REPORT FOR TEAM VISITING LIRA FROM OCTOBER 2023

TEAM MEMBERS

Dr Antoinette McAulay – Consultant Paediatrician and Team Lead

Dr Pasco Hearn - Consultant Microbiologist and Project lead for iAIMs

Dr Bethan Powell - Senior House Officer

Emily Seddon - Maternal Mental Health Specialist / Midwife

Elizabeth Afon - Pharmacy Technician

Allison Ahvee - Education Lead Paediatrics

Rebecca Seal - Paediatric Deputy Sister

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1. LOGISTICS

PREPARING FOR OUR VISIT

The team met three times before visit (the first with team 1), a first introduction to those who had not met before.

Our team included three new team members so it was helpful for them to gain basic insight from those who had visited before. The sorting of kit to take was discussed and bags packed accordingly.

The paediatric members from both teams also met prior to the trip to ensure continuity between teams, and plan for presentations / teaching materials to prepare.

TRANSPORT

A taxi was ordered for transport to and from Heathrow via Dorset Airport taxis. Although the company were pre-informed of the number of bags, the driver was worried about safety so Antoinette went up separately with some of the bags.

Flights were uneventful apart from one bag with a team member's personal items not arriving. This delayed our departure from Entebbe, so the final part of the journey was in the dark. Sadly it appears the bag was stolen and subsequently steps were taken to make a police report for insurance purposes.

As usual we had an excellent welcome and service from our driver Arnold. He not only drove us safely and promptly but helped us with organisation of the trip. The roads are improving but there are still very bumpy sections!

HOTEL

We stayed at the familiar Hotel Kanberra. Our accommodation was clean and comfortable, with excellent service from the very friendly staff who are used to our teams visiting regularly.

ORIENTATION

On the first day, the paediatric team visited the University to meet with Samson Udho and make a timetable for teaching over the next two weeks. Samson, a lecturer in midwifery, was instrumental in enabling us to plan this, by contacting all the student leads to find out their availability. Samson gave Antoinette (our excellent Tem Leader) these contact numbers, as well as the year group lecturers. The paediatric team were given a tour by Samson of the University and hospital, which was particularly helpful for the team members who were on their first trip! They were also able to visit the referral hospital and meet with senior staff in the administration block.

Similarly, the iAIMS (**I**ntegrated **A**ntimicrobial Stewardship, **I**nfection Prevention and Control and **M**icrobiology **S**ervices) team had meetings and orientation with their project partners at Lira Referral hospital on the first day, and planned their timetable for the trip.

UNIVERSITY: PAEDIATRICS AND MIDWIFERY

Team 2 had excellent support from Anna Grace and Samson Udho. Other key figures were the SEED tutor Winifred and Year 3 tutor Vicky Caroline who were very helpful. A few sessions students were double booked, but overall we were offered more sessions of which were well attended. Year reps were texted the night before their sessions which helped attendance.

We had WiFi access via the IT department which was extremely helpful. We did take a projector with us but rarely had to use due to much improved facilities. Emily Seddon introduced a new method for obtaining feedback via a QR code which gives a clear picture of the feedback. This has been added to our report

The skills lab has been dramatically improved, although some of the equipment we initially brought out was broken or missing. A resuscitations baby has been left in the equipment case at Kanberra hotel to ensure that resuscitation can always been taught.

The University is continuing to grow and flourish. It now has a Law school and the first batch of medical students have just started. Schools of Agriculture and Engineering are planned for the future.

The University hospital remains very under-utilised; for instance, during our stay there were only ever 2 children on the paediatric unit. We therefore concentrated on the children's ward at LRRH but did liaise with the university paediatric staff to continue Team 1's work to further develop the paediatric observation chart.

LIRA REGIONAL REFERRAL HOSPITAL (LRRH)

The hospital has several new facilities including a smart new out-patient facility and emergency department. The iAIMS team spent most of their time at the hospital pursuing the THET Antibiotic Stewardship project.

The paediatric team spent about half their time on the children's ward which is completely lacking in capacity for the number of patients. During the first week, there were no senior paediatricians due to their other commitments (e.g. visiting regional clinics). The main nursing workforce consists of certificate students who changed frequently. They appreciated the support from our nursing staff as there are few trained staff who also have administrative duties. We were surprised to find out that several of the regular trained nurses working on the ward were volunteers. We had plenty of opportunity for clinical supervision of nurse students and doctors, as well as providing teaching sessions.

We have discovered the hospital guidance on donated equipment. It should be taken to the Supply Office (near out-patients) and then the wards need to order items. We gave the relevant wards a copy of the list which they can then order. The hospital is then aware of what is on each ward and will repair items as necessary. Hospital administration will vet the equipment and guide us to what will be helpful to provide if we are able to access.

2. TEAM MEMBERS' PERSONAL REFLECTIONS

ANTOINETTE MCAULAY

This is the first time that I have been back to Lira since the pandemic halted visits. I was struck by a number of changes. In the first instance the journey was much smoother as more of the journey is now on tarmacked roads. The University is expanding with new buildings and departments. University teaching was aided by an improved skills lab with "smart" screen and good projection facilities. The Lira referral hospital also has a new maternity block, Emergency department and out-patients. The clinic rooms now are spacious with computer facilities and an option of electronic records.

It was lovely to meet with old friends at university and LRRH. We were well supported with our teaching. The timetable did not work completely to plan but was better than some previous visits. The paediatric team and our midwife Emily split our time between both facilities; so that any time not allocated to us by the University was spent teaching doctors and certificates nurses at LRRH. Sadly the University hospital was very poorly utilised so there was very little opportunity for clinical supervision there. This is in contrast to LRRH which is teaming with huge number of nursing and medical students.

As previously it was upsetting to compare the difference between clinical facilities and staffing in the UK and in North Uganda. Here are a few examples: The children's ward and neonatal unit were over-crowded, for instance three preterm babies in one "hot cot". Oxygen levels could not be adjusted as several babies were sharing the same supply. Senior paediatric nursing support was inadequate, with several of the trained nurses being volunteers as there is inadequate funding to employ more. Care of diabetes in a children and young people's clinic was reminiscent of care 50 years ago in the UK with no home blood glucose monitoring and few HbA1c's done as these had to be paid for. Despite this clinical care is moving forward in many ways, for instance with better access to basics such as oxygen, saturation monitoring and intravenous fluids.

I was so fortunate to have such a wonderful team to work with, who were all mutually supportive and great fun to be with.

ALLISON AHVEE

Lira Regional Referral Hospital (LRRH)

This is my third trip to Uganda so I was able to compare from previous visits.
I was obviously familiar with the ward environment and some of the staff I had met previously were still there.

It was unclear what the trained staffing establishment was, there were 2 senior nurses in white uniforms. Other trained staff although working were called volunteers as they were not paid. We saw these nurses every day we attended. The main body of staff appeared to be students from local training schools and often in large numbers.

The students were tasked with ward cleaning every morning and patients were sent outside if they were well enough. They were then given tasks to undertake clinical treatments. Clinical support of the students is difficult as they seem to move areas every few weeks, we saw them change over in the 2 weeks we were there.

During this visit we did not get to meet the University students at Lira Referral Hospital as they were not in clinical practice there. It would be good to co-ordinate future visits in the future to enable us to offer clinical support to the University students also. I felt the staff receptive and motivated to attend any teaching we could offer. Both as lectures and practical skills. On the Saturday Antoinette and myself were asked to deliver a session on Basic life support. This was attended by 49 staff and included hospital staff and students.

The children's ward at Lira Regional Referral hospital is very busy and patient numbers far exceed capacity. This meant 2-3 children from different families having to share a bed. There was a small room that was supposed to accommodate 3 babies, there were often twice this number! Children over 5 still go the adult wards.
Sadly we did not have time to visit the children on other wards across the hospital.

There were some good changes in practice, the senior assistant nursing officer has excellent leadership qualities and the ward was better organised. The ward was divided into areas –HDU area for the sickest and children were moved from other bed spaces if they required more treatment and monitoring. We were asked to attend the weekly ward meeting together with senior nurses and medical staff. The discussions centred on issues such as blood samples not always being processed urgently meaning treatments being delayed. Lack of equipment and resources was also mentioned. Rebecca and I had a discussion of what we could bring on further trips.

Lira University and Hospital

Our main time here was to give lectures and we included quizzes and games to get main points across. Very limited time given to clinical support here due to very low numbers of patients.

REBECCA SEAL

This was my first trip to Lira, Uganda, and I wasn't quite sure what to expect. The trip exceeded my hopes on every level. It was a very humbling, eye-opening and thought-provoking experience. Initially it was a culture shock, witnessing the vast contrast of what we are so privileged to have in Poole compared to Lira, which I found at times emotionally challenging. The students and nurses we met, who work at both Lira Regional Referral Hospital (LRRH) and Lira University Hospital (LUH), had a lot of knowledge, were very eager to learn (students even found us on a lunch break to ask for additional teaching!) warm and welcoming, with an amazing positive attitude. The people we met made the whole experience, and we made friendships that I hope will continue post trip.
Working with Antoinette and Allison within the paediatric team, two very experienced professionals in paediatrics, was extremely rewarding: seeing first-hand the depth of knowledge they both have, as well as their passion to share this knowledge and build on it.

Prior to the trip I worked with Sophie Boot to create an observations chart for LRRH and LUH to trial. On arriving at Lira, we realised this needed altering. We worked together with senior nurses from both hospitals to make changes. We trialled these observations charts in both hospitals, received feedback from nurses and students, and by version number 5 we were all happy with the outcome.
Alli and I continued to work with students and nurses on the allocation chart created by Sophie Boot during the Lira team 1 trip. We visited a printing shop and were able to get this laminated in A3. Working together with the nursing team and students in the morning at LRRH we allocated student nurses to different areas within the paediatric ward, to ensure all children had timely observations taken, based on their acuity. By the end of our time in LRRH, the students took turns being in charge and allocating students and nurses to different areas.
The middle weekend was an incredible time of rest and recreation for both the iAIMS and paediatric team. Following a slightly(!) bumpy journey we made it to Murchison Falls National Park, and spent an afternoon in the pool enjoying a gin and tonic. We had visitors roaming between our cabins at 3am – elephants! During the safari, we all loved seeing four out of the "Big Five", as well as a boat trip and hike to the Murchison Falls. A fantastic time, thanks to the legend Arnold for navigating hairy roads and delivering some great tunes. It was a very welcome break in the middle of two intense although rewarding weeks. I couldn't have asked for a better team – and this middle weekend was a great opportunity for the iAIMS and paediatric team to spend more time together.
I learnt a great deal in these two weeks, about myself, my team and nursing in general. Working with the nurses and students, it was great to share some of the tools we use in the UK (PEWs score, allocation charts) but I also learnt a lot from them. We were received with kindness from every person we met, in both the Referral and University hospital, and in our hotel. Lira is undoubtedly an extremely special place. This trip fell at a time of change in my nursing career, as I am about to start as Deputy Sister on the paediatric ward in Poole. Having being pushed out of my comfort zone, teaching to up to 50 people, I feel I have gained confidence, which I hope will help equip me for this next step. I am very grateful to the Poole Africa Link for this unforgettable, incredible experience and hope it will not be my last.

PASCO HEARN
THE IAIMS PROJECT: Integrated **A**ntimicrobial Stewardship, **I**nfection Prevention and Control and **M**icrobiology **S**ervices

This project was a bit of a stretch when it came to finding a suitable acronym, but the work itself is exciting and I'm increasingly convinced that it will have a positive and measurable impact on the way infections are treated in Lira Regional Referral Hospital.

The project relies on collaborative efforts between myself, a few UK volunteers from University Hospitals Dorset and a team of Ugandan healthcare professionals on the ground in Lira. I met last year with Dr Francis Kiweewa, a senior physician, and we put together a project proposal that attracted a £65,000 grant from THET and the CPA over a two year

period, from a programme collectively known as the "Commonwealth Partnerships for Antimicrobial Stewardship".

The project has three main workstreams:

- **Microbiology –** increasing engagement with clinicians; standardising antimicrobial sensitivity testing; aligning testing with available antibiotics; providing blood culture bottles; improving reproducibility of results; production of a local antibiogram that can inform antibiotic guidelines.
- **Antimicrobial Resistance and Stewardship** (AMR/AMS) - improving understanding with a locally appropriate educational programme; train-the-trainer approach to provide local expertise and sustainability; creation of AMS Guardians in clinical spaces to improve AMS practices; monitoring of antimicrobial prescribing behaviour and production of guidelines appropriate for local resistance levels.
- **Infection Prevention and Control** (IPC) - this topic will also be covered in the educational programme above and supported by the creation of IPC Champions in clinical spaces, monitoring and supporting day to day IPC practices.
- **Gender Equality and Social Inclusion** (GESI) - the entire project is conducted with an awareness and discussion of barriers that exist from some in society as a whole, and how these might impact on access to treatment and the successful implementation of improved antimicrobial stewardship.

This was the first site visit for the project and was used to really engage with and gain support from the senior leadership of the hospital, whilst embedding project activities as shared priorities. We presented twice to the Hospital Parliament and in doing so firmly legitimised the project.

Bethan Powell and I presented to clinicians from each department during their Work Improvement Team Meetings, giving educational talks and discussing their own views on the topics at play. During these sessions the audience completed KAP Surveys (Knowledge, Attitudes and Practice) which will give a baseline view and allow us to tailor make an educational package, with the help of a behavioural scientist. Repeating the survey towards the end of the project will also allow us to measure any improvement.

In the lab, I spent time introducing Maria, the head of Microbiology, to the new antimicrobial 'plunger' and a new system called Internal Quality Assurance, which will improve the reproducibility of results. We also ran an engagement event which will be a regular fixture and will really allow results to impact on management in a meaningful way.

Elizabeth Afon spent time getting to grips with the pharmacy system, to allow a greater understanding of how it works and where there might be room for improvement and for learning. This will feed into future links that might be possible with UHS pharmacists through PAL.

Emily Seddon delivered a well considered talk to Hospital Parliament about GESI issues and also explored the topic in two workshops with healthcare workers from the hospital. This worked well alongside her own efforts to increase awareness and appreciation of maternal mental health issues, which she hopes to bring more focus on in the mental health unit and at the nearby University.

Everyone helped in a Global Point Prevalence Survey, which will provide very useful information around antimicrobial prescribing and will act as a benchmark against which we can monitor progress throughout the course of the project.

Other reflections

This project has brought with it a real insight into the inner workings of the regional referral hospital. An understanding of this will really help with PAL's engagement in the future.

Going forwards, the donations that come from PAL will be able to follow correct protocol, be presented in the right place, accepted, recorded, requested by the correct department and then taken to where they will be used most effectively.

In addition to facilitating this, our new project partners have suggested that they can help with future PAL visits to facilitate meetings, teaching sessions, room bookings and the like, so that we might have more successful engagement with the healthcare workers and students at the hospital who are many, each with busy schedules that make ad hoc engagements challenging at times.

This will, I think, be a very positive step forwards for PAL.

BETHAN POWELL

I heard about the trip and iAIMS project from Pasco while working my last foundation year 2 rotation in medical microbiology. He had explained the partnerships aims and that he was looking for volunteers to come and help. I missed out on my elective due to COVID and so I had no experience of what non-NHS/non-UK hospitals would be like. I have always wanted to experience working abroad and enthusiastically said yes to the opportunity. The more I heard about the project, the more excited I became. We began meeting with the Ugandan leads for the project over zoom, and their passion for the project was catching. I prepared PowerPoints and looked through toolkits and stocked up on DEET. We wanted to take part in the global-PPS (point prevalence survey) while we were there so I read through the long PDF on how to participate in it and then read through it again so it started to make sense. My

personal aims for the trip were to present confidently to clinicians about antimicrobial stewardship and resistance, to complete the PPS and to get involved with the paediatric teams teaching (I am considering paediatrics as a specialty). During the trip we had the honour of presenting to almost all the departments in the hospital about the project. After these presentations we had discussions about the barriers to antimicrobial stewardship and the participants were so engaged and open about their personal challenges as well as systemic ones. We got a detailed picture of what needs to be improved to allow for good stewardship and antibiotic choice. A lot of this is to do with resources and money, things the project will not be able to do. I went to the medical wards and A&E to get some context about the challenges. During the PPS data gathering I could see how people prescribe first hand. And through all of this the team began to see some things that could be changed. The hospital gets new medications every 3 months and these last about 3 weeks. After this patients have to pay for their own medications and a lot cannot afford it. If we are able to help clinicians prescribe more appropriate antibiotics and reduce overuse, maybe the medications will last another week or two. I'm excited to see what the project is able to do for the hospital and people of Lira. It has already given so much to me- more confidence, greater knowledge on global health challenges, and insight into myself that I want to be part of more projects like this.

ELIZABETH AFON

Going to Lira was such an interesting and mind blowing experience for me.
I saw the dynamics of healthcare in another angle and was able to appreciate the role healthcare has on society and the role we as individuals have on our own health.

I travelled with wonderful experienced and passionate people including Dr Pasco (consultant microbiologist) whose main aim was to outline our current global medical pandemic which is Antimicrobial resistance (AMR) and promote Antimicrobial stewardship (AMS). Microbiology was a subject that has never seemed to leave me alone (from college to university). I never knew it would creep back on me 5 years later.

During week 1 of my trip, I liaised with the pharmacy team; had a 3 hour chat with an intern pharmacist who told me the main issues the pharmacy faces in regards to medications. Some of which include, low National budget, low staffing levels and stock outs.
My group and I also attended some CME meetings with the heads of department (during this time the consultant microbiologist and junior doctor presented a PowerPoint on the global impact of AMR, and I took some notes on the challenges the departments may face regarding Antibacterials, how they think it can be prevented and what the microbiology team can do to help them.

Most of the feedback from the meeting was so interesting. Some doctors highlighted the issues they faced with microbiology (not having blood cultures, others spoke about pharmacy stock outs which often affects patient care especially when a patient is in need of antibiotics, others mentioned the lack of staff and lack of knowledge (regarding antibiotic prescribing). Microbiology biology was one subject I may have given a side eye in college and university but this trip made me love it tremendously!

We had some meetings around global PPS and how we would collect the data; but this was repeated in depth in week 2.

Week 2 - started off with another meeting where the Drs presented the AMR PowerPoint to the outpatients department. Again the challenges they faced were noted by myself.

Tuesday and Wednesday of the second week were SOOOO interesting. I understood the concept of global PPS but I'm a practical learner, so I appreciated the task better when we started the data collection.
We split ourselves into two groups (consisting of healthcare professionals in Lira and UK) and started our data collection.

Guess what I realised? Literally every one of the patients I collected data for were on antibiotics… very interesting right?

Thursday morning was a very heart-warming day for me. I'm not sure why I was so eager to visit the neonatal wards (maybe because I love babies). I was finally able to visit the NICU and antenatal ward; oh my such beautiful babies. I was able to present the hats a wonderful 93 year old woman from Poole, knitted for babies; the mothers were so happy and with their permission I was able to take some pictures. You cannot imagine how happy I was.

The week rounded up with me meeting with the chief pharmacist; lovely woman.
I had already written out what we do here in the UK dispensary and wrote an outline of the procurement, supply, dispensing, cold chain, checking and delivery of medication. I aimed get an understanding of how they do thing in pharmacy in Lira. By doing this, I will have a better understanding of the gaps and liaise with the pharmacy team on how to bridge those gaps. Some of the issues were not issues that could be handled directly by the pharmacy team however I still gave my suggestions and they were well received and noted down.

I'm so eager to understand and see how this trip progresses. It was a humbling and very exciting experience for me and if I am given the privilege to do it again; I sure will do. I learnt a lot of things especially regarding Antimicrobial resistance and stewardship and I will also do my best to liaise with the team in Lira and UK to understand how best we can tackle this global issue.

EMILY SEDDON

This was my second visit to Lira, Uganda and it was been yet another successful and progressive visit.

Update from 2022 visit

Last year I focused on education around obstetric emergencies both within the hospital setting and the skills lab. I taught interactively during this teaching, it was recognised that blood loss was underestimated. We introduced educational sessions about the importance

of weighing blood loss, providing scales and bowls for weighing within the clinical environments. On our return this year, they continue to estimate blood loss and the scales and bowls are no longer on the wards. During my visit I was made aware that there is a process for making donations to the hospital. These include presenting to the hospital parliament, taking an inventory of what is given, tagging the item, and someone on the ward area taking responsibility for it. This showed the important of following a process to ensure that change can be made and showed a reason why the change was not upheld in practice.

iAIMS project

This time I came with the iAIMS team to support the gender equality and social inclusion (GESI). This was an opportunity to present an aspect that culturally may not be addressed and is an essential part of the iAIMS project, something that needs to be considered at this stage of the project.

I was able to meet with the senior management and team at the Lira Referral Hospital and build on the relationships made on previous visits. I was apprehensive to speak about GESI, but prior to my presentation to the Lira Referral Hospital Parliament I hosted a workshop and presented the findings and shared the words of those that attended. It was positive to have engagement and recognition of why this is important within the hospital setting, and equally within society. I was aware that the conversations could be deemed as sensitive and I had to consider an appropriate approach to discussing such topics. It was received very well and it was reassuring to have an engaged senior leadership team, with the hope that GESI may be considered in any future projects, as well as the care that is provided in the hospital and in community.

Maternal Mental Health

The second aim of my return was continuing the work with Lira University Hospital and the Lira Referral Hospital in relation to mental health. I had continued the relationship I made with Dr Charles, the psychiatrist at the Lira Referral Hospital from my visit in 2022. We arranged to meet to discuss the project going forward in terms of maternal mental health in Lira and met with his team.

I spoke about mental health issues both locally and nationally with recommendations of teaching and education for both students and staff that may benefit the mental wellbeing of the workforce. I then discussed the benefit of peer support and whether group support may be beneficial in communities as a place for supporting mental health within the local communities. I explained that this is very successful locally and that this support can be preventative of worsening mental illness.

After this meeting, I had a teaching session at Lira University and met a group of students that I taught last year. At the end of the session, one of the students commented on how important discussing maternal mental health is, but told me that the mental health of the

students and midwives is particularly low. She said that they suffer with trauma related to what they see in their practice. Over time this can make some midwives seem stern or uncaring, but this is not who they want to be. The trauma, the hardship, the poor outcomes and the impact on their relationships meant that mental health is hard is a struggle and something that is not spoken about to access the support that is needed.

Mental health support for staff

Following this discussion, it was clear that implementing support for the staff is the first stage, before support for women and families. I went back to the mental health unit and suggested that creating a program for staff recognising and managing trauma, resilience and mindfulness would be a positive first stage of this on-going project. We aim to find two mental health advocates or champions within each ward area that have an interest in mental health that can support others.

Maternal Mental Health on the curriculum

In addition to staff and women's mental health changes, I also met with psychologist Dr Amir and the program lead for the curriculum at Lira University. In order for mental health to be discussed more openly and for it to be integrated into health care, I want to ensure that maternal mental health is added to the curriculum. Following a meeting, the current curriculum is being re-written and I have asked whether I could support the university to create teaching for maternal mental health, so I will be supporting this from the UK.

Reflection

I found this trip to Lira equally as rewarding as last year, and I was able to build on relationship that I made during my first visit. The rich discussions, teaching sessions and feedback has shown that there is an interest in mental health and there are thoughts about how to improve both staff and families mental health in the future. I recognised that in order to make a change, there needs the passion from staff locally to continue the discussions and so finding those with an interest has been an important element of how this project progresses. This trip was different to my first as I did not teach on the maternity unit, but I recognise that students really value midwifery teaching and support from PAL. My recommendation is that a minimum of two midwives should be present on each trip to be able to offer the support, education and 'hands on' teaching that the students value.

Every time I visit Lira, I feel like a leave a little bit of me there, ready for my next visit. I am very fortunate to be able to meet passionate people, who share their knowledge and expertise with me and vice versa. I hope this visit was not my last, as this is just the beginning of improving mental health for those in and around Lira.

	Tues 24th		Wed 25th		Thurs 26th		Fri 27th		Sat 28th
	AM	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**
Antoinette Alli Becs	Lira University – meeting with Samson & putting together a timetable for fortnight. Visited library, IT department & medical school.	Referral hospital to introduce to paediatric ward	Antoinette attended the Drs ward round Becs and Alli did some impromptu teaching on triage and assisted students	Taught year 3 University students: Antoinette on anaemia, Alli & Becs on blood transfusion	Year 4 teaching planned but students double booked!	Year 4 ETAT teaching – triage and emergency, followed by quiz. Becs Allison and Emily did maternity and newborn care to 30 students at referral hospital 4	Met with Dr Winifred – PhD SEED. Tour of maternity, antenatal new services	Year 2 masters students presented midwifery cases	8-11 Antoinette and Allison attended Lira Referral hospital to give teaching of BLS and choking infant and child. Request from hospital staff-49 people!
Pasco Beth Lizzie	**Introductory iAIMS meeting** with Dr Francis Kiweewa and the Ugandan iAIMS Team to plan the trip's activities and to have a tour of the fecility	**KAP Survey Meeting** review of questions in the Knowledge, Attitudes and Practices survey that will inform future project activities	**Hospital Parliament** Pasco presented the iAIMS project to the senior leadership of the hospital.	Pasco worked in the Micro Lab with Maria, Elizabeth went to pharmacy, Bethan to ED and Emily joined the Paeds team at Lira University	**Medicine CME** Delivery of AMR/AMS teaching to Medical Department with discussion of micro and barriers to AMS	Pasco did some Micro teaching at Lira University	**OPD CME** Delivery of AMR/AMS teaching to OPD Department with discussion of micro and barriers to AMS	**Monitoring, Evaluation & Learning**- Pasco worked through MEL plans with Harriet, Elizabeth went to pharmacy, Bethan joined Dr Kiweewa on a ward round	
Emily	As per iAIMS	As per iAIMS	As per iAIMS	Maternal Mental Health - year 3	Meeting with Dr Charles at mental health unit: discussing maternal mental health project and additional community based support	**GESI Workshop** – facilitated discussions around equality and inclusion. Teaching maternal mental health to the team at the mental health unit	Teaching at Lira University examination of the newborn Teaching Masters students resuscitation	2-3.30pm Masters year 1 Requested to attend presentations and give feedback	

3. TIMETABLE FOR LIRA TEAM 2

Week 1

Week 2

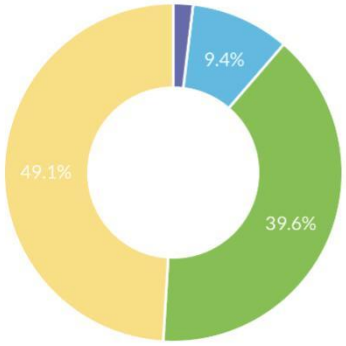
	Mon 30th		Tues 31st		Weds 1st		Thurs 2nd		Fri 3rd	
	AM	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	
Antoinette	10-1pm Year 3 University Neonatal congenital abnormalities	Sorting and Distribution of Kit	Teaching of Somalian doctors. Meeting with Dr Otim planned but cancelled (he had urgent meeting)	Referral hospital clinical support	8am Paed Ward LRRH 10-12 Year 2 clinical area in referral	Teach Paediatric trainees LRRH	Teaching on SAM – severe acute malnutrition. Assisted with observations on paediatric ward. Diabetes clinic LRRH outpatients department	Year 4 cancelled as planned. Report writing in the hotel.	University teaching masters year 1 skills lab Neonatal congenital abnormalities	Ref in t for and
Alli Becs	LRRH Worked with students to use obs charts & allocate areas. Laminated charts from print room.	Sorting and distribution of Kit	Referral hospital teaching triage and patient allocation	Working with students at LRRH ensuring all patients were assessed and observations completed	University hospital Year 2 clinical support paediatrics. Triage teaching and observations with new charts	Lectures to year 3 ETAT – cardiovascular, dehydration, and coma. Followed by 2 SIMs.	Referral hospital, assisting nurses with triage and observations. University late morning to teach Communication to year 2s. Joined by Beth.	Year 4 cancelled as planned. Report writing in the hotel.	Year 3 teaching in the University on communication, followed by games	Ref in t for and
Pasco Bethan Elizabeth	**Obs & Gynae CME** - delivery of AMR/AMS teaching to Obs & Gynae Department with discussion of micro and barriers to AMS	**Global PPS** - planning for Tues/Weds activity. Met with the volunteers who will help data collection	**Surgery CME** -Delivery of AMR/AMS teaching to Surgery Department with discussion of micro and barriers to AMS	**Global PPS** -Bethan and Elizabeth joined local volunteers for antimicrobial prescribing data gathering. Pasco trained Maria in Micro on plunger use and	**Hospital Parliament** -Emily delivered a GESI presentation to the senior leadership of the hospital.	**Global PPS** -Bethan and Elizabeth joined local volunteers for antimicrobial prescribing data gathering. Pasco trained Maria in Micro on Internal Quality	Pasco worked within Micro and presented to general lab staff. Elizabeth focussed on pharmacy. Bethan joined paeds team for the day.	Pasco joined Dr Kiweewa for iAIMS project discussions, MEL updates and budget adjustments followed by a meeting with THET funding body	**Laboratory – Clinician Interface** – participation in an iAIMS instigated clinical engagement session between clinicians throughout the hospital and lab	Pas wit pro coo Ma and inc ma PAI ens app

				antimicrobial sensitivity panels		Assessments and wrote an SOP to guide her			staff, with CME session around interpretation	pro for
Emily	10-1pm Year 3 University Maternal mental health	Public Health Students teaching 2pm University	11-1pm Meeting at Mental Health Unit LHRH Teaching	LHRH Pasco's project	Presentation GESI project at the hospital parliament	LHRH Pasco's project	Meeting at Mental Health Unit LRRH 8.30-10.30 Dr Charles and team about resilience, trauma, mindfulness 11-1PM GESI LRRH	**GESI Workshop** – facilitated discussions around equality and inclusion.	Masters year 1 and 2 support with Winifred (SEED) at the University	Ref

4. FEEDBACK FOLLOWING TEACHING FOR LIRA TEAM 2

Q5 How useful do you think todays session will be when you are working on the wards?

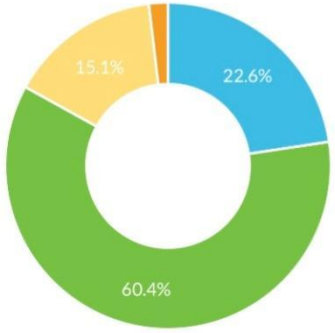
Multiple Choice



Choice	Total
not very useful	1
useful	5
very useful	21
extremely useful	26

Q1 Which year of study are you in?

Multiple Choice



Choice	Total
Year 1	0
Year 2	12
Year 3	32
Year 4	8
Masters	1
Postgraduate	0

Which teaching session did you attend?

6 days Circulation ,dehydration and convulsion managements

Nov 3 Circulation,shock,SAM management, Communication

Nov 3 Anaesthesia

Nov 3 Communication

Nov 3 Many

Nov 3 communication

Nov 3 Newborn examination Congenital anomalies Communication

Nov 3 the real learning then enagement activities we had the explanations were very clear as well as the ascent

Nov 3 COMMUNICATION SKILLS

Nov 3 Communication

Nov 3 Theory and practice sessions

Nov 2 Communication skills

Nov 2 Communication process

Nov 2 Communication process

Nov 2 Communication skills

Nov 2 Circulation, etat assessment dehydration, coma. Anesthesia technic, resuscitation complications of anesthesia

Nov 2 Management of diarrhea , anemia, and convulsions in children

Nov 1 Pediatric management on shock

Nov 1 Congenital ANOMALIES AND MATERNAL MENTAL HEALTH

Nov 1 Pediatric circulation, dehydration and coma

Nov 1 ETAT

Nov 1 fetal anomalies, shock and others

Nov 1 Management of severe vomiting and diarrhea in children

Nov 1 Emergency triage assessment treatment of the baby

Nov 1 Emergency triage assessment

Nov 1 Paediatric circulation, Dehydration and Coma

Nov 1 Paediatric circulation, dehydration if coma

Nov 1 Paediatric dehydration, circulation and coma

Nov 1 Management of dehydration and convulsions in pediatrics

Nov 1 Simulation on pediatric circulation

Nov 1 NEWBORN CARE PEDIATRIC CIRCULATORY PROBLEMS MENTAL HEALTH OF MOTHER SIMULATION

Nov 1 Management of dehydration and convulsions

Oct 27 Mental disorder in pregnancy and postnatal

Oct 27 Anemia

Oct 27 Maternal newborn

Oct 27 Newborn care and examination

Oct 26 Maternal mental health

Oct 26 Mental problems associated with postpartum mothers

Oct 26 Maternal mental disorders by Ms Emily

Oct 26 Maternal mental health

Oct 26 Maternal mental health

Oct 26 Mental health disorders in Pregnancy and their management ways with Mrs Emily

Oct 26 GESI

Oct 26 Emergency Triage Assessment treatment, Anemia; blood group and transfusion, Microbiology

Oct 26 ETAT and anemia/blood transfusion sessions Microbiology by Pasco

Oct 26 ETAT ANEMIA BLOOD TRANSFUSION

Oct 26 Anemia, Blood transfusion and ETE

Oct 26 Anemia, emergency triage and blood transfusion

Oct 26 Anemia, blood transfusion ETAP

Oct 26 Anemia and emergency triage plus blood transfusion

Oct 26 Paediatrics, anemia and blood transfusion, Etat

Oct 26 Peadeatrics

What did you find most interesting about this teaching session?

6 days ago Sharing of knowledge and the simulation

Nov 3 The , practical session,the game respectively.

Nov 3 Management of cardiac arrest

Nov 3 Verbal and nonverbal, one way two ways communication, formal and informal communication, importance of Nurses patient communication

Nov 3 Less theory, more demonstrations You bring out the point in a way of fun

Nov 3 non verbal communication

Nov 3 It was interactive

Nov 3 demostration

Nov 3 Interactions during the teaching session and demonstration of non verbal cues

Nov 3 Types of communication

Nov 3 Demonstration

Nov 3 Learning style was perfect and quite exciting

Nov 2 Games

Nov 2 Practical session

Nov 2 Non verbal communication demonstrations

Nov 2 Learning communication skills practically

Nov 2 How to manage anesthesia technic

Nov 2 Management of convulsions

Nov 1 How to handle emergency Case of shock in children

Nov 1 How mental health greatly affecting women and midwives, high rate of mental health cases in the UK and in Uganda inadequate mental health services and not support to pregnant women and midwives, also learning about different congenital abnormalities in new Born baby

Nov 1 Demonstrations

Nov 1 Simulation of management of convulsing baby

Nov 1 clear slides well explained

Nov 1 The practical bit of it on how to do the management of the child with vomiting and diahorrheaand the theory was well explained

Nov 1 Assessment and management

Nov 1 Assessment of hypoglycemia

Nov 1 Protocol guildlies in assessment and management of severe dehydration and Coma

Nov 1 Paediatric circulation

Nov 1 Simulation exercise

Nov 1 Way how content was delivered

Nov 1 Practicals

Nov 1 The simulation

Nov 1 I participated in the session as a nurse

Oct 27 We have to health educate most expectant mothers about mental health since few notice that they are mentally ill

Oct 27 Manifestation

Oct 27 Theoretical parts

Oct 27 The interactions

Oct 26 How to handle maternal mental illness

Oct 26 It's not only a role of a midwife but also family and community to bring an end to such problems

Oct 26 Midwives role in maintaining maternal health

Oct 26 Everything

Oct 26 Causes, Diagnosis and management of mental health problems in pregnant mothers

Oct 26 I managed to get a good picture of how mental illness is managed in the UK and got a better comparison so as to improve our health care system in Uganda

Oct 26 It clarified my perception about GESI

Oct 26 The different microbes

Oct 26 ETAT criteria, emergency priority queue

Oct 26 Emergency triage

Oct 26 Qll

Oct 26 Emergency triage

Oct 26 Everything

Oct 26 Emergency triaging criteria and blood transfusion criteria

Oct 26 Quiz

Oct 26 Quize

Is there anything else you wanted us to teach you today?

6 days ago Management of SAM in details

Nov 3 Yes.

Nov 3 No

Nov 3 Channel of communication and factors affecting communication

Nov 3 Maybe

Nov 3 no

Nov 3 Yes

Nov 3 labour progress and management of second stage of labour

Nov 3 No

Nov 3 Yes

Nov 3 Yes

Nov 3 Working ethics and dilemmas as a health worker

Nov 2 Yes Medical surgical nursing

Nov 2 Not really, but Incase I come about will inform the class coordinator to invite you

Nov 2 Not sure

Nov 2 Anything that can help my career

Nov 2 No

Nov 2 How to calculate maintenance fluids to give children

Nov 1 Management of malnutrition in children

Nov 1 Come back again to share with us, I am personally interested to do research on mental health among women of reproductive age, how it's greatly affecting maternal child health and S well the mental health among midwives in Uganda

Nov 1 Yes,

Nov 1 No

Nov 1 management on third stage and control of PPH

Nov 1 Everything thing today has been excellent.thanks

Nov 1 Assessment of a noenate

Nov 1 Hyperglycemia in children

Nov 1 Management of preterm baby

Nov 1 Not really

Nov 1 Nothing else

Nov 1	Episiotomy repair
Nov 1	No
Nov 1	Not really
Nov 1	Management of second labor
Oct 27	I would like you come for more topics in relation to mother child care
Oct 27	Traumatic Brain injury
Oct 27	More practicals
Oct 27	Not really, I enjoyed the session
Oct 26	Yes mostly the kind of care provided for mother's who has lost parental love for their Born babies
Oct 26	More discussion is needed on that topic
Oct 26	I'm not sure
Oct 26	Yes. Handling trauma patients
Oct 26	Mental health in all age groups
Oct 26	Identification of mental illness among the youth
Oct 26	More about GESI and how it is applied in the work place
Oct 26	Management of paediatric emergencies
Oct 26	Newborn care basics
Oct 26	Rhesus incompatibility

Oct 26	None
Oct 26	Nursing careplan
Oct 26	Care of unconscious patients
Oct 26	Yes, more on interpretation of laboratory findings
Oct 26	Anything you would like
Oct 26	No

Any other feedback?

6 days	It was a nice and interesting moments while Sharing and information and gaining more knowledge
Nov 3	Nil
Nov 3	Thanks for giving me what to expect on ward 🤗🤗🤗
Nov 3	Pool Africa is amazing team and we do enjoy your teaching and being with you,come back again
Nov 3	Am not sure if the certificates you gave us are valid anywhere since they have no stamp, or even a barcode
Nov 3	interesting continue with necessary demonstrations
Nov 3	Would like you to come back
Nov 3	my humble request is that you continue instilling knowledge in us we are so excited to have the team
Nov 3	Thanks for all the amazing informations

Nov 3 The time was short

Nov 3 Thank you

Nov 3 Thanks we appreciate dear

Nov 2 Just a thank u

Nov 2 Thanks 👍 alot for the teaching skills you offered your teaching skills make you my role model

Nov 2 Thank you for your time

Nov 2 Thank you for the session But you should inform us earlier so that we be in the mood of attending

Nov 2 The teaching was interesting

Nov 2 Thanks for teaching n training us.

Nov 1 Asking for more sessions

Nov 1 Examination of New born Baby, postpartum hemorrhage and Anesthesia, we have gain great skills from pool Africa, thanks you for sharing with us, come back again, please notify me Incase of any opportunity to study or work in the UK in would make different to my daughter who is special needs child and my family

Nov 1 The session was really wonderful and I learnt new things

Nov 1 More simulation

Nov 1 well done only too fast when presenting

Nov 1 I found hands on practical sessions and simulations quite enjoying and helpful interms of aquiring skills of hands on. Therefore simulations and hands on practicals during learning are the best

Nov 1 Thank you

Nov 1	More demonstration is needed
Nov 1	Pool Africa is amazing team with great personality
Nov 1	Nothing
Nov 1	It was a good session
Nov 1	Thanks
Nov 1	Thank you
Nov 1	It was a pleasure having you
Nov 1	The accent is somehow a bit hard to understand..
Oct 27	Thanks 👍 alot Poole Africa link is the best
Oct 27	No
Oct 27	We need more of practical
Oct 27	Thank you
Oct 26	Today's teaching has changed My perception about misdiagnosis of mental illness specifically for Post parterm mothers
Oct 26	Mental health generally in pregnancy is a neglected issue but it costs lives globally
Oct 26	Thank you for the lecture
Oct 26	Thank you very much
Oct 26	Thanks for your presentation and time
Oct 26	Nil

Oct 26	Very well done
Oct 26	Keep up with the good lectures
Oct 26	Midwifery related sessions would be more interesting
Oct 26	Good sessions
Oct 26	.
Oct 26	No
Oct 26	Thank you for today's session, will be grateful to have you back again.
Oct 26	No
Oct 26	At some point the speed was too much and we couldn't pick somethings
Oct 26	I like the teaching style which was used. It was more of participation which facilitated my learning highly