PRODUCED QUARTERLY BY THE MESAU CONSORTIUM; A MEPI INITIATIVE

Vol 3 No. 2 March 2014

# MESAU Newsletter

## Mesau Director's Message

***Dear Reader,***

Recently I attended the World Federation of Medical Education (WFME) Executive Council meeting (14-15 April 2014).The objective of WFME is to enhance the quality of medical education world-wide, and to promote the highest standards in medical education so as to improve health care for all mankind. This objective aligns well with one of MESAU's aspirations. There is a need to improve communication between WFME and the Association of African Medical Schools as Africa seems to be the only region in the world lagging behind in this respect. Similarly neither MESAU nor MEPI have paid enough attention to what WFME is doing. It is high time we turned our attention to WFME so that medical education in Africa can benefit from the Federation's efforts. Let me focus on three important projects that the Federation is spearheading and which require our urgent attention in MEPI:

- The new World Directory of Medical Schools has been launched and we need to ensure that our medical schools that are recognised by the Uganda National Council for Higher Education do appear in this directory. Please visit the directory on the WFME website.
- WFME has revised the global standards for basic and postgraduate education and for continuous professional development (CPD).The new version of basic standards is published on the Federation's web site and the other two will be in place later in 2014. We should acquaint ourselves with these global standards and strive to achieve them as appropriate.
- The accreditation of medical schools around the world: WFME has started to accredit agencies which will be responsible for accrediting medical schools. Currently the accreditation agencies recognised include:The Caribbean Accreditation Authority for Education in Medicine and other Health Professions (CAAM-HP); The Association for Evaluation and Accreditation of Medical Education Programs (TEPDAD) in Turkey; and The Liaison Committee on Medical Education, USA and Committee on Accreditation of Canadian Medical Schools, Canada (LCME & CACMS).

MESAU needs to discuss development of accreditation agencies that will accredit African medical schools based on the global standards. Accreditation is one of the important mechanisms to ensure quality.

# The contribution of Ugandans in the Diaspora to improved Health Outcomes in Uganda

*Moses Wasswa Mulimira and*
*Mariam Namulindwa Aligawesa*

A significant barrier to reducing health inequalities remains the shortage of health care workers in low income countries and a disproportionate concentration of skilled workers in high income countries. As a way of exploring alternative ways of continuing to deliver high quality services across the globe, policy makers are now focusing more towards their Diaspora communities.

The definition of "Diaspora" being: "members of ethnic and national communities, who have left, but maintained links with their homelands". The Uganda Diaspora Health Foundation was established in 2011 to integrate the expertise of Ugandan health professionals in Britain. Whilst individuals had been previously involved in project and hosting work in a global health partnership with East London NHS Trust- Butabika Hospital Link, a formal Diaspora group was proposed to provide greater opportunities for involvement and leadership in future work.

The group has a diverse range of health professionals including; nurses, midwives, psychologists, occupational therapists, medical engineers, medical/ nursing students, service users/ carers and also members from the private sector with expertise in accountancy, law, IT and business management.

The Uganda Diaspora Health Foundation works in collaborative

to pg 2

## Contents

# The contribution of Ugandans in the Diaspora *Cont'd*

*(Left-Right - Maura Buchanan, Director of UK Uganda Health Alliance; Mr Moses Mulimira , Chair of Uganda Diaspora Health Foundation; Enid Mwebaza Chief Nurse, Assistant Commissioner of Health Service Ministry of Health Uganda, Lord Nigel Crisp Member of the House of Lords UK and works mainly on international development and global health and Founder of Zambia UK Health Workforce Alliance; Professor Ged Bryne, Director of the University Hospital of South Manchester Academy- Gulu Link and Dr. George Mukone Senior Medical Officer, Ministry of Health Uganda, at UK- Uganda Health Care Alliance Launch February 2013.)*

and innovative ways in identifying and delivering complex health care related projects both in United Kingdom and Uganda. In partnership with **The East London National Health Service Trust-Butabika Hospital Link (** www.butabikaeastlondon.com), Diaspora Members have helped in delivering complex, multi-year projects around Uganda to increase psychological skills of Psychiatric Clinical Officers, reduce violence in psychiatric wards, deliver a new service utilising those who have recovered from illness, and develop Ugandan expertise in child and adolescent mental health. The work of the Butabika Link is internationally recognised.

Currently, the foundation is involved in the following projects;

- Stress Management/ resilience training for health care workers using Mindfulness (ACT) Psychological Model (Diaspora nurses as facilitators – trained by Dr Paul Flaxman (City University) and Mr Cerdic Hall (East London NHS Trust).
- Non communicable disease awareness project in partnership with C3 Collaboration for Health, Uganda NCD Alliance, Uganda – UK Health Alliance, Heart sound Uganda; Butabika/ Mulago Hospitals.
- Development of Older Adults mental health services in Uganda
- E learning student project between Makerere University, Royal society of medicine UK and Kings' College London Student peer to peer partnership.

In conclusion, we should strengthen links between Ugandan institutions and society and Ugandans in the diaspora, so as to benefit Uganda.

**Contacts;**
Moses Wasswa Mulimira
Co-Chair – Ugandan Diaspora Health Foundation
moses.mulimira@hotmail.co.uk

Mariam Namulindwa Aligawesa
Co- Chair - Ugandan Diaspora Health Foundation
ohmariam@hotmail.com

# *The Safri Fellow support for an in Medical*

*Jane Frances Namatovu, Dept. of Family Medicine and Annet Kutesa, Dept. of Dentistry MakCHS*

Teaching others without any formal training in teaching is very challenging; particularly due to inadequate confidence one may have in the methods they may be using. The creation of the Southern Africa FAIMER Regional Institute (Safri) therefore is an attempt to address this anomaly.

We both have interest and are practitioners in medical education. We applied to Safri for the training and we were seconded by the College of Health Sciences which provided travel and upkeep support through the MESAU-MEPI. SAFRI and MESAU-MEPI project at Makerere University College of Health Sciences have a common vision of promoting and strengthening medical education.

The MESAU-MEPI project in the College of Health Sciences at Makerere University facilitated our travel and upkeep expenses for all the three 7-day trips to South-Africa for the on-site sessions. During our stay there, we had several rigorous sessions relevant to medical education in the areas of teaching and assessment methods, leadership and management styles and research methods. This is a one-

*2013 SAFRI fellows, (Jane F.Namatovu -3 at Southern Sun Cape Town South Africa*

# wship; a timely nportant Need in Education

year fellowship in medical education so the rest of the year when we were not attending site sessions, was spent having weekly on-line interactions, submitting the monthly tutor marked assignments(TMAs) and working on a medical education research project. Each one of us was assigned a mentor from Safri and we also had to each choose a mentor from our institution.

One of the life changing experiences for us was the poster day during the 2nd on-site session. On this day, every fellow presents the preliminary results of his/her educational research project. This project must be done in one's institution as a way of promoting scholarship in medical education. We had the opportunity of listening to every fellow's presentation. This gave us at least an idea of whatever is happening in every medical school on the African continent. What an opportunity for networking and collaboration!

In addition to the above, we learnt a lot from the other 2013 fellows and faculty who were from other Universities on the African continent. This fellowship has added meaning to our career in medical education and we believe the knowledge and skills acquired are already transforming our day-to-day work at MakCHS.

rd from left and Annet Kuteesa - 1st from right)
.

# Commitment: The missing ingredient for Healthcare workers to stay and efficiently work in Uganda

*Henry Duke Tamale, Makerere University College of Health Sciences*

Dear Medic,

The conversation we had last time really got to my heart. You complain, honestly of course, about the poor working conditions, the small yet delayed pay, failure of your superiors to promote you (as they promote their tribesmen), and most importantly, even when you want to do something great to help your patients, the absence of essential equipment to use. So you decided to leave for Melbourne, Australia where the grass is greener. This small note, is not to make you change your mind as much as it is about to tickle your thinking.

Our conversation really got me thinking how the world (especially Uganda) needs more of commitment and not new ideas and daring dreams- a willingness to do the hard work that matters. Sadly, there aren't many who have the perseverance to do so. And I think the problem is a misunderstanding of the word. There is, in fact, more than one type of commitment. And knowing that can make a world of difference.

Commitment means something different at different stages of life and knowing these differences is key in aiding our understanding of the term. For example, what commitment means to a toddler is different from what it means to an adolescent and different from what an adult understands by the same term. Through each season of life, we must relearn what it means to commit.

At certain levels, commitment is an adventure and seasonal, but it is important for us to understand what these levels mean before we reach that critical level, where commitment is a marriage. This is the level that health workers need to attain to make meaning to their countries and populations.

Healthcare workers like you and I, have a special calling, a vocation. And once we take it up, we have got to make a commitment. We have to take more of a marriage mentality towards this kind of calling. Once someone goes through medical school, it's definitely not time to keep drifting through life without any thought as to who or what is counting on you. To keep shirking responsibility and causing those closest to you to call into question your integrity. No, friend. It's time to commit to a path. Something! Anything!

Imagine a wave of commitment and change beginning with you: we shall then have people committed to ensure your salary comes in time and is commensurate with your job, others committed to ensure current school curricula and relevant research, good governance, and still others committed to furnishing and equipping the hospitals!

We don't need your restlessness or your excitement. We have enough Peter Pans, thank you very much. What we need is a little more conviction in our difference-makers. We need your focus, your puck, your courage.

We need you to commit for a better Uganda!

***The writer is a MEPI-MESAU fellow studying MSc. Physiology at the College of Health Sciences, Makerere University,***

# MESAU Gives me My first Experience as a Researcher

*Susan Nassaka-Byekwaso,*
*Administrator at MakCHS*
*International Office*

The pilot's voice came booming over the planes PA system just before take off ''this is to inform you that we have a multi-cultural team of flight attendants from 11 countries'. While I thought that was a good thing, my colleague asked , "What does that mean to us; does it mean quality customer care services or faster services?" I explained that the pilot was trying to explain to us that the airline company has incorporated global dimensions in thier employment system and strategy. Whether that improves quality of customer care, was to be answered at the end of the trip.

*International students learning alongside Ugandan students in the community in Kumi district*

My MESAU-supported study is similar to the internationalisation of human resources the airline is engaged in. I am studying in ***Internationalisation in health professionals education*** at the five MESAU consortium institutions. The study is assessing whether **internatiolisation** improves the quality of education, research and service to the community. As a young researcher, my first thought was to seek advice from my colleagues who have been doing research; I was surprised by their responses. I*nternationalization in health professional´s education!, Why did you choose to research on such a complicated topic? Why not international students who you work with directly,? You may never receive approval from MakCHS IRB on time!".* International students are only one of the strategies employed at the five (5) medical schools in the MESAU consortium in Uganda; Makerere University College of Health Sciences (MakCHS), Gulu University Medical School, Mbarara University of Science and Technology (MUST), Kampala International University (KIU) and Busitema University (BU). My study will also review other internationalisation strategies like Joint PhD programmes, cross-border collaborative research, student/teacher exchange programes, joint publications and how they affect the quality of education, research and service to community. After the experience with the responses from my colleagues, I resolved to read a little more about the topic, before inviting my co-investigators for a consultative meeting.

The adage that **Africans do not read** really applied to me before October 2013 when I received the letter informing me that was awarded a grant to facilitate the research; now I read a lot thanks to MESAU. I have acquired very useful information which guided us during the first meeting with my co-investigators, setting objectives and research questions for the study, designing of data collection tools and writting the proposal for IRB approval. The whole process has been bumpy but with great lessons to learn.

Right now I am collecting data! During one of focus group discussions in Gulu University, I learnt that one feature that attracts international students to institutions like MESAU partner universities is the fact that English is used as the language of instruction. Students are also aware that accrediting an institution will improve the profile of the University and attract strategic partners. They also appreciate that MESAU-MEPI consortium is one of strategies that Medical schools in the MESAU consortium have used to integrate international dimensions in health professionals education by facilitating publication of research findings in international journals, facilitating staff to attend international conferences, fostering networks between medical schools in the MESAU consortium in Uganda with Universities in the U.S, encouraging virtual mobility of staff and students through teleconferences and many others. Students are well-informed.

Collecting data from academic staff is a bit challenging as they seem busy, but a few that have time are not very sure what internationalisation is all about. Some are not even aware that

# MESAU Gives me My first Experience as a Researcher

*The author (seated, left) with 4th year medical students of Gulu University*

graduate degree programmes undertaken under the framework of partnerships with outside Universities are also a feature of internationalisation just like teleconferencing seminars between Universities across borders. One of my academic friends admitted to me , " The International Officer from Karolinska has made a presentation to us; I didn't know that outward mobility of teachers and students is an internationalisation strategy,' I think your research is going to be very interesting" lam glad to learn that the study is sensitising staff about the importance of internationalisation.

**From complicated study to interesting**; that sounds good.!!

Observation as a method of data collection has been the most interesting part of the study because I have now developed an inquistive eye which looks out for the global dimension of everything. Attending a research meeting recently at Lund University, Sweden, I observed the multi-displinary composition of the group and diversity in nationalities of members present; Swedish, Danish, Ugandans, Britons and an Ethiopian! The team was reviewing an article for a PhD student using English; the exchange of knowledge and ideas was great.. The meeting left me with an unaswered question *'Do MESAU institutions have a policy to recruit international staff*?

*The researcher (fourth from left) sharing cake after a research meeting at Lund University. First from left is Rose Nabirye (PhD) Chair Department of Nursing, Makerere University College of Health Sciences*

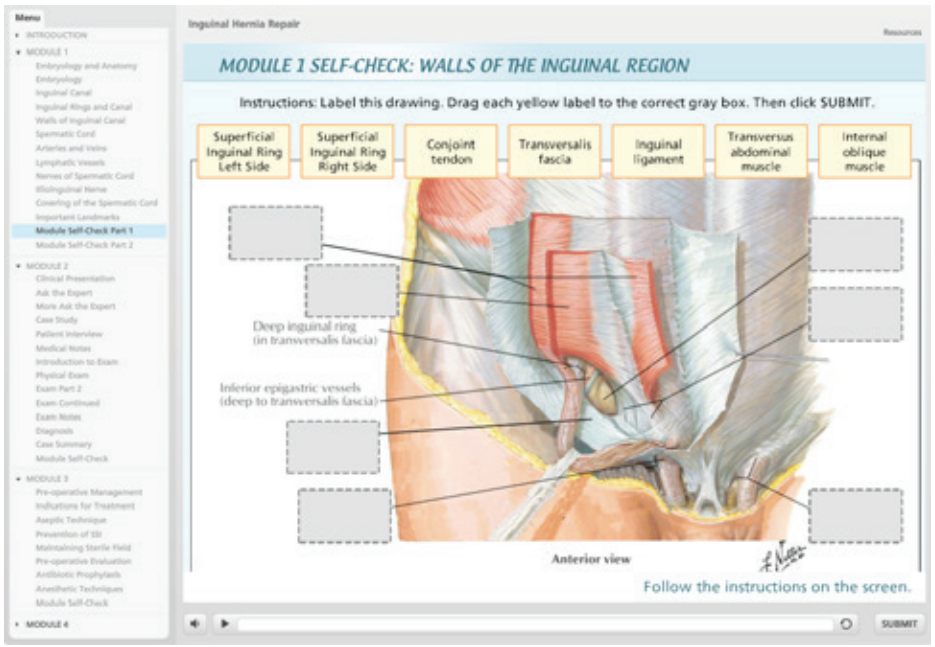
# MESAU Innovation in Surgical Training for Medical Students in Uganda and the US

*Ryan Graddy, Mira Mehes, Khaled Al-Omar, Fizan Abdullah, Jane McKenzie-White, Bob Bollinger, David Kitara*
Johns Hopkins University and Gulu University

Inguinal hernia repair represents one of the most common elective surgical procedures performed worldwide. Up to 8% of all adult men will be diagnosed with an inguinal hernia in

their lifetime. Despite the prevalence of this condition, many adults with hernia, particularly in Africa, are undiagnosed. When left untreated over the long-term, inguinal hernias can contribute todecreased quality of life and disability. Enhanced training of medical students has been identified as a key strategy foraddressing this very common condition in Uganda.

The Medical Education for Services to All Ugandans (MESAU) initiative is committed to innovation in medical education. Development and use of distance learning tools are an important priority for MESAU. The strategic use of distance learning can also leverage the experience and expertise of the top surgical faculty to reach a greater number of students and improve their competency-based education. Dr. David Kitara, Professor of Surgery at Gulu University is a well-known leader in surgical training of medical students in Uganda. In collaboration with colleagues at Johns Hopkins University, a novel, interactive computer-based electronic learning curriculum was developed to improve medical student knowledge of the principals of hernia anatomy, pathophysiology, physical exam and surgical repair.




In the past month, a study to evaluate the effectiveness of this new training tool has been initiated to compare knowledge of medical students who have received the standard medical school hernia curriculum with students who are also provided access to this supplemental training tool. Dr. Ryan Graddy from Johns Hopkins, in partnership with Dr. Kitara (photo above), and colleagues at Gulu University have begun the baseline assessment for this program evaluation. In addition, Dr. Fizan Abdullah, Dr. Graddy, and colleagues at Hopkins are initiating the evaluation of the same tool among medical students in Baltimore.

Students will be assessed for their knowledge, but also their physical examination skills (photo at left).

It is hoped that this tool will ultimately demonstrate improvements in both knowledge and skills among students in Uganda, the US and beyond. If the evaluation demonstrates improvements in knowledge and skills, this MESAU-supported innovative, e-learning tool will be shared with students throughout Uganda and perhaps world-wide. This would also provide support for development of similar tools to support training in other surgical competencies. Stay tuned to future issues of the MESAU Newsletter for updates about the progress of this novel education strategy.

to pg8

# Accreditation of Kampala International University – Western Campus' Institutional Research and Ethics Committee (IREC): A Priority for the Early Part of 2014

***Claude Kirimuhuzya, Kampala International University***

By the beginning of 2013, Kampala International University –Western Campus had no research support structure to boast of. As per now, the institution has a fully fledged Grants Office and is now competing favorably in searching for and disseminating research funding opportunities, which are disseminated in a monthly newsletter, to members of faculty and students. Added to this is the establishment of a Research Support Committee, as a component of the Institutional MEPI/MESAU Project Implementation committee. A good number of the research management team has undergone a full course of Research Administration and Management training, with two of them also acquiring Trainer of Trainer (TOT) skills.

The fundamental blot in the process of research support for faculty and students, however, has been the lack of an accredited Institutional Review Board to handle the hundreds of research proposals that are produced by students (both undergraduate and post graduate) and members of faculty. For quite a while, the researchers have had to go through the rigours of preliminary review by the provisional Institutional Research and Ethics Committee (IREC) and then taking their proposals to Mbarara University of Science and Technology Institutional Review Committee (MUST IRC) for approval, before proceeding to Uganda National Council for Science and Technology (UNCST) for final approval and registration. This has been a time-consuming exercise but which was deemed necessary since MUST IRC was charged with the responsibility of mentoring the KIU IREC, before it could qualify for accreditation by UNCST.

The good news is that from 19th - 20th March 2014, the members of the provisional KIU IREC, and a large number of proposal reviewers from among the members of faculty, underwent successful training in Fundamental Research Ethics. The two-day training was conducted by consultants from UNCST and Makerere University College of Health Sciences who included Mr. Paul Kutyabami, who had been tasked by MESAU with the responsibility of overseeing the accreditation of KIU IREC, and Ms Winnie Badanga, Dr. Fred Nelson Nakwagala, Dr. Julius Ecuru and Dr. Joseph Ochieng. The training attracted 52 participants all of whom completed the training and were awarded UNCST certificates.

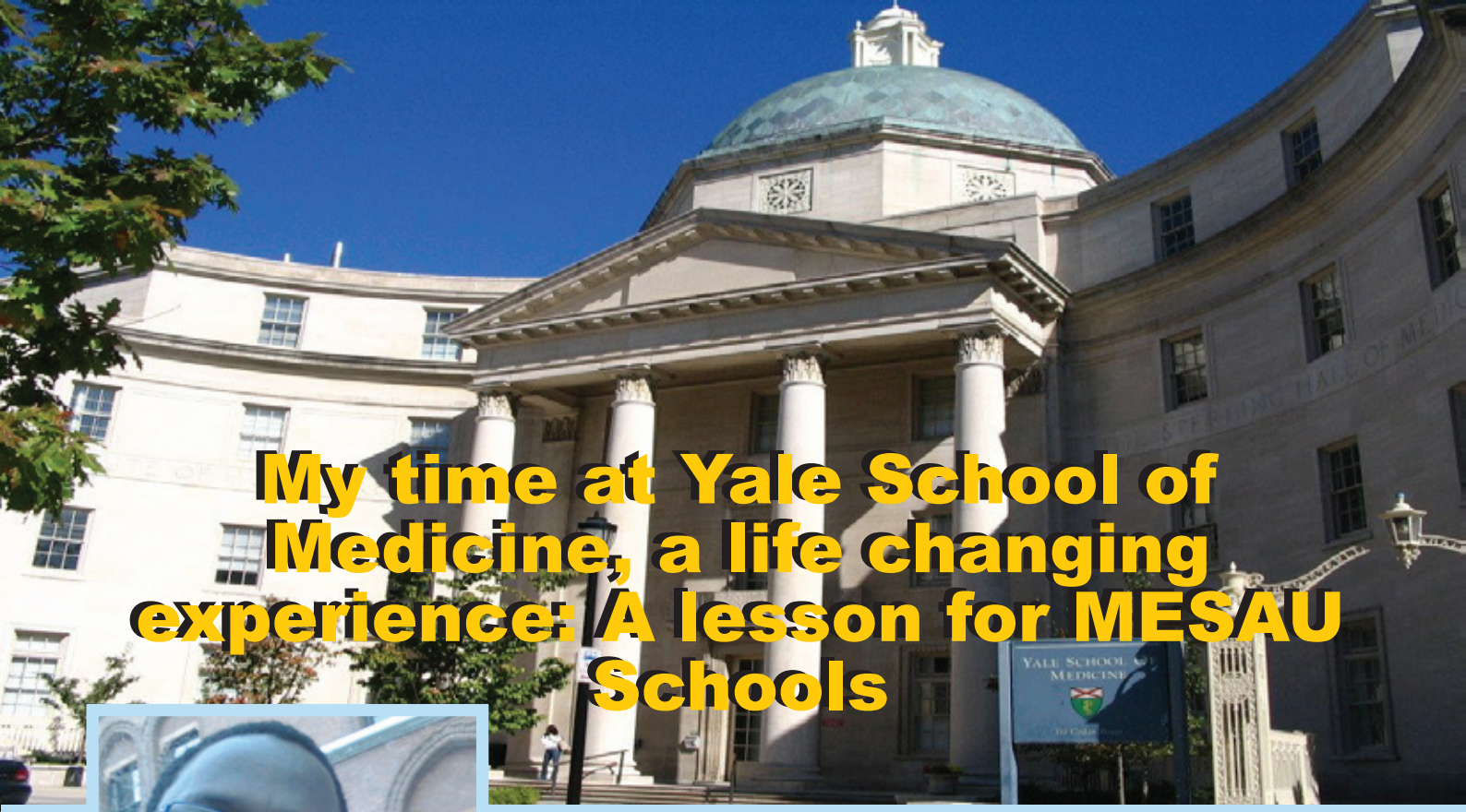
*A group photo of The Fundamental Research Ethics training. In the centre, (in a long sleeved white shirt) is Dr. Julius Ecuru from UNCST, to his right (in a blue suit and wearing spectacles) is Professor Emmanuel Korooro, the DVC KIU Western Campus, and to his right (in a cream suit and wearing a hat) is Professor John Rwomushana, the Chairperson of the yet to be accredited KIU Institutional Research and Ethics Committee (IREC).*

At the moment, the provisional KIU IREC has developed almost all the necessary Standard Operating Procedures (SOPs) that are required before accreditation. A second and final training, called IRB Operations Training (UNCST IRB 101) was conducted 7th-10th April 2014. The UNCST team has also agreed to conduct the training on Responsible Conduct of Research which will involve members of IREC and faculty that are involved in research and review of research proposals. It is envisaged that after these trainings, the KIU IREC will be in position to submit its application for accreditation and it is hoped that before 2014 comes to an end KIU Western Campus will have an accredited fully-functional IREC.

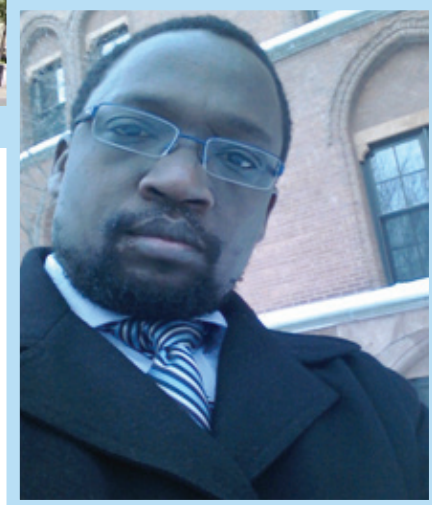
One of the of the key issues that emerged from the interactions during the training was that KIU Western Campus, has to have in place a Research and Innovations Policy with a clearly laid out research agenda, if the accredited IREC is to do a good job. Therefore, the other priority that is to run alongside an accredited and operational IREC, is finalizing the formulation and operationalisation of the Institutional Research and Innovations Policy and Research Agenda, the drafts of which are already in place and for which approval by various institutional bodies is already scheduled.

With these research support structures in place, it is envisaged that our young university, and the only privately owned member of the MESAU consortium, will have a strong foundation on which to base and launch a campaign that will make it take its rightful place as one of the major health research institutions in the MESAU consortium.

*The Author is Chairperson Research Support Committee, KIU MEPI/MESAU Implementation Committee and an awardee of MEPI/MESAU funding for faculty-mentored research.*




# My time at Yale School of Medicine, a life changing experience: A lesson for MESAU Schools



*By Bruce J Kirenga*
*Makerere University College of Health Sciences*

Last year I was selected to be the next faculty member to go to the Yale School of Medicine (YSM) for one year. My host was the section of pulmonary, sleep and critical care. I arrived at Yale on 14th September 2013. This 300 year old institution is located in the city of New Haven about one hour from New York and about two hours from Boston.

I was assigned a mentor (supervisor) who advised on all my training activities. My first rotation was general internal medicine purposely designed to give me a chance to get an experience of general internal medicine as is practiced in the US but also the medical students training. The rest of my rotations were designed to focus on those areas that critically necessary for the practice of pulmonary medicine yet not well covered in my prior training. In addition to general pulmonology I had dedicated time in chest radiology, pulmonary function testing, pulmonary rehabilitation, interventional pulmonology and intensive care medicine.

My day was typically spent between clinical/procedure rounds, teaching rounds, attending conferences and workshops and personal study. For personal study I concentrated on patients with conditions likely to be encountered in Uganda.

Most of my clinical rotations occurred at Yale New Haven Hospital, a tertiary health care facility of 1541 beds including a plane landing site where patients can be airlifted to and from the hospital. Care is provided in teams that include attending specialists, trainees, allied health professionals, mid-level providers and nurses. There is a heavy emphasis on technology and patient centered outcomes.

Clinical teaching at YSM is almost the same as at MakCHS but there are some differences. For example at MakCHS an average medical student's rotation will have about 6 students. YSM has decentralized clinical teaching to two other nearby hospitals bringing down the number of medical students on each rotation to an average of 3 students. To give all students equal experiences students spend half of their rotation at the main hospital and the other half at the two other hospitals. A list of topics to be covered in each rotation is produced by the course directors and the course directors in each hospital ensure that the topics are covered before the end of the rotation. Inter program rotations consisting of medical, Advanced practice nursing, Physician assistants and pharmacy students are organized. This gives medical students the opportunity to interact with students from these other professions early enough during training. This inter-professional learning is the foundation of future team based care

During clinical rotations students are part of the clinical care team that takes care of patients from admission to discharge. In fact the last year medical students are called sub-interns. Through close patient care students develop ability to put together all clinical, labs and imaging data to arrive at a diagnosis. Limited patient teaching discussions occur on the rounds. Learning patients are identified for scheduled teaching away from patients.

# My time at Yale School of Medicine, Cont'd

I was also amazed by the no examinations system at YSM. This is based on two historical philosophies: the need for medical students to be internally driven for self-determination and the feeling that medical doctors should not be graded. To give examinations would have some students perform better and therefore feel superior to others. The school has self-assessment tests that students can take on their own for assessing their levels of knowledge but faculty members are not involved. These tests can be taken in the learning mode or self-evaluation mode. Progressive assessment is however done by immediate supervisors. To obtain a progressive assessment students have to present patients' portfolios and supervisors assessment forms. A combination of these evaluations allows classification of students' performance as an honors, high pass, pass or failure. To graduate students have to pass national examinations, the US medical licensing examinations

There are also a number of notable differences in care delivery from that in Uganda that I noticed. Patient are put at the centre of their care, in fact in the intensive care unit, relatives are welcome to join the rounds on their patients. But one observation stood out. Over the entire month I spent on the general medicine ward, no single patient was pronounced dead in the ward. Sick patients are cared for in the different intensive care units and high dependency areas or step down units. Another striking observation is the amount of biomedical science research that takes place at YSM at least judging from the number of research laboratories that are located everywhere on Campus. A number of physicians have labs where they conduct research on disease etiology, pathophysiological and therapeutics.

This one year at Yale has been a life changing experience; I have had the opportunity to work alongside the world's leading clinicians and scientists. I have also had the opportunity to experience the state of the art technologies in medicine. My exposure to the American Health care system has made me reflect to my own system in Uganda. The MUYU collaboration really provides great opportunities for a two-way exchange of medical trainees and faculty between Makerere and Yale. For Ugandans, the greatest and probably the most long lasting impact of this collaboration will be building capacity of Ugandan specialists. As more students continue to be exchanged between Yale, and Makerere, it will be critical to clearly define expectations, responsibilities and limitations to both visiting students and their host. I cannot wait to return to Uganda and implement some of the exciting new ideas I have acquired at Yale.

# My MercyCorps Pre-Internship Experience in Karamoja, a Rural District

*Dr. Peter James Kitonsa*

''Karamoja, what? , God forbid, that place is not habitable!" that was me months before I stepped foot here. I spoke with so much confidence and 'evidence' that I could 'prove' there were no people but miserable animals and dry bones given that the 'whole' Karamoja population is on Kampala streets; who by the way I was later told are the lazy ones who don't want to work but prefer hand- outs! I arrived in Kaabong after travelling about 700 km from Kampala, courtesy of MercyCorps, but what I found shocked me; happy people with whom we spoke the same language save for a few phrases like 'maata' to mean greetings. I fell in love with the language, and thus the people. The locals are such friendly people that they will always offer you a hand shake even after sneezing in their hands.

Most locals had non-tender splenomegally cutting across all ages and sexes. Could these people have developed HMS? I should surely tender in a MESAU-MEPI research proposal. Malaria was the most prevalent illness and because of this, I left a pro at managing both uncomplicated and severe forms. Unfortunately, most of my patients would 'self-discharge' without completing the full dose especially with artesunate. I got the two culprits responsible for this; 'hunger' and 'over-whelming responsibility'. For example, the mother of the triplets below was pregnant, had three older children and elderly parents to take care of yet the drugs given demanded that the children be fed, thus the only simple thing to do was to run away from the drugs and look for food!

Diarrheal diseases ranked second mainly due to poor hygiene and sanitation; reason why I made a

*Peter Kitonsa with the triplets (Okello, Apio and Odong) at the Malnutrition Unit at Kaabong hospital*

# My MercyCorps Pre-Internship Experience

'decree', but not the Idi Amin way, to have all children bathed on admission. Most parents complied and 'oops' other wards followed suit.

When I arrived in Kaabong hospital, I was attached to the Pediatric ward and we (finalists) agreed on a two-weekly rotation so that we all could get the 'feel' of each ward (male, female, Maternity and Pediatrics). Here, I had and got the opportunity to put into action what I had learnt in medical school; I believe any medical student world-over aspiring to be a good doctor needs this exposure.

It was during my second week and exactly two weeks after medical school that I performed my first caesarean section (C/S) under supervision with an indication of fetal distress, delivered a live baby boy of 3.5 kg with an APGAR score of 5 then 9 after 1 and 5 minutes respectively. To my utter delight, the baby's mother named him after me; Okello PETER!

It was a Sunday morning when we were called for an emergency on the male ward, where we found a middle-aged man in excruciating pain with an arrow lodged in his left upper abdomen for over eight hours. We prepared him for theatre and I hurriedly but shakily asked that I perform the exploratory laporatomy! Thoughts started to wriggle in my mind that I was either going to 'kill' or 'save' this young man. At this point, I requested to have two assistants with the supervising doctor at least part of the two, just in case I cowered out. I opened the skin through a left paramedian incision and the abdomen in layers, located the arrow which had perforated the jejunum and mesentery with spikes piercing into the parietal peritoneum but no other organ damage. At this point I developed tremors; the truth was that the only gut I had ever repaired was that of a goat in a surgical skills session but was however encouraged by the fact that I had assisted twice in gut repair operations as a medical student. I carefully removed the arrow without further organ damage, resected and performed primary anastomosis, lavaged and closed the incision and entry wounds, and managed the patient post-operatively. My greatest fear, like most surgeons, was anastomotic leak.
However, by the 3rd post-operative day (P.O.D), the patient passed flatus and by 7th P.O.D and 8th P.O.D had passed stool and stitches removed respectively. The patient was discharged in good general condition; at this point, I felt so 'complete' and I thus realized that by the way, I also had 'gifted hands' thereafter started performing Safe Male Circumcisions, Caesarian sections and Laporatomies with more confidence.

*Moses with an arrow lodged in his left upper abdomen for more than 8 hours*

This opportunity is one that does not readily present itself even during surgical or medical internship! With this exposure I am ready to market Karamoja to other health professionals and eager to return and work here. *I have learnt that one can save and improve lives in the world's toughest places!*

MercyCorps, Kaabong Hospital and Makerere University College of Health Sciences (MakCHS), this is a step in the right direction, especially mixing junior and senior students. I would therefore encourage other health training institutions and students to embrace this once in a lifetime opportunity. Special thanks to Mercycorps supervisors(Herbert, Gerald, Prossy, Sandra); Drs. Oneko Charity, Sharif Nalibe and Simon Akena; Mr. Tesfu, Mr. Hussein Oria, Prof. N. Sewankambo, Kaabong hospital medical and non-medical staff, my family, fellow finalists and the almighty God for making my two months stay in Karamoja worthwhile.

# Connecting Reso

*By Isaac Kasana, CEO Research and Education Network for Uganda*

At this point in time, it is clear that ICT is a key enabler for education management and a major catalyst for the transformation of teaching/learning (especially higher education) and an enabler for collaborative research which is the way research is now done. This article seeks to explain the role and benefits of national research and education networks (NREN) and where the progress made by Uganda in this regard. It also emphasizes the impact on research and the delivery of higher education as a basis for explaining the role of research and education network for Uganda (RENU), as Uganda's NREN.

RENU is a not for profit organisation that provides interconnection between specific institutions and connects to a special international gateway that links its members' networks to similar institutions' networks in the region and all over the world. RENU was established by universities and research institutions in Uganda to: promote and facilitate research and education networking among Ugandan institutions, create collective and stronger negotiating positions to get better terms when dealing with Government and Regulators on issues related to policy regarding accessing equipment, software, on-line resources, and bandwidth, due to economies of scale ensuing out of cooperative action, engage partners on issues of common benefit such as inter-connecting with other research and education networks worldwide and to *explore ways of overcoming the high cost of ICT resources*

# earch and academic institutions within and around the Globe; the Role of Research networks

through resource sharing where feasible. RENU also promotes collaboration in research, teaching, e-learning systems and access to digital library resources amongst research and academic institutions

RENU has made tremendous progress in regards to achieving its objectives and bellow we highlight some of the achievements;

- A UbuntuNetpoint of presence (PoP) has been established in Kampala to deliver global Research and Education (R&E) connectivity to member institutions.
- The Commencement of R&E network roll-out by linking University campuses (Makerere University, Uganda Christian University) to the RENUNetPoP.
- RENU has Acquired advanced network equipment for building the country-wide RENUNet backbone that will connect all research and academic institutions in Uganda.
- It has established the first R&E Point of Presence (PoP) in the Ministry of ICT collation facility at Statistics House.

  Intensive support for training of Ugandan R&E networking staff in regional training fora resulting in the first Ugandan R&E staff completing the training of trainers' (ToT) programme and becoming a locally-based resource person.


*Figure 1. The Regional Research and Education Network (UbuntuNet) established through the AfricaConnect project*

At Makerere University that benefits of the RENU network are starting to be realised. On the 2nd of April 2014, Makerere University went live on the RENU network and since then the network is under test for any possible glitches to be fixed. The University bandwidth has increased from 68mbps to 170mbps opening up numerous collaborative opportunities through video conferencing and other avenues. Other institutions such as Gulu University and Mbarara University of Science and Technology are yet to be connected.

**The Writer can be reached on Email**
**isaac.kasana@renu.ac.ug**

# Preparing for Community Based Education and Research Services at Busitema University Faculty of Health Sciences

***Margaret Kigge, COBERS Coordinator***

The pioneer students of Busitema University Faculty of Health Sciences (BUFHS), Mbale campus are set to experience simulation sessions in readiness for their Community Based Education and Research Services (COBERS) programme due to start June this year. Basing on guidelines developed by Medical Education Partnership Initiative (MEPI)/ Medical Equitable Services for All Ugandans (MESAU), BUFHS has encouraged simulation sessions were first aid skills, which is an excellent addition to the required pre- COBERS medical skills that the students will continue to acquire and practice. The simulation exercises focus on a range of injuries and illnesses (epilepsy, diabetes, etc.) and experience working in various environments including health care provision settings.

*Helping new-borns breathe*

After the 4th session, students were asked to comment on the sessions in relation to upcoming COBERS. Seventy percent (70%) felt they had gained confidence on how to deal with first aid, clearing airways, saving new-borns etc. In addition to simulation sessions organised by faculty staff, students continue to undertake laboratory practicals which are aimed at enriching their knowledge in anatomy and physiology.

In addition to simulation exercises in preparation for COBERS, two lots of questionnaires to help evaluate the relevancy of COBERS (the before and after placement) have been designed; a student's manual is in its final stages of development to guide students in their COBERS expectations and what not to do in the community, while maintaining their medical professional values. Students are also encouraged to identify a field of research to undertake as they advance in their studies.

*Simulating ways through which to keep a new-born warm as one of the basic first aid that can be offered*

# The MUST MESAU journey towards Attitude and Attitude Change

*By Edith Wakida, Mbarara University of Science and Technology*

One of the things I have learnt along my journey with MESAU is attitude and attitude change; the power of attitude in building or killing any initiative. Once something is not well-understood at the beginning, there is bound to be misconception of what it actually is; MESAU at Mbarara University of Science and Technology (MUST) has gone through this phase and is successfully pulling out of it. Like many other initiatives, MESAU for a long time was looked at as a project with a lot of money it should dish out for its activities to be embraced; once this was not happening, then activity invitations were either pended or deleted. This was a mis-construement of the reality; we had not known what was in people's minds but now we know. Lessons have been learnt about the importance of building a firm foundation of anything right from the word go.

It has taken MUST MESAU administration some effort to communicate to the MUST community what MESAU is all about. That it is a program that was introduced to enhance Medical Education in the Faculty of Medicine with the support of MEPI funding from the US Government. That the funding is there for a moment, but the program is meant to stay so it is integrated into the faculty structures. That the aims of the MESAU program are:

- Strengthening and sustaining innovations in medical education so as to produce an increased number of high quality health professionals with competences to address the priority health needs of Uganda;
- Standardizing multiple health facilities and community-based clinical platforms for education, service training and research to strengthen medical education and
- Establishing functional critical support systems to nurture and sustain high quality locally-driven trans-disciplinary research to promote health in Uganda

To ensure positive change in attitude, our strategy has involved continuously talking about what MESAU is doing, and involving a wider range of stakeholders. This has involved trying to understand the characteristics of our stakeholders, and what it is that we are trying to influence about them. Depending on the stakeholder attributes, we came up with different strategies for attitude change. We produce messages that present the position we advocate and also convincingly deal with any objections to that position.

It has not been easy but the strategy has worked; slowly but steadily we are realizing changes in attitude. Fourth year into implementation, we are happy with the results and we shall get there! One of the key lessons that we have learned from this experience is that to change an attitude, one needs to consider the phases of the attitude change process which includes *attention, comprehension, yielding* and *remembering* followed by *action*. The other lesson learnt is the analysis of attitude change; this involves the source of the *attitude change, the message, the medium* and the *audience*.

I believe it is never too late, to change attitudes. Succeed we must!

*MUST staff during one of the consultative fora meant to create a positive attitude to MESAU*

# Observation of the Practical Assessment of Clinical Examination Skills (PACES) for Membership of the Royal College of Physicians of the United Kingdom MRCP (UK)

*Prof. Magid Kagimu, Director, Postgraduate Programmes, Department of Medicine, Makerere University College of Health Sciences*


*Prof. Magid Kagimu with Desmond Bates at the Royal College of Physicians*

In May 2013 examinations, it was recommended by the external examiner, Prof Zaheer Lakhani, that in order to improve the clinical assessment of postgraduate doctors in the Department of Medicine at Makerere University College of Health Sciences, I should visit the Royal College of Physicians of London, to observe how the MRCP (UK) PACES exams are conducted. One of my observations when I visited UK in April 2014 was that the Long Case was excluded from the PACES. The reasons for this included: 1. performance of the candidate was not observed because he or she was left alone for 45 minutes without observing what was being done; 2. candidates got different patients, some with rare conditions others with common conditions and it was not fair for examiners to judge such candidates in the same way; 3. the examiners did not calibrate the long case before it was done and therefore it was not possible for them to make a fair judgment of the candidate without having experienced the difficulty of the patient-physician interaction themselves; 4. The long case was not good at discriminating the satisfactory and unsatisfactory candidates because most candidates would pass the long case but subsequently fail the more discriminating parts of the exam; and 5. the clinical skills that were being assessed in the long case including history taking, physical examination and clinical judgment are tested better in PACES because they are directly observed instead of being deduced from the candidate-examiner interaction.

After this visit and my observations, I recommend that the PACES format of examination should be adopted and adapted by the Department of Medicine at Makerere University College of Health Sciences, for postgraduate clinical exams. There is no need to reinvent the wheel.

# Davis Auditorium Conferencing Center at MakCHS

Video conferencing involves two or more parties in different locations communicating through live audio and video feeds. Audiovisual (AV) hardware and software are required to run a videoconference. Each location must have a video camera or webcam to input the feed. Digital projectors often are incorporated to show presentations at multiple locations simultaneously. Each user must have some kind of a monitor or television set to receive the AV feeds. Microphones are used to transmit the audio files. A single microphone can be passed around between participants or individuals can be miked. Speakers or headphones are required to receive the audio feed. Most video conferencing feeds are run through Internet or satellite connections. Compression software is vital, as the data streamed from audio and visual live feeds takes up a lot of space. Software to cancel out acoustic echoing is also vital if live communication is to take place. Delays are wiped out so that parties can talk in real time.

# Davis Auditorium Conferencing Center at MakCHS

*Dr. Ian Crozier facilitating a Global Health Course to Students in the University of Washington from Davis Auditorium*

Video conferencing can either be point-to-point for participants in 2 different locations or multi-point for 3 or more locations.

The Davis Auditorium is equipped with a multimedia presentation system making the room an interactive teaching aide for all forms of presentations and lectures. The room has a large projection screen with the ability to show computer presentations, power point presentation, movies, and video conferences. Room functions can be controlled through the Extron controller mounted on the left side of the podium. Furthermore, the room can be controlled by any computer on the network by connecting to the controllers IP address.

The podium in the front of the room has a built in computer which can be displayed on the screen and using the Sympodium on the podium the presenter is able to make notes on the screen which the students can see. This computer has a USB connection on the podium for power point presentation or any USB device. People who prefer to bring their own computer can attach there laptop to the systems with the connections on the podium.

This system also gives the user the ability to remotely connect to different locations through high definition video conferencing. The room has a Polycom HDX 9004 and two eagle eye high definition cameras. The main (rear) camera is for the presenter, while the second (front) camera is for the audience. The room has two ceiling mounted microphones which will pick up any sound in the room. The room also has two wireless microphones as well as a microphone mounted on the podium for the presenter.

Video conferencing saves travel time and money. Participants can see and hear all other participants and communicate both verbally and visually, creating a face-to-face experience. PowerPoint and other on screen graphic, as well as other cameras are also available presentation options. People downtime is reduced and productivity gains are achieved by removing the logistics of flight preparations, airport delays, hotel stays, and all the other inconveniences of business travel.

In distance education, video conferencing provides quality access to students who could not travel to or could afford to relocate to a traditional campus. Video conferences can also be recorded and made available in a variety of ways for examples DVDs or through live stream videos.

Video conferencing has benefited the MakCHS community in different ways: Seminars, Meetings, Guest lecturers from other institutions, Researcher collaborations with colleagues at other institutions,

Thesis defense at another institution and Grand Rounds

*Makerere University College of Health Students Participating in a Grand Round with Mbarara University of Science and Technology*

to pg16

# The Mentorship Campaign in Makerere University College of Health Sciences shows Early Results

*By Ismael Kawooya*

On a number of counts we have been advised "to take the distance". Whatever the distance might be, it will be a product of speed and the time; the limit of which solely lies on the individual. Arithmetic shows that for one to achieve a greater distance one needs to tweak the variables to a greater magnitude to reach the stars.

To provide the new students with the necessary propulsion, Makerere University College of Health Sciences realized the need to support mentorship within the College at all levels. To achieve this, a mentorship committee was set up to guide this memento sojourn.

What a great time to be part of the College? My face breaks into a grin as I think of more fundamental changes to come to this great institution. With such a monumental task, a committee was set up to steer the College in an organized format of mentorship that shall be a foundation of more great "stuff". The committee was formerly led by the industrious Assoc. Prof. Samuel Luboga (now retired.) and now the energetic Assoc. Prof. Pauline Byakiika, the committee with Prof. Sarah Kiguli, Assoc. Prof. Damalie Nakanjako, Dr. Lynn Atuyambe, Dr. Rose Nabirye Chalo, and Yours Truly, and the more valuable coordinator Bakengesa Evelyn replacing Gladys Khamili, and very recently Mrs. Christine Muhumuza who was co-opted on the committee. The guidance of Prof. Nelson Sewankambo, Principal College of Health sciences, is always banked on for the success of this venture.

During this time, the committee has embarked on a great mission to spread the gospel of mentorship to each individual in the College, ensure all the students in Year 1 are matched with mentors and monitor these mentoring relationships.

With such foresight, the committee organized a mentorship workshop on April 9th 2014 held in the College Boardroom, to share experiences, challenges and way forward. Invitations were sent to pairs of mentors and their mentees and expectations were high of how this could turn out to be. Mentees turned up in big numbers and the mentors' 'no show' was not felt as it was over-shadowed by the vibrancy and expectations of these students. But still, we would have had a lot more fun, only if the mentors had come in equally big numbers.

Prof. Sarah Kiguli steered the discussions through the excitement among the participants. Students shared their expectations of the roles and responsibilities of mentors and mentees, with emphasis to mutual respect, listening, accountability and commitment from both parties standing out more prominently. Using anecdotes, Prof. Kiguli steered the discussion of what a majority thought mentorship was not. While her method of work attracted rapturous laughter from the predominantly young audience, she managed to stress the importance of mentorship for each individual at all levels of their profession. With memorable interjections of advice from the only mentor present; Dr. Gerald Tumusiime such as "Apply gentle persistent pressure" the grins on the students' faces got wider as the need for patience and commitment in mentorship was made more obvious.

By the time, Assoc. Prof. Pauline Byakika took to the platform to present the organization of mentorship and the results of the 'Needs and Expectations Survey amongst Mentors and Mentees', it was clear this initiative was headed for success. Most participants echoed the need for more of these workshops and reaching out to the distant mentors (an initiative, the committee has taken on by visiting different departments, the last being a very engaging one at the Department of Family Medicine).

At the penultimate activity of the workshop steered by Mrs. Christine Muhumuza and Assoc. Prof. Damalie Nakanjako, there was sharing of the pros and cons and the way forward for mentorship. The participants were very frank and open with their views which left the committee nodding in approval. As one of the mentees encouraged fellow students to "stalk" their mentors with creativity, it was a sign of a good day.

Mentorship has been around for some time and with such workshops keeping every one abreast of the importance and need of mentorship, more achievements are likely to be registered. With more activities yet to come from the committee, the stars will only be a stepping stone for each person in the college of health sciences. Although it is promising to be a long walk, it is one I am willing to take, and enjoy every moment of it.