Reviewer's report

Title: Clinical mentorship to improve pediatric quality of care at the health centers in rural Rwanda: a qualitative study of perceptions and acceptability of health care workers

Version:1

Date: 16 March 2014

Reviewer: Jennifer Callaghan-Koru

Reviewer's report:

General comments

The authors present qualitative evaluation of a quality improvement program for IMCI in health facilities in Rwanda. This is an important topic, as health care quality is often deficient, and this has particularly been documented for IMCI using WHO’s IMCI surveys. Efforts to improve the quality of care for childhood illness are critical, as is their acceptability and perceived usefulness to health workers. As such, this research has the potential to benefit global knowledge on improving health care quality in resource limited settings.

The impact of the paper is hampered by some weaknesses, particularly in the description of results. Many of the results/quotes presented by the authors are basic descriptions of the elements of the program, and what happens during mentorship, rather than deeper understandings of the participant’s perceptions of the benefits and areas for improvement. In particular, the concept of acceptability is inadequately explored. The authors reference hermeneutic analysis in the methods section, but the meanings of the program to the participants does not come across well in the results. Perhaps given the limited amount of data collection the authors did not have sufficient opportunity to explore emerging themes with the participants. The researchers likely need to go back to the participants for additional data collection to be able to fully understand and communicate their perceptions of the program.

Major Compulsory Revisions

1. The results section should be shifted away from description of the program activities towards more in-depth discussion of the meanings and perception of the program among participants to be consistent with the stated study aim. The authors may need additional data collection to explore these themes adequately. Quotes that don’t really add much to understanding the perceptions and meaning of the program to participants, rather only describe the program activities, include: Quote starting page 9; Quote staring page 11, carrying over to page 12; First and second quote on page 13; First and second quote on page 15.

2. The results would benefit from more comparing and contrasting of the perspectives of mentees and mentors, or of different types of mentees (nurses and directors). Were there any differences? Did they have the same perspective?
This should be addressed?
3. On page 10, what is meant by humility? This needs to be explored more. How do mentors demonstrate humility?
4. The section on supporting not policing, and the included quote, are interesting findings. More sections should be like this.

Minor Essential Revisions:
Background Section
5. Can IMCI be considered acute care?

Methods section
Additional clarifications on methods are needed:
6. Who are health center directors? Are they IMCI providers as well?
7. Who are the mentors? What is their background? Are they from within or outside the health system? Are they senior? This is important for understanding how they relate to mentees.
8. How were the FGDs constructed? Were health center directors and nurses in the same FGD? It is unclear how many FGDs were conducted exactly?
9. What was the size of the MESH program? Does this study cover all health centers participating? Or only a subsample?
10. How was the pilot testing done?
11. How was the setting undisturbed? Please describe the setting better? In the health center? At a separate location?
12. Who was the data collection and analysis team? What is their relationship to the participants?
13. How was nonverbal behavior recorded?

Results
14. On page 10, what does “reported impact” mean? Would “perceived benefits” be more appropriate?
15. Page 16: in the first sentence under acceptability heading, do you mean to say “when asked about the acceptability of the program?”

Discussion
16. Please describe the quality improvement results that are referenced

Discretionary Revisions
Background section
17. This section would benefit from discussing the literature and supervision for quality improvement
18. This section would benefit from a discussion of the history of IMCI in Rwanda
19. This section would benefit from data on quality of care in Rwanda

Discussion

20. It would be good to talk about how the MESH training for mentors addressed relationships with the mentees—what should be kept and what should be changed based on these results? What specifically about the MESH program, as compared with other supervision programs, is reflected in the positive perceptions and how can it be replicated in other settings?

21. The last sentence discusses future research on patient perceptions of the program. But are patients even aware of the program?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests