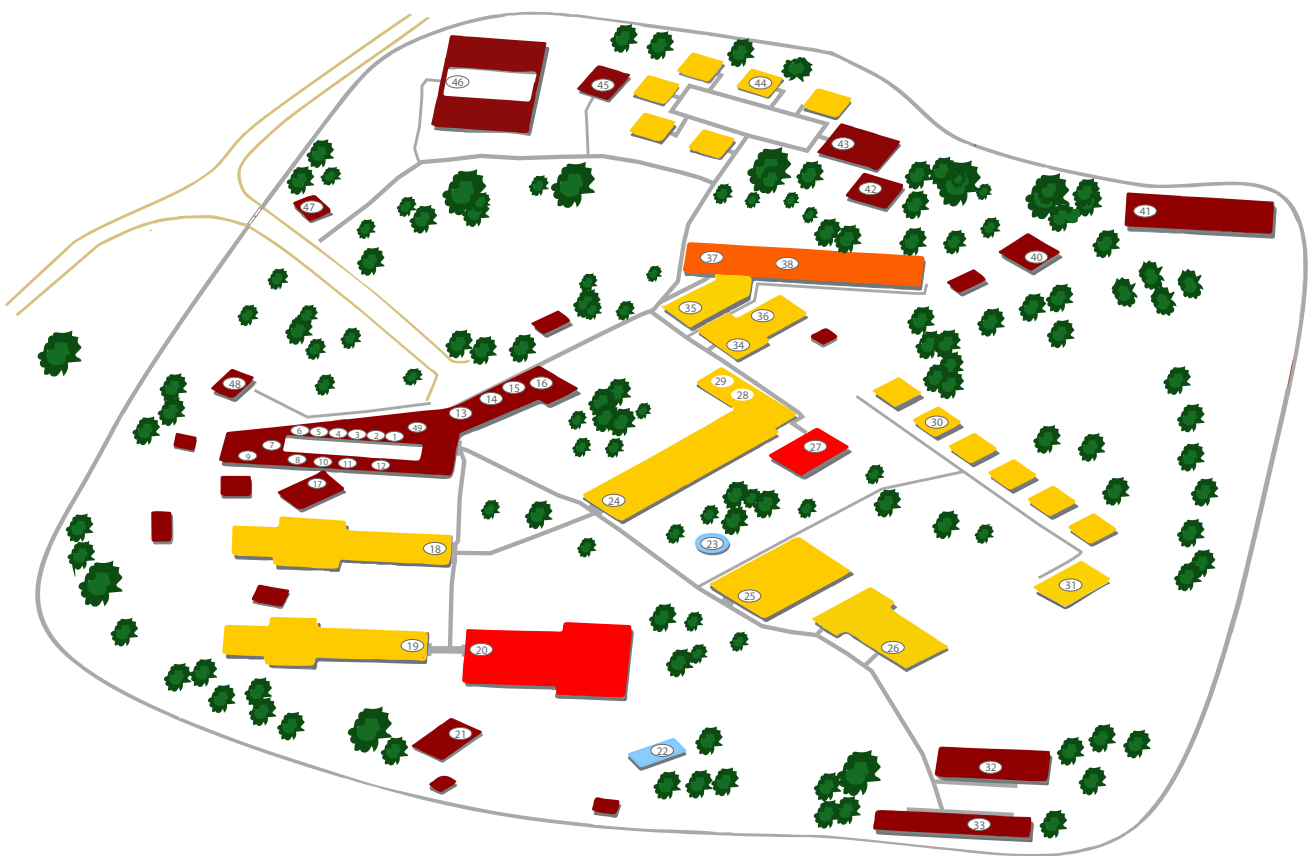


# MEDICAL ELECTIVES PLACEMENT MANUAL



# Kumi Hospital

We treat and God heals



*“What you have done to the Least of Mine”*

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## KUMI HOSPITAL ONGINO

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### Websites and Links

[www.kumihospital.org](http://www.kumihospital.org)

[www.kumihospital.nl](http://www.kumihospital.nl)

[www.friendsofkumihospital.org](http://www.friendsofkumihospital.org)

[www.kyoga.nl](http://www.kyoga.nl)

**Facebook Link:** <http://facebook.com/kumi.hospitaluganda>

## **Preface from the Medical Director**

*On behalf of Kumi Hospital, i am thankful to the Lord Almighty for having guided you to Kumi Hospital and hope the experience you get here will presumably be much richer and one of a lifetime. We do recognize that you are in a transition Period of your career and we are here to support you in your journey to internship or residency.*

*The Offers of medicine are plenty but how do we manage to offer clinical interventions in our setting with limited resources.*

*Despite being in a resource-limited setting we are able to offer medical and surgical interventions using methods acceptable to WHO, while here your Clinical Skills will be vastly challenged as many advanced technological investigations and not available here*

*You will also witness the intellectual, clinical, Health policy challenges that we live with in the 21<sup>st</sup> Century.*

*Welcome to Kumi*

### **INTRODUCTION TO THE HOSPITAL**

*You're going to have an amazing time here! This is just a little introduction so that when you arrive and start at the hospital you have some sort of grasp of what you'll be dealing with.*

*Kumi Hospital is a 300 beds NGO/PNFP, Faith based, Rural Based hospital under the a Church of Uganda, located 7 km from Kumi Town in Eastern Uganda.*

*Kumi Hospital is involved in holistic development.*

*Founded in 1929, as a Leprosy treatment Centre by CMS for people who where affected by the Leprosy Disease, Later turned into a General Hospital in 1996 providing both Rehabilitative and reconstructive surgery.*

*Kumi Hospital itself is growing seemingly day-by-day, whether you count the number of patients or the outreach services or the surgical camp that happens regularly...the list is endless. It has a great reputation – people come from miles around and even as far as the South Sudan to come and be treated here.*

*We endeavor to keep it as up-to-date as possible, however there may be things at the hospital that are not quite as described in the handbook – please let us know so that we can continue to update it.*

*This manual is available to all Electives applying directly and including those who are introduced to Kumi Hospital by other partner organizations.*

*Please take the time to read through this whole handbook and bear what it says in mind as you start your exposure/work here.*

*Some more information on common conditions seen in Kumi Hospital and how to treat them will be given to you once you arrive. We hope that this handbook will be useful!*

## EXPECTATIONS

It's vital that expectations (yours and that of Kumi Hospital) are realistic and managed well. Previous Medical Electives have come with unrealistic or inappropriate expectations and have not had the experience we would have wished, so we are just trying to make sure you are able to make the most out of your time here.

### WHAT WE EXPECT FROM YOU

#### Learners Attitude

Come with a humble, open-minded approach to everything and remain sensitive towards the local culture.

*Come with a **humble**, “**learner’s attitude**” and “**can do it attitude**”, please, maintain the attitude of a learner and avoid not “I know it all attitude “*

*Equally, don't come thinking that Kumi Hospital is just here to further your medical education (although it undoubtedly will!) because it has so much more to offer than just that.*

This will help you improve not only your medical education but also impact many other aspects of your life.

#### Conduct in a resource limited setting

This is a resource limited setting and the majority of patients are poor and have to meet their bills as this is a private hospital and there is no national insurance policy. Remember that the Doctor: Patient Ratio is high (The situation by estimate is one Doctor 1:20000 patients The WHO recommended Doctor to patient ratio in Africa is 1:10000) and the National Health Budget and Hospital Facilities are not as those in your Home Countries.

Please adhere to the following

- Avoid wastage of medical sundries or resources e.g. gloves, cannulars and syringes
- Get along with the Nurses and respect their routine.  
They will also act as your translators during your interaction with patients
- Situation pace not fast track, however there is still a sense of urgency
- Investigations may be proposed but not done owing to the financial implications.
- Make clear written record entries
- The doctors on the wards are your immediate supervisors; don't initiate and manage treatment of patients without clearance or discussion
- Supervised procedures. Do not do anything beyond technical competence
- Do not start ward rounds on your own, await clearance from in charge doctor
- Observe Surgical Theatre Safety, it is your responsibility
- Decisions about Low care Vs High care need discussion with your supervisor or immediate senior
- Make cost effective investigations, There are limited investigations here and limited drugs. It is not uncommon to see “o/s” (meaning out of stock) on a drug chart – try to come up with a different plan.
- Don't always expect to come up with the definitive diagnosis.
- Weekly or fortnightly Mentorship feedback with your mentor is necessary
- Be prepared to improvise.

## **Compliance with our institutional Elective policies**

To ensure a more fruitful stay please adhere to the guidelines put in place to help both you and Kumi achieve our organizational goals.

### **Personal Health and Safety**

Due to high HIV prevalence please adhere to personal safety guidelines when doing procedures Malaria prophylaxis is highly recommended and other vaccinations against Hepatitis B et cetera

**HIV/PEP requirement:** The hospital has ARV medication and testing for HIV, so if you get a needle stick injury or are exposed to the virus, there is medication there and doctors to help you if you get into that situation.

**Medications:** Other medications are also mostly available at the hospital pharmacy if you get ill. There is ciprofloxacin, diclofenac, erythromycin and amoxicillin available to name a few. It may be advisable to bring with you rehydration sachets, antimalarials and mosquito repellent.

### **Personal growth and Discipleship**

Opportunity is offered to you to witness the Love of God and grow spiritually and impact people's lives.

We encourage and hope you grow in your relationship with God through daily time with Him during morning chapel time, weekly Sunday services and fellowships and through your own personal devotion and prayer time.

An attitude of discipleship should pervade everything you do, regardless of what your ministry tasks may be.

We believe that the primary focus of all we do needs to be building Christ-centred relationships with those around us.

### **Relationships**

Build relationships with the Health workers, Administrative staff and Community of Kumi Hospital, and probably return in the future as professionals on short-term visits, as specialists, or Supporters or Friends of Kumi.

## **WHAT YOU CAN EXPECT FROM US**

### **Support & Guidance**

You can expect that we will be supportive clinically, socially and spiritually during your placement here.

### **Learning Resources**

We don't have and know everything, but we can be a good resource for you as you encounter new situations. Listed below are vital resources to your experience:

- The Doctors practicing in the tropics (Specialist Obs & Gyn, General Surgeon, Fistula Surgeon, visiting Ophthalmologist Surgeon, Resident and visiting Dutch Orthopaedic surgeons, Physician and Interns doctors)
- The Plentiful patients. There will be many conditions you have not encountered before.
- The Nurses
- The Spiritual Leaders

When in doubt and when you are clueless or even scared to death, if ever how to handle a difficult situation, feel free to let us know – we'll help you out as much as we can or do what we can to find answers for you.

### **Infrastructure and Clinical Environment**

The wards, the theatre/ operation rooms, accommodation facilities, etc

### **Controlled Responsibility Challenge**

We are aware that you are eager to have the freedom to make decisions, prescribe, interact but it is important to recognize that you are not an independent practitioner and as such your decisions or prescriptions will be watched and controlled.

Do not do things way beyond your level or technical competence.

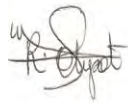
*FINALLY...*

*This is a beautiful place and a great community to be a part of. To get the best out of your time here, its true to say the more you put in, the more you will get out of it.*

*Enjoy Kumi Hospital– remember to smile when you get up and all through the day, whatever happens...*

*If you find anything that is incorrect or think of anything else that might be useful, let the office of the electives coordinator know.*

*The Medical Director or any other person will be assigned to take you around for orientation*



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## 1.0 OPPORTUNITIES IN AND AROUND THE HOSPITAL

### *Overview*

The hospital has the following wards:

- \Medical ward
- Surgical
- Paediatrics
- Maternity
- Leprosy
- Private ward
- Nutrition Unit

Other departments are:

- Radiology
- Theatres
- Eye department
- Outpatients and Pharmacy
- Laboratory
- Administration
- Rehabilitation Department consisting of Orthopaedic workshop, Physiotherapy
- Community Health
- Hospital Farm
- Accounts Department
- MCH Department
- ART Department

Work begins at approximately 8.30a.m straight after morning devotion (in Hall of Hope next to Children's Village). You're expected to fully participate in the ward rounds on the ward you're allocated to, as well as the relevant clinics for that specialty.

Depending on staffing levels, you may be the only clinician working on the ward full-time, but there will always be a more senior clinician working in the hospital who will supervise you.

You'll have opportunities to learn several procedures under supervision, depending on your level of study. Whilst here, medical students have learnt how to do pleural taps, ascetic taps, lumbar punctures and surgical chest drains to name but a few.

Don't be afraid to either express an interest in a specific area or to say that you've had no prior experience in a particular area.

**CME (Continuing Medical Education)**– at 8:30am every Wednesday morning the CME takes place at Hall of Hope. Someone will do a short presentation on an interesting patient they've seen *recently* and then there's a bit of discussion. You can also use it to discuss a difficult patient whether or not you're doing the presentation. It's usually really good and very interesting.

### **The process of admission and care of patients**

Usually the patients are brought in by relatives, often from very great distances (including the South Sudan – be prepared to use Arabic if you can) and are first seen by the Clinical Officers (CO) in the Outpatient Department (OPD). COs are first contact health workers with a diploma in clinical medicine, so they take the history, examine and initiate appropriate treatment. The patient will then be sent to the ward.

The patients more often than not present fairly late and needless to say very acutely unwell. The key is not to panic and to give the prescribed medication time to work.

Call your supervisor in emergency situations.



All day-to-day care (e.g. washing, feeding and taking to the toilet) while in the hospital is administered by the patients' attendants who are usually relatives or friends from their village. When doing the ward round, ensure there is one attendant there when you see the patient as they provide all the very useful information about the patient's well-being. Don't be afraid to ask everyone except the patient and one attendant to leave the ward before the ward round.

## **Wards**

### **Medical Wards**

These are Medical wards, Leprosy Ward (LW), Surgical Ward for both Male and Female, Paediatric ward, TB ward, Private ward and Maternity ward. Depending on the perspective of your elective, you will be assigned to rotate in one of these.

You will be expected to engage in clinical discussion of patients with someone more senior during or at the end of the ward round.

### **Recommended Clinical Discussion Topics on Medical Ward**

If you have time before you arrive at Kumi it is useful to read up on the following conditions. Once you arrive at Kumi, each ward has a copy of Uganda Clinical Guidelines, which gives helpful information on recommended treatment guidelines for tropical diseases.

- Malaria
- Meningitis
- TB/Leprosy
- Opportunistic infections in HIV
- Sickle Cell Disease
- Dysentery
- Typhoid
- Malnutrition
- Pneumonia
- Leprosy
- Cholera
- HIV/AIDS
- Schistosomiasis
- Diabetes and its complications

### **Isolation Rooms**

This is used to house the patients with suspected infectious diseases like cholera, sometimes TB.

If you're working on the medical wards, it might be worth double-checking if there are any patients on here – you might not be told.

### **Paediatrics and Neonatal Wards**

The paediatrics ward is split into "Intensive Care", "High Care" and "Low Care" areas. The neonatal unit is at the back of the paediatrics unit and is the newest of the wards at Kumi Hospital. If you find yourself on here there are lots of guidelines taped to the walls so that you have an idea of common conditions and management plans.

### **Paediatrics recommended Clinical discussion topics**

- Diarrheal diseases
- Lower Respiratory Tract Infections
- Sickle Cell Disease
- Management of the sick neonate
- Management of the sick newborn
- Investigating failure to thrive
- Management of dehydration
- Meningitis
- Malnutrition
- PUO
- HIV

## **Maternity and Gynaecology**

The ward houses antenatal/postnatal/gynaecology cases so being on here is a good opportunity to see a wide range of conditions. It is also a good idea to spend time with the midwives – you will almost certainly be able to do several deliveries yourself!

### **Obs & Gyn recommended clinical discussion topics**

- Prevention of maternal to child transfer of HIV
- Illness in pregnancy – anaemia, malaria, pre-eclampsia, eclampsia, diabetes, asthma, Graves’ disease
- Abortion and Post abortal care
- Management of Normal labour
- Management of complicated labour – obstructed labour
- Complications of puerperium – haemorrhage, sepsis
- Management of gynaecological malignancy Cervical Cancer Screening
- Obstructed Labour (complications)
- Abortion and post abortion care
- Prevention of maternal to child transfer of HIV
- Chronic Pelvic Pain

## **Surgical Department**

Ward round is done on a daily basis and generally the surgeons will then go straight to theatre and spend the day there.

There are also various camps e.g. the VVF, plastic surgery and urology camps that occur around the year, that are also excellent to be involved with.

### **Surgical recommended Clinical Discussion Topics**

- Assessment of the surgical patient
- Surgical Theatre Safety
- Assisting in theatre - aseptic technique
- Infectious surgical conditions - Osteomyelitis, Abscesses, arthritis, Enteric fever and its complications, Appendicitis
- Principles of trauma
- Principles of surgical toilet and suture
- Principles of wound care
- Urological conditions BPE, Ca Prostate, vesico-vaginal fistula
- Abdominal Conditions Abdominal mass, Acute Abdomen, Intestinal obstruction
- Typhoid perforation
- Leg ulcerations
- Fractures
- Osteomyelitis / Septic Arthritis

## **Outpatients Department (OPD)**

This functions as both an A+E/ED/ER and as a true outpatients department. You may choose to spend a block of time here, or alternatively to spend only one day a week – however you decide to do it, it will be very rewarding!

There are medical/diabetic, pediatric, surgical, gynecology, HIV, TB, eye, dentist and cervical screening clinics in OPD each week as well as palliative care outreach into the community and Cervical Cancer Screening Clinic.

## **Calls and Weekends**

You are expected to take part in any calls that your clinical supervisor has. They're an excellent chance to learn how to manage acutely unwell patients and will give you a small flavour of what it will be like once you've qualified.

All clinicians at Kumi Hospital (both those that are paid and those that are volunteers) get at least 6 days off a month. Which days they have off are decided by the clinician themselves. This may mean that the clinician you're working with works most weekends in a month so that they can have an almost full week off. Speak to them about whether or not you're expected to work the same days they do.

Some students come not wanting to work on-calls or weekends, but you're here for such a short time so it makes sense to make the most of it. Not working calls or weekends won't mean that the people who work here think less of you, but you will potentially be missing out on some excellent learning opportunities.

**Other interesting things to see:** HIV clinic and outreaches, Laboratory slides, Specialist clinics – by visiting doctors, Nyero Rock Painting, Lake Bisina and Water Pump House.

## **Recommended practical Medical and Surgical procedures**

- Clinical examination of cardiovascular, respiratory, abdominal and neurological systems
- IV cannulation
- Insertion of chest drain
- Ascitic Tap
- Lumbar puncture
- Urethral Catheterisation
- Insertion of Nasogastric Tube
- Clinical examination of neonate, and young child
- Excision of small masses
- Incision and drainage of an abscess
- Debridement
- IV cut down
- Suprapubic cystostomy
- Circumcision
- Plaster Cast application
- Opening and closing the abdomen,
- Closure of perforation,
- Appendicectomy
- Skin suturing/ surgical knots
- Surgical dressing techniques
- Local anaesthetic techniques
- ETT Intubation
- Assisting in theatre
- Gynaecological examination
- Antenatal examination
- Assistance at delivery
- Assistance with Caesarean section

## ***St. MARTINS CHAPEL***

The hospital day starts at 8 with devotion at Hall of Hope.

The chapel is very active and has many different ministries that you might like to get involved in, please contact the Chaplain when you arrive

### ***Weekend trips***

This is a beautiful country – make the most of being there!

**Getting out of Kumi Hospital**– if you feel the need to get out, there're a number of options. If you need more than a Bodaboda to get somewhere, you can ask the administration at the hospital to organize you a driver, the driver will cost approx. Ugshs 1500 per kilometer driven – but it's expensive, usually a cheaper option is to just take public transport.

Places within reach for a weekend trip include:

1. Lake Bisina – it's not quite along way to travel but worth it for a weekend. Very relaxing and very beautiful, it's where Kumi Hospital pumps it water from.
2. Nyeru Rock Paintings
3. Sipi Falls- it's located on the Slopes of Ssebi Mountains

Other places to visit are more local and ask people at the hospital for details on how to get there

**Ongino Market** – happens every Friday starting at around 8:00am. Great for food, clothes and fabric for taking to the tailors. Worth going after 5pm because of the oppressive heat! You'll be able to see the path going to Ongino from the number of people walking up and down it from the main road in Kumi.

**Kumi Town**– easy to get to, get a boda boda from outside the hospital gates to Kumi Town for one person the fee is Ugsh 2000 , for Shared Bodaboda the fee is Ugsh 1500 per individual, and likely getting back to Kumi Hospital you can still use a Bodaboda either Shared or not the choice is yours.

**Odelo Market** – happens usually on Saturday starting at 09:00am, it's known for fresh foods

There are plenty of other things to do, this is just a taster

### **Miscellaneous**

- There are Netball courts, Basket Ball courts, Volley ball courts and a Football pitch at Kumi Hospital, so feel free to bring the necessary equipment. We do have equipment but are always glad to have donations!
- For those of you who are Christian, it is often nice to have extra bibles to give to people. However you can purchase them for about £5 in Uganda, so it is cheaper and lighter to purchase them out here. Also, any bible study notes or worship CDs etc would be very much appreciated within the compound!
- Mosquito nets – they do have them in the accommodation but it may be advisable to bring your own, as the current ones may have holes in them
- Photos of your home and family to share with Ugandan friends.

## 2.0 BOOKING, ARRIVAL AND INSTITUTIONAL ELECTIVE POLICIES

In case you are seeking for Elective placement, write an application to the Electives Coordinator to initiate the inquiry

Please provide and or confirm this personal info-Check list in this format.

1. Names
2. Country of Origin
3. Academic Institution
4. Level Year of study
5. Introductory Letter from Academic institution and Personal CV
6. Area of Interest
7. Proposed Arrival and Departure Dates
8. Duration of Stay

Your information will then be captured as inquirer after analysis of this information and after you have read through our elective placement information and policies, your comment and confirmation of interest will be required to guide us in decision making.

Documentation is a requirement before your status changes from inquirer to confirmed.

You will await a Confirmation of your status before booking your flights to Uganda

### DOCUMENTATION

On arrival check with the Booking list for your details, this can be accessed at the Office of Administrator or Medical Director's office.

Medical Electives are required to sign in at the orientation with the Electives Coordinator or Administrator and provide the Documentation above as Hard copy to the medical Electives coordinator or Project Administrator for filing.

(C.Vs, Introductory letters from home academic institutions, Photocopy of passports)

### ELECTIVES PLACEMENT CHARGES AND FINANCIAL INFORMATION

***By Institutional Policy medical electives are required to pay Registration/ Placement fee amounting to €250 Euros for clinical exposure within this facility.***

The placement fee is non- refundable & payable once for each medical elective student applying.

**250 Euros for** Elective Registration/placement Contributes towards

- Clinical Exposure time in various departments € 100
- Technological Contribution €50
- Administrative/Logistical Contribution €50
- Compassionate fund €50

Paying of placement fees & Accommodation and Meals fees can be done at the Cashiers or Financial Controllers office on arrival, invoices /Receipts are available at the Cash office

In order to serve you better you are advised to prepay through Bank transfer or make the payment on arrival at the Accounts department and submit the receipts, Curriculum Vitae, Signed acceptance form, Registration Certificate, Copy of Passport and Vaccination Certificate to Medical Director's office.

This receipt will also help your receive a ward clearance form from the coordinator that allows you to start your clinical exposure.

**FINANCIAL BANK ACCOUNT INFORMATION**

NAME AND ADDRESS OF BANK :	DEUTSCHE BANK AG FRANKFURT AM MAIN DE, GERMANY
CURRENCY :	EUR (EURO)
ACCOUNT NUMBER :	50070010/95802670000 (EURO ACCOUNT)
SWIFT ADDRESS :	DEUTDEFF
IBAN :	DE05500700100958026700
TITLE OF ACCOUNT :	CENTENARY RURAL DEVELOPMENT BANK LTD.
OUR SWIFT ADDRESS :	CERBUGKA
FOR FINAL BENEFICIARY IN CENTENARY BANK UGANDA	:BENEFICIARY NAME <u>Kumi Hospital Euro Account</u> : BENEFICIARY A/C NUMBER <u>4718400001</u> :BRANCH NAME <u>Kumi</u>

Please do not forget to mention the Beneficiary Name, Account Number and Branch Name whenever you make a transfer, to enable us effect payment.

Regards,

CENTENARY BANK

*Account  
Kumi Hospital*  
*Revised 2/10/2014*  
*[Signature]*

## ACCOMMODATION AND MEALS

You are required to pay **€10 Euros per day** to cover accommodation and meals in the Guesthouse, Payable in Ugsh, € or \$.

### **House help/workers in Guesthouse.**

The helps here will endeavor to keep the communal areas i.e. toilets, bathrooms and lounge area clean and also prepare meals of your choice according to availability.

You will be required to do your own laundry and room cleaning.

Remember there are no washing machines or dishwashers available.

Treat the accommodation staff with respect and call on them to help you in case of any problems settling in.

## LIFESTYLE & BEHAVIOUR

**Greetings.** This is very important in the African culture. Greetings are normally long handshakes that are followed by many questions about the family, work and health. This is because the African culture is very relational and we always want to acknowledge people. Although the Itesot understand that a muzungu (“white person”) generally just keeps walking if they’re on the way somewhere and they pass someone they know, it’s nice to get to know lots of people here so it’s helpful if you stop and chat too – it might mean that you end up taking 20 minutes to do a walk that should take 30 seconds!

**Decency.** You need to wear fairly smart clothes in the hospital. White coats are recommended and scrubs.

Our culture does not allow female clothing that exposes breasts and thighs to the public. This is perceived as indecent.

**If you are female** Young white women draw a lot of attention from young African men. At the beginning of your time here, it can seem flattering but after a while it often leads to lots of frustration. It is not rude to avoid eye-contact with or to ignore young men who are trying to get your attention. The best way to avoid unwanted attention is to dress modestly and behave in a culturally appropriate manner.

**If you are male** White men can often be treated as objects by African girls, who are often after the prestige or perceived financial benefits of dating a white man. Men need to be aware of this potential “attractiveness” factor as you may receive increased attention or “pick-up” attempts, whether overt or subtle.

Be careful how you touch a girl. Hugging, rubbing a girl’s back, touching her arm, etc. may not only send the wrong signals to the girl but also to any onlookers. This is especially important in a rural area such as Kumi Hospital, where such action could lead others to believing that you are in some sort of relationship with a girl.

**Speech.** You will notice that the some African people are reserved in speech. This however does not mean that they cannot open up, feel free to talk and ask questions and be open with them. There is a lot we can learn by being intentional in building relationships. When out in the community, you should ensure that we speak in low tones.

**Eating.** Generally speaking people sit down to eat or Drink. There are divisions in gender and age; mostly the men and visitors will eat first and then later the women and children. Food is considered communal and when you eat and don’t share it can come across as being rude. The Itesot have several interesting dishes you are encourage you to try – Millet flour has been a particular favorite in the past!

**Money** African culture is very relationship-focused and asking for money is much more acceptable in Africa than in the West.

Remember that many white people who have been here before you have been seen to give people money usually for functions or School Fees

Whilst you are in Kumi almost certainly you will be asked for money as you work and enjoy leisure activities; do not feel pressured to give handouts or Money.

**Entertainment** We do have Satellite TV however most of your entertainment will be self-generated please bring along any entertainment materials of your choice.

**Safety/Security/Night-life.** Most of you come from places where hopping into your cars and heading out at 8pm isn't an issue. There is very little/no night-life in Kumi Hospital.

Travelling by any mode of transport after dark is unwise and unsafe. Eyebrows will certainly be raised if you are a white girl out in the village after dark. In order not to cause offence and for personal safety reasons, and to ensure that your reputation is not affected, it is best not to go into any of the local towns after dark. We advise our visitors to avoid unnecessary movements at night especially in trading centers and remote places.

Night entry in our premises should only surface when it cannot be avoided especially for any reason of attending to an emergency. However if such a situation occurs visitors should liaise with the office of the Hospital Administrator who is in charge of welfare at Kumi Hospital who can provide some means of security.

For any trip to the community we advise that no visitor should go alone without company of a staff or any person in the community assigned by the administration. People here are friendly and a visitor may be tempted to pay visits to the villages without notice of the administration.

We do not discourage visitors from interacting with community members but it is important that administrators should know under whose hands our visitor has been released. In a related way our visitors should not hire any public vehicles for private trips without closely working with accommodation staff or administration in identifying the drivers.

**Alcohol and Drugs Policy** Kumi Hospital being a Christian institution therefore Drinking of alcohol and Smoking of Tobacco or other recreational drugs is strongly prohibited on the premises

**Relationships** Boy/girl relationships in this part of Africa are very different from what you are used to – what you may regard as innocent friendship back home may be viewed very differently by locals. Be mindful of your conduct with the opposite sex whether white or African. Avoid public displays of affection.

### **Sexual immorality/adventure**

This is unacceptable within and off the premises, since temptation of looking for alternative places may put your lives at a risk.

### **Other Cultural Differences**

Some of these may seem rude to you but are quite the norm here.

- **Raising eyebrows** – here, this means “Yes”.
- **“Please”** – the Itesot have no word meaning “please” so don't be offended if they say something along the lines of “Pass me that” or “Do this”.
- **Holding hands** – in the Itesot culture, it is very normal for men to hold hands with each other as they're walking along. The same applies for girls holding hands. If you find yourself holding hands with someone of the same sex it's because they consider you a friend!
- **Talking with your back to someone** – is not regarded as rude by the vast majority of the Itesot, so don't get frustrated if the nurses keep doing it – they're not doing it to be annoying.
- **“Muzungu!!!”** is what you'll have said or shouted at you most of the time. It means “White Person.



### 3.0 TRAVEL & COMMUNICATION

Location of Kumi Hospital: Kumi District, Eastern Uganda

#### Communication

**Phone** – You need to have your own phone in case you need help whilst on the wards or you end up going on-call (which you will!). It's wise to bring a sim card unlocked phone, preferably with a torch on it. SIM cards can be picked up virtually anywhere for all Networks.

**Email** – very slow. If you're coming out for a while e.g. 6 months or so it's good if you can get orange modem of 42Mbps or 4 G Lite for network connection in Mbale or Kampala before you come but they're expensive. If not, there are internet cafés in Kumi town at very good rates. The hospital does have Internet connection, but it's also very slow. If you have your own laptop you can set it up to use the Internet.

**Post** – fairly unreliable. Some post will take less than a week, however it's not unheard of for it to take over 2 months! The address to use is:

**Kumi Hospital, P.O.BOX 9, Kumi, Uganda**

If you urgently need to send or receive something ask the administration for advice on courier services

#### Travel

During your correspondence with us please be sure to ask about inland travel to the station. On arrival at Entebbe airport you will have to make your way to Kampala and onwards to Kumi Town. The journey is long and hot, carry refreshments.

**Kampala to Kumi:** passing via Jinja, Iganga and Mbale

Board a bus bound for Soroti costing 20000Ugshs. The buses (Kakise, Post Bus, Teso Coach, YY Coaches,) leave from the bus station which is situated next to the new taxi park. It is better to get there early at around 6am. Tell the conductor that you want to go to Kumi District.

- Get off at Kumi Town next to Shell the journey takes about 5-6 hours from Kampala.
- When you get off the bus, take a motorbike (boda boda), tell the Bodaboda man that you want to go to Kumi Hospital Ongino. It will cost 1500 -2000Ugsh

If you have any problems, you can ring your contact with the Hospital and they should be able to arrange for someone to pick you up. If you would rather not travel by public, you can hire a private Taxi to take you from Kampala to Kumi for about 600,000Ugsh – but make sure that this price includes everything as sometimes they will give you a price and expect you to pay petrol on top of it. Alternatively we can arrange for you a private car from Kumi Hospital and it picks you from the airport.

#### PRIVATE TRANSPORT

Kumi Hospital does provide for picks from the Airport to Kumi Hospital but it will be charged on the Ugx 1200 per Kilometer, you will approximately pay Ugs.720, 000. (The breakdown is as follows Return journey of approximately 300Kms times two times 1200 = 7200000)

#### OPTION TWO

A reliable trusted transporter based in Kampala he may charge 650,000. The contact details **+256 752 244 980** or **+256 776 244 980** and his email address [egimujoshua@yahoo.com](mailto:egimujoshua@yahoo.com)

## **Banking and Currency**

Currency is Uganda shillings (Ugsh), which are not available outside Uganda

Bring with you:

1. Cash: Euros, dollars or pounds, high value notes give better exchange rate. Exchange rate is variable
2. Cards: There is an ATM at the bank in Kumi, Mbale and in Kampala. It takes visa cards (debit cards do not work)
3. (Travelers cheques – It is a hassle getting these changed and they charge a high commission for changing them, so probably not the best idea.)

For any trips/visits anywhere, most tourist places take US dollars, Euros, or Uganda shillings

### **Extra stuff to bring:**

If you wanted to bring stuff for the hospital, the following would be useful.

For the hospital:

- Tourniquets
- Stethoscopes
- Manual blood pressure machines
- Thermometers
- Up to date BNF
- Rechargeable Batteries
- Pen torches
- Peak Flow Meters
- Ophthalmoscope/Otoscope (with ear pieces)
- Tendon hammer
- Hand Sanitizer
- Gloves
- Masks
- Caps
- Goggles for eye protection

### **For yourself:**

You may carry scrubs, crocs, Eye protection and clinical coats with you  
Electives and volunteers who have respected these norms at this institution have enjoyed their stay with us.

Hand-sanitizers may also be handy.

- Alcohol hand gel, sanitizer
- Head torch
- Malaria quick test kit – although whilst at the hospital you won't need it as you can test for malaria in the lab
- Oxford handbooks are also very useful for day to day practice. If you're only bringing one book – the oxford handbook of tropical medicine is useful. It covers all the tropical stuff (malaria, typhoid, etc.) but also has chapters on more normal stuff (diabetes etc.)

## **4.0 STRATEGY FOR CLINICAL EXPOSURE**

### **MEDICAL ELECTIVES PROGRAMME**

#### **Aims**

To support and mentor medical students to transform them into excellent and passionate practitioners

#### **Learning objectives**

Practice-based professional development

Mentorship-cantered apprenticeship

Project-development with relevance to student and community

Inter-professional and interdisciplinary education

#### **Approach**

An induction/ orientation schedule

Clinical Exposure

Project development

Tutorials

CME

Extra-curricular activities

Teaching and assessment methods

Self-directed learning is the mainstay of the Problem-Based Learning mode of the medical curriculum followed by many medical schools currently. This will be expressed through;

The mentorship programme

The presentations

Ward work-bedside clerking and mentoring

Project development

Assessment or evaluation forms

Learning resources

Staff - specialists, Interns, medical officers, clinical officers, nursing staff, serve a supervisory and mentorship role

Literature – libraries; online, on site

Equipment/Technology – internet, sundries for hands-on experience

Clinical placement activities – the student’s clinical rotations on the ward

- Recruitment selection procedures – the Facebook™ club Kumi Hospital Uganda (<http://facebook.com/kumi.hospitaluganda>), correspondence via the internet/website
- Student support and guidance mechanisms- the mentorship programme, the ward environment

## **PLACEMENT STRATEGIES**

Practice-based professional development

Self-directed learning is the mainstay of the Problem-Based Learning

Mentorship-cantered apprenticeship- To support and mentor medical students to transform them into excellent and passionate practitioners

Project-development with relevance to student and community

Inter-professional and interdisciplinary education

## **LEARNING RESOURCES**

Staff - Interactions colleagues, students, interns, specialists

Medical officers, clinical officers, nursing staff, serve a supervisory and mentorship role

- Manual guidelines
- Laboratory
- Theatre
- Clinics OPD
- Community
- Surgical library
- Literature – libraries; online, on site
- Equipment/Technology – internet, sundries for hands-on experience
- Clinical placement activities – the student’s clinical rotations on the ward
- Electives forum
- Recruitment selection procedures – the Facebook™ club Kumi Hospital Uganda (<http://facebook.com/kumi.hospitaluganda>), correspondence via the internet/website
- Student support and guidance mechanisms- the mentorship programme, the ward environment

## **PLACEMENT ACTIVITIES**

- An induction/ orientation schedule
- Self-directed learning is the mainstay of the Problem-Based Learning
- The mentorship programme and Feedback
- Clinical Presentations
- Ward work: bedside clerking bedside patient discussion, clinical notes, clinical activities
- Written record entries and controlled prescription
- Discussion groups, Case discussions
- Outpatient Clinics
- Tutorials
- Surgical operations; witness and assist
- CME on Wednesday’s at 8:30am
- Project development

## 5.0 EVALUATION

The Format in the Form below will be used as a tool to evaluate your core competences. There will be a misplacement assessment and end of placement assessment to reveal if you met, exceeded or did not meet the expectations.

### **Professional Behavior**

Participation in clinical activities: interest, engagement, patient discussions

### **Interaction with Colleagues & Health care team**

- Cooperative Vs. uncooperative, obstructive,
- Acknowledging skills of others
- Appropriate communication
- Listens to advice & criticism from peers, hospital staff
- Appropriately incorporates advice and criticism
- Initiative, leadership skills

### **Interactions/interpersonal relations with patients & families**

- Compassion, empathy and rapport trust
- Communication skills
- Respectful to patients and relatives
- Keeps patient informed & involved in patient care

### **Organizational and Time management skills**

- Establishing priorities
- Organized Vs Disorganized
- Reliability, dependability, completes tasks

### **Professional & Personal Attributes**

- Upholds professional and Ethical standards. integrity
- Assumes and carries out responsibility
- Takes active interest in the solution of patients problems
- Punctual, Available, Reliable
- Appropriate Professional Appearance

### **Data Collection & Interviewing Techniques**

Written record entries: completion, accuracy, legibility

Physical exam skills and Procedural Skills (List of recommended Procedures)

### **Medical Knowledge**

Clinical problem solving

- Appropriate investigations & Accurate interpretation of results
- Assimilates all available data to arrive at a conclusion
- Use of Reference in decision making

### **Student as a learner**

- Asks appropriate questions
- Aware of own limitations
- Seeks assistance when appropriate
- Takes initiative in own learning
- Willing to admit to errors and learn from others