MESAU CONSORTIUM UGANDA

MESAU News

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TAKING THE MESAU EXPERIENCE BEYOND THE BORDERS AND BRINGING BACK THE NEW LEARNED KNOWLEDGE AND SKILLS

Roy Gonzaga Mubuuke (BMR, MSc, MHPE, FAIMER), Radiology Department, School of Medicine, College of Health Sciences, Makerere University

As a junior faculty at Makerere University College of Health Sciences (MakCHS), I got interested in medical education which saw me attain a FAIMER Fellowship immediately followed by the acquisition of a Masters Degree in Health Professions Education (MHPE). The coming into existence of MESAU-MEPI was a blessing to me because I got an opportunity to operationalize my skills in medical education. When the MESAU initiative commenced under the auspices of MEPI, I was lucky to get involved in almost all MESAU activities addressing issues of medical education in Uganda. I got involved in curricular reviews and development, assessment, teaching and learning, quality assurance, monitoring and evaluation, educational research and other student matters. Above all, I got into leadership positions on MESAU committees.

Later on, with travel support from MESAU, I embarked on my second Masters Degree in Medical Imaging at Cardiff University, United Kingdom. My previous experience and skills in medical education gained at MakCHS under MESAU enabled me to get appointed as a Post-graduate student leader representing students of Cardiff University Medical School on to the Education Executive Committee, a sub-committee of the University Senate that handles matters of teaching and learning. I was also elected member of the Annual Programmes Review and Enhancement Committee of the medical school that was responsible for quality assurance of academic programmes. In the course of carrying out my responsibilities alongside my academics, I always called upon my MESAU experience, but I also gained other valuable skills and experiences that am ready to apply at MakCHS.

As a student leader in one of Britain`s leading research-led universities, I was involved in organizing research mentorship workshops for students which often helped students to smoothly navigate through their research projects. Key areas of focus were scientific writing, drafting clear proposals, journal critique, database searches and writing research reports/manuscripts. MESAU has initiated research mentoring especially for undergraduate students at MakCHS, but this needs to be strengthened and we need to ensure that this continues even after MESAU comes to an end. I believe I can apply the skills I gathered in this aspect to ensure continuity of such mentorship.

Another key aspect of my experience was student supervision and support. As a leader monitoring how students were progressing, I acquired key skills regarding the issue of student support. Students often have brilliant ideas on how they would like to learn and it is essential to constantly seek audience with them. At Cardiff University, I was involved in organizing staff-student panels periodically in which student leaders would interact with staff to voice student concerns which would be forwarded to administrators. With a competency-based curriculum now in operation at MaKCHS, such staff-student interactions are essential. This is an aspect that I can also replicate here with support from other members.

I also learnt that when students go for community placements; they often

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"Rooting" Medical Education for Equitable Services for AU

By Joseph L. Mpagi, Faculty of Health Sciences, Busitema University

MESAU, like the seedling above, needs to squeeze out of its confines and "root" deeper if it is to produce high quality health professionals. In Uganda, the media is awash with reports of unprofessional conduct among health workers. About two weeks ago, Agataliko nfufu, a popolar TV news hour for ordinary folks in and around Kampala, reported a woman who died in labour–because of apparent neglect by a qualified health care professional. This case, now before court, re-ignited a public outcry against uprofessional conduct among health workers in the country.

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MESAU Director's Message

Dear Readers,

Just over three years ago the consortium, 'Medical Education for Equitable Services for all Ugandans' (MESAU) was born. The creation of MESAU was in itself a disruptive innovation that led to the emergence of a new value-network that is gradually demonstrating its value as it continues to cause changes in our approach to health professions education. In October 2013, MESAU and the whole nation of Uganda had reason to celebrate because Busitema medical school finally opened its doors to 53 students who registered to start on their first year medical education; the road to becoming a medical doctor. MESAU institutions worked together as family and supported efforts that led to approval by the Uganda government organs to start this public medical school. In so doing MESAU has contributed towards the realization of a MEPI goal of increasing number of health workers in the country. A new institution has a clean slate on which to build its culture and therefore has lots of opportunity to develop and implement new innovative approaches to education. There is an opportunity at Busitema University to develop a very innovative medical school with a genuine desire and focus to implement transformative education of health workers who graduate when they are fit-for-purpose and prepared to be change agents. The new students have the opportunity to pursue their lifetime dream of becoming medical practitioners and they speak with excitement and enthusiasm. The role of educational institution is to catalyze the process, provide the needed support and mentorship to the trainees to realize their ambitions. Busitema University has done well to partner with stakeholders within and outside MESAU.

In low resource environments partnerships are critically important in developing an adequate workforce. MESAU is built on a strong foundation of collaboration both between domestic and international institutions. We need to harness all available opportunities to collaborate and utilize public and private resources within the country, with other African institutions and with institutions in high income countries. There is a growing pool of non-governmental institutions in Uganda that are showing interest in playing an increasingly significant supportive role in both pre-service and in-service training.

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TAKING MESAU BEYOND UGANDA

conduct research projects that are geared towards publications. I was involved in reviewing some of the manuscripts written by students and their supervisors. Whilst MESAU has strengthened the community-based component of medical students by emphasizing the aspect of research, many of the Community Based education, Research and Services, COBERS project reports are not eventually turned into publications. Thus, there is need for all COBERS supervisors to work with their students on and support them in manuscript writing. This is also a key area I can actively participate in since I have also been very involved in COBERS supervision.

In relation to research at Cardiff University, students were also supported to write up proposals for funding. I was indeed part of a team that often reviewed numerous student grant proposals. While some of these funding opportunities for students were from within the university, many were targeting other funding bodies from which many medical students won some grant awards. MESAU provides funding opportunities for students. This can however be strengthened by encouraging students to search for many other funding opportunities outside MESAU with the help of faculty.

Ultimately, an institution with a very vibrant faculty should also have an equally vibrant student community. MESAU has indeed nurtured this vibrancy at MakCHS.

My Post-graduate studies in the UK were full of rich experiences in medical education and I believe I can use such experiences to strengthen what MESAU has started. The new experiences acquired from other parts of the world by myself, and other faculty members will contribute to the sustainability of the enthusiasm, innovations and changes built under MESAU-MEPI should be guaranteed as `We Build for the Future`.

From 1

"Rooting" Medical Education for Equitable Services for AU

Aware of the problem, MESAU training institutions have embraced a number of corrective measures, and these include (i) strengthening the teaching of medical ethics and professionalism in medical training (ii) embracing and promoting Community Based Education (iii) revisiting selection criteria for admission into medical schools (iv) introduction of a national exam that medical students must pass before they are allowed to practice; this idea is still at a proposal stage, though. Unfortunately these measures, like the protruding roots on the seedling above, do not go deep enough to produce high quality health professionals in Uganda.

While addressing students of St. Mary's College Kisubi in 2009, the Vice Chancellor of Nkozi University said: "The real formation of a child takes place at lower levels of education. By the time they reach university, it is too late. Nothing much can be done." Literature shows that brain-wiring (synapse formation/loss) accelerates after birth and levels off towards the end of adolescence - 'fixing', among other things, a person's natural orientation(s), i.e. having/being competitive, analytical, empathy, relational, seclusive, and so on. It is extremely difficult to impart orientations such as empathy to medical trainees - however innovative the teaching/mentoring will be in terms of attitude change. The easier way would be to enhance entry of 'talent' into medical training. MESAU can for example do this by strengthening career guidance in schools - with the aim of inspiring 'talent' into medical training institutions.

It is primarily through young people with relevant natural orientation(s) that Uganda shall get health professionals who are committed to professionalism, who exhibit a preference to practicing medicine, who are likely to stay after training, who may easily work in less advantaged areas and so on. In short, the starting 'material' has a profound impact on 'product' outcome in the long run and hence, the need for MESAU to "root" deeper into lower levels of education, as the Vice Chancellor of Nkozi University hinted on.

THE MENTORSHIP RELATIONSHIP BETWEEN JOHNS HOPKINS UNIVERSITY SCHOOL OF NURSING AND MakCHS DEPARTMENT OF NURSING CONTINUES AFTER THE TWINNING PROJECT

By Nabirye Rose Chalo, MakCHS

Thanks to her love for developing others in the nursing profession, Dean Martha (as she is popularly referred to in the Department of Nursing at MakCHS) has continued to mentor faculty at MakCHS, long after the JHU-MakCHS Twinning Project (that initiated this collaboration) ended. Recently, Dean Martha Hill visited Uganda again on her mentoring task. She had come to evaluate and give support to the new Doctor of Nursing Practice (DNP) graduate from Johns Hopkins University (JHU) School of Nursing, Dr. Godfrey Katende who has initiated a Nurse-led Hypertension Clinic at the Assessment Center in Mulago Hospital.

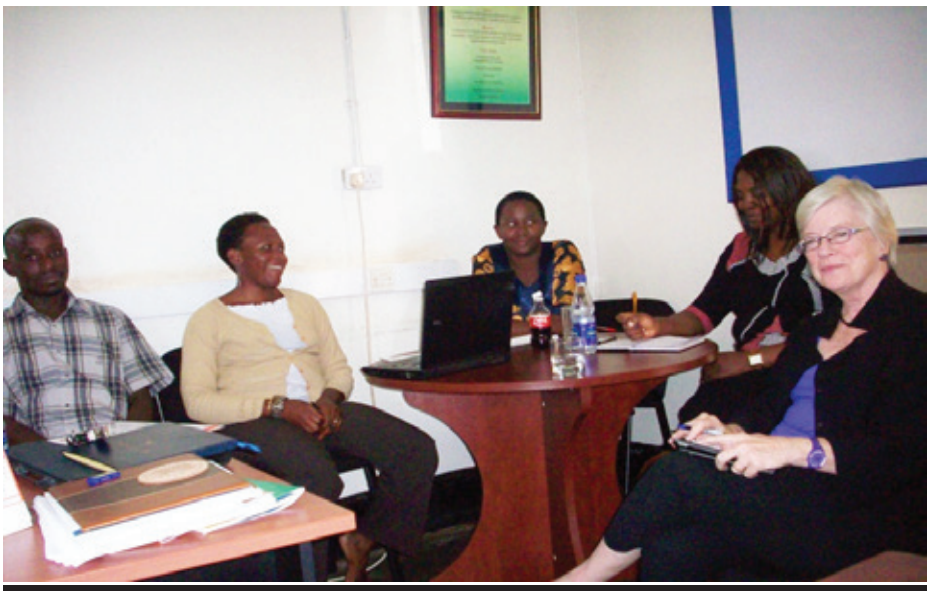
While in Uganda, Dean Martha spent most of her time in the nursing department, listening and giving support to the faculty in various areas ranging from teaching methods, writing applications for consultancy work, research proposals, curriculum development, developing strategic plan, patient quality and safety, evidence based and performance science, among others.

Having learned that all faculty had completed their master's level education, she observed that the department was eager and ready to advance. Martha advised that we should set goals (5-10 years), as a department but also as individuals. For example, as a department, we should identify people for doctoral programs. If we want to be promoted, we should find out what it takes to achieve this goal.

"Everybody should have a personal development plan (PDP) and you should help each other. Create social groups, read each other's manuscripts and give constructive feedback", she said.

She emphasized the need to build teams but at the same time getting to know the value of individual independence.

Martha, we are so grateful for your love and support, hope we shall not let you down – looking forward to becoming a School of Nursing (SoN) one day!



Prof Martha Hill of JHU School of Nursing talking to Nursing Faculty at the MakCHS

The resurrected Dream

Kiyai Caroline Otede, 1st Yr Medical Student Busitema University

I am Kiyai Caroline Otede, 24 years old, Female, born in Pallisa District. I have a simple and humble background in a rural part of Pallisa District in Eastern Uganda.

My ambition of becoming a medical doctor developed way back in my early childhood.. I was always sickly and often under medical care. My mother had told me that I was born by caesarian section that was done by the late Dr. Otai, who later on became our family doctor. The sight of Dr. Otai was a breath of life in my early years when I was frequently hospitalized. I decided that I should become a doctor as well.

After my ordinary level, my health had greatly improved and i concentrated on my studies. I passed in division one to join High School and my ambition of becoming a medical doctor grew School of Nursing (SoN) Unfortunately, even with all the hard work I did not raise the pass mark required to join any of the medical schools. With no option left, I took up a diploma in Comprehensive Nursing under government scheme, albeit with a lot of grief and pain.

My mentors provided encouragement "Delay is not Denial," nursing might be a foundation stone to achieving your calling." One of them said. On successful completion of my course in 2011 at Masaka School of Comprehensive Nursing, I happily came back to Pallisa to serve in a rural health center. I knew my dream had vanished into thin air but I never gave up. Amidst that, in my strive to get the best out of life; I landed on the advertisement of Busitema University requesting for applications for students to join the new government Medical School in Mbale, Eastern Uganda. I immediately dashed to Mbale to submit my application. I waited for the admission list with a lot of anxiety.

Tears, joy, laughter and anxiety all filled me at the sight of my name on the admission list. My dream of becoming a doctor had resurrected. I again say thanks to all stakeholders, the government, MEPI-MESAU and above all God for this miracle in my life.

With the patient being my first priority, pursuing excellence and chosen by God to love and serve, I am determined to become the best Gynecologist (for that is my ultimate dream) in Uganda. I will work to serve the mothers of this nation.

Using the Social Media to promote Networking among MESAU Partners and Stakeholders

Edward Kakooza, MESAU IT Officer

Social media refers to the means of interactions among people in which they create, share, and exchange information and ideas in virtual

communities and networks. Social media depends on mobile and web-based technologies to create highly interactive platforms through which individuals and communities share, co-create, discuss, and modify user-generated content. It introduces substantial and pervasive changes to communication between organizations, communities and individuals.

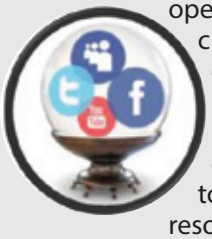
Social Networking

A social networking service is an online service, platform, or site that focuses on facilitating the building of social networks or social relations among people who, for example, share interests, activities, backgrounds, or real-life connections. Social networking sites allow users to share ideas, activities, events, and interests within their individual networks.

MESAU Joins Social Networking

YES, MESAU is on social media too!

MESAU Consortium joined social networking with the aim of facilitating



open communication, community engagement, collaborations and exchange of ideas, enabling access to information and resources, providing opportunities among others

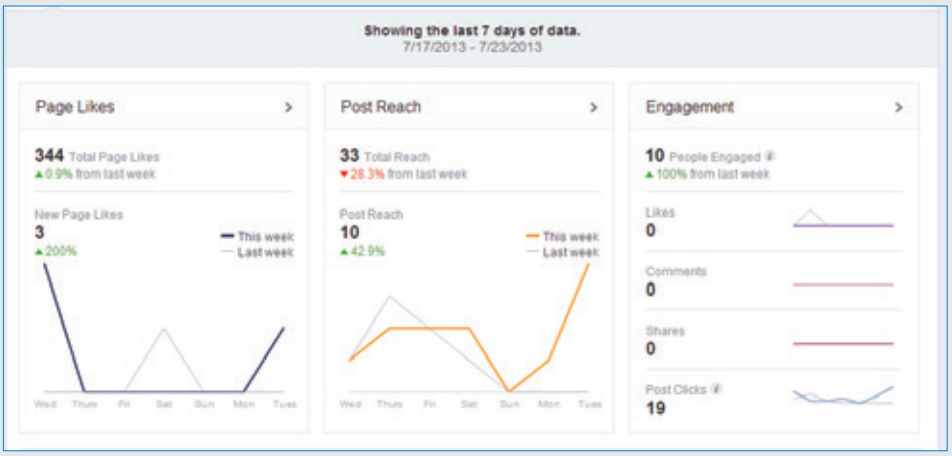
On 29th February 2012 a MESAU Consortium Facebook page was created and it can be accessed here; https://www.facebook.com/MESAUMEPI and a Twitter account was also created; https://twitter.com/MESAUMEPI

MESAU MEPI Facebook Insights

Here below, you can find demographic data about the MESAU audience and see how people are discovering and responding to our posts

https://www.facebook.com/

MESAUMEPI?sk=page_insights



Why Facebook

With over 200 million users worldwide in 2009 (70% outside of the US) and being one of the biggest social media success stories of recent years, Facebook is one of the most popular social sites and cannot be ignored by any modern institution. Facebook is used on a day to day basis, so the MESAU Consortium saw it worthwhile having its presence on Facebook and also make visible its work to the world. Facebook has become an integral part of the lives of millions across the globe. Pretty much everyone with access to a computer or smartphone has a profile on the social network.

Content is the power of the web, so we solicit content from faculty and students in the MESAU Institutions. After receiving content and before publishing it on the web it's reviewed and approved for publication. The MESAU Consortium has a portal http://mesau.mak.ac.ug/, where content is first uploaded then shared on the MESAU MEPI Facebook page which was automatically integrated with a MESAU MEPI Twitter account which means information shared on Facebook is also in the same way shared on Twitter and hence hitting two birds with one stone

Now this being a consortium we don't stop at that; content is also shared on all Facebook pages of partner Institutions targeting mainly the students.

What we have achieved so far

The rise of the internet age has enabled us to live in the fast lane; this is because of the freedom the web provides, millions of people can communicate at the same time. Never before in human history has there been a time like this! What's most intriguing about this revolution is that the young people are leading the way; having information reach the young people in a timely manner and them sharing it with their colleagues. Expanding the MESAU community beyond borders, social networking sites are a good way to make connections with people with similar interests and goals. The MESAU community is continuing to grow by the day!

During the recently concluded MEPI site visit to MESAU (which was hosted by Gulu University), Facebook and Twitter platforms were used to update the rest of the MESAU community plus the public on what was going on in real time. The interaction was massive and people were engaged all the time.

Health Professionals' Education – the MHPE Programme

By Dr Robert O Opoka, MHPE

As a clinician/lecturer working in a Health institution one is expected to have the skills and competency to teach. This expectation erroneously assumes that somewhere along the way teachers of health professionals are taught how to teach. The reality is that most of the teachers/lecturers have no formal training in health professionals' education. Whatever teaching skills they have, are acquired on a trial and error basis and from what they see their seniors and colleagues do. We can no longer continue in this way given the progress that has been made in our understanding of teaching and learning.

The big change in medical education has been the move from a teacher-centered to student-centered approach to learning. In the teacher-centered approach, the teacher is the master and the source of knowledge to the student. This fundamentally limits the student's learning to only the skills and knowledge that the teacher possesses. Current trends tend towards more of a student-centered approach where the student is in charge of his/her learning. According to Al Khadir and others in *'Exploring assessment factors contributing to students' study strategies'*, this approach is associated with better learning outcomes and allows the students to fully utilize ever-expanding knowledge base and resources that are available.

This shift in approach in medical education goes with the change in the roles of both the student and the teacher. There is therefore a need to re-orient our understanding of the role of the teacher from being the source of knowledge to a facilitator of learning. Similarly there is renewed interest in medical education and how best to train today's health professional. Several medical institutions now therefore include courses on teaching and learning in the formal training curricula. In addition, there is now a plethora of courses in medical education of various lengths and complexity offered by various training institutions.

The Masters in Health Professional Education (MHPE) is one such course that focuses on medical education. This course covers broad themes like Learning and Education, Curriculum design, Leadership and Change management and Research in Medical education. There are many institutions in Africa, North America and Europe that now offer this training. Maastricht University in the Netherlands is one of the leading institutions in learning and offers the MHPE as a two-year online distance programme. I was privileged to be one of a number of teachers from the College of Health Sciences that have done this course. I completed in September this year (2013) courtesy of MESAU scholarship.

As a clinician who is involved in training health professionals I found the MHPE course to be a real eye opener. It helped me to understand and appreciate my role as a teacher and facilitator of learning. It equipped me with knowledge and skills to understand and design medical curriculum. Finally it introduced me to the field of research in medical education and in particular qualitative designs.

In conclusion, in order to improve the quality of medical training in our institutions our teachers/lecturers need to get formal training in Medical Education. In this respect, I highly recommend the MHPE programme. I can confidently say that the effort and sacrifice needed to complete the programme will be worth it. The College of Health Sciences at Makerere University is in the process of designing the MHPE programmes and hopefully it will be available soon.

Educations Resources Unit (ERU) at Mbarara University of Science and Technology

By Samantha Mary, ERU Administrator

The Education Resources Unit at Mbarara University of Science and Technology (MUST) is composed of six major sub units which include the Office of Research Administration, Medical Curriculum Development and Leadership, Faculty Development, Community Practice and Family Medicine, Quality Assurance Unit and the Administration unit.

The major goal of the Education Resources Unit is to promote professionalism and excellence in medical education.

At MUST professionalism and excellence in medical education has been promoted through Objective Structured Clinical Examination (OSCE) trainings which took place in two phases from 16th-17th October 2013 and 21st-22nd 0ctober 2013.

It was an exciting opportunity for MUST faculty and staff; there was representation from Surgery, Ophthalmology, Obstetrics and Gynecology, Pediatrics, Internal Medicine, Psychiatry, Anaethesia, Dermatology and ENT. Among the participants' expectations was to ascertain if OSCE was a true replicability of students' knowledge and skills.

Some of the major achievements of the OSCE Training were acquisition of knowledge, skills and change of attitudes. In terms of knowledge participants appreciated the fact that it was important to assess clinical skills using OSCE; they learnt the value of OSCE as an assessment strategy since it is objective.

The training could not get any better with the practical session where participants were put into different groups for OSCE assessment experimentation. It left both the students and staff excited in that most of the participants recommended that all staff in clinical disciplines should be trained in OSCE.

Sincere appreciation goes to the OSCE facilitator Assoc. Prof Samuel Maling, Dean Medical School for a job well-done. We will soon be sharing the report on this training.

FINALLY ON THE WAY TO BECOMING A DOCTOR!

Keera Fuuna Ivan
First year medical student Busitema University, Faculty of Health Sciences

It all began about a year back with doing the National exams leading to the award of Uganda Advanced Certificate of Education. I did the papers confidently and in a twinkling of an eye, the results were out. We rejoiced for the good results as a family before we got befallen with a cascade of misfortunes.
Within a fortnight, the admissions to public universities on government sponsorship were done. I was awarded a government sponsorship for the Bachelor of Water Resources Engineering at Busitema University instead of medicine; I had always wanted to become a doctor. This appeared to be the beginning of misfortunes in my life; my family was all in low spirits except my dad. He thought he had got a brilliant young man as a successor since he was an engineer heading for his retirement. For about three weeks, I always sat down and imagined myself operating water pumps instead of blood pumps. I dreamt of working on sewerage tanks instead of blood banks. I felt disgraced.
To me, it was evident that my future was dark and misty. At one time, Mum even suggested taking me to do medicine on private sponsorship but dad was not willing to sponsor me and even threatened to disown me. So I painfully accepted to do engineering.
While doing engineering, an advert came out, inviting applicants to the Bachelor of Medicine and Bachelor of Surgery program at the new Medical School in Mbale. I could not afford to miss this golden chance. When I got the application form, my dad refused to sign it at first. It was not until my relatives sat him down to allow me to do my dream course. He finally signed, though painfully.

After handing in the form; my patience was wearing thinner and thinner because of the delay to release the admissions list. However, I later learnt that it was because the number of applicants was outrageous; about 1000 people had applied for the available 50 places.
At the moment, my family members and I kept our hands crossed in prayer to save my childhood dream. It was at 5.00 p.m.; after a long, boring, confusing and disgusting mechanics lecture when I received a life-saving call.
"Ivan, congratulations! You have been admitted for Medicine. Pick your admission letter from the Busitema University offices at Mbale." said the caller.
This statement still remains the pivot of my life. Since then, all my days were punctuated with parties. My jealous friends all discouraged me from doing this course in a new university and emphasized the disadvantages of pioneering a medical school. However, I agreed not to change my decision. Honors and respect to MEPI-MESAU for contributing to my dream and the dream of Uganda. Cardiology here I come (for this is my dream area of specialisation).

MESAU – A journey of open doors, and opportunities

Christopher K Opio

It is now a year since I took on the challenge of walking down the road of "doctor philosophiae".

Not that I desperately needed it. However, what is Medicine without a challenge? What better way to do this than through a Peer Handled Deed?

I say, the road is "scientific" –I am learning to appreciate my limitations as well as my successes with quiet dignity and grace.

Planning for a clinical trial the foundation of my "doctor philosophiae" is challenging especially with a limited budget and the usual officious potholes. Nevertheless, I must admit when hard-pressed, drastic actions or innovations are not uncommon.

What are my successes or worthwhile gains?

This has been a period of learning, innovating, and adapting price-effective solutions for health in a resource-constrained research environment.

Based on my subject of study and supported by networking the following are opportunities in this road to "doctor philosophiae".

1. My colleagues have offered to donate a biochemical analyzer to this project.

2. Masimo International has also offered the opportunity for an equipment loan. The same company also invited the "OUT" team to collaborate on implementing innovations for diagnoses of anemia in women and children in resource-limited settings. http://www.prnewswire.com/news-releases/masimo-announces-1-million-commitment-to-action-with-the-clinton-global-initiative-to-solve-maternal-mortality--anemia-171139851.html

3. Finally with support from KRELL family and MESAU I was able to obtain state-of-the-art endoscopic equipment worth USD50, 000.

4. My patients have also benefitted from this project; I am able to offer therapeutic band ligation for those that need it. Currently, I am the only specialist offering this life-saving care package in Uganda. This is a learning opportunity and provides opportunity for other specialists like me to offer this service to patients with esophageal varices.

In conclusion, it is a new dawn, but the journey continues……

MENTORSHIP IN THE ARENA OF RESEARCH ADMINISTRATION

By Edith Wakida- Grants Officer MUST

Webster's Dictionary defines a mentor as "a person looked upon for wise advice and guidance." Have you ever thought of a research administrator as a mentor? Other than the traditional mentorship known to everybody- a senior mentoring a junior; mentorship can be unpacked into specific aspects to show that everybody is a potential mentor providing wise advice and guidance.

Research Administrators are very important players in the support of research. Some of the functional support is through proposal development and submission, award review & approval, contract negotiations, award and account establishment, compliance issues, project management, financial management and intellectual property management which can potentially be handled as independent mentorship areas to the researchers.

The author (second right) posing for a photo with colleagues at the Equator sign post

Not all research administrators are 'all-rounder's' however, but each one has a specific area(s) in which they have expertise and can offer mentorship to the researchers.

The mode of mentorship offered by research administrators is mainly *'Interpretive Mentorship'*-explaining to the researchers in understandable terms useful information that will contribute to good decision making. An interpretive mentor is well connected to each mentee and has extensive and current knowledge about each researcher's background, abilities, experiences, understanding of the field, goals and aspirations. Without understanding of these, the advice given may not be appropriate; it is therefore important that with the interpretive role, there is a kind of gut-level understanding between the mentor and the mentee.

The interpretive mentor translates the vast and confusing information about academic and professional opportunities, requirements, norms, regulations and so on into terms that have meaning for the student in the context of his or her own specific goals.

The administrative role in interpretive mentorship is to provide active, programmatic support in the form of attention, resources, and coordination and to maintain some degree of administrative involvement in addressing issues that may arise.

WHAT SHOULD I EXPECT DURING INTERNSHIP?: EVERY FIFTH YEAR MEDICAL STUDENT'S ANXIETY

By Ismael Kawooya

"Complete medical school… go on to complete internship, then you shall be on a course to a great path." Such nice words did stick and like those before us, we expected to see the results immediately. Such, was the earnest comprehension of what the medical field offered six years ago. Six years, life was simple. It was a routine and I did not have to worry about what would follow. I just had to read for the exams when the time came. During those innocent years, even what you read was literally that and may be a little bit more. I dreamt of graduation like it was the world to be. No idea that graduation would come and all I would think of is when does all this end. Being a medical student meant your friends called you "musawo" and you turned your head in that di -doctor) rection with a bit of gait.

It is now almost a year since internship begun and so the end is nay. Even if I have been weathered, battered and drained of all energy, I am actually not bothered by being told how much weight I have lost (I wonder how much I actually weighed before). Yet again, I am confused by the dimorphic feelings of this period. May be it was that period when I felt hopeless with a client or that one euphoric time, when by doing something a life was saved. But if you asked me if I would do internship all over again; may be in a different setting I would be a maniac to affirm to that. Life is as it is, one stage ends and another begins. Basically, you move on and get going.

There is so much to look back at and in equal measure a lot to forget. The beauty of it, is that this fast-paced one year has the good, the bad and the ugly in proportionate quantities depending on whatever your priority is or will be. It is the heart-beat of anyone's medical career or may be not but it serves a lot to lay a foundation on how someone might follow up their career progress.

The good, the bad and ugly of this period is that it is one year; one year of a lot of activity to last you a life time. You might see certain conditions once (one example in my case twice- Varicella pneumonia or chicken pox) in your lifetime and others so frequent, there is no time for dust to settle on the knowledge gathered.

At the final bend, one asks oneself the same question asked to graduands; "what next?" At almost all corners, rumor mills are aplenty with the latest on the job market and study opportunities. Whatever your interest and options might be, the GPS of your internship could actually be fulcrum to that decision. For those joining, keep your wish lists short and expectations without reservations. For those who are this end with me, the ship is about to set sail.

COMMUNITY EMERGENCY MEDICAL SERVICES IN UGANDA

Eva Kisakye, MESAU beneficiary and Intern Nurse- Mulago National Referral Hospital

Emergency medical services should ideally be delivered at two levels. That's to say at the community and health facility levels. The referral system between these two levels should be perfect in order for patients to receive the best care as fast as possible for the safety of their lives. Uganda has not invested much in community emergency and critical care services therefore poor referral systems from communities and poor first hand patient care could probably be contributing to the high maternal and infant mortality rates (438 mothers and 64.2 deaths per 100,000 live births respectively) still recorded. The solution could be developing exceptional emergency medical transportation in all our communities, be it urban or rural. The aim would be to improve lower level patient care, ensure patient safety and set standards for community service with a shared commitment involving the citizens served. The delivery of these services should involve health professionals with a primary focus of providing quality emergency medical care at the community level. These could be paramedics functioning as part of a comprehensive emergency service response in case of critical situations like motor accidents, fires, injuries due to domestic violence and natural disasters, Obstetric cases and severe child hood illnesses. There could be links from the community scenes into the health care system. Because of the amount of complex decision making required while giving emergency care, the ministry of health could take up the responsibility to licensure eligible members after successful completion of a nationally accredited program at a certificate level in emergency and trauma care. Partnerships between different government bodies for example the police and fire department would be helpful. The services should be freely provided to all Ugandans and funded by the government. However the challenge of maintenance in terms of funds rises. One could ask: What if the responsibility of providing the emergency medical services is pushed to the private sector such that it becomes business? This would make the services available only to the "haves" (affluent people) and not to the "don't haves" (poor and unfortunate). It comes back to the government to seek for funding opportunities for these services. Improving community emergency medical services should be one of our strategies as a country to decrease mortality rates resulting from a delay in receiving medical care.

Community-Based Research Teaches Key Lessons

By Jane Frances Namatovu, Family Medicine Department Makerere University College of Health Sciences

It was refreshing when our group was awarded MESAU - MEPI faculty-mentored research support. After receiving the award letter, we went through all the steps to get the requirements to carry out the study. This was a qualitative study, exploring how communities get involved in the development and running of their health services. We were interested in knowing whether communities are involved or not and also to identify the available support mechanisms to promote their involvement. We had selected to carry out our study in the catchment areas of Namayumba Health Centre IV Wakiso district and Bobi Health Centre III Gulu district.

Community mobiliser talking to participants at Kyampisi Village before the focus group discussion.

It was very interesting to talk to

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people in their communities. One gets a strong feeling that communities are yearning to be listened to. Everyone wants to talk! In one particular community, Kyampisi village in Wakiso district, after conducting a focus group discussion, the participants requested to sing for us. We had to sit, watch and listen to them (men and women) sing. They sung songs praising their community on the development efforts within the community and also reminding the community members against the dangers and risks of HIV/AIDS.

I personally learnt that people need and want to be listened to. Whether we perform statistical tests on data sets, we must always remember that these people are behind them. We must think of the people first.

During the process of carrying out the study, I realized that some of the efforts by the different stakeholders to improve the health of communities are not oriented to the community in question. A significant finding of our study was how the community members perceive the use/role of the suggestion box to get the views of the community on the health services provided by their health center. It is true and we know that suggestion boxes are installed in most if not all places where services are offered to the public. The question is: how is the information received in the suggestion box handled and by whom? The community members feel that they should be in-charge of the suggestion boxes at least for the health services. The community members feel that suggestion boxes are for now not useful as a way of involving them in health services. Their main concern is that when the health center staff get issues which directly implicate them, they are likely to throw them away since they do not want to be implicated.

It is very important to make health services people-centered; that is health services should be tailored to the needs and health priorities of the people. In order to achieve this, the community should be involved as an active partner at all levels i.e. planning, implementing, monitoring and evaluation. It was evident from our study that community involvement is understood differently by health workers and by the communities. Communities feel that they should take charge of the running of the health centers. They clearly mention their lack of control over the health workers at these health centers. Therefore, there is need for more research on communities' understanding of community involvement in their health services in order to appropriately direct efforts that promote their involvement.

CRITICAL THINKING AND OBSERVATION

Asaph Byamugisha, Fifth Year Medicine -MUST

Just like many other "naïve" undergraduate students, research comes with mixed feelings; many think about molecular level researches with Nobel prize winning and being in books of great achievers like our fore fathers (Paul Langerhan-who was a medical student when he discovered the islets in the pancreas). Others think of the time invested, financial implications and many other challenges.

Reflecting upon the great discoveries and innovations by our fore fathers , I'm inclined to think that these geniuses were a lot smarter than us today, but no way!, we have their discoveries as our resources and many other better resources to build on. We are better equipped than them; we should use the chance.

I enjoy listening to music and since time immemorial great talented singers have impacted the field. The great ones are yet to come and the world shall not run out of such talents.

Through research, a lot of discoveries have been made but a lot more are on the way. The islets of Langerhans in the pancreas were discovered 144 years back and the "Islets of Byamugisha" are yet to be discovered.

As a medical student and an undergraduate researcher, in the research titled "Assessing the knowledge, attitude and practices of abortion among university students in Uganda", I have come to learn that we must critically think about our health challenges if we are to make a difference in our medical profession.

I thank the MESAU-MEPI consortium for the great mentorship extended to us young academicians. It is strengthening our foundation.

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MEPI-MESAU-CVD

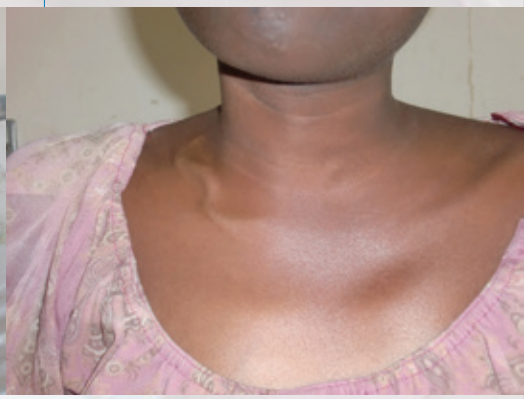
Linked award making dreams a reality

By Yvonne Brenda Nabunnya

"Yvonne, do you have clinical equipoise and what is the standard of care for Endomyocardial fibrosis (EMF)?" These were the first questions the epidemiologist asked me on telling him that I wanted to carry out a clinical trial. This was way back in January 2011 as a graduate student in internal medicine at Makerere University College of Health Sciences. I was excited about my research topic and particularly that it was going to be a clinical trial. Little did I know that this journey would lead me to more than just writing a thesis and passing exams but that it would lead me to self-discovery, learning how to learn, analyse and make timely decisions in whatever I do. Thinking that proposal development would be the hardest part, I embarked on it with zeal and vigour after obtaining supervisor consent that the science therein merited investigation. Presenting the proposal to the department generated new questions about my outcome variable and when the end point would be. Still more questions than answers. This warranted a comprehensive search on research methodology for clinical trials from the resource persons in the College outside the Department of Medicine. Even though it took some time, I was able to get the necessary input and present the proposal to the School of Medicine Research and Ethics Committee later that year, then to the National Drug Authority. Ethical approval and obtaining an international clinical trials registration number took time and when it was finally complete in April 2012, I was good to go. I thought that within a maximum of 6months I would have completed data collection because all along I had been building an EMF registry and Kampala Pharmaceutical Industry was able to manufacture and deliver to me the study drugs. So, I met my research assistants who had been trained for this particular purpose and started screening and recruiting patients into the study. On calling the patients from the registry, to my utter surprise, I found out that most of the patients had passed on and that I now had to screen and recruit new ones prospectively. The challenge of slow patient turn up then started. Initially I was able to recruit about 6 patients per day but after about two weeks, they reduced to 6 per week, by the end of the second month, they had tremendously reduced. In September 2012, I called a DSMB to address this challenge and was advised to contact doctors in other hospitals outside Mulago to send me suspected EMF patients. I did as suggested but still receiving very few referrals. This went on until March 2012 when with DSMB acceptance, recruitment was stopped having achieved 90% of the desired sample size. This was the most challenging time of the research project for I learned to have a lot of patience, persistence and focus without which the data collected wouldn't have been enough or even complete. With this data, I started the analysis and wrote up my thesis which I defended by the end of May 2013 and now writing a manuscript for publication.

As you realise, this research took a lot of time to complete. Partly because of the many approvals for the study design, as well as the slow patient turn up; since the disease entity is rare. The answer is very clear to the question of whether a clinical trial is possible for a master's thesis. Only that I recommend that the process is embarked upon early so that the student has enough time to complete the research within the stipulated time knowing the challenges Involved.

Finally I must say that I have been greatly transformed in the way I think, reason and carry out research; thanks to the MEPI-MESAU-CVD Linked Program. Out of the 9 students who have completed their masters degrees under the MEPI-CVD Linked program, Dr. Kebba Naomi and I carried out clinical trials and they are registered as PACTR201207000395469 and: ISRCTN 63999319 respectively. Having been the first clinical trial for a master's thesis in the Department of Medicine, the start was very educative and worthwhile and I encourage more enthusiasts to carrying out research with this design in the years to come. As for me "gakyali mabaga"; looking towards growth and achievement in cardiology.



Use of data analysis software for research by undergraduate health professional students: the case of three Universities

Mwaka Erisa, Munabi Ian, Buwembo William, John Quinn, Bajunirwe Francis, Kitara David, Obua Celestino

Despite the increasing focus on teaching biostatistics there is evidence of continuing misunderstanding of basic statistical concepts among practicing clinicians and medical researchers. Students are yet to appreciate the depths, applications and true meaning of various statistical approaches for every day health professional practice. The objective of the study was to describe undergraduate health professional student's reported research analysis software experiences, preferences, and perceived levels of expertise.

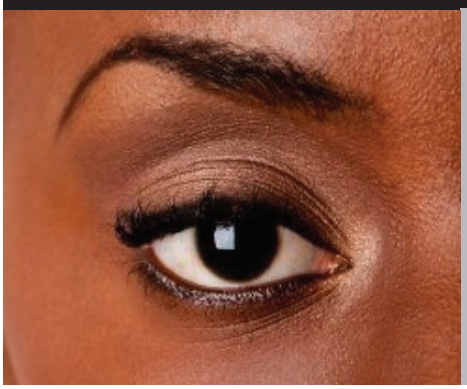
This was a cross-sectional study that used a self reported questionnaire survey tool on undergraduate health professional students at Makerere University College of Health Sciences, Mbarara University of Science and Technology and Gulu University. A hands-on data management course using Epidata was also conducted at Makerere College of Health Sciences. In this course students were requested to come carry along their own data sets on which they were taught data entry and basic statistical analysis. The 46 students who participated in the course were awarded certificates of participation.

There were 602 health professional undergraduate students in their third to fifth years of study. The majority of whom were pursuing a bachelor of Medicine program and owned computers. The most commonly used software for computer analysis was Microsoft excel (75.34%). About 62.5% of respondents had ever participated in research activities before and 51.8% had ever done some form of data analysis. The majority of the respondents reported benefitting a lot from the data management course.

MESAU has been awarding small grants for student mentored research however the students do not know how to handle the data accrued from their research activities. Though all students had had courses in biostatistics and research methods they were naïve about data management therefore, this study was timely. Students benefitted a lot and requested courses for those who had missed, but for economic reasons we were not in position to grant their request.

This study showed that though most students have access to a computer, they are not utilizing this access for research. There is need for curricula enhancements in the form of selecting one institutional preferred statistical analysis software, encouraging computer ownerships and emphasis on routine and regular use of various statistical approaches.

A Closer look at SRA: What makes it so tick?



By Joan Larok
Manager Grants and Contracts
Makerere University College of Health Sciences

This year marked my 2nd anniversary as a member of the Society of Research Administrators International (SRA). I have been intrigued by the growing numbers at SRA annual conferences. This year over 1,500 members attended the annual conference in New Orleans, Louisiana, USA. Not even the highly anticipated United States Federal Government shutdown deterred members from attending the annual conference. The question is 'What makes people attend these conferences, year in, year out?'

A little about the association; SRA was founded in 1967 as a nonprofit organisation and is headquartered in Falls Church, Virginia, USA. It has a membership of over 4000 with a vision of being a premier resource for excellence in research management and administration.

I will focus on 5 aspects to attempt to answer the question why SRA is so tick and what lessons we can learn from it.

1. The **Name**. Society of Research Administrators International provides an elevating identity that all members are attracted to and want to be associated with.
2. **Leadership and Management**. The board of directors and management share the vision of the association and can be seen to walk the talk. The

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A Closer look at SRA: What makes it so tick?

Group photo with Colleagues from Nairobi University, Moi University, MUST and KCMC - Tanzania

leadership is such that there is succession with a well structured way to groom new leadership.

3. **Staff**. The association has a committed staff body that is passionate about their work. The staff go out of their way to make the members satisfied through timely communication and feedback. The staff work is further augmented by enthusiastic volunteers who come to support the activities of the association in peak seasons.
4. The **Product**. The association has studied their market well in that every member's need is met at their own terms. For instance at the annual conference a lot of information is provided, there is opportunity to speak to varied service providers; network , get new contacts and renew old ones, make friends, have break from routine office arrangement and have a place where people will listen to what you have to say and appreciate.
5. **Benefits**. SRA offers a wide range of benefits to her members. The association provides a platform for knowledge and skills acquisition, a place to get contacts of helpful people, exposure, a place that challenges one out of their comfort zone as well as a place where people share their successes, failures, fears, challenges and most importantly solution freely.

The name, leadership and management, staff, product and benefits are some of the aspects that make SRA so tick. SRA is therefore a worthwhile investment for research administrators willing to learn, relearn and unlearn in a conducive environment.

Eye source: http://brokenredeemed.wordpress.com/2012/09/18/watchful-eyes/

By Najjuma Josephine,
Mbarara University of Science and Technology

Curiosity intensified in me on my first day at Mbarara University of Science and Technology (MUST), when I saw on the Mbarara University Medical Journal pictures of students riding bicycles, during their community placement.

During the orientation week, my hopes were increased, when the head of Community Health Department made it clear that during our stay in Medical school all students would be given an opportunity to go to the community. To me it sounded like going for a fully paid holiday in a foreign land!

In 2012, the long-awaited opportunity came my way knowing that I was placed in Bwindi filled me with joy although this came with scary tales from fellow students of how we were going to stay deep in the forest; in the middle of nowhere...

After one week of intense leadership training at MUST we were then taken to Bwindi Community Hospital through Kabale then to Kanungu via Bwindi impenetrable forest. By virtue of the fact that we didn't pass any vehicle on the highway to Bwindi Community Hospital (BCH) which is about 5hours, drive on a very rough bumpy road, it was clear we were going to a hard-to-reach place.

Placement Moments in Bwindi

Amidst the forest in a valley was Bwindi Community Hospital (BCH)! We spent the first night dancing to the tunes of the mosquitoes, and we were assured they were part of the deal as they are the natives of the forest. We kicked off work with helping out at the hospital and doing community work. It was amazing how the hospital was organized.

In the Hospital

We were welcomed by the administrators, who introduced us to the hospital staff, and lastly to the well-organized community department that made our community work enjoyable. We participated in the hospital activities from

With the HOD CMH doing a door to door survey

clerkships, presentations, different procedures and many more. This involved a two way learning process from the people we found on ground and we as well shared with them what we knew.

Community Work

Walking through the paths of Bukoma village, during community diagnosis

Meeting the chair of the Batwa community to request for permission to allow us meet his people.

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Some of the pit latrines we found in Bukoma village.

Meeting the people of Bwindi community was a very easy activity as the Head of Department almost knew every community member by name; he briefed us and was always ready to work with us.

Doing assessments and health education in schools

Some of the challenges met included the unfavorable weather and rough, hilly terrain that we hadn't prepared for.

Later, we came up with the challenge model that helped us to identify the challenge, obstacles and prioritize our activities.

Presentation/Dissemination

From the information gained in the training we worked as a team and everyone played their part actively. We were able to achieve our goals; though the time we spent there wasn't enough to finish all interventions and evaluations. Working closely with a multi-desplinary team for one month was at first a challenge, but later showed us that we had gained the experience and attitude to work with different people despite their back ground. Team members wished they would stay in the community longer, or be able to work in such a setting again. We presented our findings, to the Faculty of Medicine for assessment and also in the 8th MUST Annual Research Dissemination Conference 2012.

MEPI/Capacity*Plus* Collaboration to Enhance Community-based Education, eLearning and Physician Tracking

Rebecca J. Bailey, Team Lead, Health Workforce Development, USAID CapacityPlus Project

During the first meeting of the WHO Technical Working Group on Health Workforce Education Assessment Tools held this December, a group of technical experts from around the world, including myself and MEPI Principle Investigator Dr. Nelson Sewankambo, agreed that collaboration is critical for transforming education to support the production of relevant, competent, and sustainable health workforces. The working group, which is guiding the development of a protocol and tools for assessing progress towards the 2013 World Health Assembly Resolution on *Transforming Health Workforce Education in Support of Universal Health Coverage* (http://apps.who.int/gb/ebwha/pdf_files/WHA66-REC1/2.A66_R1_Res23-en.pdf#page=49), discussed the importance of different types and levels of collaboration, including but not limited to collaboration between students, educators, academic departments, institutions, sectors, and employers.

The growing MEPI network offers an excellent example and opportunity to both practice and promote collaboration for the transformation of health workforce education. Drawing upon our expertise in informatics, education, and continuing professional development, the USAID-funded Capacity*Plus* Project has had the privilege of collaborating with the MEPI-Coordinating Center (CC), Principle Investigators (PIs), and Technical Working Group (TWG) chairs to advance the areas of *community-based education (CBE), eLearning* and *physician tracking*. Capacity*Plus*, led by IntraHealth International, is uniquely focused on developing the health workforces needed to deliver accessible, acceptable, affordable and quality health care that improves health and saves lives, with particular attention to countries with critical health workforce shortages.

In early 2013, Capacity*Plus* received expressions of interest for collaboration from nearly all MEPI PIs. We then worked with the MEPI-CC and relevant TWG chairs to identify specific needs through structured surveys and interviews of the MEPI institutions with respect to the three technical areas. Based on the information collected, Capacity*Plus,* the MEPI-CC and TWG chairs developed a workplan with clearly-defined objectives, milestones and budgets. Key activities in the workplan include: applying a collaborative development process with MEPI representatives and other key stakeholders to define the basic requirements for graduate tracking systems; supporting the drafting or updating of eLearning strategic plans; and identifying and sharing proven approaches and tools for the evaluation of CBE programs. One objective that spans across all three technical areas is to build or strengthen a network for school-to-school support and problem solving in each of the technical areas.

Throughout the year the MEPI/Capacity*Plus* collaboration has strengthened and progressed. In October, a physician tracking workshop held in Lusaka, Zambia, brought together representatives of MEPI institutions from nine countries with eight representatives of medical councils and ministries of health and education to define the business processes required to meet the graduate tracking goals of MEPI institutions. A detailed report of requirements will be released in January 2014 in order to inform the development of physician tracking systems. The physician tracking systems will advance a variety of goals, such as fundraising and CPD, but most importantly, will enable schools to measure how successful they are in training health workers to serve underserved communities. Upcoming milestones for the collaboration include an eLearning strategic planning workshop scheduled for late February 2014, and a CBE evaluation workshop tentatively scheduled for March or early April 2014.

Participants at the graduate tracking requirements development workshop

Table 1: MEPI Network Institutions

Country	Primary MEPI School	Partnering Schools/Institutions	Managed by
Botswana	University of Botswana PI: Oathokwa Nkomazana	Harvard School of Public Health and the University of Pennsylvania.	HRSA
Ethiopia	Addis Ababa University PI: Milliard Derbew	*Consortium of Ethiopian Medical Schools*: Hawassa University, Haremaya Universities, and the Defense Forces Medical Colleges, *In the US:* Emory University, Johns Hopkins University, University of California, San Diego, University of Wisconsin and University of Alabama-Birmigham	HRSA
Ghana	Kwame Nkrumah University of Science and Technology PI: Peter Donkor	Ghana Ministry of Health, Komfo Anokye Teaching Hospital, Ghana College of Physicians and Surgeons, and Ghana Ambulance Service. *In the US:* University of Michigan	NIH
Kenya	University of Nairobi PI: James Kiarie	*In the US:* University of Washington and the University of Maryland.	NIH
Mozambique	Universidade de Eduardo Mondlane PI: Emilia Noormahomed	Universidade Lurio, Universidade Zambeze, the World Health Organization, the Canadian Network for International Surgery *In the US:* University of California, San Diego (UCSD), the American College of Surgeons.	NIH
Malawi	University of Malawi College of Medicine PI: Dr. S Kazima	University of Cape Town *In the US:* University of North Carolina, Johns Hopkins University Bloomberg School of Public Health	NIH
Nigeria	University of Ibadan PI: David Olaleye	*Consortium of Nigerian medical schools*: University of Jos, University of Nigeria, University of Maiduguri, Ahmadu Bello University, University of Lagos *In the US:* Northwestern University and the Harvard School of Public Health.	NIH
Tanzania	Kilimanjaro Christian Medical University College (KCMUC) PI: Moshi Ntabaye	*In the US:* Duke University School of Medicine.	HRSA
South Africa	University of KwaZulu-Natal PI: Umesh Lalloo	*In the US:* Columbia University	NIH
South Africa	Stellenbosch University PI: Jean Nachega PI: Marietjie de Villiers	The University of Cape Town Lung Institute, Makerere University	HRSA
Uganda	Makerere University PI: Nelson Sewankambo	*Consortium of Ugandan Medical Schools*: Mbarara University, Kampala International University, Busitema University and Gulu University. Medical Research Council at Uganda Virus Research Institute *In the US:* Johns Hopkins University, Case Western Reserve University, Yale University	NIH
Zambia	University of Zambia PI: Yakub Mulla	*Consortium of Zambian Medical schools:* Copperbelt University, Cavendish University, Lusaka Apex Medical School. *In the US:* Vanderbilt University and University of Alabama-Birmingham.	NIH
Zimbabwe	University of Zimbabwe PI: James Hakim	University of Cape Town, University College London and King's College London, Institute of Psychiatry. *In the US:* University of Colorado-Denver and Stanford University	NIH
United States	The George Washington University PI: Fitzhugh Mullan PI: Seble Frehywot	*In Uganda:* The African Center for Global Health and Social Transformation PI: Francis Omaswa	HRSA