

# Updating the Inspire Leadership Course

When Lisa and I started working on leadership training together, it was all based in Zambia. We both know the Zambian context quite well, having spent a lot of time there, and were fairly familiar with the culture, and in particular the medical culture. In 2017, we took the same material to Kigali in Rwanda, where I was living at the time. I thought that on the whole, it worked really well, and that the course was very much appreciated. We did notice that there were some big cultural differences between Zambia and Rwanda though, they are **very** different places, and this really affected how some of the workshops were received. Issues such as the steepness of medical hierarchy and the culture of how healthcare professionals engage with patients meant that some of our prepared exercises just didn't translate as well as we had wanted them to. When we started working towards running the Inspire Leadership course in Addis Ababa, Ethiopia (where [www.casief.ca](http://www.casief.ca) has a long standing partnership with Addis Ababa University) we wanted to think of ways that we could make this course more relevant to diverse contexts. We also wanted to make sure we didn't shy away from nuanced and controversial issues such as the tensions between physician and non-physician anesthesia providers, and how to manage conflict in authoritarian contexts.

Firstly, I think that the reason that the material that we developed in Zambia already worked quite well in Rwanda was the way that the course is designed and structured. As is the case with the other Inspire courses, we prioritize having the right people in the room, including working with local faculty, but also having multidisciplinary participants. The second thing is that the course is designed to include participants spending a lot of time reflecting on their own

leadership experiences, guided by expert faculty and structured exercises. As is the case often in life, there are no “right answers” and most of the answers we come up with in the course come from the participants themselves. Still, we wanted to make sure that the course was evolving and responsive. One thing that we did was look at similar leadership training by other groups, including the Emergency Medicine group working with the TAAAC program in Addis, an Australian anesthesia group (Chris Bowden and colleagues) who have been working on leadership training in the Pacific and also (more recently) the Royal College of Surgeons of Ireland who have long been working with COSECSA.



The main thing that we did differently this time, which I thought worked really well, was to have a 2-day leadership conference before our leadership course. The idea was that these two days would be primarily round-table discussions and would focus on controversies. Unlike the Inspire course, we had this conference focus just on leadership in anesthesia. We invited some fantastic faculty from the region to come and speak.

- Stephen Ttendo was one of the first anesthesiologists to be trained in Uganda. It’s hard to understate the impact that Stephen’s leadership has had on the development of anesthesia as a specialty in Uganda, which I think that most people feel is well ahead of most of its neighbors, or the respect that he has in his country.

Stephen is a naturally effective leader, who has a knack for putting the right people in the right positions, delegating well, and empowering others. I'd heard him speak before when I'd invited him to the Bethune Round Table conference in Ottawa in 2017 and I was sure that his perspective would add value to colleagues in Ethiopia, where anesthesia is at a really interesting inflection point with huge investment in scaling up training.

- I've known Prof Theogene Twagirumugabe since around 2015. He was previously the Chair of the Department of Anesthesiology, Critical Care and Emergency Medicine at the University of Rwanda, and the Head of Department of Anesthesiology in Butare. When he returned to Rwanda after training in France, he was only the second anesthesiologist in the whole country, joining Dr Jeanne D'Arc Uwambazimana, who herself was the only physician anesthesiologist left in the country after the 1994 genocide. During his tenure as chair, he presided over a remarkable development in anesthesia in Rwanda. Where there had previously been no capacity for training in-country, there is now a thriving residency program (40 residents) and also non-physician anesthesia provider training. Theogene is also an amazing speaker, and his quiet but assured leadership style has enabled a focus on quality while scaling up anesthesia capacity.
- I've known Naomi Shamambo since the start of her training in anesthesia in 2011 at the University of Zambia. She was in the first cohort of anesthesiologists training in Zambia (ever!) and since graduation has developed into a strong and vocal advocate for patient care in anesthesia and critical care. It's a particular challenge having leadership thrust upon you so early in your career, while anesthesia as a specialty seems decades behind other specialties such as surgery and obstetrics with their professorial units and long established residency programs. Naomi has also taken a

1-month leadership fellowship in the UK with GADP, and since then has been running some leadership training of her own with colleagues in Zambia. She's also done a lot of teaching with our sister-course, Inspire Through Clinical Teaching.

- Mark Gacii runs the WFSA pediatric anesthesia fellowship in Nairobi, where he is a staff anesthesiologist and faculty at the University of Nairobi. In that role he's been instrumental in rolling out the Inspire Teaching course in Nairobi, which has become a really successful hub for that course. Kenya is way ahead of much of East Africa in terms of healthcare and especially anesthesia and I was sure his perspective would be valuable for our Ethiopian participants.
- Rediet Shimeles Workneh also agreed to come as an Ethiopian guest speaker. I had previously invited her to come and speak at the Canadian Anesthesiologists Society Annual Meeting in Montreal in 2018, and she's a great speaker, with a passionate vision for improving perioperative care in Ethiopia and is also a very kind and wonderful person!

Of course Lisa Kelly adds a huge amount of her own expertise. I realize I'm very lucky to be able to borrow some of her valuable time from Nottingham University Hospitals NHS Trust, where she is the Chief Operating Officer, for a trust with around 16,000 staff. She is one of the youngest COOs in the NHS, and Lisa spent a year with our ZADP program in Lusaka, supporting leadership and management development there.

I knew I had a "dream team" and reflecting back, I think that having a short leadership conference before rolling out the Inspire course is quite essential. It let us hear from people in Addis before we gave them material to work with. It got right to some of the thorniest and most political issues that challenge leaders in healthcare in East Africa. It really meant that Lisa, myself and the rest of the team who also

stayed on for the Inspire course were keyed in to the local context. We will plan the same thing for future courses in Guyana, Uganda (with Stephen Ttendo as an enthusiastic local champion) and hopefully, funding permitting, in Nairobi with Mark Gacii before too long.

## **Inspire Leadership in Uganda**

We were lucky to have Dr Stephen Ttendo as faculty on our Inspire Through Clinical Leadership course in Addis Ababa. Stephen added huge value as faculty, with his wealth of experience leading change in perioperative care in Uganda, and he also got fired up about the possibility of running similar training in Uganda, where he felt there was a lack of opportunities for this kind of training. We worked together, also including Dr Chris Bowden from Melbourne, Australia, to apply for a World Federation of Societies of Anaesthesiologists' (WFSA) grant. I'm delighted to report that the WFSA awarded us \$10,000 USD to support both a leadership conference and an Inspire Leadership course in Kampala in 2020. Our initial goal was to have this training in October 2020, but due to the COVID-19 pandemic and current travel restrictions delays are likely. I'll keep you posted here as things develop.

## **Inspire Through Clinical Leadership in Addis Ababa**

Many thanks to our partners at Addis Ababa University and Black Lion Hospital for hosting us for our first Ethiopian Inspire Through Clinical Leadership course in Addis Ababa, December 2019. A highlight of the course for me was the session on Conflict Management. Ethiopian culture tends to be avoidant of open conflict, but of course that doesn't mean that conflict doesn't happen, or that failure to resolve it doesn't result in poor team performance and patient outcomes. I was struck by how course participants created a safe space

to really speak very honestly about some of their own experiences, with often emotional and sometimes highly humorous accounts of becoming embroiled in conflict at work, and either resolving, or failing to resolve those conflicts. It seemed very clear that for a country like Ethiopia, that is trying hard to scale up perioperative services to meet an overwhelming burden of surgical disease, entrenched rivalries between different professional groups can cause real harm. There were impassioned pleas for resolving conflicts between physician and non-physician groups working and task-sharing in different areas.

Another highlight was the session on Leading Change. Despite myriad cultural and contextual differences, it's great to see participants really getting to grips with structured tools like Kotter's change management model and working through applying it to actual examples. Input from Dr Ttendo's experiences in Rwanda and Prof Twagirumugabe's experiences in Rwanda resulted in a great discussion.

Dylan Bould