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# Implementing a standardised patient study to evaluate the quality of TB care in KwaZulu-Natal, South Africa

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### Background

- Studies utilising Standardised Patients (SPs) to evaluate quality of tuberculosis (TB) care have become increasingly common in high burden countries; however, few have been undertaken in South Africa
- SPs are trained to portray a scripted medical condition to healthcare providers in real-life settings
- Given South Africa's high burden of TB and TB-HIV, we aimed to describe the implementation of a TB-related SP study in this setting



An SP undertakes a mock consultation with a medical trainee while her colleagues evaluate her performance.

### Intervention

- Before SP training, we consulted with other SP research groups in a variety of settings and sectors to learn from their experiences:
  - ✓ India (private and informal)
  - ✓ Kenya (public & private)
  - ✓ China (public)
  - ✓ South Africa (public)

### Findings & Impact

### **Challenges Identified**

## SP recruitment & retention

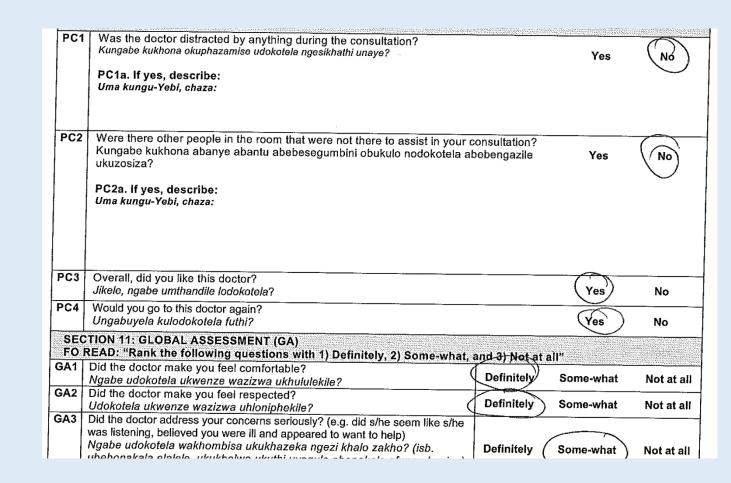
- Previously, retaining trained SPs for shortterm contracts has been identified as a challenge
- Given that success of data collection is contingent on the dedication of highly trained and capable SPs, we developed recruitment and retention strategies before seeking applicants

# Seeking physician consent

 Unlike other studies, ethics bodies required prior consent of physicians to participate given the importance of transparency in post-Apartheid South Africa

### **Solutions Implemented**

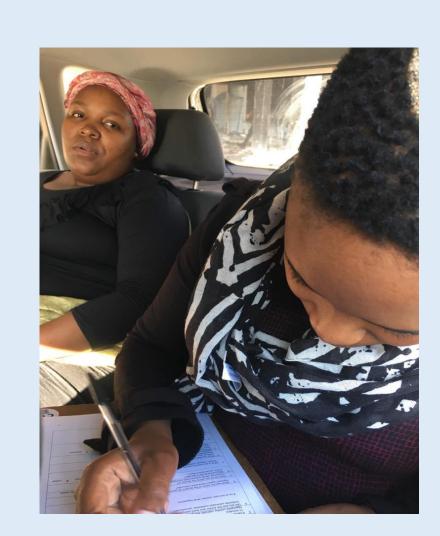
- Collaborated with a medical school to recruit existing SPs in addition to a general call for applications
- Shortlisted applicants for a **2-day assessment** to evaluate ability to:
  - ✓ act and improvise in mock consultations
  - ✓ recall conversation, procedures, and instructions
  - ✓ work well in a team
- 12 high-performing applicants attended 3-week
  workshop; case presentations were adapted to the local setting and assigned to SPs
- 8 SPs were hired following visits to private GP advisors for in-field testing
- SPs with first-hand experience of TB were given the space to share their knowledge



- In teams of 2, research staff visited clinics for provider consent, often making multiple visits; although resource intensive, visits provided opportunity to allay provider concerns
- Staff emphasised identifying best practices and sharing findings with participants
- Buy-in from local Independent Practice Associations built provider trust

#### **Impact**

- 3/8 SPs recruited from med school SP programme; provided guidance to other recruits
- Pre-assessment and in-field testing identified highlyskilled and motivated SPs
- Shared experiences with TB helped build team morale
- All SPs hired were retained for the duration of study
- Only 1.4% providers correctly **detected** SP visits



An SP doing an Exit Interview with a Field Officer, after a GP consultation

- 54% of providers approached consented to participate (n=100/186)
- 220 interactions were successfully undertaken with 96 providers

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