My life as a Trainee of Internal Medicine at Uganda Martyrs University Post Graduate Medical Education Program

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Nsambya Hospital/UMU Post Graduate Medical Education program started in November 2010 with 17 students; 5 in the Dept of Internal medicine, 5 in the Dept of Pediatrics, 4 in the Dept of OBS/GYN and 3 in the Dept of Surgery and am proud to be among the pioneer students. I am offering Internal medicine, and I hope to specialize in Cardiology.

On the Internal Medicine Program, we have got a number of different Specialists including Professors and Consultants from the different subspecialties of medicine who tutor and mentor us. These include; a Cardiologist, a Neurologist, an Oncologist, a Hematologist, a Psychiatrist, an Intensive care Physician, 3 general physicians, and a number of visiting lectures mainly from the Institute of Health Sciences, Makerere University. Under direct supervision and mentoring by this team of highly qualified Specialists, we learn individualized, dedicated, and holistic patient care, where the patient and their care taker are at the center of decision making concerning our day to day management of their disease condition.

We have 5 medical outpatient clinics; the Diabetic clinic, the HIV and Infectious Diseases clinic, the Oncology clinic, the Neurology clinic, and the General medical outpatient clinic. These clinics give us first contact with patients long before most of the disease pathology has been altered, therefore giving us first hand contact and participation in patient management. While here, we learn how to manage different disease states in a holistic manner. The relationship developed with our patients is one which nurtures trust and goes a long way in making patients feel at home while we treat them and help them cope with their conditions.

My day normally begins at 8:00am with the general hand over meeting attended by doctors and nurses in the hospital. This is followed by a smaller department meeting, attended by Doctors and nurses on the medical wards, where we discuss all the patients admitted to the medical ward over the last 24hours, plus all other difficult cases on the wards. In this meeting we discuss and individualize case management plans, and also make resolutions on the way forward concerning further management for our patients. This usually lasts an hour after which we do a major ward round in the wards. On these rounds, we have an opportunity to teach intern doctors, nurses and medical students about different disease conditions and their management. I attend to inpatients until midday when I have my first tutorial. Lunchtime is normally one hour, and at 2:00pm I attend the general out patients / accident and emergency unit until 4:00pm.
when I have my last tutorial for the day. On Friday we have a journal club discussion where we review and critic different research articles published in journals, and learn from them too. I am on call twice a week. When on call I attend both inpatient and outpatient departments where I participate in patient management over a 24-hour period. When not on call, in the evenings, I prepare for my next tutorial, doing research and studying for the next discussion topic, and do all my assignments. Over the weekend we have clinical teachings, which are either on Saturday or Sunday, and on a few occasions on both days.

The program is so time consuming that it barely leaves me with any free time and this is major challenge for me and my other colleagues who are also married and have got to attend to their families too. Out of the 17 trainees, 10 are married, with at least a child under 5 years old.

The hospital has subsidized our course in so many ways, including giving us a stipend of Uganda Shillings 500,000 ($200), giving us a place and patients to learn from, and paying our lecturers. The Physicians sacrifice a lot to make this program work, and for all this we will be eternally grateful. When I complete my course, am looking forward to investing time in mentoring those who will come after me, the same way I have been mentored. I also hope to graduate from the program as a highly trained Physician who will change the face of medical practice in Uganda, and look forward to getting the opportunity to study Cardiology, so I can deal with the growing number of cardiac diseases in my country Uganda.

Special thanks to all the tutors, Dr. E. Ddumba (Consultant Neurologist and Head of Dept Internal medicine), Dr. M. Nsubuga (the Medical Director of Nsambya hospital), and all our Physicians who are working hard in order to make the program a success, and above all, Prof. P G D’Arbela (Internist and Consultant Cardiologist), the Interim dean and also initiator of the program for his endless efforts in making the program a success.
I am Dr Innocent Mwaka, 27 years old Doctor currently pursuing a Master of Medicine in General Surgery at UMU. I enrolled on 19th November 2010. I hail from northern Uganda, from a district called Gulu. I am the third born in an extended family of 15 children. While here at UMU I hope to gain efficient mentorship so as to become a competent, dynamic, and well trained surgeon who can meet the dynamic needs of my people back in Gulu, where I hope to serve to make a difference in an area which has been devastated by more than 2 decades of civil war, neglect and suffering.

My day starts everyday at 7am and ends at 5pm in the evening, except for the days when I am on call, meaning that I would continue working through the night to the next morning. On call days for me come once every third day.

The general surgery program has been designed to run for 3 years. In the first year we study basic sciences; anatomy, physiology, pathology, palliative medicine, epidemiology, ethics, and principles of surgery, while the second and third years are dedicated to clinical practice, dissertation writing and research work. Being part of the pioneering class of 17 students, we have been introduced to a dedicated training program that is headed by Consultant Surgeons. The Surgeons have given us such dedicated service by mentoring us in a way that gives us a chance to ask relevant questions and go research to find relevant answers. We also have learned to put our patients first in our day-to-day care and practice. We have learned to put our patients at the center of care during out training so as to give them wholistic care that goes beyond their surgical diseases. Our study of ethics has gone a long way to enhancing good doctor patient relationships of our day-to-day practice, something we commend our mentors for.

The main challenge is the lack of a library. Secondly, the service we offer the hospital outside of our trainee hours usually interferes with our learning schedules and tutorials. Thirdly, there is lack of accommodation, and teaching space for tutorials. As such most of our colleagues have to commute from different places to come for duty. Fourthly we still are struggling to secure scholarships to cover tuition fees. This demoralizes us quite a bit because it is hard to find time for a part time job to cover fees for our studies, and a stipend to enable us take care of our families.

Despite the above challenges, we have had some good times too; our tutors have been very understanding to the challenges we have; tutorials are given on time, and teaching is their top priority. Save for the challenges, the program is running smoothly and we are
proud of it. Prof Paul G D’Arbela is committed as ever to finding scholarships for us. Nsambya Hospital has greatly subsidized a lot of things too and this has made the program affordable. The environment of study is really conducive; all the departments have an adequate number of patients to learn from. **I believe that we are on the right track in the establishment of this university program.** We commend the university for allowing us to start despite having no scholarships. **Any necessary help rendered for our institution in terms of reading materials, monetary and even spiritual advice and encouragement would be helpful and gladly welcomed.**
The date was 2010, November 19th when I reported to Nsambya Hospital in Kampala, to start my Masters degree in Obstetrics and Gynecology at UMU/Nsambya Hospital Post Graduate School. I was thrilled to have been admitted to the program as one of the four candidates that had been selected through a very stringent interview process that saw four other candidates dropped.

The program started in November 2010 with an initial intake of 17 students, 5 enrolled on the Internal Medicine Program, 5 enrolled on the Pediatrics Program, 4 on the Obstetrics and Gynecology Program and 3 on the General Surgery Program. One year down the road, the program is running as smoothly as any highly accredited program could run, thanks to the strong leadership of Professor Paul G D’Arbela the Dean, and his team of highly specialised work force of dedicated lecturers.

The Obstetrics Program is headed by Ass. Prof. Byaruhanga Romano, a consultant Obstetrician and Gynecologist. His leadership includes a team of Consultants in Obstetrics and Gynecology who have tirelessly put in their effort and dedication to the program. The department of Obstetrics and Gynecology has two firms; Firm A headed by Prof. Pius Okong, a Senior Consultant Obstetrician and Gynecologist, deputised by Dr Sempewo Herman, a consultant. Firm B is headed by Ass. Prof. Byaruhanga Romano, who is deputised by Dr Peter Sekweyama, a Consultant. Each of the four post graduate students on the program are attached to one of the two firms, and has a mentor who is a Consultant.

**The relationship between trainees and specialists is one that nurtures mentorship and close supervision to develop mature, independent and efficient trainees who can serve the needs of individual Ugandans at all levels of service.**

My day starts at 7am everyday with a tutorial where one of the post grad students will have prepared a lecture basing on a schedule handed to us earlier, and tutored by a specialist. This tutorial runs from 7am to 8am. This is followed by a daily morning handover meeting attended by all doctors and nuses on the clinical units in the hospital where a 24 hour report of all patients attended to is given. This meeting lasts half an hour, after which I report to my assigned duty station. Activities run according to a duty rota and include; out patient clinics (antenatal clinics, gynecology clinics, infertility and high risk antenatal clinics), inpatient clinics (antenatal ward, labour ward, gynecology ward, plus the operating theatres). One trainee is assigned to each department according to the duty rots.
Activities in these units are supervised by consultants. **Post graduate students are required to actively participate in case management of patients in these units under supervision of the attending consultant.** Patient care is patient centered and wholistic, and management plans are made and customised to individual patients, a skill that I have learned as a trainee on the Obstetrics and Gynecology program.

Trainees also take part in supervising and teaching Intern doctors, Nurses and undergraduate students. **Post graduate students also take part in teaching activities for fellow doctors through a continuing medical education cirriculum that runs once each week.**

Of course just like any program that’s starting, there are a few challenges we face for example:

1) Lack of a functional library at the hospital, and lack of access to online databases for research. The university library is found on the main university campus which is very far off, and lacks medical books.

2) The acute lack of space for tutorials; the available space isn't sufficient for the growing numbers of trainees.

3) Lack of accommodation for all the trainees, as a result, most trainees have to stay outside the outside the hospital premise which is sometimes inconveniencing especially when on call.

The program is busy and hectic, requiring sacrifice, but we love it. I thank our mentors for their dedication to making our dreams come true.