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MESAU Newsletter

Mesau Director's Message

Dear Reader,

The complexity of leading improvements in a national university system for education and training of health professionals rivals a similar challenge of improving a national health system. Yet the two systems should work glove in hand and should not run or operate independently but make use of each other's resources and create synergies in order to achieve good quality health care for all.

A lot can be said in favour of a University educational system that pays adequate attention to and aligns with the regional and/or national health human resource plans. Health professional education institutions like medical, dental, pharmacy and nursing schools should also engage the expertise that exist in the health care delivery system for example through offering adjunct appointments. In the same vein much is to be said about the importance of having national or regional human resource plans that can guide planning appropriately by the education system.

Research is the cornerstone for evidence based policies and practice guidelines. We need to strengthen clinical research and to bridge the gap between basic discoveries and their translation into innovations that benefit patients or prevent disease. There is also a need for improving collection and storage of data from routine clinical care in formats that can be used by researchers. There is no short cut to building strong research systems. The approach of "Train", "support" and "protect" health professionals and researchers require our full attention if the education and health system are to become the envy of the world because of satisfying their users.

The State and importance of tracking medical doctors in Uganda and the relevance of partners like medical schools

Dr. Katumba Ssentongo Gubala, Registrar, Uganda Medical and Dental Practitioners Council

The demand for doctors worldwide is very high as many countries still lag behind the acceptable WHO guideline of 1: doctor: 600 patients. In Africa it is only few countries like Mauritius that are comfortable with these WHO ratios at 1:700. Uganda is unfortunately at 1:7000. Though many countries have increased their outputs of doctors like Uganda from 100 to 400 in 15 years, accountability for their whereabouts is not clear.

Tracking medical doctors, in the current form, involves following doctors movement or progression from medical schools till they exit active service. Tracking does not only show the movement of doctors but can provide evidence of what resources are available and hence their deployment and development.

It is therefore important that all the partners that are involved in the process must be involved. These include medical schools that train the doctors and register their first identities. Medical schools also can benefit from tracking by obtaining feedback from regulatory agencies on the discipline of their graduates and their performance from the employers. This might impact on the mode of training or the curricula.

The doctors cannot commence to work anywhere in the world without registration. This makes regulatory bodies like Uganda Medical and Dental Practitioners Council relevant in this process. Regulatory bodies also licence doctors that are in practice so they can be a source of information for the current deployment of doctors that are in practice. For example, UMDPC for example can inform the process of dismissed doctors that will not be available for deployment in Uganda and elsewhere in the world.

Tracking of doctors cannot be complete without collaboration with employers. These include the public and private sector in all forms of employment. This is because doctors can also be employed in other agencies that are not streamline medical practice like politics. But it is important to know their contribution wherever there are.

Uganda loses about 150 doctors every year to the diaspora. The agencies of government that are

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Building Research Capacity among Medical Stud

By Dr. Kizito Samuel

One of the core objectives of Makerere University College of Health Sciences (MakCHS) is to build research capacity among the students and faculty members and this has been embraced wholeheartedly. Reflecting on the journey that I have so-far undertaken, I owe it entirely to the mentorship and research at MakCHS through especially Medical Education for Equitable Services to All Ugandans (MESAU). My maiden encounter with research was winning a MESAU-mentored undergraduate students' research grant. Since then, I have transitioned into a young researcher who is determined to continue supporting upcoming researchers. It is against this background that I have had a privilege to facilitate several workshops over the past couple of years. We are already experiencing accelerated progress in this undertaking.

With support from Amsterdam Institute of Global Health and Development (AIGHD), ARISE Uganda and MakCHS Clinical Trials Unit (CTU), we conduct several workshops, targeting mainly undergraduate and postgraduate medical students. From 10th to 14th August 2015, we held a data management course that was attended by 43 participants free of charge. It was held at the MakCHS main boardroom and ran daily for five days. This course was facilitated by Dr. Kizito Samuel an epidemiologist, biostatistician from MakCHS Uganda Tuberculosis Surveillance project, Ms. Ruth Kigozi a statistician from Infectious Disease Research Collaboration (IDRC) and Mr. Omelo Martin a software engineer from the MakCHS CTU. The overall course overseer was Dr. Katamba Achilles, the acting director of Research Support Centre.

During the data management training, the participants are introduced to the following concepts; Basic concepts in research, Introduction- scales of measurement, introduction to common Data management software, a detailed training in developing data entry screens using Epidata software, Preventing, Identifying and dealing with errors in data both in the field and at data entry and cleaning, preparing data for analysis, and Introduction to basic data analysis and data analysis software. Participants were overwhelmingly excited about the benefit of the course.

Key outputs: This course has equipped students with skills and knowledge to manage their research projects including MESAU-Mentored research projects to come up with good quality data and henceforth quality publications. It has gone a step further to enable students with their dissertations, for the courses where a dissertation is a requirement including post-graduate students and students offering Bachelors of Science in Nursing.

Challenges: The costs to run the course are high. As a result only a limited number of participants are taken on at a time. Attendance is limited to the first 40 participants to confirm attendance of the course despite bigger numbers of students showing interest.

Since the training is not planned for in the curriculum, there is not budgeted time during the semester to conduct the course. As a result, it runs in the

Student research training in progress

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The State and importance of tracking medical doctors

involved in regulation of movement of people and labour like the Ministry of Labour and Department of Migration can be major players and source of information. International agencies like the Organisation for Economic Co-operation and Development (OECD) that are interested particularly in the movement of the doctors can be useful too.

Finally it should be known that tracking of doctors should not be limited to knowing the movement of doctors. Real tracking should cover the profiles of the doctors from their original background, their performances in the medical schools, career progression in employment and which diseases kill them. Such information would be useful to many stakeholders in all government agencies like education, planning, health and others.

There may therefore be a need to improve and include more variables in the data we are currently collecting in our current MEPI graduate tracking project. UMDPC will gladly cooperate!

lents at MakCHS

recess terms and the participants have to come from their homes to attend.

Way-forward: Having appreciated the relevance of the training, the students suggested that similar training should be conducted in the area of data analysis. Plans are underway to conduct similar data analysis workshops annually the first of which will be held in January 2016.

If well nurtured and sustainability is ensured, this training will go beyond the current generation in fostering quality research at MakCHS.

Keeping in touch with Graduates through Mobile Phones: MESAU Connect Mobile

Edward Kakooza, IT Officer MakCHS

Being 'Mobile' is becoming a more and more significant part of life around the world. People are not only reliant on mobile phones now but they are constantly finding new ways to use them to enhance their daily lives; whether to improve their productivity at work or simply ordering their groceries.

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An inspirational letter from the University of Kwa Zulu Natal, Pietermaritzburg, South Africa

By Claude Kirimuhuzya

It all started one evening in 2010, when I got call from the KIU Co-PI of MESAU-MEPI project that I had been selected to represent my University on the team that was going to the University of Malawi, College of Medicine, to understudy the operations of their Research Support Centre. This was under the auspices of the supplementary MEPI IRIM grant that provided for the setting up of Centralised Institutional Research and Innovations Management Offices (CIRIMOs). It was my first experience with the team members who included, Dr Achilles Katamba, Harriet Nambooze, Regina Namirembe, Paul Teefe, Shem Wakaindha, and Betty Mabisi from Makerere University of Health Sciences; Dr Peter Akera representing Gulu University; Edith Wakida representing Mbarara University of Science and Technology; and me representing Kampala International University. This was first network and from the experience of that trip, I became a changed man.

The trip to Malawi pulled the trigger that catapulted me into research management and administration with particular urge to become an expert in research ethics. The subsequent events made everything fall perfectly in line:

I was appointed assistant to the person in charge of establishing a Centralised Institutional Research and Innovations Management Unit (CIRIMU) at KIU-Western Campus, and to head the research subcommittee of MESAU-MEPI KIU implementation Committee. My position meant that I had to attend or the Research Administration and Management (RAM) trainings that were conducted by Johns Hopkins University at Makerere University College of Health Sciences and to participate in all MESAU activities. In consideration of my performance in the RAM activities, I was selected to become a member of KIU Institutional Research Ethics Committee (IREC) which was being set up with the support from MESAU-MEPI. As a member of the IREC, I had to undergo a series of trainings in research ethics and responsible conduct of research, some of which were online courses through Johns Hopkins University, while others were conducted at the institution by the Uganda National Council for Science and Technology (UNCST), but with funding from the MESAU- MEPI project. Having become an IREC member and acquiring the short-course training in Bioethics, I was able to present a CV that won me a scholarship from Fogarty Foundation International, to do a Master's degree in Health Research Ethics at the University of Kwa Zulu Natal in Pietermaritzburg in South Africa, through the South African Research Ethics Training Initiative (SARETI). As I write this, I am doing my last module for the course.

Why am I writing this? It is to show that it is possible to reach greater heights if you diligently seize the opportunities that come your way. It does not matter which institution you are in as long as you are keen to establishing networks. We can be able to exploit the wealth of experience possessed by leaders like Professor Sewankambo, when they are still around with us. And my dream is that MESAU, as a consortium, lives on and that we are able to establish a consortium research agenda that can be executed through continued collaboration. Through networking, we can do things we never imagined were possible. As I write this, I have been invited to attend the Global Forum on Bioethics Research in Annecy, France. The gurus in Bioethics will be in attendance and it will be networking and more networking. Thank you MESAU-MEPI!

The author has been the chair of the Research sub-committee of KIU MEPI-MESAU Institutional Implementation Committee. He can be contacted on: E-mail: kirimuhuzya@gmail.com; Mobile: +256772645991

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Keeping in touch with Graduates through Mobile Phones: MESAU Connect Mobile

This technological growth is comparable to the popularity of the internet in its early years and is continuing at a quickening pace. As perhaps one of the first graduates of 'the mobile generation', who have grown up with mobile phones and use them as the primary means of communication, it is exciting to be right at the cutting edge of development in an industry that is in an evolutionary phase. For years now, people have talked about their mobile phones as more of an extension of their own body than a piece of technology. Even before smartphones, it was common to hear people say that they feel like they're missing a limb if they left their phone at home.

After graduation, everybody disperses to all corners of the world for job opportunities, further studies, significant others volunteer work and more. "I'm set to graduate from the university soon, and I can't help but think whether or not I will end up keeping in touch with all my great friends. On the surface, it sounds pretty easy to keep in touch with most of them", a student was recently heard wondering.

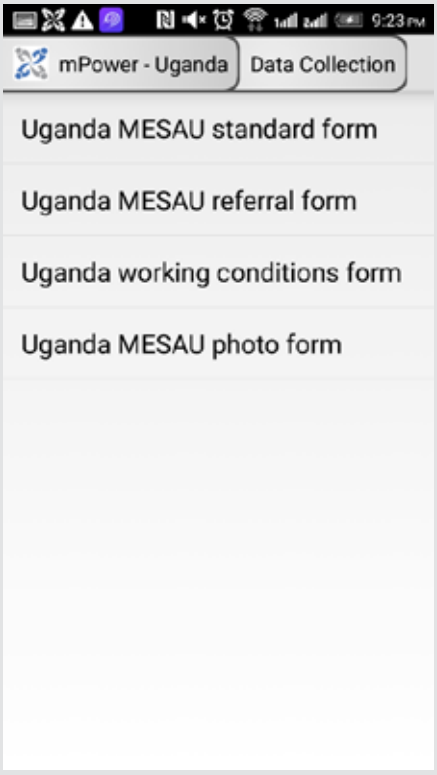
Through support from CapacityPlus MESAU has installed, customized and deployed MEPI Connect to track medical graduates. MESAU Institutions have been generally successful in capturing records from recent medical graduates and entering paper-based records when they are available. MEPI Connect currently relies upon graduates to update their own information on a regular basis in order to provide the system with up-to-date, longitudinal data about their status. There is an opportunity to enhance MEPI Connect and ensure that the MEPI schools' ability to track graduates over time in a sustainable, more cost-effective manner.

Through the development and customization of existing IntraHealth technologies, CapacityPlus worked to provide MEPI schools with an "off-the-shelf" mobile surveying application for medical graduates. MEPI Schools will be enabled to send surveys on smartphones which more medical graduates are inclined to use to update their data to routinely push self-directed surveys to medical graduates to share their employment status, identify their continued professional development needs and research interests, and create a virtual graduate community at a very low-cost with data that is immediately and easily collected and managed. This supports MEPI's overarching goal to document the distribution and retention of medical graduates. The result of this activity is to provide MEPI schools with the means to evaluate graduates longitudinally.

Through support from CapacityPlus and IntraHealth's informatics team, MESAU has been supported and is now testing the innovation of using mobile phones to get in touch with graduates. A mobile phone developer was engaged and a mobile phone application was developed. The application will be used to allow MESAU to push surveys to the medical graduates and ask them to complete self-service surveys from their phone. As a result self-service surveys were sent to MESAU medical graduates on Tuesday, 29 September 2015.

Making improvements to the way in which something is done, otherwise known as innovation, will help to not only attract the best talent, but also ensure ongoing success

Screen shot of the Mobile Application



My Research Reflections: How It Opened Doors

By Dr. Brenda Kharono, Infectious Diseases Institute

I was privileged to have been among the few undergraduate students who received funds from MESAU to carry out mentored research. As soon as I got the money, I embarked on my study on "Knowledge, Attitude and Perceived Risk towards Diabetes Mellitus among University Medical Students" under the mentorship of Dr. Sabrina Bakeera-Kitaka and Dr. Isaac Sinabulya.

How engaging in undergraduate mentored research has impacted my academic and career goals!

Hardly a week after completing my medical Internship, I was offered my first job, at the Infectious Diseases Institute whose mission is to strengthen health systems in Africa, with a strong emphasis on infectious diseases, through research and capacity development. IDI happened to be one of the many places I had applied to.

So one can imagine what impact my undergraduate mentored research had, especially as regards an institute with a great reputation for ground breaking research in Uganda. I believe my undergraduate research experience made my résumé stand out and provided a great talking point during interviews. Even when my research experiences didn't directly apply to a job, the basic skills of research (identify a problem, design and implement solutions, tell others about it) transferred to almost all challenges in the working world. My experience made my résumé much stronger than the majority of people that were applying for the same jobs I was applying for. It was another impressive accomplishment to speak about during my interview, I'm sure it played a part in showing the quality of the education I received and my ability to work and complete tasks independently. I believe it was impressive to employers, both in demonstrating my involvement and in displaying my capabilities.

Starting as a first year medical student, back in 2009, I was an average medical student sharing the same dream as all the over 100 medical students in the Lecture Theatre. To help the sick and improve people's lives.-Very bizarre and unspecific, right?! I felt like I was finally embarking on my great journey to becoming someone I had only imagined and dreamed about—I was finally moving from possibly going to medical school to actually training to be a doctor, but so were all the others. I was now lost in the pool. I spent a lot of time worrying if I was devoting as much time to my schoolwork as others. There was a lot of emphasis on self-directed learning – which is great – but I wanted more, something out of the ordinary; undergraduate mentored research was one of the available opportunities.

I had to jot down my goals and objectives to why I wanted to do research so as to get the most from it. Few stones were left unturned, thanks to the available skills training in topics such as ethics and safety, statistical methods, research reference and data analysis, presenting and publishing our work. Having never conducted research, MESAU allowed me to take a scientific training course and see the steps of research from the very beginning. In my particular group, I got to participate in the approval process of conducting research (IRB approval), the recruitment of subjects, collection of data, etc. It was a unique opportunity to be able to participate throughout each step. I also got insight into the life of a graduate student, involving research, teaching and grant applications.

My advice to undergraduate students about getting involved in research

I think every student should try and get into undergraduate research. MESAU-MEPI has been and still is supportive throughout my entire research process. Without them, I would never have had this opportunity so I am always willing to help teach other students about the importance of undergraduate research. The best way to get involved in research and internship experiences is to make and maintain personal connections with people who do things related to your interests.

Therefore, take every opportunity you can to do research! Working under a mentor on their project is a great way to see the opportunities for research and also a stepping stone for starting out on your own project. Never be afraid to approach a lecturer/mentor about a project. They are usually very interested in getting students involved. Undergraduate research will open a surprising number of doors for you in the future. The important thing to remember is that every successful professor/faculty member was also once a curious undergraduate student, too. They all have someone who introduced them to the area that became their passion and mentored them to success and they are all willing to give back. If you are willing to learn, they are willing to share.

Lessons learnt from the undergraduate mentored research

The research helped me gain a lot of skills I would not have got from class. The most rewarding

My Research Reflections:

components of my research were both the experience and the feeling of accomplishment. More than any other experience in research, I learned that research needs patience and the ability to overcome obstacles. It has given me a hands-on experience that I needed to participate on more advanced researches and having an out-of-class experience that enviably set me apart from the pack.

The research challenged my determination, pushing me to new levels of creativity and comprehension. It helped open my eyes to some of the areas I needed to improve on, such as increasing my knowledge of analytics tools, as well as understanding the areas that I was already successful in. The knowledge and hands on experience I have gained from working with my mentors will continue to stay with me throughout the rest of my professional academic career. What made such a positive impact on my research experience was how fortunate I was to find great mentors.

Challenges involved in undergraduate research

This excerpt from this paper tells it all. As noted by Nicholas Balster et al, although the benefits of undergraduate research experiences are well known, students still face many challenges when beginning research and often lack the support they need to ensure success. Such challenges include: learning how to identify and appropriately contact potential research mentors, transitioning from the classroom to a learning environment built around a research community, and learning how to integrate into the social structure of the research community. These challenges can be especially overwhelming for those from nonacademic backgrounds, who may not be familiar with the culture of research.

Gulu University Students Embrace Student Peer Mentorship Initiative

By Emilio Ovuga, Gulu University

MESAU Gulu conducted its long-awaited mentorship-training workshop for students on 20-21 October 2015. The training was conducted entirely by Gulu University Faculty of Medicine faculty. Opening the workshop, the Acting Dean, Dr. Anthony Ocaya defined mentorship as "a relationship", which has an end. Dr. Ocaya appealed to the students to always "struggle to make it (relationship) work" to achieve the goals of students at the faculty. Referring to these goals as "professional growth and development", Dr. Ocaya appealed to students to take on full "responsibility for mentorship".

In his closing remarks, Professor Emilio Ovuga who had earlier given an overview lecture on the training defined mentorship as a relationship between an experienced individual and an inexperienced person. This relationship aims to "enhance the capacity of the inexperienced person to get over difficulties, adjust to adverse situations, and to acquire new tricks for survival in the often harsh environment of humans". Professor Ovuga appealed to the students and faculty facilitators to be flexible and apply their newly acquired mentorship skills in professional work, academic career, social life, research and administration. The professor advised that mentors would be most relevant and effective in students' lives if they teach and practice mentorship as "a mix of structured and unstructured relationship". The professor further advised the students to use their mentorship skills to support each other so that every student at the faculty gains the most out of their being at the faculty in Gulu. The opportunity for mentorship should not be limited to academic arena, but should be applicable to the full range of students' social life and needs at the university. He advised students to be free to approach faculty, or their student peers for support without coercion, and based on trust. Demystifying the nature of mentorship, the professor amused the students and facilitators when he informed them of his confidence in them as his potential mentors at the Faculty of Medicine.

Embracing the mentorship initiative at Gulu, the students expressed their wish for the initiative to be sustainable, flexible and to be formally integrated in the routine programs of the faculty.

The students pose for a photo with some of the trainers after the workshop

Demystifying the Electroencephalogram (EEG) and epilepsy

By Mark Kaddu-Mukasa

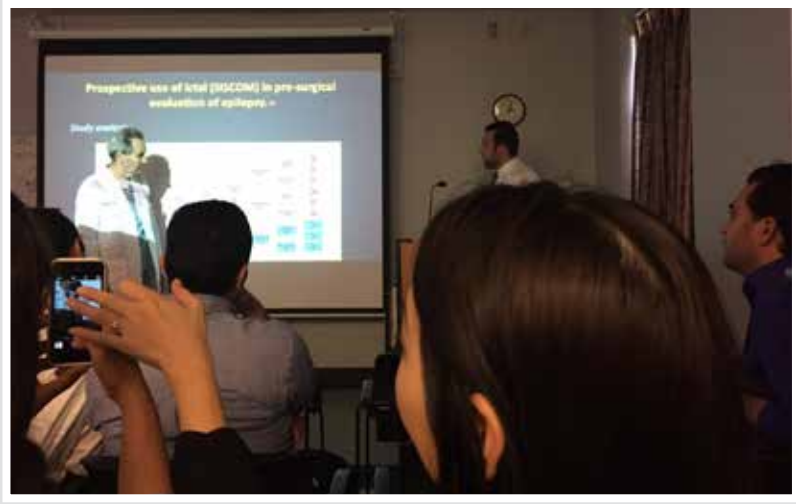
Epilepsy still remains a big problem in our setting coupled with the shortfalls in care for people with epilepsy. Stigma is common and hindrances related to lack of access to sustainable antiepileptic treatment and poor community awareness complicate the situation further. Failure to adequately diagnose and institute the correct anti-epileptic drugs may be part of the puzzle. Accurately diagnosing epilepsy requires the use of an electroencephalogram (EEG). The role of the EEG is to help the physician to establish an accurate diagnosis of seizures such as infantile spasms, myoclonic epilepsies, idiopathic generalised epilepsy (IGE), symptomatic generalised epilepsy, temporal lobe epilepsy (TLE), Landau–Kleffner syndrome, benign childhood focal seizures and photosensitive and other reflex epilepsies. This helps in determining the prognosis and management strategies for these patients.

I was lucky to be supported by MEPI Neurology for an intensive training course on epilepsy and EEG interpretation at Case Western Reserve University, Epilepsy center for two months. This 8-week course is ideal for medical professionals seeking more in-depth knowledge and detailed experience in epilepsy and clinical neurophysiology. It's taught by Epilepsy Center faculty and begins with an introduction to EEG Electronics and covers a wide variety of topics. Morning sessions feature traditional classroom lectures. During afternoon sessions, trainees read with the supervising fellows and attending physicians in the routine EEG and video-EEG monitoring units. We had Daily assignments which were reviewed and included one EEG recording interpretation and one or more "EEG unknowns." I attended weekly Epilepsy Grand Rounds, Neurology Grand Rounds, Patient Management Meetings and Epilepsy Case Presentations.

I, like majority of the participants had little knowledge regarding the interpretation of the EEG, but under guidance and steady hands of the experts including Dr. Hans Lunders and Prof Samden Lhatoo I gradually learnt to under call. Not every sharp wave or spike represents an epileptic spike. I learnt that there a many normal variants within the EEG, which if miss-read would culminate in labeling that person epileptic and as well as introducing daily anti-epileptic drugs with their attendant side effects.

We had daily EEG readings and home work, and all in all I read and reported over 200 EEGs during this training. The training was interactive with detailed explanations from the experienced epileptologists. Sharing experiences with neurology and epilepsy fellows was amazing. Coming back to Uganda with such training has enabled us start up an EEG reading unit within the department of Psychiatry, under the auscipes of Dr. Noeline Nakasujja which will help us equip and train medical students and residents in EEG interpretation and process. We have included sessions of EEG during the neurology trainings. Subsequently we will improve patient care by making the right diagnoses and unmasking this earlier foreign territory in our setting where EEG recordings meant Greek.

Dr. Mark Kaddu-Mukasa, having his EEG being performed; this was normal. No background slowing.



One of the interactive sessions with Dr. Hans Luders

Implementation of undergraduate family medicine course with large student numbers and limited resources

By Namatovu Jane Frances, Department of Family Medicine

Family medicine has greatly developed on the African continent. By the year 2000, Family Medicine was only well known in South Africa and Nigeria. Currently, the discipline of Family Medicine is present in almost all countries in Africa. Those countries without family medicine such as Burundi and South Sudan are in the contemplation phase of starting the discipline. This rapid development of Family Medicine in Africa is largely attributed to the realization of its potential contribution to the performance of health systems by politicians, health managers and academics. Some of the potential contributions of family medicine to health systems include; comprehensive primary health care and primary care to individuals, families and communities that are responsive to their health needs. Family physicians by their nature of training are well prepared to deal with both clinical and public health problems facing the health system.

Family medicine training in most African countries has been mainly at post graduate level with limited exposure during undergraduate medical training. This resulted into difficulties in recruiting family medicine trainees necessary to fill the available training vacancies. Evidence shows that early exposure of medical students to family medicine is associated with later selection of primary care careers including family medicine. Many medical schools in Africa are starting undergraduate family medicine training as a step to address this longstanding problem. This initiative is facing the challenge of few family medicine faculty to effectively teach and socialize medical students around philosophy and values of the discipline as an independent body of knowledge.

Makerere University College of Health Sciences (MakCHS) introduced family medicine training in undergraduate curriculum to be done in the 4th year of study. The course duration is 4 weeks with both a theory written and clinical examination. The implementation of this course has faced similar challenges as in other settings of few faculty. An innovative way had to be devised to effectively implement the course. The course is programmed at the same time as the elective period where students choose where they want to spend the time in any clinical setting of their choice. After studying this arrangement, the opportunity was seized keeping in mind that the clinicians/supervisors at these sites were not Family Physicians. A study guide with family medicine content and approach was developed to be used by the students at the sites. This study guide was developed with student participation.

To test the guide, students were taken through a week long study period using didactic lectures, seminars, tutorials and group discussions. They were also taken through use of the family medicine study guide. The following topics were covered during the study period; introduction to family medicine, principles of family medicine, the consultation, the 3-stage assessment, the bio-psychosocial model of the consultation, patient-centred consultation, family function and care of the elderly. After this one week study period, students went to their respective elective sites where they continued to learn family medicine with the help of the study guide. A departmental email address was provided to the students for contacting faculty in case of any need. The course ended successfully with a theory written and an Objectively Structured Clinical Examination (OSCE) for a total of 143 students.

We are continuing to revise the student learning guide manual and the content covered during the week-long study session. We are also planning to record video lectures for students to use at their elective sites during their family medicine study.

Undergraduate medical students participate in a group discussion during the development of the Family medicine study guide

RESEARCH INTEGRITY
and Mentoring Relationships

By Edith Wakida, MRA

Research Manager-Faculty of Medicine, MUST

The leadership of the Faculty of Medicine, Mbarara University of Science and Technology (MUST) believes that it is the responsibility of faculty members to assist junior faculty and students to maximally develop their careers, and that an effective mentoring program at MUST can help faculty members acquire and pass on the professional skills and attitudes for personal, institutional, and career success. With the objectives to produce quality and relevant health professions graduates (doctors, nurses, laboratory scientists, pharmacists and counselors); to provide human resources for health care within the region; to carry out research and disseminate the findings; and to improve the knowledge and skills of practicing health professionals, the faculty of medicine needs commitment to mentoring from departments and the institution's administration.

Mentoring is one of the major processes through which scholars replace themselves and through which flexibility or openness to ideas and creativity can be maintained. By becoming a mentor, one has the opportunity to affect the future as you leave a part of yourself in everyone you mentor, your ideals, your ethics and your professionalism. The goal of any mentorship activities should be to create an environment that allows trainees to progress as rapidly as possible along the learning curve and mature their practice skills.

Role and Responsibilities of a Mentor and Mentee

A Mentor is someone who takes a special interest in helping another person develop into a successful professional (Steneck, 2007). Ideally, a mentor draws the best from the junior person by acting as an adviser, teacher, role model, motivational friend and supportive advocate less of which, the trainee may walk the a solitary professional development journey making it impossible to reach full potential.

The ultimate goal of research training is to produce independent researchers and the mentor has an integral role to play in this process. The task of the mentor is to impart knowledge, skills and experience in conducting research to the trainee as well as offering support and guidance. In reciprocation, the trainee brings new ideas and points of view to the research group as well as providing a source of labor for research activities (Bioethics, 2010).

A mentor helps develop a student as a researcher, prepares him/her for the job market, and helps them develop professional understanding of "political, ethical, economic, and social dynamics". A mentor guides by example (implicit instruction), informal discussion (problem solving), formal education, editing written and

oral work, providing opportunities for growth, and personal involvement. They do not make decisions for the student, they help the student act "on their own values, goals, and experience" (Magnus and Kalichman, 2002, 2004). Mentoring is a partnership between two individuals, the mentor and the mentee.

A Mentee is the student who needs to absorb the mentor's knowledge and have the ambition and desire to know what to do with this knowledge- practice and demonstrate what has been learned. He/she needs to have a clear understanding of their expectations for the mentor and clearly communicate them, stay flexible in changing expectations or plans, create goals with milestones and deliverables, inform the mentor about preferred learning style and be realistic about setting timelines.

A trainee/mentee should be specific as to why they need a mentor, proactively take the initiative to establish the mentoring relationship, shouldn't limit oneself to an in-person relationship as long-distance mentoring also works, needs to honestly acknowledge and share strengths and weaknesses so as to help a mentor design an effective development plan.

To sum it up, a trainee/mentee needs to understand that mentors invest time and resources in them; it is therefore pertinent that they respect this time and use resources responsibly, keeping their mentors informed about changing research interests or other circumstances that could affect their work (Steneck, 2007).

MEPI-MESAU SUPPORTS COLLABORATION BETWEEN GULU AND BUSITEMA UNIVERSITY MEDICAL STUDENTS TO CONDUCT COMMUNITY OUTREACH IN MBALE AND SIRONKO

By Kasibante John MBChB IV, Gulu University

The impact of MESAU-MEPI has been enormous. MESAU has taken students to great heights through its well-structured student-centered activities. I'm writing this in thanks of MESAU-MEPI Gulu University chapter for having inducted me into research as a first year student through their research training. The knowledge I obtained from this training enabled me to be part of a research sponsored by MESAU-MEPI as a co- principal investigator. Through MESAU- MEPI, I later learnt how to analyze data using SPSS through a training at Faculty of Medicine, Gulu University.

On 3rd and 4th October 2015, myself and Tumwine Conrad, also a fourth year medical student represented Gulu University on a project under Federation of Uganda Medical Students Association (FUMSA) called prevention and early diagnosis of Non Communicable Diseases (PEDON) Project. The project was carried out in Mbale and Sironko Districts and we were aided with equipment (two adult weighing scales) from MEPI-MESAU Gulu University. Among the activities we carried out during the days were; health education as well as screening for diabetes and hypertension. We really had a good learning experience working with students of Busitema University, Faculty of medicine and their lecturers like Dr Masaba. It's with this gratefulness that I would like to share our results from the study we carried out during the project.

Results:

Nabumali is a mixed sex school but the turn-up shows the low turn up of males for the services. NORMAL BMI was 25 and below, NORMAL RBS was 7.5 and below, NORMAL BP was 135/85 and below. Results showed as follows:

	No. of participants	NORMAL	ABNORMAL FOR AGE </= 35 years	ABNORMAL FOR AGE >35 years
BMI	796	688	66	42
RBS	216	200	5	11
BP	796	703	46	43

We extend our thanks to MESAU-MEPI Gulu University for the support to carry out Body Mass Index measurements as part of the screening tool.

A student's weight is measured using one of the weighing scales provided by MESAU -MEPI

The team that offered services to Nabumali High School pose for a group photo in front of the school's monument

Tumwine Conrad takes blood pressure of one of the students at the school

Kasibante John offers health education about NCDs to the students at Nabumali High school

MESAU Published Papers; January - September 2015

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