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Message from the Principal Investigator, HEPI Project



Dear Reader,
Greetings from the HEPI-HSSU Project Implementation Team!!

We welcome you to the 3rd Edition of the HEPI-HSSU Newsletter. This newsletter shares the highlights of HEPI activities, and other activities related to Health Professions Education.

The implementation of the "Health Professions Education Partnership Initiative (HEPI)-Health Professions Education and Training for Strengthening the Health System and Services in Uganda (HSSU)" Project commenced in October 2019. The partners in this NIH Funded Project include: Makerere University College of Health Sciences (MakCHS), Busitema University Faculty of Health Sciences, Kabale University School of Medicine, Clarke International University, ACHEST, and Mulago School of Nursing and Midwifery. We also have two international partners: Yale University and Johns Hopkins University, USA. This project builds upon the previous successes of strengthening health professions education at Makerere University and partner institution in Uganda. We are in the third year of implementing this 5-Year Project.

The goal of the HEPI-HSSU Project is to "Improve service delivery of the Ugandan health system through strengthened

interdisciplinary health professional education and research training to produce graduates with competencies to address the priority health needs of the population".

The specific objectives of the project are:

1. To enhance Health Professions' Education (HPE) and training to produce health professionals who are competent to address the priority health needs of Uganda.
2. To strengthen the capacity of graduating health professional students to remain and practice in Uganda, serve as faculty and/or conduct research related to HIV/AIDS and other health priorities.
3. To enhance institutional systems to sustain transformative health professions education in Uganda.

The last 9 months have been challenging to the institutions due to the COVID-19 pandemic. However, all partner institutions, especially faculty and students have continued to actively engage in the project activities. This Newsletter highlights some of the achievements made during the last 6-9 months, especially in area of Open Distance and E-Learning (ODEL). In addition, the partner institutions, students and faculty have highlighted research opportunities/experiences offered by the HEPI Project and experiences.

I hope that you will enjoy reading the articles.

Finally, we request faculty, students and other partners to share their experiences in future editions of the HEPI-HSSU Newsletter.

Thank you
Prof. Sarah Kiguli
PI-HEPI

THE BAR IS TOO LOW AT BARS IN KAMPALA SLUMS



Dr. Joseph Baruch Baluku, Physician, Mulago Hospital, Associate Research Fellow, Makerere Lung Institute

Christmas is around the corner. Around this time last year, we were canvassing bars in Kamwokya, Naguru, Bwaise, Nalukolongo and Kibuli slums of Kampala. Our mission was simple (or so we thought); to determine the prevalence of HIV and tuberculosis (TB) among individuals at these bars. This study was supported by the HEPI junior faculty training program. We were overwhelmed by exuberant expectations as we drove to our first study site with Feliz Navidad

playing from the car stereo. Nothing would ever have prepared us for what we found.

First, the bar in the slums is not your typical bar. At best, it is a makeshift poorly lit room with a door curtain, no ventilation and music of untold decibels. During day, it is a drinking place but has “facilities” for commercial sex work at night. At worst, a bench and 2 shared glasses of crude waragi suffice to make a bar. In the heat of the sun, the bars were packed to capacity despite the Shop Hours Act that restricts the sale of alcohol between 8.30 a.m – 8:00 p.m. There was plenty to smoke as well. Between the smoke of Sportsman® cigarettes and dry marijuana paper rolls, there was plenty to literally leave you breathless. Breathlessness is what indeed happened to one of our data collectors. Faridah (all names in this article are pseudo-names), a commercial sex worker in Bwaise, got a customer in the middle of filling the questionnaire. She returned 10 minutes later to complete the tool. Deborah was only 13 years old but was managing a bar in Kibuli, selling beer clearly labelled: “Not for sale to persons under the age of 18”. I guess they should have said something about “Not for sale by

persons under the age of 18" as well. A 4-year-old boy was handed a tot of Leading Waragi® to suck on in Naguru go-down and no one was startled by it. Visibly intoxicated, Wazabanga had what appeared to be chronic cellulitis of the legs due to chronic liver disease but was asking for 1,000 Uganda shillings to buy another drink. At a bar near the pork abattoir in Nalukolongo, Godfrey was offering free drinks for all female customers including the nursing staff on our study team. Byaruhanga's wife had a breast tumor for which she had never visited hospital but wanted a spot diagnosis from us. With the help of the local chairpersons and village health team members, we navigated these rather unfamiliar circumstances, traversed 42 bars, enrolled 272 individuals and waited for the results.

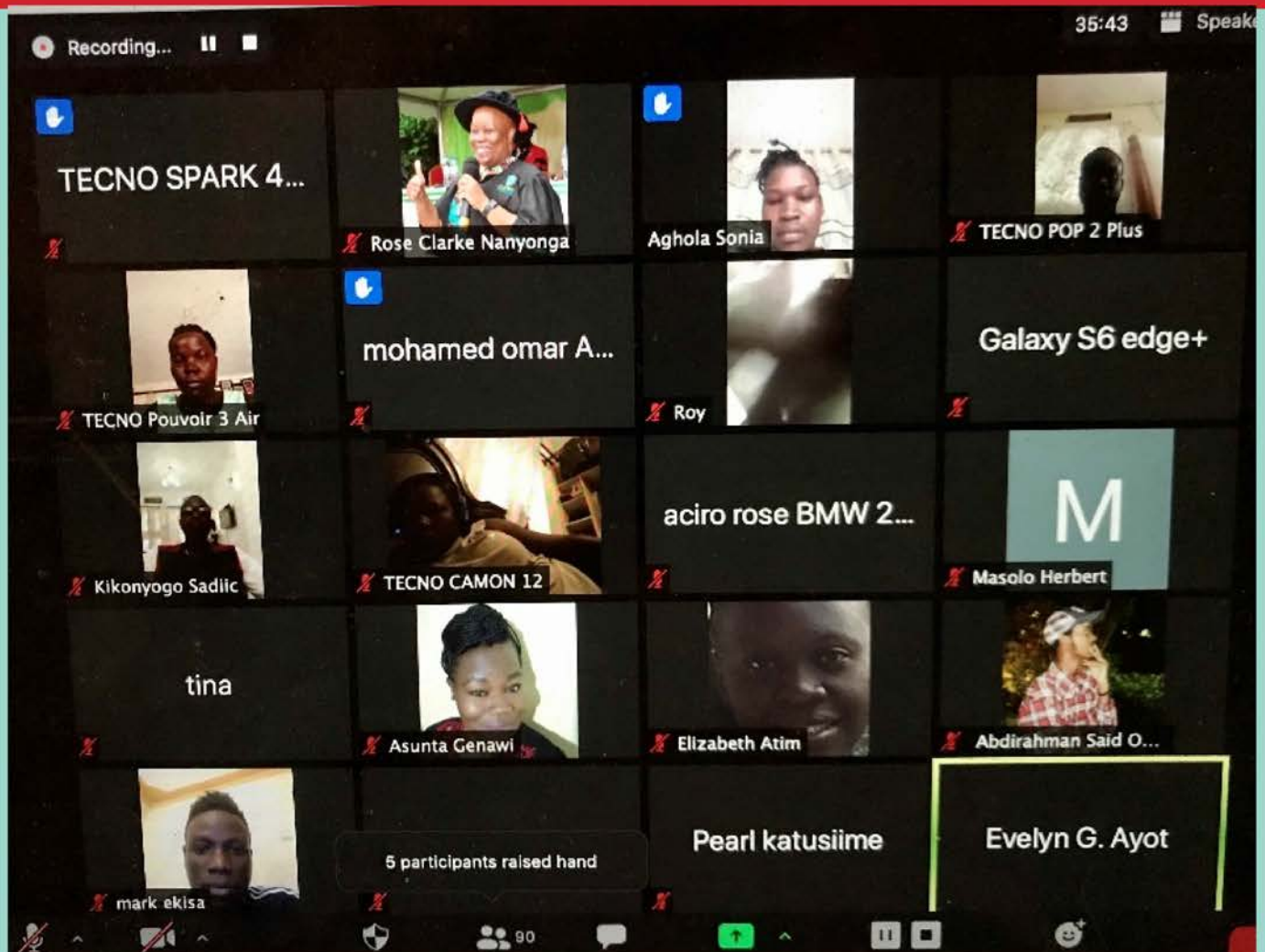
More than 11% of the people we surveyed were HIV positive, of whom more than half (51%) were newly diagnosed. The

TB prevalence was 4 times the national average. It was no surprise that HIV was significantly higher among females, individuals who smoked cigarettes and those who reported significant alcohol intake. Clearly, there's a lot we can do about HIV and TB prevention in the bars within slums. Concurrent testing for HIV and TB will help identify new people and get them into care. However, there are overarching interventions for prevention that need to be instituted.

At the bare minimum, while laws on the sale and consumption of alcohol and cigarettes need to be enforced with fidelity, there needs to be programs to help individuals in slums to quit either substance. It cannot be over emphasized that programs to improve the socio-economic position of the residents in the slum settings will reduce their risk for most diseases. In the current status, we have set the bar too low.

(Results from this study were published. See: Baluku, J. B. et al. Prevalence of HIV infection and bacteriologically confirmed tuberculosis among individuals found at bars in Kampala slums, Uganda. Scientific Reports 2020; 10:13438)

FOSTERING ACADEMIC CONTINUITY DURING COVID-19: THE CIU EXPERIENCE



Dr. Rose C. Nanyonga, Clarke
International University (CIU)

In recent months, higher education institutions (HEIs) have come to terms with the fact that education, as we have traditionally delivered it, cannot be sustained under the current circumstances imposed on us by the COVID-19 pandemic. Clarke International University (CIU), like many other HEIs, has strived to uphold its mission by sustaining the rigor of academic training despite challenging circumstances requiring the University to

adjust teaching, learning, engagement and assessment practices. The recent approval and implementation of Open Distance and eLearning (ODEL) offers a great opportunity for academic continuity. However, ODeL systems require a great deal of investment at the university as well as at the individual (teaching faculty, staff and students) and family levels (parents and guardians). The level of investment and readiness at CIU has been made possible by an engaged and committed leadership and a willingness of staff and students to undertake ODeL as guided by the National Council for Higher Education (NCHE). In addition, majority

of the capacity building and COVID-19 readiness training activities have been supported by the Health Professional Education Partnership Initiative (HEPI-SHSSU) project.

At the university level, we have bolstered our ICT infrastructure and capacity to support the delivery of ODeL. Academic Staff and other Academic Resource persons have undergone extensive training and retraining to ensure high level of competencies for Teaching and Learning, Assessment for Learning and Student Engagement via customized learning management system and other web conferencing tools. Students and teaching staff have been supported with data. Recognizing and engaging parents and guardians as part of the virtual learning network has been key in securing some quick wins and buy-in.

Although CIU is not new to online learning, we have been keenly aware that this process requires us to be agile and open to change; and that the change itself is not going to be easy. Some key lessons are emerging as we continue to streamline our academic operations, and these may be helpful for partner institutions who are thinking of or are in the process of implementing ODeL. First, we are learning that one size does not fit all, and that teaching faculty are going to learn and adopt new teaching norms at different paces. Along with prioritizing the slogan of “no student should be left behind”, it is crucial to remember that academic staff need to be active participants in leading the digital academic revolution. It is safe to say that students will be left behind if the teaching faculty are left behind. Earlier on in the ODeL strategic

meetings, I posed a question: the classes have moved, but have we? The answers were varied. Some resounding no’s and a few and reluctant ‘yeses’. Not to be one for discouragement, I posed another question: how do we ignite transformation? In exploring reservations about ODeL, we discovered that some teaching faculty viewed ODeL as a significant barrier to diverse learning experiences and were keen to explore ways to maintain their traditional pedagogy through virtual means. These are valid and legitimate concerns that cannot be ignored. Others viewed ODeL as adding “too much work” to their already full schedule. Learning the new learning management system (CIULMS) presented its own set of challenges. Designing or adapting content for online learning for teaching faculty who “downloaded from their brains” was another hurdle. The successful utilization of the eLearning system relies on identifying both key adoption factors and challenges impacting both students and faculty. In addition, tracking central factors that are shaping the successful adoption of new learning systems and cultures is important in informing future orientation and capacity building strategies.

Student Engagement| Humanize the Virtual Experience

We know that students need to be active participants in the quality, breadth and depth of their learning and engagement. At CIU, we are learning that success in the virtual learning environment is directly related to how present and engaged both the lecturers and the students are in the virtual classroom. Gannon (2020) posits that “What happens with

Distance or Correspondence Education?



Lecturer presence and communication make all the difference between a course experienced as a distance learning/education (involving regular and substantive interaction between the students and the lecturer) versus a course that students experience through correspondence alone (they have access to the content but no interaction)

and between professors and students in the classroom — whether physical or online — remains the heart of the education enterprise”. A fair amount of time is needed to design/adapt learning content for online delivery, however, access to learning content, though, good and of quality, is not enough to foster a successful learning experience. Student satisfaction surveys indicate that students still need to engage with their lectures and will rate the overall experience of online learning as poor if the lecturer has made no effort to engage beyond posting learning content and assessments. We encourage lecturers to establish their own online presence—the extent to which they form connections and respond to their students throughout the semester (Kilis & Yildirim, 2019).

Managing the Transitions

With the recent re-opening of universities and other sectors, it has become apparent, if it weren't before, that we live in a time-starved environment, driven by the perpetual need to evolve, learn new skills, and acquire new knowledge and competencies. It is justifiably easy

to feel overwhelmed when dealing with additional change-demands in such a context. However, both the biological and moral reality of this pandemic has forced us all to confront the cynical calculation and misguided belief held earlier in the year that somehow COVID-19 will be over soon and things will go back to normal. Well celebrated and longstanding traditional cultures of face-2-face instruction, student engagement and assessment are directly tied to the university's prestige and success record; but, as I have emphasized to our teaching faculty, they can also be used as a barrier in achieving ODeL objectives or attaining the digital competencies of a new era.

ODEL has changed the dynamics of how we operate, and change management is needed at both personal and institutional levels. Clearly, the simultaneous effort of managing change while executing the required duties is daunting. The CIU strategy has focused on encouraging a steady pace as well as the utilization of supporting structures and Champions for targeted on-going training. Even if lecturers and professors are tech savvy,

VIRTUAL CIU: Falling Forward; Celebrating Success; Ensuring Quality

learning to teach online requires some amount of self-directed learning. We are discovering that successful student and faculty outcomes rely largely on our collective desire to participate and support the changes, our ability to acquire new knowledge and competencies, our capacity to address student-related factors and perceptions towards ODeL, and our ability to sustain newly acquired best practices. For our partners that are implementing or thinking of implementing ODeL, here are a few things to consider:

- **Constantly review** what is working and what is not working and why; and, integrate a quality improvement plan in routine (new) practices.
- **Encourage academic staff** to reflect, redefine, and reinterpret existing personal instructional norms and values. This experience requires us to engage in this level of self-reflection and discovery
- **Personal commitment:** identify actions taken by academic staff to develop a commitment to new and emerging instructional and student engagement values. Share widely.
- **Challenge the process:** Review not just the cons: in what ways is the change not good for you, for the



students or for higher education in general, but also the advantages and opportunities. A solution-oriented mindset is needed to move things forward.

- **We encourage** that if you are going to fall, fall forward and celebrate every little success.

We believe that such a process of inquiry and reflection is likely to generate new ways of knowing and doing and will go a long way in supporting the change we want to see. One of the identified barriers for some teaching faculty is the notion that they already know how to teach. We encourage leveraging these experiences for value creation, pursuing change steadily while also broadening their expertise to deliver learning competently through ODeL strategies.

In a recent Faculty Focus publication: Miller (March, 2020) outlines 8 Steps for a smoother transition to online teaching, including:

- **Being a learner:** we are experiencing situations where we are not experts. As I mentioned, ODeL requires some amount of self-directed learning—embrace a learner’s mind-set
- **Using technology** as a means to an end: the goal is to facilitate effective engagement, learning and teaching.

- **Not being the man/woman behind the curtain:** Miller posits that High “instructor presence” - the feeling that an instructor is still present in an online educational experience- is more critical now than it has ever been. We are encouraging teaching faculty to log into their course every day, schedule virtual office hours and create community within community through faculty-student to student engagement.
- **Increase your ability** to be a technical resource to your students- the students are likely to be more tech savvy than their teaching faculty- in most cases anyway. So, stay ahead of your own students and or utilize their competencies for the benefit of everyone in the class.
- **Promoting engagement:** I think this author says it better-please read the article
- **Upskill, upskill, upskill-we** all need to learn. “Everyone (teaching faculty, administrators, and students) will need to upskill themselves in educational technology quickly”. Please remember, you are not alone. We are all learning. Note: A single training episode simply throws people in, more scheduled, frequent and targeted training is needed.
- **Surveying often and early:** we should get to what is not working early so that we have strategies for a recourse.
- **Keeping it simple:** be kind to yourself and others. Miller emphasizes: “Keep your love of teaching front and center while you learn this important 21st century skill!”



Are you frustrated? I bet. But there is need to balance frustrations we have with new systems with action. Frustrations without a willingness to learn and without a demonstrated effort, results in equally unhappy and dissatisfied students. Not to mention a loss of faith in the new approaches to education by other critical stakeholders, including parents.

ODEL Strategies at CIU (training of health professional teaching faculty, administrators, student engagement via zoom web conferencing, Covid training etc.) are supported by the Health Professional Education Partnership Initiative (HEPI-SHSSU)

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AFRICAN CENTER FOR GLOBAL HEALTH AND SOCIAL TRANSFORMATION (ACHEST) RECOGNISED IN THE HEALTH WORKFORCE RESILIENCE AWARDS

By: Elsie Kiguli-Malwadde, Carol Natukunda and Francis Omaswa, ACHEST

On June 24, 2020, the African Center for Global Health and Social Transformation (ACHEST) received an Honourable Mention in the first-ever Health Workforce Resilience Awards (<https://hrh2030program.org/health-workforce-resilience-prize/>). The awards were launched in February 2020 by the Human Resources for Health in 2030 (HRH2030) Program, with an aim of identifying successful solutions that strengthen the resilience of the human resources for the health workforce in low and middle income countries.

Nearly 500 individuals and organizations applied for the prize, but only 99 eligible applications from 31 countries were reviewed by a panel of judges. During the virtual award ceremony, two winners from Nepal and Brazil were recognized for designing and developing tools and approaches to improve or enhance health worker resilience. ACHEST was recognized with an honourable mention as it came in 3rd place. ACHEST was especially credited for initiating an interns' induction program, which offers life skills and career expectations to newly qualified doctors, pharmacists, nurses and midwives.

ACHEST in partnership with the Health Professions Education Partnership Initiative (HEPI), College of Health Sciences, Makerere university and Ministry of Health has conducted the course for two consecutive years with two consecutive cohorts of newly qualified health professionals. This year (2020), the program was interrupted by the COVID-19 global pandemic so the second session was administered via zoom. The programme is an interactive platform for

experts to share their personal experiences with the young health professionals, hence inspiring them to make informed career choices.

Wanda Jaskiewicz, the HRH2030 Project Director, while presenting the Honourable Mention recognition said: "ACHEST developed a training strategy to help newly qualified health professionals in Uganda, to undertake the challenging transition from being students to entering the profession as agile responsible and resilient health workers." She added: "The industrial training they (ACHEST) provide helps health workers to navigate the challenging work environment, build strong relations, foster self-confidence; identify and manage stress and burnout, thereby introducing them to the job market and career progression." The curriculum of the induction course was developed by educators and health workers. It uses didactic teaching, case-based learning, and a participatory approach to provide newly qualified health professionals with the tactics they need to transition from the education system to the health system. The course is delivered by young professionals, senior professionals, employers and regulators; evaluation and



Dr. Rosemary K Byanyima, The Deputy Executive Director, Mulago National Referral Hospital addressing Interns

Commenting on ACHEST's recognition, Dr. Elsie Kiguli-Malwadde, the ACHEST Director of Health Workforce Education and Development had this to say: "This recognition is exciting for ACHEST as it demonstrates that the work we are doing is worthwhile. It also motivates us to do more work in the area of human resources for Health and probably makes the interns appreciate the program even more. We are grateful for the support given by the HEPI Principal Investigator, Prof. Sarah Kiguli who has made it possible for us to conduct the course by providing funding. We recognize that this is the mandate of the Ministry of Health (MOH) and we hope that the MOH will be able to take on this course for sustainability purposes. In her remarks, Kelly Saldana, the Director of Healthy Systems at USAID Bureau of Global Health highlighted the need for continued support to health workforce resilience, observing that it was essential to respond to the shocks during disasters like the COVID-19 pandemic. Her colleague at the USAID Bureau, Dr. Alma Golden noted that health providers have been the backbone of the health systems

Brief about the two winners

It uses validated outcome measures to identify mental health risks and signal where professional support might be needed. By using artificial intelligence, the company uses digital mental health interventions to support the well-being and resilience of health workers. Another winner - Nyaya Health Nepal introduced

an integrated Electronic Health Record in registration, clinical diagnoses, prescriptions, reporting, and supply chain management. The system is aligned with the national reporting platform and a customized public health care system. By using technology to facilitate the coordination of care and integration of data, the system supports providers at health facilities and community health workers to provide free, quality, holistic care. ACHESN looks forward to training more newly qualified health professions and providing them with skills to start them off in their professional journey.

MUELE training on content uploading – Psychiatry department



The President of the Uganda Medical Association (U.M.A), Dr. Richard Idro addressing Interns

DIGITAL TRANSFORMATION AT MAKCHS: A triumph result of COVID 19

By: Mulinde Peterson, Namuyonga Priscilla, Kakooza Edward, Makerere University



The COVID-19 pandemic has led to a tremendous change around the globe on how things are done hence making technology even more important than ever before. Due to this revolution, organizations have embarked on onlinisation of processes and services to ensure continuity of functions even during lockdowns. Like many other countries around the globe, Uganda is one of those that have been badly hit by the pandemic leading to lockdown of many facilities including education, transport and posing many other restrictions to contain and manage the pandemic.

However, despite all measures done, the President lifted the lockdown and some of the limitations were lighted up; for example, education opened to only candidate classes as they observe SOPs

set up by the Ministry of Health. With this, most education institutions have moved to online learning and the core of this is onlinization and digitization of learning content. Digitalization of learning is a way to skip geographical barriers as it opens up to international audiences without traveling costs and without the logistics of having to gather in the same place. Digitization of content includes recording or converting and storing original resources in soft copies. How digitization and onlinisation can make the post-COVID world a better place in the learning environment

- A huge potential for digitization and innovation will add value to society and contribute to public health, the environment and biodiversity.
- A successful digital transformation will involve empowering people to

work in new ways, including reskilling and upskilling.

- There is a clear hope in cross-sector collaboration and it will likely play a pivotal role in allowing us to 'build-back better' from the current crisis.

The dos to ensure a successful digitization

- Define optimum content to digitize because experts advise to start small in order to reach far. Trainers must start with a few topics for the students to learn and assess them.
- Ensure timely feedback. Yes, it is hard to always be online but this has been addressed in many online learning platforms, in such a way that trainers can receive notifications on their email or phone in order to keep track.
- Empower colleagues. New technology can sometimes get hard to navigate alone, but that does not mean there are no success stories to it. Heads of department/units and Deans must show their employees that there is a light at the end of the tunnel.
- Train and re-train. Mhatma Gandhi said learning is a continuous process, therefore, to ensure that digitization is taken up, trainers must devote themselves to continuous practice on the available eLearning platform.

At Makerere University College of Health Sciences through the Health professional Education Partnership Initiative (HEPI-SHSSU), the IT department has managed to train over 50 staff including Heads of Department and also trained over 500 students. More than 150 shells for courses have been created on the Makerere

University E-Learning Environment (MUELE)(muele.mak.ac.ug).



MUELE training – Department of Orthopedic Surgery

HEPI ICT milestone

The birth of the HEPI initiative, Health professional Education Partnership Initiative (HEPI-SHSSU) together with technical support from Makerere University Institute of Open Distance and eLearning (IODeL), there efforts to improve distance and online learning through training of college faculty and empowering faculty to digitize their courses in order to avail equitable health services to all MakCHS students.

What has been done for students?

- The IT team has created a student database for MakCHS students and this has been done for students in years one, two, three, four and five in all schools and training institutions at MakCHS.
- Over 1000 Makerere University College of Health Sciences email addresses have been created in a format of: [firstname].[lastname]@chs.mak.ac.ug.

Main eLearning features that trainers have gained practical skills in

- Navigation through the MUELE platform
- Navigation through the dashboard and access of courses by faculty
- Editing online courses and adding online content
- Adding tests, files, assignments, e-books, student chats, quizzes and discussion fora
- Adding or removing an enrollment method
- Enrolling or unenrolling a participant or students from a particular course.

The IT department more than ever has supported students and staff in the creation of MUELE accounts and also enroll for various courses that they were admitted for.

What you have to do to keep yourself safe with digitization

- Sanitize often before and after using your digital device (laptop or mobile phone).
- Avoid touching eyes, nose and mouth with unwashed hands.
- Always use online tools to plan meetings like zoom, skype, google meet, WhatsApp, Facebook, google hangouts, CISCO WebEx, Blue Jeans, Slack and many others.
- Create a strong password and keep it by yourself to avoid distortion of your uploaded online content.
- Avoid visiting suspect websites while

online.

- Give timely feedback to your participants or students.

MUELE Onlinisation

In order to support lecturers in digitizing their courses, Salome Inapat through the MUELE team have designed a short course which includes steps to a successful building of an online course including modules and it is located at MUELE: Onlinisation and tips for "

“ Digitalization of learning is a way to skip geographical barriers as it opens up to international audiences without traveling costs and without the logistics of having to gather in the same place.

HEPI-SHSSU, THE RESEARCH EYE OPENER FOR UNDERGRADUATE STUDENTS AT MAKERERE COLLEGE OF HEALTH SCIENCES



By: Blaise Kiyimba, Makerere University, College of Health Sciences

In July 2019, I got a chance to attend the global health sciences workshop organized by the center for emergency and neglected diseases (CEND). Throughout the 2-weeks duration of the workshop, I assimilated a variety of research presentations by people from different countries, which left me motivated and challenged, but with only one pending question "how exactly does someone start research"? It was a few months while in this contemplation that I landed on a newly advertised call for proposals for undergraduate research training by the HEPI-SHSSU project.

I was excited about this opportunity and applied quickly with my team members, and lucky enough, we were successfully selected. The training, delivered by experts per topic was such an exhaustive one as it delivered right from the basic to advanced principles of research, and at the end, my team was just confident and ready to have hands-on work.

As the MAKCHS research and writers' club, where I serve as the vice president, one of our core objectives is to provide a platform for every MAKCH's student's first undergraduate publication, mainly through our annual Makerere Medical Journal (MMJ).

One of our biggest challenges in the past years has always been inadequate funding for students' research which to some extent limited the number of students' publications. With this new HEPI-SHSSU programme, we are so grateful as a club, for this block has been removed by the students grants awarded, and our work is smoother than before.

We are already seeing a growing number of students' publications even beyond MMJ to international journals. I therefore urge more MAKCHS students to always utilize this rare lifetime opportunity and yet a great stepping stone towards their academic and research career.

HEPI OFFERS MENTORSHIP AND RESEARCH TRAINING TO UNDERGRADUATE STUDENTS AT MAKERERE UNIVERSITY

By: Nkalubo Jonathan, MBChB V,
Makerere University

Starting out in the field of research as an undergraduate student is quite similar to the growth & development milestones of a child. Many students are interested in carrying out research however, without the right skills and knowledge, one is bound to fail or encounter many challenges.

Mentorship and training are therefore very vital to make the research journey smooth. As a young first year medical student, I had a passion for research. This saw me writing a two-page concept to carry out a study about Hepatitis B without any help. I was hoping to collect data during an upcoming medical camp organized by the Makerere College of Health Sciences Students Association (MakCHSA) which was to happen in Kitgum district. Little did I know that I needed ethical clearance from an accredited Research Ethics Committee before carrying out my project and thus the study was terminated by one of the health leaders in the district. I know that many students out there have faced such a dilemma.

A few years later, I didn't hesitate to apply when I saw the HEPI-SHSSU call for undergraduate students' projects. I was so happy when I was among the few selected participants to receive training and funding. During this period, the



Jonathan led one of the undergraduate student teams in the 1st HEPI-SHSSU Cohort

HEPI program offered us training about research methodology and ethics. The program guided us through concept writing, IRB submission, budgeting and finance management in addition to manuscript writing and submission. I can confidently say that without this mentorship and support, my team's project wouldn't have been successful.

One of the keys things I have learnt about mentorship is that it is student driven. I have learnt to set goals both short term and long term which I have shared with my mentors and in return have provided guidance and regular advice. Good communication skills are needed for healthy mentorship.

In conclusion, the HEPI program helped me to realize the mistakes I made as a first year medical student and I have utilized the skills gained during the program to write concept notes for the two (2) studies I am currently conducting, one of which won a grant. I am therefore grateful to the HEPI Program for making me the researcher I always dreamt to be.

FACULTY RESEARCH MENTORSHIP: EXPERIENCE FROM A PHD FELLOW



By: Acen Lillian, PhD Fellow-Makerere University

I am Acen Ester Lilian a PhD fellow in the Department of Microbiology, Makerere University. It was with great pleasure for me to receive a congratulatory message from the HEPI- SHSSU project for having received funding for faculty mentored research.

This was timely support for my research on the "Association of vitamin D bioavailability and cathelicidin antimicrobial peptide among tuberculosis patients in Uganda".

I would like to thank the HEPI team for the junior faculty mentorship training on proposal writing and responsible conduct of research that was held in July 2020.

First, this training improved my writing

skills and therefore made my proposal better. It was because of this training that I can now comfortably differentiate between a theory and hypothesis.

Second, I was able to improve my endnote skills through this training. My sincere thanks go to Prof. Sarah Kiguli the Principal Investigator of this project for the support accorded and the kindness she has shown to me when I approached her for administrative issues.

Special thanks go to my Mentor Dr. David Kateete who has been so helpful to me through the concept and proposal development process. Finally, I thank the whole HEPI team that has been so helpful to me.

I remain indebted to the HEPI- SHSSU project for supporting my PhD program and I look forward to completion and dissemination of my results.



HEALTH PROFESSIONAL DEVELOPMENT TRAINING ON COVID-19 AT HAMURWA HEALTH CENTER IV, RUBANDA DISTRICT SUPPORTED BY HEPI

**By: Namuyimbwa Lydia, Kabale University
School of Medicine**

BACKGROUND

Health professional development (HPD) is a systematic and an ongoing process of education, in-service training, learning and support activities that builds upon initial education and training to ensure continuing competence, extend knowledge and skills to new responsibilities or changing roles, and also increase personal and professional effectiveness. Health workers should be lifelong learners in order to provide quality care and meet their communities' changing needs.

They must be dedicated to update their professional knowledge, skills, values and practice. Despite a clear need for continuing HPD, few health workers and health facilities embrace this process due to the overwhelming number of

patients and workload which doesn't give them time to read and update their professional knowledge. This is also coupled with lack of a framework to follow when it comes to conducting continuing health professional development workshops. This may lead to lack of knowledge and skills as regards the management of the emerging new illnesses within the community due to lack of baseline knowledge and skills. There is need to conduct ongoing HPDs in order to improve health workers' knowledge, skills, practice and also meet the community health needs.

Two-day Training workshop on COVID-19 supported by Health Education Profession Initiative Grant
A team of staff from Kabale University School of Medicine composed of both doctors and nurses conducted a two days training workshop on COVID-19 at Hamurwa Health Center IV under the Health Education Profession Initiative project. A total of 28 medical staff were



Training on-going with SOPs being observed

trained on how to protect themselves from COVID-19 as health workers, prevention, detection and management of COVID-19.

RESULTS

After the staff were trained on key issues around COVID-19, the health workers attained knowledge on the COVID-19 disease prevalence, health worker's rights and responsibilities, protection as a health worker, prevention, detection and management of COVID-19 patients. We envisage better management of COVID-19 patients at Hamurwa HCIV using attained knowledge and skills from the workshop.

CONCLUSION

Conducting continuing Health Professional Development workshops for the in-service health workers is vital for upgrading of professional knowledge,

skills, values and practice in order to meet the needs of the communities they serve. It is therefore important for staff to be trained on the emerging diseases and illness in the community for better patient management and treatment outcome.

STUDENT RESEARCH PROJECTS AMIDST COVID-19 PANDEMIC: REFLECTIONS OF FINAL YEAR UNDERGRADUATE NURSING STUDENTS

By: Mercy Naloli & Nursing students,
Busitema University

Following the presidential directive of the closure of all schools due to the COVID-19 global pandemic on March 18, 2020, millions of students were affected, so were many of us at Busitema University. Just like anyone's dreams we had hopes of finishing school in May and maybe find what to do in the meantime as we waited for the internship. Too bad that wasn't possible. Just like most of the people out there, we always heard about COVID-19 and how it had affected people in the outside world. It didn't seem to bother us a lot as many of us thought it was probably a dream that was far away from reality. So, most of the time we even made fun of it thinking it would never reach Uganda.

On March 20, 2020, Our ears were saddened by the news of the first COVID-19 case that had been identified in Kampala, Uganda. We knew reality had kicked in and it was time to embrace the

new normal. Day in day out, for several months our hopes for resuming school dwindled but we kept accumulating knowledge about the disease as we kept reading about it. Having learned that COVID-19 severely affects the elderly and people with underlying comorbidities mostly, to us it meant that since we were youths, we had our immunity as a backup.

The COVID-19 pandemic introduced significant changes to nearly all facets of our daily lives. At the University, the predictable rhythms of the academic year were replaced by considerable uncertainty and newness at every turn. The suspension of research activities and subsequent phased reopening on all Busitema University campuses represented an unprecedented disruption to the University's pursuit of its research mission, in which undergraduate researchers are valued partners.

As fourth year Nursing students, we had completed research proposal development in the previous semester. In this second semester, we were expected to collect data, analyze the findings and write a final report with support from our research mentors. For most of us, our study area was within Mbale Regional Referral Hospital and the nearby health facilities.

With support from our research mentors, many of us managed to get back to Mbale to resume data collection though it was risky as most of us had to access the wards in tactful ways without being noticed by the hospital administration. Days passed but life became tough in terms of accommodation, feeding as

eye-opener and a turning point to God knowing that we can't do much on our own but entirely rely on Him. To others' dreams were shattered but it made us realize that we need to always have realistic and achievable goals at the end of the day. Knowledge of saving also came in and COVID-19 has made us realize that planning is very essential and important for anyone to survive on this planet. We have come to realize that COVID-19 has come to stay and is now part of us but we ought to get used to living with it and focus on building our lives and achieving our goals. Special thanks to the HEPI project that provided research funds to us to which enabled us



to complete our research projects and we successfully presented to the faculty.

Given the challenges involved in data collection, completion of the research work would have been a nightmare without the HEPI financial support. We would feel cheated if we ended this without appreciating our supervisors and most especially the course coordinator of research who offered a listening ear all this time and stood with us in the most challenging and rough time of our lives. We want to say thank you, we would never have done it without you.

would never have done it without you.



FROM RESEARCH IDEA TO PROBLEM STATEMENT

By: Okirwoth Michael, BSB II, School of Biomedical Sciences, Makerere University

Imagine sharing a research idea you had from childhood with a Professor at a prestigious university such as Makerere University and s/he says “wonderful, proceed with that”. I know how wonderful that feels, however that’s not the response you are likely receive for the reasons below. I am Michael Okirwoth, BSB II. First, I extend my sincere gratitude to HEPI for the opportunity for training and doing research and in this article am sharing a part I loved so much during the research training that was held from Wednesday 12th to Tuesday 25th August 2020. Every research should aim at solving problems like; knowledge gap, disease burden or social disorder etc, these form ideas, yet research does not start at idea but at problem statement.

It is a research idea that gets refined into a Problem Statement. Ideas can come from; Observations, Own interest, Experiences, Self-motivation etc. From ideas above we synthesize a Problem Statement by asking questions such as;

What is known about this idea? What is unknown or contested? What is the gap? Where is the gap? And why is filling that gap important? Answers to these must come from literature search. Therefore, a Problem Statement must pass all the tests above by being; of scientific importance, of public health importance, Beneficial, can be systematically investigated, a common problem and Ethically researchable.

This brings us to my earlier concept of a “PROBLEM STATEMENT” which is a statement about an area of concern, a condition to be improved, a difficulty to be eliminated, or a troubling question that exists in scholarly literature. Back to our imagination above, since the Professor will want a problem statement not just an idea. That’s the reason you may not receive the “good, go ahead” comment.

Overall, HEPI helped me to move from just ideas to a well refined Problem statement through the training received.



MALADAPTIVE DAYDREAMING: THE UNTOLD DISRUPTIVE DISORDER

By: Nabadda Rebecca & Mugisha Kwiringira,
MBChB IV, Makerere College of Health Sciences

Daydreaming is a normal occurrence characterized by a shift from reality and indulging in thoughts that are not related to one's immediate surroundings or activities that one is performing. It is a common daily life happening where one's mind wanders off. It can occur at any moment, that is; when one is alone, during a conversation or while performing an errand. A phone based, large-scale study done by Mathew and Daniel in 2010 showed that most people spend about 47% of their awake time daydreaming.

Daydreaming is shown to have some benefits such as; inducing creative thinking, self-evaluation, future thinking, and relief from boredom. However, despite these good paybacks, day dreaming is disruptive if one slips

into 'dream world' and wanders off for so long to an extent of failing to initiate or continue their errands thus the term 'maladaptive daydreaming'. Maladaptive daydreaming is characterized by elaborate daydreams with strong emotions (happiness or sadness) attached to them which are too intense to distract one from the real life environment. The exact cause of maladaptive daydreaming is unknown, however, research has shown that the disorder usually develops as a coping mechanism to escape realities of trauma, anxiety or abuse suffered by the person in the past. These disruptive dreams may be triggered by a number of stimuli including; sensory stimuli such as noise or smell, physical experiences and conversation.

The common symptoms of maladaptive daydreaming may include;

- (i) extremely long vivid, immersive daydreams with story-like features & emotions attached to them.
- (ii) Difficulty carrying out daily tasks.
- (iii) Difficulty escaping the daydream, with an overwhelming desire to continue with the dream.
- (iv) Repetitive and unconscious movements when daydreaming, such as making facial expressions.
- (v) Insomnia. Maladaptive daydreaming is a common comorbidity among people diagnosed with depression, attention deficit hyperactive disorder and obsessive-compulsive disorder.

It is however unfortunate that maladaptive daydreaming is often diagnosed as schizophrenia, a sub-type of psychosis. People with schizophrenia cannot differentiate reality from

fantasy unlike those with maladaptive daydreaming who recognize that their daydreams are not real. There is no universal method used to diagnose maladaptive daydreaming despite the fact that some experts have labeled it as a real disorder with non-negligible effects on a person's daily life. The most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) also did not recognize it as a stand-alone mental disorder, hence it does not have any official treatment.

Eli Somer, a Professor of Clinical Psychology at the University of Haifa developed a Maladaptive Daydreaming Scale that can be used to determine if a person is experiencing maladaptive daydreaming. This scale rates the five key characteristics of maladaptive daydreaming thereby helping in the diagnosis of the disease. These include;

- (i) the content and quality of dreams
- ii) A person's ability to control their dreams and compulsion to dream
- (iii) The amount of distress caused by daydreaming.
- (iv) A person's perceived benefits of daydreaming.
- (v) How much daydreaming interferes with a person's ability to carry out their daily activities.

Researchers have also found that certain

drugs such as fluvoxamine used to treat psychiatric disorders like depression and obsessive-compulsive disorder are somewhat effective in helping persons control their daydreams. Hence maladaptive daydreaming needs to be recognized as a real existing mental disorder following extensive in the field. Its association with alcohol & drug abuse needs to be investigated especially in this era where many people indulge in the use of the latter two as a way of escaping alternate realities. Its only then that people across the globe will come out to seek appropriate solutions for the disorder be found.