

MEPI-MESAU Has Brought Me Back to the Profession of Medicine

Emilio Ovuga, Gulu University

When I announced at a recent Faculty Board meeting held at Gulu Faculty of Medicine the availability of 20 masters' fellowships for faculty members interested in the discipline of medical anthropology and international health tenable at Gulu University beginning April 2013, the first and an unexpected response to my announcement was: "Are there stipends?" This response to what I thought should have been a welcome announcement is worrying. Gulu University is situated in one of the poorest regions of Uganda. In a situation such as this, university lecturers, academicians and researchers should ideally put societal interests before their own (which I acknowledge cannot be ignored).

The Dilemma and Challenge: Putting societal interests before personal interests implies that university lecturers in health sciences should first aim to build their skills and capabilities they require to effectively respond to and address the multitude of health and social challenges of northern Uganda. Improved personal academic skills and capabilities translate into acquiring the necessary attitudes (and motivation) to work that are expected to improve teaching ability, mentorship ability and role model qualities that students look out for. To illustrate the point, let me recap some of what I heard from students during two training workshops MESAU/MEPI organized for them during the second half of 2012. Narrating his frustration at the Faculty of Medicine at the end of a four-day seminar in research ethics and mentorship, one student concluded: "MESAU/MEPI has

brought me back to the profession of medicine". Echoing what the student summed up, other students complained about the arrogance of and poor mentorship skills of some of their lecturers, poor attitudes and interpersonal relationships between some lecturers and students, and a poor image of the medical profession that threatened to drive them away from the profession. This dilemma and challenge are significant as they threaten one of the objectives of MESAU/MEPI; i.e. retention of health workers in underserved rural areas. The challenge also threatens the sustainability of the values MESAU/MEPI stands for. On the other hand they justify the creation of MESAU/MEPI.

Possible Directions: Addressing health care needs in rural areas appears to require more than just increasing the number of health care providers or promoting retention of health care providers in rural areas. It appears that attention should be paid to a) the promotion of interpersonal skills development among students and lecturers b) the promotion of research skills among undergraduate and graduate students as well as their teachers c) the promotion of research as a gratifying career path and the development of strategies that encourage lecturers look up to the future rather than the here and now gratification needs. In rethinking the future of medical education in Uganda, it is useful to consider paying attention to the suggestions of students as these appear to be a good barometer of the quality of training that MESAU institutions provide.

Practical Experiences with COBERS at Makerere University College of Health Sciences

Edmonton Acheka, Acting District Health Officer, Amolatar

I have to appreciate Makerere University College of Health Sciences administration for their **brilliant** idea of introducing Community Based Education, Research and Services (COBERS) as a course unit in undergraduate training for medical and other health professional students. The following are considered the core aims of the COBERS course unit:

- To expose students to communities and health facilities in order to acclimatize them to working in remote, hard-to-reach, underserved, rural communities and health facilities.
- To enable students acquire the appropriate attitudes of working in remote, hard-to-reach, underserved, rural areas.
- To provide students with the

to pg 3 

CONTENTS

Practical Experiences with COBERS

Health Professional Students Across MESAU Consortium

Engaging Students in Developing use of ICT for Learning

Brain drain is severely crippling africa

Mentorship as an enabler:

EDITORIAL

Dear Reader,

The barriers to delivery of quality health services in both our urban and rural or difficult-to-reach environments are never ending and indeed seem to be worsening by the day. This is occurring despite the fact that medical schools and other health professional training institutions continue to turn out graduates from their institutions. We have to constantly question the status quo and implement innovations to successfully address these challenges so that even the most disadvantaged can have the services they need and deserve. The responsibility is for all of us. The statements and events narrated below by one medical practitioner are just one of many that may have occurred on the same day and are sobering.

"We need to develop that attitude of servanthood and reach out to people in need at whatever level we can. One example of commitment was myself on Christmas day 2012 while in the village waiting for a late lunch at 3.30pm. I got a phone call to go and see a mother in labour in a health centre. On reaching there I found her in obstructed labour and really deteriorating and foetal heart was constantly below 100beats/min over the past 2 hours. What to do in a health centre level 3 with a poor villager with no transport money? I just drove her in my car, fortunately a double cabin high clearance to withstand bad road, 40km to the hospital where I reached after an hour. I went straight to the operating theatre via Maternity ward of course, did Caesarian section myself and got a bouncing baby boy. The family was happy but full of anxiety, "where shall we get money to pay this Doctor?" they asked? To their amazement I only told them, I needed no money but that they should educate the boy and make him become a doctor and they will have fully paid me back."

A reader in another country responded to the above story: "I consider you a rare breed and you are a HERO!..... Your name will be written in gold in the annals of that village where you assisted in saving the life of one of their progeny. I hope this story you have just told can be popularized and made more public so that others could learn from this."

The pursuit of health equity and justice has come into close scrutiny. However, what can the health workers realistically do and are there limits to societal expectations? The above story suggests it cannot be business as usual and change is needed in the way health services are delivered and accessed in this country. MESAU needs to promote and inform a continuing debate on how these institutions in partnership with other stakeholders in the public and private sectors can bring about meaningful change in health so that Ugandans are not at a health disadvantage compared to others in low income countries which may be doing much better. The report from the US National Research Council and Institute of Medicine, U.S. Health in International Perspective: Shorter Lives, Poorer Health (http://www.nap.edu/catalog.php?record_id=13497), gives us more food for thought but Uganda could become a reference country on how to effectively and efficiently tackle the challenges of service delivery.

Director THRiVE

Practical Experiences with COBERS at Makerere University College of Health Sciences

opportunity and environment to participate in health promotion and disease prevention using knowledge and skills in relevant fields such as environmental health, sanitation and food security.

- To provide students with opportunity and environment to participate in the provision of primary health care services for example through clinical clerkships, HIV/TB care, maternal and child health in the home environment and health facilities.

leader during COBERS activities. My first COBERS station was at Anyeke Health Center IV where I did a rotation in Year One and Year Two. In my Third Year, I went to Rakai Hospital for project implementation. This course gave me a lot of exposure to our communities and health center management and I was really acclimatized to work in remote, hard-to-reach, and underserved rural communities. It was during these rotations that I developed positive attitude towards working in such rural areas.

In July 2011 after my internship at Lira Regional Referral Hospital, I was



Mr. Edmonton Acheka sharing his experiences with COBERS soon after receiving computer units from MESAU to aid the district in the training of students during their COBERS placement

- To enable students carry out community based research projects and disseminate their findings locally and in scientific publications and conference presentations.
- To facilitate the development of leadership and management skills amongst the students in areas such as Health Management Information System, Procurement and Budgeting.

During my undergraduate education I went through this course as a nursing student from August 2006 to May 2010 and I was always the students'

supposed to remain at this same Hospital but I opted to go and work in the remote rural communities of Amolatar District. I was subsequently posted to Kiryandongo Hospital by the Ministry of Health Interns committee but I had already started working in Amolatar District, thanks to COBERS acclimatization. I started as a Senior Nursing Officer and now I am the site Tutor for COBERS and Acting District Health Officer for Amolatar District.

I am so happy with this course unit because it has made me to be what I am. Handling difficult situations, and dealing with the politicians and other stakeholders in the community has become so easy for me. I really love my workplace especially when my students

are around for their COBERS rotations. During this time many of our community members come in big numbers seeking health services. The students always portray good customer care to our patients that leads to an increase in outpatient attendances. For example the outpatient visits increased from 1673 in March 2012 to 2230 in April, 2012 when the students were around. Under supervision the trainees were able to carry out routine observations (vital signs) to all our patients in the wards and thus contributing to good patient management approaches. They participated in routine immunization and growth monitoring giving them very good exposure and practice to clients. They participated fully in community outreach programs (Immunization outreaches, Home visiting, School Health programs, HIV Care and Testing and other community HIV/AIDS programs) leading to creation of good relationship between the students and the community members and their leaders. Again under supervision they made consultations at the district headquarters and visited all the departments at the district to observe what really happens in each department and these were good experiences for the students.

I have always encouraged my students to get used to life and its challenges in the rural communities, adapt and acclimatize to working in these areas. Such experience would help them to succeed as good leaders and health practitioners in future. I have seen many positive responses from students who for example request us to allow them to spend their holidays with us but due to lack of resources we could not allow them. I have gone ahead to convinced the District Local Government Administration to support this program by putting some small budget for accommodation and meals for our students and this was granted.

Therefore I do encourage the Administration of Makerere University College of Health Sciences to continue putting a lot of emphasis on this course unit to produce better quality health workers who will benefit our underserved communities. Such efforts may contribute to achieving the Millennium Development Goals.

The writer can be reached on this email address; Edmonton Acheka chekas06@gmail.com

Health Professional Students Across MESAU Consortium Make an impression in the research world : A Participant's Experience at the Proposal Selection Event.

By Dr.Kintu Mugagga, Kampala
International University

*"When We Go To School We Principally Go
To Learn How To Learn" Shiv Kera.*

The urge to learn more is based on a well-founded fact that the more we learn the more we discover that there is a lot more we don't know!. The latter is the leading concept which pushes the learned generation to dig more into the unknown with a purpose of finding and describing solutions to ever emerging challenges in life.

At all MESAU institutions, the true picture of a strongly changed attitude and vigorous action towards research has been demonstrated by a significant increase [44%] in the number of submitted and verified research proposals by undergraduate students. Here are the figures as of 15th December 2012; Makerere University College of Health Sciences (MakCHS) [81], Gulu University (GU) [15], Mbarara University of Science and Technology (MUST) [19] and Kampala International University (KIU) [16]. Rising from 90 [2011/2012] to 131 proposals [2012/2013] by undergraduate students from all health professional disciplines and by all junior and senior students, the MEPI research award is a strong indicator of excellent work being done by the faculty in mentoring and training the young generation into competent and resourceful professionals.

Being a mentored process, credit is apportioned to both the mentors [faculty] and the mentees [students], for one cannot give what one does not

possess. In the midst of this achievement, challenges like these explained below cannot be ignored.

Out of the 131 submitted and assessed proposals, unfortunately the award could cover only the best 30 [23%]. It was a big challenge selecting the best and eliminating others with marginal or undefinable differences. What should be done with those good proposals which were only eliminated due to minor anomalies and due to stiff competition?

The number awarded per MESAU institution was also another issue to consider across the consortium. This however, was overcome by proportionate selection depending on the number of proposals submitted by each institution. The latter resulted into 17 for MakCHS, 5 for MUST, 4 for GU and 4 for KIU.

Most of the research questions were quite relevant to the region and MEPI objectives. This was another hurdle that hardened the selection and elimination process. There should be in place a productive way in attending to proposals that did not get the award.

The other challenge is how to translate the research our students are engaging in into viable interventions to improve the health of communities. Who is to solve the identified and well defined community health problems? The question stems from the fact that a lot of good research has been done and publications made, but what practical interventions have been put in place to arrest the situations?

Engaging Students in Developing use of ICT for Learning

By Dickson Muyomba

On Saturday December 8th 2012, during the monthly MESAU monitoring meeting an idea was hatched on the possibility of exploring students' activities and expertise with Information and Communication Technologies (ICTs) to enhance the use of these ICTs in teaching and learning. This thinking was driven by the theoretical frame work that acknowledges that student populations, being predominantly in

the younger generation, were more likely to be more technology savvy due to their greater exposure than the older faculty population.

Plans were made to hold a meeting with the student community through their leaders to engage them around ICT. On the day's agenda was a planned explorative discussion to identify student's experiences with ICT for learning, a brain storming on how students currently use

Engaging Students in Developing use of ICT for Learning

ICTs and their ideas on how best the university can enhance their use of ICTs.

On Saturday the 15th December 2012 as other students were setting off for home for the Christmas holiday, 40 students gathered in the College of Health Sciences skills lab for the scheduled brain storming meeting chaired by Dr. Ian Munabi from the Department of Human Anatomy and Chair of the MESAU Distance and Learning Committee. The Principal, Makerere University College of Health Sciences and MESAU Principal Investigator, Professor Nelson Sewankambo, highlighted some of the key challenges facing the use of ICTs for the learning of medicine. He encouraged the students to suggest ideas on how to widen the use of ICTs based on student-driven ideas and innovations.

Soon-to-graduate, Dr. Ismael Kawooya, now an intern with Mulago Hospital, narrated to the group an experience of a colleague who during one **call duty** was faced with a patient who was in shock with all veins collapsed. This colleague through all his surgical rotations had never seen a cut down being done. Out of desperation the colleague turned to his smart phone and searched for a YouTube video on how to do an emergency venous cut down and in a short while two minutes the patient had a line up and life saving fluid running. The colleague was so happy he shared his experience with Dr. Kawooya and the patient lived to be discharged. Other students went on to share how they use their smart phones to quickly get information while on ward rounds for patient care.

It was observed that the students' association Face Book page had 67% of the student community linked to it and registered regular visitors. Other observations shared were the fact that students were not aware of some of the resources available in the library. Most of the students were also taking advantage of notes from students in the other universities. A general disappointment was expressed on the lack of videos for lectures by some key senior faculty with concern that the knowledge these faculty had accumulated would be lost forever when they leave the university and if no efforts were made to capture

the lectures. The students were happy to learn that arrangements were in place to ensure that there was wireless access to the internet at various points in the College.

As a way forward, several student committees were set up to address various issues in the College in relation to the use of ICTs for learning. These committees are all student-led and will handle;

1. The development of a student ICT innovations challenge competition and research project open to all the university students in the MESAU collaboration.
2. Establish a lecture series of video recordings by various senior faculty in the different departments on various topics.
3. Create a pool of assorted ebooks and power points for access by all the students from a centralized server.
4. Develop an annotated digital photography library of all the potted specimens currently in the pathology department
5. Develop an annotated digital photography library of various students experiences in the COBERS sites
6. The student ICT MUMSA committee to explore the possibility of developing a student ICT-for-Learning Club
7. Develop a proposal for the collective bargaining and purchase of tablet computers by all the students in the College

Innovations identified and Champions selected

Health Challenge

Champions:

- Kharono Brenda - kharonob88@yahoo.co.uk
- Kavuma Peter peterlongus141@gmail.com

- Kitonsa Peter James kitonsap@gmail.com

Video Recording of Key Lectures

Champions:

- Edrine Mulema, adrinem@gmail.com
- Niwaha Anxious, niglomuganx@gmail.com
- Alex Kayongo, alexkayongo@gmail.com
- Ogwal Michael ogwazormike@yho.com
- Odongo Charles Newton odongcn@yahoo.com

Acquiring Tablet PCs for medical students

Champions:

- Edrine Mulema, adrinem@gmail.com
- Kitonsa Peter James kitonsap@gmail.com

Digital photography library from COBERS Experience

Champions:

- Kharono Brenda kharonob88@yahoo.co.uk

Student website updating

Champions:

- Akii Bua Douglas dakiibua@gmail.com

Training on Use of Computer and Social Media

Champions:

- Ssebwegamo Enoc metslx@rocketmail.com
- Bob John
- Library Team

BRAIN DRAIN IS SEVERELY CRIPPLING AFRICA

By Ephraim Kisangala [MBChB-IV]

Kampala International University –
Western Campus

According to the World Health Organisation (WHO), 1500 women die everyday from pregnancy or childbirth-related complications. This simply means that before even a minute elapses (57.6 seconds), a woman has died due to the above complications. And if we are to go by what we are always told, "Let us keep a moment of silence..." when someone has passed on, then we may forever remain silent because according to UNICEF Executive Director, Carol Bellamy, "The same number died yesterday, and the same number will die tomorrow."

Unfortunately, 99% of these cases occur in the developing countries where 85% of the population live and are in urgent need of 4.3 million health care professionals (HCPs). I have a belief that one of the best

ways of solving this is by tackling brain drain in the health sector.

Whereas even the United Kingdom (UK) is affected, Africa seems to have been hit hardest as there may be more African born scientists and engineers in the USA than in the whole of Africa. This is saddening because 24% of the global disease burden is in Sub Saharan Africa which has just 3% of the world's health workforce.

Take an example of Chicago (USA) and Sierra Leone; there are more Sierra Leonean doctors in Chicago than in the whole of Sierra Leone yet the doctor to patient ratio of the former is 1:390 compared to 1:33,333 in the latter. The maternal mortality rate of the two places is 9 deaths per 100,000 live births (Chicago) and over 1000 deaths per 100,000 live births (Sierra Leone) while the life expectancy of Sierra Leone is 34 years. What a disparity!

Such stories do not stop there as the loss of doctors has been very striking;

Ghana has a doctor to patient ratio of 1:11,000 yet 20% of the doctors in New York City are Ghanaians. Also, 20% of doctors in Saskatchewan earned their first degree in South Africa.

Uganda is no exception to this quandary; South Africa is employing over 250 Ugandan doctors even when Uganda used to produce about 220 doctors annually. In 2009, 13 senior surgeons left Uganda for Rwanda due to poor pay. What an ignominy! Australia, the UK, USA and Canada also employ many more Ugandan doctors. If truth be told, the doctor to patient ratio in Uganda worsened from 1:12,500 in 2006 to 1:24,725 in 2010 yet all these seem to go unnoticed. The depressing bit of such stories is that many of the doctors go when they are in the most productive stages of their lives and come back (if they do) when they are "spent forces".

This could partly explain why nearly all child deaths occur in developing countries. Statistics indicate that a child

to pg 10 

MENTORSHIP AS AN ENABLER: **sharing a Real life Experience**

Edith Wakida, Grants Officer-Faculty of Medicine, Mbarara University of Science and Technology

It makes perfect sense to accept who you are and allow modifications to happen as life unfolds. Having an open mind to learn what comes your way is a key ingredient of success. Many people take on paths which perhaps are not the right ones to their final destinations. I walked such a journey; a long journey trying to find career fulfillment. My first degree is a Bachelor of Industrial and Fine Art. I love it so much and I specialized in textile weaving, I have a skill for life, but pursuing that career path was never going to make me happy. I would start on things and give up easily because I felt dissatisfaction deep within me. I went back to study a Post Graduate Diploma in Project Planning and Management; trying to look for a career I would love. I then pursued a Master of Arts in Development Studies; at this point, I realized I wanted to move along a line of administration. I got employed with an institution as an Administrator, but I was not happy there. I soon resigned the job and got back into business, but each passing day I was getting more

miserable; I was in the wrong place. I started applying for various jobs, but kept asking "Is that the job I really want to do?"

I finally got an opportunity I had no experience in, but believed that I was the perfect person for the position after reading the qualifications in the newspaper advert. I had the courage, an open mind that I could learn. I put in my application for Grants Officer in the Faculty of Medicine, Mbarara University of Science and Technology; I am now a Research Administrator! I took up the job in September 2012 feeling inadequate but with a positive attitude that I can perform beyond mediocre levels.

In the maiden meeting I attended I heard about peer to peer mentorship and noted it, got hold of it and to this day it is working for me! The picture shows the great people who have so far modeled research administration to me and have given me cause to move

on. The spirit they have is not of negative confession but always focusing on the possibility side of things. That is a key thing I have got from these 'mentors' and I am applying it in everything I do.

Briefly about mentorship, I had an opportunity of sitting in the Grants and Contracts Office at Makerere College of Health Sciences, for two weeks (induction) actually seeing and learning what goes on in research administration. I was taken through an intense programme walking me through their structure and the functions therein; how I can learn from it and set up the office for Faculty of Medicine, MUST. It was an awesome experience I recommend every young research administrator to go through. I found the Research Administrators very welcoming, unselfish and willing to offer every useful support towards my development as a Research Administrator. At the end of the period I was able to develop an action plan which I am currently moving along.

Family Medicine faculty supports Undergraduate medical students in qualitative research methodology

By Jane Namatovu, Makerere University
College of Health Sciences

Qualitative research methodology is an emerging field in medical sciences. It was traditionally used in social science research and later in marketing research. Qualitative researchers aim to gather an in-depth understanding of human behavior and the reasons that govern such behavior. Qualitative research methodology investigates the *Why* and *How* of decision-making not just *what*, *Where* and *When* commonly used in the medical sciences. Hence, smaller but focused samples are more often needed than large samples.

Family Medicine is a discipline that values relationships between health professionals and their clients/patients and/or their families. In a family medicine consultation, family relationships and family function are part and parcel of diagnosis, care and follow-up. Therefore, a deeper understanding of the patient in the context of his/her family, community and overall environment requires skills necessary to understand phenomena through critical and in-depth inquiry.



Undergraduate medical students and family medicine faculty in a qualitative research methodology session.

Family Medicine seeks to promote qualitative research methodology by cultivating interest in qualitative research methods among undergraduate medical students the future family physicians and primary care providers. A group of selected undergraduate medical students from different years who have demonstrated interest in family medicine have been oriented and taken through qualitative research methods. The group

of ten students meets family medicine tutors during lunch time sessions to discuss and learn about qualitative research methodology. Demonstrations and role plays of conducting an in-depth interview, key informant interview and focus group discussions have been done. As a result, students have been able to conduct focus group discussions for their own research projects.

MESAU MEPI iRIM: *The MUST version*

By Samantha Mary & Edith Wakida
Research Administrators - Faculty of
Medicine, Mbarara University

iRIM the supplement grant for MESAU/MEPI aimed at building capacity for researcher administration was embraced whole heartedly by Mbarara University of Science and Technology (MUST) and is being used as a springboard for the setting up of a Centralized Institutional Research, Innovations and Management Office (CIRIMO). Spear-headed by the Office of Research Administration in the Faculty of Medicine, MUST is about to launch a strategic plan for MUST CIRIMO to the MUST community for adoption, courtesy of the iRIM supplement grant. Once the plan is adapted and adopted, we hope to have three line offices in the CIRIMO handling Research, Innovations and Management issues as distinct

items but all serving the mission and vision of the MUST CIRIMO. Watch this space for the launch!

Meanwhile, the Research Administrators in the Faculty of Medicine have greatly benefited from the Research Administration and Management (RAM) trainings supported by iRIM and can safely say that we have reached a confident level of strengthening issues pertaining to research administration in the Faculty of Medicine. After the just concluded RAM training in MakCHS (10th -12th December 2012), Faculty of Medicine Research Administrators are moving with confidence ready to set up 'research clinics' to support the researchers in the faculty but also be a resource to the entire University to promote and advance Research Administration.

It is worth mentioning though that a number of challenges have been encountered. The setbacks encountered especially during the strategic plan development were due to misconceptions about some issues and information gaps. This challenge was addressed by engaging the concerned persons and filling in the gaps. As we speak now the MUST CIRIMO strategic plan will be launched soon.

The lessons we have picked from this process, include the importance of engaging all stakeholders at every planning level if anything is to ever succeed, to always have a listening ear even if you are the one holding the transformation key, be accommodative-not everybody is at the same level with you and lastly, never to give up but move straight ahead if you are sure what you are doing is not for selfish gains.

EXISTING IN TWO PLACES AT THE SAME TIME

Angella Sandra Namwase, MakCHS

It's 8:30pm in my world but at the same point in time, it's 12:30pm in my other world. Before I narrate to you about my own kind of flight that I once took, I would prefer you don't refer to me as an angel or a devil, for that matter. It is not my fault I experienced this, Blame it on technology.

In November 2012, Makerere University College of Health Sciences administration requested the SPEC (Students' Professionalism and Ethics Club) executive to represent the College at the Global Forum on Innovation in Health Professional Education. Since this forum was to happen in a week's time, I thought it was too late for us to get engrossed in the event because it was to take place in Washington DC, USA. However, we were informed that one of us would have to give a presentation via video conference. The hammer fell on my name and I was chosen to present about the education system in my College. Everything was happening so fast that anxiety built up in me. Having presented on public occasions for a good number of times, I consoled myself that it was going to be easier than I thought, which gave me a little confidence. As the date drew closer, it occurred to me that my voice would not be heard by my audience directly but rather through a gazillion of systems that I didn't even understand. The whole idea of giving a live presentation but rather not physically left me perplexed.

Soon it was D-day! "All protocol observed, good afternoon," I commenced my speech with a greeting that I was not sure of. There I was with two audiences to address but I needed to greet them differently. I chose to ignore my immediate audience. At least, my college-mates would understand

my confusion. I carried on with my presentation.

"...My name is Angela. I am a student at Makerere University College of Health Sciences...." my voice projected perfectly well across the room that I was in. The sounds seemed great but I had one wish; I wished I could hear myself as part of my audience in the USA. As I presented, I noticed that everything in my vicinity was as quiet as a grave but never have I ever had more faith in myself than on this evening. Even when it seemed like I was talking to myself, I kept on with my speech. I was given five minutes to present and I used exactly five minutes. It seemed like my brain had been shrunk into a knob that could be controlled with a switch. The environment around me was heavy with technology; I felt like a robot. At the end of my presentation, I got an ovation that was so overwhelming. It seemed like my audience had just woken up from a deep sleep. When we got to the question and answer session, my audience had several questions for me and I responded to every inquiry with enthusiasm. I was amazed by the level of interest that my audience had in my presentation despite the fact that my original voice had been duplicated by some systems.

On concluding the student session of the conference, I did not know what exact closing remarks to give to my new friends that I only saw on a screen. It was 9:30pm in Uganda and I was surely tempted to give them 'good night' regards. Nonetheless I had to play along with the computers and I therefore wished them a good lunch time as though I was there with them. I existed in two places at the same time. Thanks to technology that enabled the video-conferencing session.

Research Administration and Management Strengthened at MESAU Institutions

Harriet Namboozee and Regina Namirembe, MakCHS

The year 2012 marked yet another landmark in the existence of MESAU Consortium. This is the year that the Consortium received a supplementary grant from the National Institutes of Health to strengthen Research and Innovation Management (RIM) at MESAU partner institutions. This would not have been possible without the passionate commitment and support of MESAU leadership (Principal Investigator and Co-investigators) to advancing the cause of research administration. As research administrators, it was gratifying for us to see funders paying greater attention to building capacity for support systems for research at our institutions.

The IRiM grant has re-invigorated MESAU research administrators' quest for new approaches that maximize returns from investments in research at our institutions. We have carefully developed a road map that will help us achieve our objectives. We have formed a network of research administrators that is aimed at promoting interaction and collaboration among the members in order to leverage competitive advantages at different institutions. The network will enhance peer to peer support by enabling research administrators to share best practices and challenges. We have strengthened linkages with Ugandan based recipients of International Extramural Associates Research Development Awards (IEARDA); Henry Tumwujukye and Nelson Kakande who have over time gained experience in research administration and management. Indeed the IEARDA PIs were a great resource during the recently concluded MESAU IRiM Research Administration and Management Training that was held at the MU JHU Care Complex from 10-12 December 2012. The training was based on modules developed by IEARDA PIs.

A team of Research Administrators from MESAU institutions was facilitated to travel to Johns Hopkins University (JHU), USA



The marvel that is technology: While Angella was speaking to her American audience through a network of cables and waves, Ugandans were able to interact with her lecturer Rose who was in the US through the same network!

From 7

Research Administration and Management Strengthened at MESAU Institutions



Participants who attended the 5-day Research Administration Training and Mentorship workshop at Johns Hopkins University pose for a group photo

from 26 November to 1 December 2012 to study the set up/ workings of a well-functioning center and also participate in a 5-day Research Administration Training and Mentorship workshop. The workshop focused on organization and processes of research support services from pre-award, post award to close-out with emphasis on NIH grants. The team also met and interacted with the experts in research administration and management processes (Alex McKeown, Alex Galea, Klein Kellie, Sunanda Holmes and Matthew Miller). The JHU experts pledged to continue supporting the MESAU team. As a result of the training and lessons learnt from

JHU research administration systems, the trainees identified the activities necessary for successful Pre-Award and Post-Award Grants Management including human and other resources, IT infrastructure, regulatory, financial and contractual arrangements.

The MESAU team also plans to visit the Malawi College of Medicine Research Support Centre to learn the set up and processes of the centre that is based in a developing country. MESAU institutions will then use the lessons learned to establish their own research support units.

My experience with supervisors at Makerere University College of Health Sciences

Dr. Charles Odong Okot

From my days as an undergraduate student to date, I have come to appreciate that there are two kinds of supervisors. First, there are those who speak nicely and are positive on pretty much every issue or problem solving approach you put before them. This is also the type who takes ages with a draft proposal put before them for critical appraisal. They hardly respond to email communication. You are not likely to hear from them until

you phone them out of concern for the long silence. I have come to realize that this kind of supervisor barely gives time or critical input into your work. They are hardly familiar with your work and as such, cannot make critical suggestions to shape it. Their strategy is to agree with nearly all the views you put forward, sort of like avoiding to rock the boat. This way, they do not have to propose alternative solutions to the problem at hand. In my

Health Professional Students Across MESAU Consortium Make An Impetus Into The World Of Research: A Participant's Experience at the Proposal Selection Event.

By Dr. Kintu Mugagga, Kampala International University

"When We Go To School We Principally Go To Learn How To Learn" Shiv Kera.

The urge to learn more is based on a well-founded fact that the more we get learned the more we discover that we don't know!. The latter is the leading concept which pushes the learned generation to dig more into the unknown with a purpose of finding and describing solutions to ever emerging challenges in life.

At all MESAU institutions, the true picture of a strongly changed attitude and vigorous action towards research has been demonstrated by a significant increase [44%] in the number of submitted and verified research proposals by undergraduate students. Here are the figures as of 15th December 2012; Makerere University College of Health Sciences (MakCHS) [81], Gulu University (GU) [15], Mbarara University of Science and Technology (MUST) [19] and Kampala International University (KIU) [16]. Rising from 90 [2011/2012] to 131 proposals [2012/2013] by undergraduate students from all health professional disciplines and by all junior and senior students, the MEPI research award is a strong indicator of excellent work being done by the faculty in mentoring and training the young generation into competent and resourceful professionals.

Being a mentored process, credit is apportioned to both the mentors [faculty] and the mentees [students], for one cannot give what one does not possess. In the midst of this achievement, challenges like these explained below cannot be ignored.

Out of the 131 submitted and assessed proposals, unfortunately the award could cover only the best 30 [23%]. It was a big challenge selecting the best and eliminating others with marginal or undefinable differences. What should be done with those good proposals which were only eliminated due to minor anomalies and due to stiff competition?

The number awarded per MESAU institution was also another issue

THEY MET THE EXPERT: 19TH December 2012; by Invitation Only

By Edith, Sam & Wilfred, Mbarara University of Science and Technology

This was a striking statement as people wondered who the expert was and who the invited people were! By the time you finish reading this article, you will have made out who 'the expert' was.

The long awaited day finally came, the 8th Annual Research Dissemination Conference day for Mbarara University of Science and Technology hosted by the Faculty of Medicine on the 19th December 2012.

It was colorful, it was well organized, it was highly powered; thanks to the organizing committee for the selection of the conference theme 'Linking research to societal transformation and Millennium Development Goals in Uganda: where are we?' all the chosen speakers remained relevantly to the theme and to the participants.

"MEET THE EXPERT, by Invitation only" was a catch phrase in the programme and became a brain stretching issue; many conference participants wanted to attend to listen to the Expert, but participation was limited to a 'chosen few'... Who is this EXPERT anyway, given that in research dissemination settings there are many experts!

This "EXPERT" in this case was a mentor to many, respected by many, looked at as a research powerhouse by many; he has strong fatherly instincts- he is the brain behind the birth of MESAU family. Can you guess who 'The Expert' is?

The invited people to meet the expert were majorly the beneficiaries-call them 'god children' of the MESAU/MEPI family who were birthed into the system through a competitive process. These

are Masters and PhD students in Mbarara University Science and Technology of supported by the MESAU/MEPI programme. But being true Africans, the extended family spirit was flowing, so some few undergraduate students were carried along! Since it was a family meeting, everyone had opportunity to speak; a lot of family issues were shared. The key question addressed at the meeting thought was, "**What it takes to become a good researcher?**" The Expert's response to this question was very simple and precise "*personal interest, commitment and passion*" He stressed the need to have a passion for what you are doing and the need to have mentors or role models in what you aspire to become. The selection criterion provided for a role model was "*people you can talk to, who will give you personal experience which is not necessarily written anywhere*". The Expert also added that in order to be a good researcher, one needs to have the knowledge and skills of research-educating oneself with important and current issues at any given time. He concluded by stressing the importance of research integrity as a researcher. "Without integrity in what you are doing as a researcher, you are doomed!" he counseled.

The Expert was so passionate about what he was sharing that by the time he finished talking, he was considered the suitable role model and mentor for most of his guests.

Have you made out who 'the Expert' is? If you have not known him by now look up the history of MESAU/MEPI (Medical Education Partnership Initiatives) (Medical Equitable Services to All Ugandans) over the internet and learn more. Be a Researcher!

My experience with supervisors at Makerere University College of Health Sciences

view, this explains why they tend to say yes to every solution you put before them.

On the other hand, some supervisors prefer to go through your drafts in your presence. This type will even want to change your study topic or objectives in some way if they can. They will usually ask a lot of questions and point out what they think is incorrect. Yet they do not provide much by way of solutions. They will usually point out possible sources of information with the poise of one who has facts on the matter (although not usually so). Usually, they will want to know what the other co-supervisor thinks about a particular issue, especially if they feel that person is better placed (knowledge wise) on the subject. Unfortunately, this type of supervisor is usually unpopular with students mainly because of their question-nagging ways.

I used to dislike one such nagging supervisor but my experiences have taught me otherwise. As I graduated with my master's degree in 2009, I reflected on my academic journey and quickly realized how instrumental my supervisor had been. If there was one thing this degree had added to my professional life, it was a kind of confidence I now had in my critical thinking skills. I also realized that the nagging questions had actually propelled me to read far and wide. In the process, this had grounded me in the study subject. It became clear to me that a supervisor does not need to know it all, he just has to have the skills to ask the right questions! It is the role of the student to follow through by further reading in order to come up with answers and be able to own their work.

I have also come face to face with the reality that a graduate student is a master of their own learning. To a great extent, you determine the pace at which your study progresses. Nearly all supervisors are busy people in their own right and are not likely to call you to inquire on your progress until you contact them. As a graduate student, you need to carefully choose your supervisors and prepare to read far and wide. In my view, the most fruitful student-supervisor relationship is likely to result from a strategy where the student explores a subject in depth and width, and is able to call on his supervisor with several options in hand, each with its strength and weaknesses. In this case, probably even the former will be able to help the student make some useful headway.



Spot the expert! Conference participants pose for a photo with the expert

BRAIN DRAIN IS SEVERELY CRIPPLING AFRICA

born in Sierra Leone is 3-5 times more likely to die before the age of five than one born in India and 100 times when compared to those born in Singapore. Such alarming statistics do not vary so much in many other African countries.

Therefore, brain drain in the health sector should be considered a priority issue to be dealt with urgently because we could be moving along the path Philippines has walked or even overtaken them. David

Llorito, a Philippine journalist notes that 85% of their nurses are working abroad and the government is puzzled by the rate at which many doctors are now training to become nurses “nursing medics” so that they can easily leave the country. (About 4,000 doctor-turned nurses have already left and an equal number in training). He adds that the number of persons applying to sit examinations to qualify for medical practice in the country is reducing by 13% annually. This has

resulted into closure of 200 hospitals while another 800 have been partially closed.

In conclusion, the participation of all stakeholders especially in terms of research and influencing policies aimed at advocating for “sufficient resources to work, supportive management, work autonomy, recognition, safe working environment and a manageable work load.” is key. In addition, a well- structured and organized financial system to monitor and cater for the salaries and allowances should be put in place. A brighter future similar to or better than Cuba’s doctor to patient ratio of 1:170 and Japan’s life expectancy of 82 years is attainable in Africa if the medical brain drain is curbed. What MESAU has started in Uganda should receive support from not only development partners, but government as well for sustainability.

The writer is Chairman- Education and Research at Federation of African Medical Students’ Associations (FAMSA)

The Clinical Skills Laboratory a Milestone Achieved

By *Asiimwe Denis Douglas, MakCHS*

When I joined the then Makerere University Faculty of Medicine in 2003 there was a lot of excitement about the clinical skills laboratory. Sadly however, I remember attending only one skills training session that was conducted in the skills lab throughout my five years of medical school. In that session, I learnt how to measure blood pressure and take pulse for the first time, skills which I apply almost always whenever I see a patient. Nine years later, when I heard that MakCHS was searching for a Skills Lab coordinator I responded with almost similar excitement which I had when I had first heard about the skills lab during my first year of medical school. I applied for the position and I am now the Skills Lab Training Coordinator.

As Skills Lab Training Coordinator my responsibility is to ensure that students take full advantage of the lab and make the best use of it in acquiring, developing and enhancing their clinical skills. In my mind I was convinced that the stage was fully set for us (the students and I) to undertake our tasks. As we went through the skills laboratory with some members of the Teaching and Learning Committee (TLC) of the College during my new job’s orientation, there was indeed great improvement of the lab compared to the one I had been in 9 years ago. The lab is more spacious and well furnished with adequate student friendly seats (we did not have these during my time) which can be easily folded up to create more space for other activities, as necessary. The lab also has a provision for partitions to simulate modern medical office settings as necessary, well-equipped with desks and comfortable seats. However, as it often is the case in many resource limited settings in Africa, there were some items, vital for clinical skills training, lacking in the lab. This situation was to last only a few weeks as the

procurement of the missing equipment was already in process.

As we wait for the lab to be stocked with state-of-the-art equipment, team work, creativity and ingenuity are propelling the successful teaching and learning of skills in the lab. In particular, the commitment of the TLC to ensure that clinical skills training is on-going at the College is worth the mention.

Our goal is to ensure that First Year students are well-trained in communication skills, the Second Years learn how to perform a general physical exam as well as the art of observing and recording vital signs and; Third Year students are introduced to the art of patient history taking and performing physical examinations before they enter their clinical clerkship years. However, I never thought that it would require so much convincing to get students to volunteer to have certain skills demonstrated on them, even in the most intimate class of about 10 to 15 students per session. Fortunately, I kept some videos which I had acquired during my 3rd year of medical school to aide in my learning of clinical skills which we can watch during the several occasions when we do not have a student volunteer to act as a dummy for the session. We also arrange for special sessions for the Fourth Years to learn skills in basic life support as well as advanced cardiac life support (ACLS).

Obviously the challenges above are not absolutely crippling and we are evidently making progress. A year ago the skills lab was mostly ideological, now there is a coordinator for it, well furnished space and most importantly, students are taking full advantage of what is available to acquire invaluable skills for their medical careers. None the less we look towards the day we will be cited as one of the medical schools with the best clinical skills training laboratory in Africa.

Health Professional Students Across MESAU Consortium

to consider across the consortium. This however, was overcome by proportionate selection depending on the number of proposals submitted by each institution. The latter resulted into 17 for MakCHS, 5 for MUST, 4 for GU and 4 for KIU.

Most of the research questions were quite relevant to the region and MEPI objectives. This was another huddle that hardened the selection and elimination process. There should be in place a productive way in attending to proposals that did not get the award.

The other challenge is how make translate the research our students are engaging in into viable interventions to improve the health of communities. Who is to solve the identified and well defined community health problems? The question stems from the fact that a lot of good research has been done and publications made, but what practical interventions have been carried to arrest the poor health situations?

MESAU RESEARCH ADMINISTRATORS VISIT TO JOHNS HOPKINS UNIVERSITY Maryland-USA

By Edith Wakida, Mbarara University of Science and Technology

Popularly known as consortium members, this team was so neatly woven that nobody could think they were from different institutions. The statement 'together we stand, divided we fall' has never made any more sense than it did from the 23rd November to 4th December 2012 for the Research Administrators of MESAU institutions. This high level coordination/cooperation should continue and perhaps culminate into a 'MESAU Association of Research Administrators'!

Can you imagine traveling to a foreign institution as 'a team' but some team members do not know the people they are traveling with apart from their coordinator? This was the perfect ingredient for a consortium to be displayed.

Time for boarding the plane came and everybody boarded perhaps speculating who the other team members were and when the meeting point could be. Thank God there was a contact person for us on the plane; something I thought was the consolation factor. The first stop in Amsterdam was going to be a great test for me being a new member in the MESAU family (but not an excuse for not knowing the team members) and seated almost at the rear of the plane. We had to disembark the plane and I was among the last people to get off; there I was wondering where to find the only person I obviously knew and had seen at boarding time. It was a joyous moment when I saw the team coordinator graciously standing like a mother hen collecting her chicks! She had people with her and they were waiting for me; when I joined in she immediately introduced the team members to each other and thereafter we were a true African family and continued safely to Johns Hopkins University in Baltimore Maryland.

"Why Johns Hopkins University"? They are the big brothers and sisters of the MESAU Consortium Research Administrators. They were warm, friendly, welcoming, generous, very organized, dedicated, and committed

to supporting us realize our goal-learning a new experience in research administration.

Many thanks to the JHU organizing team which dedicatedly and uncompromisingly set aside time and effort to make their Ugandan counterparts comfortable in all aspects and learn as much as possible.

The research administration training was power-packed and intense, providing all the necessary information for a perfect setup or modification of the Office of Research Administration in the respective MESAU institutions.

Key lessons I learnt included the importance of co-operation and co-ordination; information is most useful when shared. The structure of Research Administration at JHU can be likened to the human body whose parts work together and cannot function independent of the other. There is decentralization in terms of different schools having their own offices of research administration with independent structures serving the localized needs of the schools and yet everything is linked to a central system. There is a high degree of transparency and whatever goes on in any of the research administration offices is not private business; the centralized system is shared by all the schools so information can be obtained whenever required and business does not come to a standstill in case one administrator is absent for whatever reason.

The other thing I found amazing and perhaps worth emulating is research being a fundamental component of the University without which, there is no employment for Faculty. The Faculty have to work their stay into University employment by the number of research projects they bring in. This is intriguing, but 'Can it work in Uganda?'

Now the challenge we have as Research Administrators is to think of which leaf to pick from JHU and modify them to fit and strengthen the Offices of Research Administration in our respective MESAU institutions.

*The is the Grants Officer
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Piloting Rural Science-based High Schools: A Viable Mechanism to Stimulate Increased Admissions to Medical Institutions from Rural—and-Hard-to-Reach Areas

By Dr. Kintu Mugagga and Ms. Catherine Namiyingo, Kampala International University

One of MESAU/ MEPI core objectives is increasing admission of medical education students and more so from the rural, hard to reach and underserved areas. Currently according to an article that run in the March 2012 MESAU News, most admissions [over 75% pre-university training is completed from urban areas] into medical institutions for medical education is from the urban high schools.

The main underlying problem are the poorly founded and functioning rural schools with respect to teaching science disciplines at secondary and higher levels. According to School Net Uganda 2012, schools that can teach sciences are based in urban areas where there is suitable infrastructure, competent teachers and motivated learners who believe they can make it and become eligible for professional training as health workers at medical institutions. Schools Net Uganda further highlights the following killer factors for rural schools and female students:

- The discouraging remarks by teachers, parents, relatives and peers.
- Lack of role models especially in rural areas.
- Poor teaching methods which are teacher-centered, where science is taught theoretically and science concepts are not related to the daily life experiences of the learners.
- Abstract concepts which can't easily be visualized.
- Intimidation from boys who relatively dominate the science classes.

To comprehensively add value and support MEPI's effort towards increased admission from the rural communities a

From 11

Piloting Rural Science-based High Schools:

methodology entailing piloting model science-based rural high schools is in the meantime the most viable way forward in addressing this problem.

The aims and objectives of this methodology are:

i) To establish a team of competent science teachers through retraining of the existing and those recruited by use of bridge or enhancement programmes at the host MESAU institutions.

ii) To establish the basic infrastructure i.e. well equipped and functional science laboratories.

iii) To establish a serious mentorship programme for students about Medical Education and Social entrepreneurship and Social Accountability.

iv) To attract a strong alliance of main key players by formation of a functional network to effect a desired action and output. MESAU/MEPI has to play a central role in promoting, coordinating and implementing the initiative.

v) To involve the local MEPI institution as centre of coordination as well as an immediate supervisor of the undertaking. The other key players are: The Ministry Of Health-MoH, Ministry of Education and Sports- MoES, the Local government authorities and the locally based NGOs.

Expected outcome:

- i) Generation of good numbers of eligible Medical Education entrants from the rural settings where they are also in contact with their ancestral communities which strengthens their future commitment to offer health services in these areas.
- ii) Generation of more competent science teachers from these communities who shall teach and also inspire the next generation to learn science-based disciplines.
- iii) Establishment of more of these model schools in other rural communities in Uganda.
- iv) Ultimately there shall be improved delivery of quality health services in rural and hard to reach areas.

A tale of eye openers at the Kampala Research Administration Workshop

By Hannington Muyenje and Harriet Nambooze

“Aha! Moments”- instances of clarity where someone gains real wisdom characterized the December 2012 Research administration workshop. Like the old African proverbial saying goes; “until you go visiting other families, you will always think your mother is the best cook”. This adage was played out at this workshop as presenter after another shared their unique and creative ways of doing the sometimes annoying and difficult routine research administration tasks. From conceiving research ideas, to putting together research teams, proposal writing and submission to funding agencies; facilitators shared their acquired best practices. As one participant commented - referring to a presentation on how to prepare winning NIH proposals; “If only I knew what I have learned from this workshop, I would not have lost so many opportunities”.

The over 40 participants from eleven research institutes and universities within the Medical Education for Equitable Services to All Ugandans (MESAU) and Training Health Researchers into Vocational Excellence in East Africa (THRiVE) consortia and others gained knowledge and skills in research administration and management related to identifying funding opportunities, grants writing, submissions and effective management of awards and consortia. Issues of intellectual property relating to data rights, patents and trademarks were also covered. The institutions represented at the workshop included Busitema University, Gulu University, International Center for Insect Physiology and Ecology, Joint Clinical Research Center, Kampala international University, Kilimanjaro Christian

College, Makerere University, Mbarara University of Science and Technology, MU-JHU, National Institute of Medical Research in Mwanza, and Uganda Virus Research Institute. The facilitators performed brilliantly without exception and were all drawn from some of the above institutions and none from outside. This was a remarkable move towards self-sufficiency.

The MESAU iRIM supplementary grant and THRiVE sponsored the workshop as part of their strategic objective to strengthen Research and Innovation Management. The meeting was presided over by the Principal College of Health Sciences Professor Nelson Sewankambo. In his opening remarks, Prof Sewankambo called on participants to maximize benefits from MESAU and THRiVE resources by forming strategic complementary partnerships between institutions. At the end of the three-day symposium, unlike the usual rush by participants to catch the next plane or bus to their home institutions, people were seen in small groups exchanging contact information - probably with a goal to pursue further inter-institutional partnerships.

If this meeting achieved anything, it helped open the eyes of many participants about the enormous untapped expertise that exists within the indigenous institutions. Like Professor Sewankambo alluded; If leveraged effectively through initiatives like MESAU and THRiVE, partnerships between research institutes and universities could augment the capacity of East African institutions to develop research leadership excellence and enhance their ability to respond to the region's health needs.