HVO Trip Report

June to July 2004

Internal Medicine/Endocrinology

Uganda

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Volunteer Trip Report, Mulago Hospital, Kampala Uganda
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ORIENTATION

This was my first trip to Uganda. I was born there in 1969 and had left the country in 1972. Dr. Bjork, an active member of HVO (Health Volunteers Overseas), provided me with ample information regarding my goals and what to expect during my time at Mulago Hospital. Furthermore, the material in the HVO orientation package was very helpful and thorough. Most of the objectives were realistic, however, I wished they were more specific. I had also communicated via e-mail with Dr. Cary Bjork and Josephine Buruchara, the administrative coordinator of HVO in Uganda who was very helpful in coordinating my trip sorting out the logistics. She booked my hotel in Entebbe, for my overnight stay before heading off to Kampala. She also arranged for me to be driven to Kampala from Entebbe and dropped me off at the Mulago guesthouse.

ACTIVITIES

My experience at Mulago Hospital was diverse which consisted of clinical teaching, ward rounds, and examining students and residents. My day typically began at 8:30 in the morning. The first week was the examination period for the medical students and the medical residents. This is where I was involved in formally evaluating their clinical and research skills, both by the bedside and in the format of clinical scenarios. Furthermore, I was one of the thesis examiners at the senior residents’ research presentations. I was fortunate enough to have met with two other external examiners, one from the United Kingdom and one from Alberta who shared similar roles with me during the first week. The collegial atmosphere at Mulago made the experience even more hospitable.

During the second and third week, I spent time in the diabetes and thyroid clinics where we saw numerous patients with significant pathology. After the clinics, I would
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head off to the medical wards to do rounds with the senior and junior house officers. There were a vast number of patients who had complications related to HIV and diabetes. Often, these patients could not afford basic investigations and many investigations were not available. Despite this, empiric treatment was implemented which was more cost effective and practical. A striking feature was the volume of patients on the medical ward in one large room. Despite the lack of privacy and resources available, patients were always smiling and thankful for the care they received. One thing I did find frustrating was the charting on medical patients. There were often loose papers in the paper charts including lab tests that could easily get lost and it was hard to track new lab tests accurately due to the disorganization. However, on a positive note, the documentation of the history and physical exam, especially on admission, were quite complete and accurate with a detailed investigation and management plan. One very interesting thing that I learned was that often an assessment of a family’s financial situation could be made on the type of blanket that they brought in. This was quite intriguing and I suggested to the residents to take on a research project to see if this was scientifically valid. Ward rounds would often last until 2:00 or 3:00 pm and we would often see 60 to 70 patients during this time at differing levels of detail.

Every morning before beginning clinical work, I held a session with the residents, both for the junior and senior house officers on various endocrine topics. I had prepared in advance a series of Power Point presentations, which I presented from a LCD projector available from the Department of Medicine. Topics included adrenal insufficiency, mineralocorticoid excess syndromes, and various other endocrine topics. The eagerness and enthusiasm of the residents during these rounds fascinated me. They often had very thoughtful questions and always expressed a desire to learn more even if investigations were not available in their hospital. One of the limitations at Mulago Hospital was the lack of ECG availability. As a result, an approach to ECG interpretation was a weakness. I brought several ECG’s from Canada and conducted several sessions to give the residents a basic approach to ECG interpretation. They found this very helpful and were quite enthusiastic in mastering this topic.

A few sessions were conducted by the bedside, in terms of formal thyroid examination and diabetic foot examination. One afternoon, I also taught some of the
senior house officers how to perform a fine needle aspiration biopsy of the thyroid gland. This was the highlight of their afternoon. I did download all my presentations on the local computer for them to have available at their leisure. They appreciated this immensely. One teaching technique that I found helpful was beaming my palm-based software, which I prepared in advance to their personal digital assistant (PDA). This included various topics in endocrinology and internal medicine that I have been working on for the last few years. As much as possible, I tried to give approaches to problems in the context of the resources available, which relied on cost effectiveness. Clinical acumen was emphasized. The residents, unlike in the west, were quite soft spoken, however, I tried to make my presentations interactive and over time there were plenty of questions initiated by the residents. Dr. Myanja, the chief of medicine and Dr. Opie, a physician were very helpful during much of my stay at Mulago Hospital, both academically and logistically.

**ASSESSMENT**

Based on the resident’s experiences and feedback, there was immense gratitude with the teaching and interaction they had. In fact, the day before I left, several of them came to me personally and wanted me to spend another month there and even to move to Uganda, which I found very touching. I felt that there were some changes in management as a result of my interaction with the residents and medical students. Although my goal was not to change the culture of medicine, the residents were enlightened with respect to some of the technology and approaches to medical problems we have in the Western world. The time that I spent with the house staff was also valued since the local staff were often busy with their other clinical, research, and outpatient duties. Obviously, I had more time to devote to teaching and rounding on the patients, which gave them a sense of reassurance and supervision. Overall, I felt that I learnt more in the end than the house staff. The only constructive comment I have is that initially the structure was quite disorganized but as the days passed my role became more organized and structured.
**SUGGESTIONS**

My only recommendation was to have more organization and structure before arrival of the volunteer at Mulago hospital. It would have been useful to have an outline of the post-graduate program at Mulago and staff expectations that were more specific in nature. Another recommendation would be to hook the volunteer up with the respective sub-specialist at Mulago hospital. With respect to non-medical issues, I would recommend bringing slippers and some non-perishable foods such as macaroni cheese dinner, tea, coffee, and other items that are quite expensive in Uganda and sometimes hard to find in Uganda.

**CROSS-CULTURAL INTERACTION**

Overall my experience in Uganda was a great cultural experience with respect to the diversity of food, the politeness, the gentleness of the people, and the incredible safety in Kampala. In fact, I felt safer in Kampala at night then I do in many western cities. I must admit that I do share sentiment with Uganda since I was born there although I had left at a very early age. There are absolutely no problems with respect to interaction with the local people. Another interesting thing that I found was that the male residents wore a tie every day and they were quite formally dressed. One day I did not wear a tie and I did feel out of place so I asked my wife to send over three more ties to complete my wardrobe. Respect is a big issue among the medical staff and between patients and physicians, to a much greater extent than in the west. People often went out of their way to help me especially when I looked lost in the city at times. One day one of the residents offered to show me around the University and the hospital without me even asking. This was one of many examples of the hospitality of the Ugandan people.

I did go to Jinja, a city about one hour from Kampala for white water rafting, which was an out-of-life experience. This was about $85.00 US and worth the money. It included lunch, drinks, and return transportation from Mulago guesthouse. I also traveled to Mbarara, my birthplace, where there is now a medical school and a large teaching hospital. Here, I met up with my parent’s friends and was treated very well. In Kampala city itself, there are several restaurants with a variety of foods to indulge in, although the prices can be similar to the west. There is also a national theatre, which
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holds many shows, and there is a large crafts market with excellent deals for the tourist. In fact, I brought back several items for family and friend. I also had the opportunity to meet many members of the community. On one occasion I was fortunate enough to do a seminar on heart health and was invited back in the future for another seminar.

**LIVING CONDITIONS**

I lived at the Mulago guesthouse, which was very clean and had a fridge, stove, kettle, and a washroom with hot water. We had to boil the water to avoid infection. The Mulago guesthouse was very convenient both to get to the hospital and to get to downtown and other areas of entertainment. Josephine also provided me with a cell phone for which you could purchase a juice card to stack up minutes to call overseas. It is quite expensive to call from Uganda to Canada therefore my family used to call me, which did not cost as much. I would recommend to family members to get a telephone calling card to call to Uganda. At the Mulago guesthouse there were several books on travel information but I would recommend picking up a Lonely Planet series travel book before departing. Most of my transport was done by Matatus which are mini buses carrying several people at a very nominal fee. In fact, it would cost me about 30 – 40 cents to get to downtown although several stops would be required. The other option would be boda-bodas, which are motorcycle taxis, which I avoided due to their risky track record. There is now a new mall called Garden City which is very close to the Mulago guesthouse which has a large shopping center, internet café, foreign exchange bureau with good rates, and several fast food restaurants. There is also an Indian restaurant at the top of the mall, which is quite good however the fast food restaurants were of mediocre quality in general. I had stayed with orthopedic surgeons from the United States at the Mulago guesthouse and often we went to dinner together.

**SUMMARY**

Overall, my experience at Mulago and in Uganda was excellent and I do not have any regrets. In particular, the people of Uganda are very pleasant, polite and one of the most gentle souls that I have met in this world. I have made several contacts and hope to stay in touch. To summarize my trip, I will quote: “I’ll be back!”