Bringing the expertise to the resident: a paediatric surgical tele-mentoring network for health sovereignty in Burkina Faso

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OHANA ONE™ INTERNATIONAL SURGICAL AID
Technology grant

Health sovereignty needs supervisors:
if residents cannot go to the expertise, the expertise must come to them

1 · Background

0.07
paediatric surgeons per 100,000 children (≥ 1 recommended)[1]

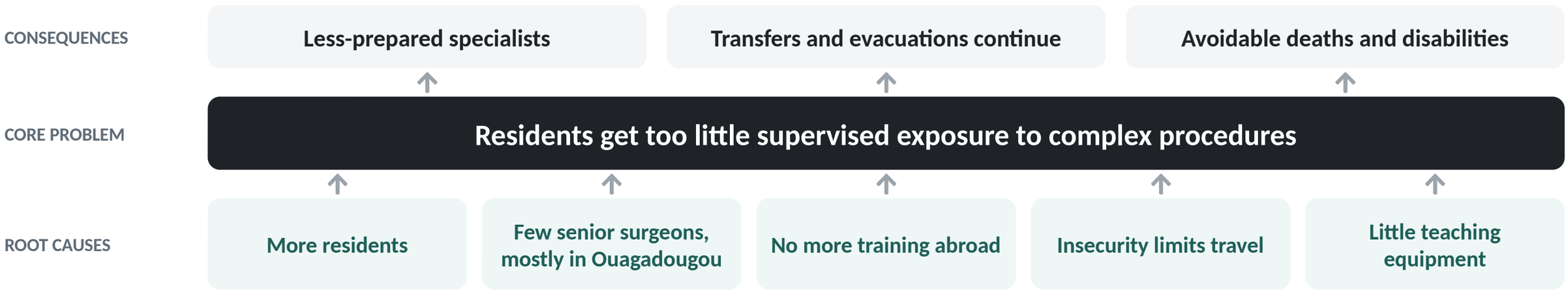
7 / 26
surgical facilities with a full-time paediatric surgeon[1]

733
health facilities closed or minimal due to insecurity (2024)[2]

105 vs 7
residents in Year 1 vs Year 5 at CHUP-CDG (2026 data)

Problem. Since 2024, in the name of health sovereignty, Burkina Faso has expanded specialist training (Plan 1000 × 5)[3] and kept it in-country. Residents are multiplying, senior supervisors are not, and insecurity limits travel: supervision has become the bottleneck.

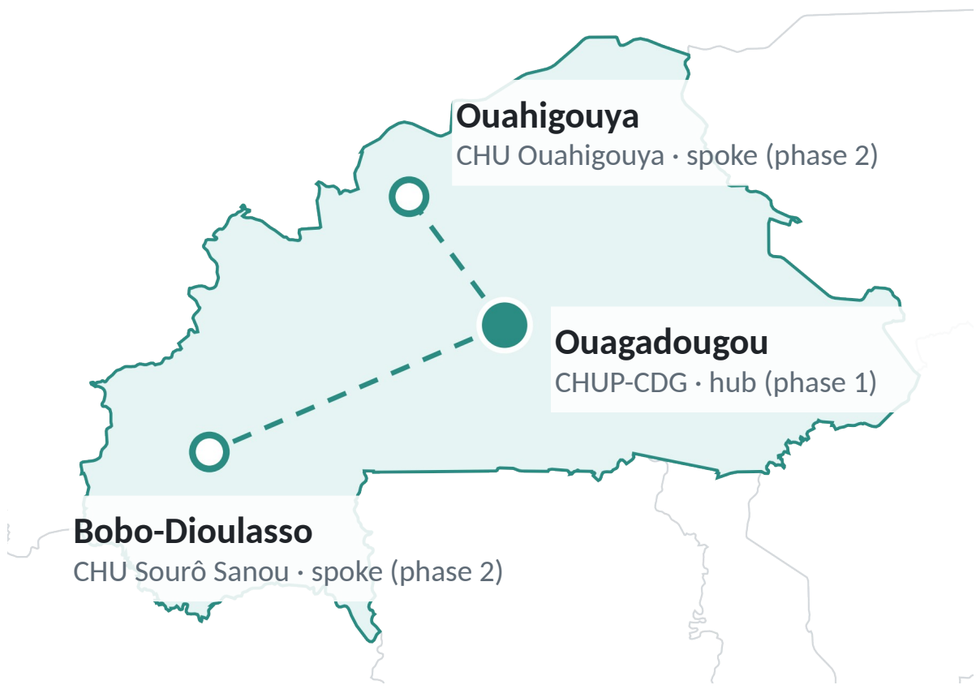
2 · How we identified the problem



Evidence: daily observation at the national hub · published data · policy analysis · validation with the DES coordination and peers

3 · Objective **Assess whether a locally governed tele-mentoring model is feasible and safe at CHUP-CDG, and how it changes residents' learning and the mentor–mentee relationship.**

4 · Intervention



Burkinabè mentors senior paediatric surgeons × **Help Lightning** augmented reality on a smartphone, granted by Ohana One = **Supervised residents** live guidance in their own theatre

One session, four steps

1. **Select** educational case chosen in a Case Review Club
2. **Prepare** operating list shared in advance
3. **Operate** mentor guides live with a virtual hand
4. **Reflect** debrief and 2-minute reflection form

5 · Methods

- Mixed-methods study, Sept 2026 – June 2027
- ≈ 12 live sessions at the hub; spokes after evaluation
- Questionnaires, interviews, OSATS before / after
- Bedside team stays responsible; consent; no faces

6 · Evaluation indicators and targets

Sessions delivered	**≈ 12**
Without major technical failure	**≥ 80%**
Resident attendance	**≥ 70%**
Mentees improving OSATS	**≥ 75%**
Relationship score (month 4)	**≥ 4/5**
Clavien-Dindo ≥ III at 30 days	**No increase**

Targets to be measured from December 2026 — no results yet.

7 · Progress (October 2026)

- ✓ Ohana One technology grant secured (Oct 2026)
- ✓ Ethics dossiers submitted (CERS, UJKZ, CHUP-CDG)
- ✓ Protocol, consents (French, Mooré), questionnaires ready
- ✓ First live session: December 2026

8 · Conclusion

Tele-mentoring is not just a technology: it organises training around local expertise, remote supervision and teaching continuity.

Policy ask
Integrate tele-mentoring into the DES paediatric surgery curriculum in three CHUs, with a connectivity budget line, by October 2027.

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References · 1. Inglin S, Coulibaly A, et al. Pediatr Surg Int 2025;41:230. 2. EU ECHO, Burkina Faso factsheet, 2026. 3. Council of Ministers of Burkina Faso, 13 Mar 2024; Plan 1000 × 5, Oct 2025.

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