are being used to strengthen CG in LMICs and what opportunities and challenges arise in instituting CG?
    • (extent of core elements of CG – removed)

• What may have been done differently?
  – Perhaps, revision of search strategy and overlapping database

• Iterative process and a need for an effective communication strategy
  – (E.g. email, Whats’ app group, etc.)
Scoping review team

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References


