



MILDMAY

Transforming Lives

Education Exchange Programme



The report on the pilot placement at Kumi Hospital, Uganda

Authors:

Dr Helena Rochford

Dr Amy Cleese

Dr Helena Rochford and Dr Amy Cleese at the entrance to Kumi Hospital during the education exchange pilot visit in March 2023.



We are providing reciprocal learning experiences for trainee GPs and local clinical staff through short-term placements at Kumi Hospital in Eastern Uganda.

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Introduction

In an increasingly interconnected world, global partnerships benefit idea sharing and knowledge exchange. This is particularly true in healthcare as higher-income countries face the growing challenges of resource allocation, accessibility, and affordability. There is a vast amount to learn from collaborating with professionals delivering healthcare in resource-limited settings. For these reasons, a pilot two-week education exchange visit to a district hospital in Kumi, Eastern Uganda, for two General Practice (GP) trainees working at Mildmay Mission Hospital, London, was established.

The purpose of the visit was twofold: first, to establish a health partnership to foster long-term collaborations and bilateral knowledge

exchange between healthcare professionals from Kumi Hospital and Mildmay Mission Hospital. The second was for the GP trainees to gain valuable insights into the healthcare system of Uganda to further their own clinical knowledge and to expand ideas for healthcare system development for their future careers in the NHS.

In this report, we will describe the setting and context for the visit, including the services and departments at Kumi Hospital. We will review the aims and objectives of the visit and explore what went well, what can be learnt for the future and recommendations for future education exchange visits.

Context

Kumi is the largest town in the Kumi district in North Eastern Uganda. The population of Kumi town is estimated to be around 35,000 people. The town is predominantly inhabited by the Iteso, who are the main ethnic group in the area. The Iteso people primarily engage in agricultural activities, with subsistence farming being the most common occupation.

Kumi Hospital is a private not-for-profit district hospital which originally opened in 1929 as a leprosy treatment centre. It has 350 beds and provides general and emergency medical and surgical services.

It has a wide variety of specialist departments including Paediatrics, Obstetrics and gynaecology, HIV medicine, Ophthalmology and Orthopaedics. Alongside this, there is Physiotherapy, Nutrition services and Orthotics. There is a radiology department, diagnostic laboratory and a large outpatient department providing booked and emergency appointments. The hospital and staff identify as having a strong Christian focus and values and partly due to this, have a history of engaging with international charity workers supporting outreach work physically and financially.

Objectives

Objectives for UK GP trainees

- Improve knowledge of Ugandan healthcare system
- Improve understanding of the assessment, diagnosis and management of patients in resource-limited settings
- Gain an understanding of common presentations of communicable and non-communicable diseases at Kumi Hospital
- Improve understanding of the impact of wider determinants of health and health inequalities
- Improve confidence and competence managing clinical risk in uncertain situations
- Develop leadership skills relevant to NHS posts through involvement in the development and evaluation of the education exchange programme
- Evaluate impact of education exchange visit and make recommendations for future education exchange visits

Objectives for healthcare workers at Kumi Hospital

- Improve knowledge of healthcare system in the UK
- Gain an understanding of common presentations of communicable and non-communicable diseases in the UK
- Improve understanding of the assessment, diagnosis and management of patients in the UK
- Identify ideas for content and delivery of future teaching by GP trainees
- Identify recommendations for current and future education exchange visits

Timetable

Date	Activities
20th March	<ul style="list-style-type: none">• Introduction to staff at Kumi Hospital• Tour of Kumi Hospital• Medical ward round at Kumi Hospital
21st March	<ul style="list-style-type: none">• Nutrition and Kumi Community Foundation outreach
22nd March	<ul style="list-style-type: none">• Questionnaire collection• Paediatrics ward round at Kumi Hospital• Physiotherapy department at Kumi Hospital
23rd March	<ul style="list-style-type: none">• Questionnaire collection• Paediatrics ward round at Kumi Hospital• Physiotherapy department at Kumi Hospital
24th March	<ul style="list-style-type: none">• Questionnaire collection• Meeting with Dr Jan• Meeting with Dr Denis• Outpatient Department at Kumi Hospital
27th March	<ul style="list-style-type: none">• J.O.Y Health Centre and Hospice, Mbale
28th March	<ul style="list-style-type: none">• Questionnaire collection• Paediatric nutrition department at Kumi Hospital• Outpatient department at Kumi Hospital• Visit to a traditional healer and q traditional birth attendant in the community
29th March	<ul style="list-style-type: none">• Questionnaire collection• Obstetrics & Gynaecology ward round at Kumi Hospital• Antenatal clinic at Kumi Hospital
30th March	Community Health Day at Kumi Hospital

Data Collection Methods

Questionnaires were collected from healthcare workers at Kumi Hospital and GP trainees during week one and week two of the education exchange visit in order to compare perceptions of the education exchange visit at the beginning of the end of the visit and to assess the impact of the visit.

Questionnaires collected during the first week of the education exchange visit also explored healthcare worker knowledge of topics such as quality improvement, previous teaching delivery methods and preferences for the content of future education exchange visits.

Results

Overview of questionnaire data

Overall, the majority of healthcare workers from Kumi Hospital who completed a questionnaire in weeks one and two had a positive perception of the education exchange visit (Table 1).

Of those who completed the questionnaire in week two, 15 (88.2%) also completed the week one questionnaire.

Responses from week one and week two of the education exchange visit were compared, a larger proportion of healthcare workers in week two felt that the education exchange visit will be/is useful to GP trainees from the UK (87.5% vs. 100.0%), interesting for GP trainees from the UK (96.0% vs. 100.0%), beneficial to patients at Kumi Hospital (80.0% vs. 94.1%) and beneficial to staff morale at Kumi Hospital (84.0% vs. 94.1%).

Table 1 – Comparison of questionnaire responses from Kumi Hospital healthcare workers during week one and week two of the education exchange visit.

Question	Response	Week One	Week Two
I think the education exchange visit with General Practice (GP) trainees from the UK will be/is:			
Useful for staff at Kumi Hospital	Strongly agree/agree	24 (96.0%)	16 (94.1%)
Useful to the GP trainees from the UK	Strongly agree/agree	21 (87.5%)	17 (100.0%)
Interesting for staff at Kumi Hospital	Strongly agree/agree	24 (96.0%)	16 (94.1%)
Interesting for the GP trainees from the UK	Strongly agree/agree	24 (96.0%)	17 (100.0%)
Beneficial to the patients at Kumi Hospital	Strongly agree/agree	20 (80.0%)	16 (94.1%)
Beneficial to staff morale at Kumi Hospital	Strongly agree/agree	21 (84.0%)	16 (94.1%)
I think I will learn/I learnt something new during the education exchange with GP trainees from the UK	Strongly agree/agree	25 (100.0%)	15 (88.2%)

Both GP trainees felt that the education exchange visit to Kumi Hospital was useful to GP trainees and interesting for GP trainees and Kumi Hospital staff (Table 2). Comparison of questionnaire responses from GP trainees in weeks one and two demonstrate improved knowledge of the Ugandan healthcare system and services available at district hospitals in Uganda and improved understanding of the assessment,

diagnosis and management of patients in low resource settings following the education exchange visit. In addition, the visit resulted in increased confidence applying leadership skills to the development and evaluation of the education exchange programme. Both GP trainees strongly agreed that education exchanges abroad improve morale for GP trainees.

Table 2 - Questionnaire responses from Mildmay Mission Hospital GP trainees during week one and week two of the education exchange visit

	Week One responses	Week Two responses
I think the education exchange visit to Kumi Hospital will be/is:		
	Agree	Agree
Useful for staff at Kumi Hospital	Agree	Neither agree nor disagree
	Agree	Strongly agree
Useful to the GP trainees from the UK	Strongly agree	Agree
		Agree
Interesting for staff at Kumi Hospital	Strongly agree	Agree
	Strongly agree	Strongly agree
Interesting for the GP trainees from the UK	Strongly agree	Strongly agree
	Neither agree nor disagree	Neither agree nor disagree
Neither agree nor disagree	Neither agree nor disagree	Neither agree nor disagree
Statements from questionnaire:		
	Strongly agree	Strongly agree
Education exchanges abroad improve morale for GP trainees	Strongly agree	Strongly agree
	Strongly agree	Strongly agree
I learnt something new during the education exchange	Strongly agree	Strongly agree
	Strongly agree	Strongly agree
	Strongly disagree	Agree
I have good knowledge of the Ugandan healthcare system	Agree	Strongly agree
	Strongly disagree	Agree
I have good knowledge of the different services available at district hospitals in Uganda	Agree	Strongly agree
	Neither agree nor disagree	Neither agree nor disagree
I feel confident adapting my clinical skills to an unfamiliar healthcare setting	Agree	Agree
	Neither agree nor disagree	Neither agree nor disagree
I feel confident managing clinical risk in uncertain situations	Agree	Neither agree nor disagree
	Disagree	Agree
I have a good understanding of the assessment, diagnosis and management of patients in low resource settings	Neither agree nor disagree	Strongly agree
	Agree	Agree
I have a wide range of experiences with non-communicable diseases	Agree	Agree
	Agree	Agree
I have wide range of experiences with communicable diseases	Agree	Agree
	Agree	Agree
	Disagree	Neither agree nor disagree
I have wide range of experiences with advanced non-communicable diseases	Neither agree nor disagree	Agree

I have a good understanding of how inequalities can impact access to healthcare	Agree	Strongly agree
	Agree	Agree
I feel confident adapting my communication skills and behaviour to different cultural contexts	Agree	Agree
	Strongly agree	Agree
I have a good understanding of the impact of wider determinants of health	Agree	Strongly agree
	Strongly agree	Strongly agree
I feel confident proactively promoting public health within a variety of different socioeconomic contexts	Neither agree nor disagree	Agree
	Agree	Agree
I feel confident applying leadership skills to the development and evaluation of a new education exchange programme at Kumi Hospital	Neither agree nor disagree	Agree
	Agree	Strongly agree

The majority of healthcare workers were very interested in learning more about quality improvement 21 (87.5%), audit 20 (83.3%) and the UK National Health Service 18 (75.0%) (Appendix two). In addition, most were very interested in attending a joint teaching session by GP trainees from the UK and staff at Kumi Hospital on breaking bad news 18 (75.0%) and communication skills 19 (79.2%).

The quotes included in questionnaire responses demonstrate that many healthcare

workers at Kumi Hospital and GP trainees from Mildmay Mission Hospital had positive thoughts about the opportunity to share knowledge and skills during the education exchange (Table 3, Table 4, Appendix 4, Appendix 5). There were various ideas about the objectives and scope of the visit from clinical staff at Kumi Hospital, including the provision of financial support and resources. A common recommendation was for a bilateral education exchange, the opportunity for healthcare workers from Kumi Hospital to visit the UK.

Table 3 - Quotes from questionnaires completed by healthcare workers from Kumi Hospital during week two of the education exchange visit

Positive reflections on the education exchange visit

“Improving knowledge gap for both Kumi Hospital staff and UK trainees”

“Exchanging ideas and experiences”

“It is more practical than theoretical”

“Some conditions are being managed differently. They look surprised to meet certain conditions that don’t exist in the UK”

“Interaction with team. Experience about the healthcare system in the UK.”

"Identifying health problems in the community and finding way forward to solving. Providing special attention of people/clients with palliative issues."

"Helped general practitioner to share new skills/ideas, knowledge, brings in morale to us who are in developing countries and wish to exchange with UK people"

"I like about breaking bad news and communication skills. And join learning more about technology system in UK / National healthcare service"

Suggestions for improvement of education exchange visit

"Kindly prolong period of stay"

"By bringing in more professionals to our hospital, bring in new equipment and also offer online exchange"

"There's need to keep rotating the trainees to all departments. We also need to visit the UK to witness service there."

Comments

"Recommend continuation of the program"

"Supporting Kumi staff to advance their careers since most of them remain in the same low level of education or cadre"

"Looking forward to continue with the exchange visits"

"Keep the programme running / continuing"

"You should continue coming to Kumi Hospital in order build strong relationships and improve on our career"

"It was a wonderful experience"

Table 4 - Quotes from questionnaires completed by GP trainees from Mildmay Mission Hospital during week two

Positive reflections on the education exchange visit

“Understanding a variety of healthcare systems is an integral part of working as a doctor but not an area particularly taught at medical school. I greatly appreciated getting the opportunity to understand and learn more about a healthcare system with limited resources for my own learning and for potential projects working on healthcare systems in the NHS. It was beneficial to observe the work of the Ugandan doctors and then have discussions with them about how they deal with risk, how they manage within limited investigations and treatment but also the vast amount of similarities between our practice. One of the doctors was hoping to be a psychiatrist and had similar interests to us as GP trainees.

It was also very interesting to see and consider the role of societal norms, culture on the presentation and treatment of illness which is vital for doctors in general practice. There was also the opportunity to go on community outreach which is useful for GP trainees.”

- “The opportunity to observe and learn about clinical practice in a variety of different departments at Kumi Hospital.
- Learning about the provision of healthcare in a resource limited setting.
- Gaining a greater understanding of the impact of health inequalities and wider determinants of health.
- Meeting a traditional healer and traditional birth attendant which enabled me to reflect on health seeking behaviour and access to healthcare in this context.
- I am incredibly grateful for the opportunity to experience a different healthcare system during my GP training. The education exchange has been of great benefit to me professionally and I hope that future GP trainees at Mildmay will be able to participate in similar education exchanges.”

Suggestions for improvement of education exchange visit

“I think the expectations of staff at Kumi Hospital need to be set pre-exchange (which could very easily be done with the staff on the ground e.g., Alex the exchange officer) as many believed we would be coming to work as surgeons or bring financial aid. As above one of the most beneficial parts was observing and talking with the doctors it could be improved if the trainees could spend time with Family Medicine doctors. The doctors at Kumi predominantly surgeons which made it slightly less relevant for us. ”

“Incorporate ideas for collaboration and learning from healthcare workers at Kumi Hospital. Arrange for healthcare workers from Kumi Hospital to visit Mildmay, London on an education visit.”

Benefits to GP trainees and the NHS

The education exchange visit has benefited us in multiple ways, both professionally and personally. Firstly, the education exchange visit was relevant to all clinical experience groups in the Royal College of General Practitioners (RCGP) curriculum. In addition, the education exchange is relevant to many RCGP curriculum capabilities, in particular, “Practising holistically, promoting health and safeguarding”, “Working with colleagues and in teams” and “Maintaining performance, learning and teaching”.

Secondly, the observership improved our understanding of the Ugandan healthcare system and access to healthcare in this setting. We have gained a deeper understanding of how healthcare is delivered in resource-limited settings, including the assessment and management of communicable and non-communicable diseases. In addition, we have increased our exposure to patients presenting with advanced non-communicable diseases and seen presentations that are very rare in the UK. The education exchange has allowed us to reflect on different approaches to medical management in resource-limited settings and the management of risk in uncertain situations. The opportunity to visit a traditional healer and traditional birth attendant was very useful and interesting to us as GP trainees. This experience allowed us to gain a better understanding of access to healthcare, the provision of healthcare in the local community and barriers and facilitators to accessing healthcare services.

Furthermore, some benefits of the education exchange visit link to the NHS healthcare leadership model:

Evaluating information

Involvement in the development and evaluation of the education exchange visit has developed our leadership behaviours relevant to “Evaluating information”. Collecting questionnaires from healthcare workers at Kumi Hospital has provided valuable insights which have been used to make recommendations. These recommendations will be used to guide future education exchange visits.

Engaging the team

Effective communication during meetings with key stakeholders at Kumi Hospital allowed us to share the aims and objectives of the education exchange and enabled us to get the most out of the visit. Throughout the visit, we spent lots of time listening to feedback and suggestions from local staff. This helped us to build professional connections, identified opportunities available to us during the visit and guided recommendations for the future. Clear communication and active listening facilitated engagement with the multidisciplinary team at Kumi Hospital.

Connecting our service

Involvement in the pilot education exchange visit has improved our understanding of health systems in different contexts and how these can be connected in order to share knowledge and learning. The experience has also given us an appreciation of the needs of different stakeholders and balancing these. We have gained experience collaborating with different stakeholders, working together to meet the objectives of the education exchange visit.

We believe that the leadership behaviours we have developed and improved by participating in the pilot education exchange visit have been useful in our current NHS roles and will also be useful in future NHS posts, particularly as we become more senior doctors.

In summary, this unique opportunity to be involved in an education exchange with Kumi Hospital as GP trainees has enabled us to gain knowledge and understanding of a different healthcare system, develop leadership skills and improve our understanding of the impact of the wider determinants of health. These benefits are invaluable to us both currently and in our future careers.

What can be learned for the future

In terms of the practicalities, for future trips, we would highly recommend a pre-visit call (phone or video) with the Ugandan team before going. This would be relatively easy to implement as the hospital has a small team in charge of health placements at the hospital. This would enable the team to create a timetable and set their own objectives prior to arrival which would mean the two weeks were fully utilised. This would also give the Ugandan team the opportunity to understand, and help plan, the timetable and objectives of the GP trainees. As can be seen in the questionnaire feedback, some of the Ugandan clinicians were unsure as to the purpose of the trip which may limit the success.

The creation of a timetable prior to arrival would also allow for the pre-planning of a timetable for the weekend. Unfortunately, during the pilot, there were no plans for the weekend and due to the concerns of the Ugandan team about travel and limited access to vehicles the UK team were left in the accommodation for a period of time with no ability to leave. The weekend could be a fantastic opportunity to see other aspects of the country. We were informed of a

'homestay' opportunity in the mountains near Mbale that would be a great option.

Another reason to consider careful pre-planning of the trip is that the seasons have an impact on patient access to healthcare which impacts learning opportunities. The pilot team went in March which is the farming season in the villages around Kumi and therefore, understandably, many health conditions become a secondary priority resulting in a decrease in hospital attendance. For many at this time, planting crops is their primary priority and is needed to sustain life (as mentioned in the introduction subsistence farming is the most common occupation). When we visited, there were no current inpatients at J.O.Y Health Centre and Hospice, Mbale, and only two patients attended the outpatient clinic including a gap-year student.

A key message from the questionnaires and an area that both GP trainees feel passionately about is that the programme should be an exchange of equal opportunities where we are all truly learning from each other. For this to be achieved this should be a bilateral exchange.

This could incorporate both physical exchanges to each other's countries to learn about the healthcare systems and doing collaboration-based teaching sessions incorporating both skill sets, knowledge and cultural appropriateness.

The exchange programme does however need to be aware that Uganda is on the red list from the World Health Organisation Workforce Support and Safeguard List, 2023 meaning according to The Code of Practice for International Recruitment these developing countries should not be targeted when actively recruiting health or care professionals. The countries on the red list have a UHC Service Coverage Index that is lower than 50 and a density of doctors, nurses and midwives that is below the global median (48.6 per 10,000 population).

During a period of reflection following the pilot education exchange we considered how the education exchange may have been had we been paired with Family Medicine trainees or Family Medicine doctors in Uganda. Most of the doctors at Kumi Hospital are surgically or obstetric minded which is a different skill set to Family Medicine/GP and it would have been interesting and relevant to see how Family Medicine/GP is taught and practised in Uganda. The location/hospital site of the exchange could be re-evaluated.

A huge consideration when planning this trip is that Kumi is a devoutly Christian town, and the hospital partakes in religious activities throughout the day. We were asked to partake in morning devotions, attend church, listen to religious music and pray with patients multiple times daily throughout the 2 weeks. This aspect of the community is important to witness and whilst some of the language used was highly misogynistic it gave an understanding of the cultural context in which patients seek healthcare which is crucial to see and understand. We do however think this should be a consideration when planning the trip as many of the GP trainees are of different faiths, particularly a large Muslim community, and that may create difficulties for the GP trainees.

A final but crucial point is that, devastatingly, while on the education exchange pilot in March 2023, Ugandan MPs passed a controversial anti-LGBTQI+ bill, which has since been approved and has made homosexual acts punishable by death. There was homophobic language used in some of the questionnaire responses from healthcare workers at Kumi Hospital despite not having any conversations with the clinical staff at Kumi about LGBTQI+ topics. We would be concerned about the safety of sending any GP trainees, either from the LGBTQI+ community or ally of it (which we would consider all Tower Hamlets GP trainees and those working at Mildmay to be).

Recommendations

- Representatives from Kumi Hospital to meet virtually with representatives from Mildmay Mission Hospital prior to future education exchange visits to plan and shape the timetable including weekend plans and season of travel
- Content of future education exchanges to be partially guided by learning needs and personal development plans of GP trainees
- Future GP trainees from Mildmay Mission Hospital to arrange teaching sessions for healthcare workers at Kumi Hospital in collaboration with staff at Kumi Hospital, based on the learning needs of healthcare workers at Kumi Hospital
- Healthcare workers from Kumi Hospital to participate in an education exchange visit to Mildmay Mission Hospital
- Multidisciplinary team involvement in education exchange
- Evaluation of the appropriateness of the hospital in relation to GP training opportunities and consideration of a placement with Family Medicine doctors or settings with a higher turnover of patients
- Consider the appropriateness of the placement for GP trainees from different religious backgrounds
- Evaluation of the appropriateness of the hospital placement in terms of GP trainee safety, whether they are from or an ally of the LGBTQI+ community .

Appendices

Appendix One

Questionnaire responses from healthcare workers at Kumi Hospital during week one of the education exchange visit – previous teaching experiences

Question	Response	
	Yes	No
Have you ever had Family Medicine trainees visit Kumi Hospital in the past?	9 (39.1%)	14 (60.9%)
Have you ever received this type of teaching at Kumi Hospital:		
Role play	8 (33.3%)	15 (62.5%)
Bedside teaching	11 (47.8%)	12 (52.2%)
Lecture based	10 (43.5%)	12 (52.2%)
Seminar/small group session	15 (62.5%)	9 (37.5%)
Case-based discussion	18 (75.0%)	6 (25.0%)
Mentoring	16 (66.7%)	7 (29.2%)
Have you ever received teaching on these topics:		
Quality improvement	22 (91.7%)	2 (8.3%)
Audit	16 (66.7%)	8 (33.3%)
Breaking bad news	13 (54.2%)	11 (45.8%)
Communication skills	19 (79.2%)	5 (20.8%)
Technology in health systems	14 (58.3%)	10 (41.7%)
Have you ever conducted a quality improvement project?	18 (75.0%)	5 (20.8%)
Have you ever conducted an audit?	15 (65.2%)	8 (34.8%)

Appendix Two

Questionnaire responses from healthcare workers at Kumi Hospital during week one of the education exchange visit:

Question	Response				
I think the education exchange visit with General Practice (GP) trainees from the UK will be:	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
Useful for staff at Kumi Hospital	1 (4.0%)	0 (0.0%)	0 (0.0%)	11 (44.0%)	13 (52.0%)
Useful to the GP trainees from the UK	1 (4.2%)	0 (0.0%)	2 (8.3%)	11 (45.8%)	10 (41.7%)
Interesting for staff at Kumi Hospital	1 (4.0%)	0 (0.0%)	0 (0.0%)	12 (48.0%)	12 (48.0%)
Interesting for the GP trainees from the UK	1 (4.0%)	0 (0.0%)	0 (0.0%)	12 (48.0%)	12 (48.0%)
Beneficial to the patients at Kumi Hospital	1 (4.0%)	0 (0.0%)	4 (16.0%)	8 (32.0%)	12 (48.0%)
Beneficial to staff morale at Kumi Hospital	0 (0.0%)	0 (0.0%)	3 (12.0%)	10 (40.0%)	11 (44.0%)
I think I will learn something new during the education exchange with GP trainees from the UK	1 (4.0%)	0 (0.0%)	0 (0.0%)	13 (52.0%)	11 (44.0%)
	No knowledge	Minimal knowledge	Basic knowledge	Good knowledge	Expert knowledge
Describe your knowledge of quality improvement	2 (8.3%)	2 (8.3%)	9 (37.5%)	11 (45.8%)	0 (0.0%)
Describe your knowledge of audit	2 (8.3%)	6 (25.0%)	8 (33.3%)	8 (33.3%)	0 (0.0%)
Describe your knowledge of the UK healthcare system/National Health Service (NHS)	7 (29.2%)	6 (25.0%)	6 (25.0%)	3 (12.5%)	1 (4.2%)

	Not at all interested	Not very interested	Neutral	Somewhat interested	Very Interested
Describe your interest in learning more about quality improvement	0 (0.0%)	0 (0.0%)	1 (4.2%)	2 (8.3%)	21 (87.5%)
Describe your interest in learning more about audit	0 (0.0%)	0 (0.0%)	2 (8.3%)	2 (8.3%)	20 (83.3%)
Describe your interest in learning more about the UK healthcare system/National Health Service (NHS)	0 (0.0%)	0 (0.0%)	4 (16.7%)	1 (4.2%)	18 (75.0%)
Describe your interest in learning more about technology in the UK health system/National Health Service (NHS)	0 (0.0%)	0 (0.0%)	6 (25.0%)	1 (4.2%)	17 (70.8%)
Describe your interest in providing teaching as part of the education exchange?	0 (0.0%)	0 (0.0%)	4 (16.7%)	0 (0.0%)	20 (83.3%)

How interested would you be in receiving a joint teaching session from GP trainees from the UK and staff at Kumi Hospital on these topics:

Breaking bad news	0 (0.0%)	1 (4.2%)	1 (4.2%)	3 (12.5%)	18 (75.0%)
Communication skills	0 (0.0%)	0 (0.0%)	1 (4.2%)	2 (8.3%)	19 (79.2%)

	Not at all confident	Slightly confident	Neutral	Somewhat confident	Very confident
Describe your confidence in conducting a quality improvement project	1 (4.2%)	2 (8.3%)	5 (20.8%)	7 (29.2%)	9 (37.5%)
Describe your confidence in conducting an audit	3 (12.5%)	2 (8.3%)	7 (29.2%)	5 (20.8%)	7 (29.2%)

Appendix Three

Questionnaire responses from healthcare workers at Kumi Hospital during week two of the education exchange visit:

Question	Response				
	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I think the education exchange visit with GP trainees from the UK is:					
Useful for staff at Kumi Hospital	0 (0.0%)	0 (0.0%)	1 (5.9%)	3 (17.7%)	13 (76.5%)
Useful to the GP trainees from the UK	0 (0.0%)	0 (0.0%)	0 (0.0%)	5 (29.4%)	12 (70.6%)
Interesting for staff at Kumi Hospital	0 (0.0%)	0 (0.0%)	1 (5.9%)	3 (17.7%)	13 (76.5%)
Interesting for the GP trainees from the UK	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (17.7%)	14 (82.4%)
Beneficial to the patients at Kumi Hospital	0 (0.0%)	0 (0.0%)	1 (5.9%)	6 (35.3%)	10 (58.8%)
Beneficial to staff morale at Kumi Hospital	0 (0.0%)	1 (5.9%)	0 (0.0%)	6 (35.3%)	10 (58.8%)
I learnt something new during the education exchange with GP trainees from the UK	0 (0.0%)	1 (5.9%)	0 (0.0%)	8 (47.1%)	7 (41.2%)

Appendix Four

Quotes from Questionnaires completed by healthcare workers from Kumi Hospital during week one of the education exchange visit:

Positive or negative thoughts about the education exchange visit

"An exchange visit of this nature offers the opportunity for the sharing of learned experiences"

"Education exchange visit to me is a great initiative that will improve the quality of service delivery by both Kumi Hospital staff & GP trainees from the UK which finally will benefit our patients"

"It encourages information exchange. Improves work relationships. Helps strengthen health service delivery and patient management/care."

"I think it will benefit both the staff and patients of Kumi Hospital"

"Knowledge exchange on how we manage patients here and in the UK based on the condition diagnosed."

What do you think would be beneficial for the GP trainees from the UK to include in the education exchange visit

"To expose them to various conditions and procedures in resource-limited areas as much as possible"

"Tropical medicine exposure and application of the difference in health care service delivery in resource-limited settings and in the low-income countries"

"They should include several other medical courses like orthopaedics, physiotherapy, speech and language and audiologists etc."

"Improve on their exposure to tropical medicine enhancing their knowledge. Also, will help them identify areas that may need to be uplifted at the Hospital of Kumi."

"If possible the doctors from the hospital should also be allowed to visit the other side where the GP trainees come from (UK) to learn more new things"

"It should be better to take some staff to the UK such that we appreciate how service delivery is done in the UK compared to ours"

"Bridging of students to Kumi Hospital should continue and it is interesting to exchange knowledge and it has increased friendships and our patients are happy."

What do you think should be included in the education exchange programme to benefit Kumi Hospital?

"Scholarship of staff for school"

"A need for more equipment and knowledge on quality improvement like coded buckets for segregation of work"

"Educational resources and materials. Trainee teams should include counsellors, nurses for comprehensive input in teaching and learning"

"Take some staff from Kumi Hospital to Europe for exchange learning depending on department. Carry out CME's. Provide computer lab where all staff can access computer for reading"

"Include several other courses that cuts across the health problems in surrounding communities"

"Should include CMEs on non-communicable disease. Also have some staffs of Kumi Hospital visit the UK and get some experience in managing certain conditions"

"UK national guidelines in healthcare management. Learning from past experiences and based on life events. Identify the common local conditions and liken the management based on WHO guidelines and UK guidelines"

"Role plays and case-based discussions"

General comments

"This is a great opportunity to Kumi Hospital and local community to benefit in improved patient care and medical infrastructural development"

"We are looking forward to have this programme continue at Kumi Hospital"

"Since we all agree to learn from each other we would be happy partnering with the UK trainees and sharing knowledge both in the Kumi Hospital and back in the UK as well"

"It is a good idea to have this exchange programme"

"I am very grateful for this program as it provides opportunities for sharing knowledge and skills"

"Very good programme"

"Thanks for coming, please come again"

"Education exchange is very good and important for our career"

Appendix Five

Quotes from Questionnaires completed by GP trainees from Mildmay Mission Hospital during week one of the education exchange visit:

Positive or negative thoughts about the education exchange visit

"I am very grateful for the opportunity to participate in an education exchange visit to Kumi Hospital. I think this is a fantastic opportunity for GP trainees in order to experience the provision of health services in a different setting with limited resources."

"Overall, I feel positive as it is an amazing opportunity to learn about another healthcare system and take home ideas and innovations that may help my future NHS career. I feel slightly apprehensive about the issue of 'white saviourism' and practice we may see by other foreign nationals as I have witnessed practice in Uganda which would be unacceptable in the UK (school students doing operations!) and is against the code of conduct we will be working within. "

What do you think would be beneficial for the GP trainees from the UK to include in the education exchange visit?

"Gain clinical experience in a broad range of departments at Kumi Hospital. Experience outreach work in local communities. Knowledge sharing of healthcare systems (Ugandan health care system and UK healthcare system)."

"I think any experience in the community rather than just the hospital would be beneficial to GP trainees in particular - I hope we can visit other health services and spend time having discussions with doctors at a similar level to ourselves. "

What do you think should be included in the education exchange programme to benefit Kumi Hospital?

"Liaise directly with staff at Kumi Hospital to identify what they would find useful from the education exchange. Identify ideas for future teaching based on the needs of staff at Kumi Hospital. Knowledge sharing of healthcare systems (Ugandan health care system and UK healthcare system)"

"I think the best way is to ask them - potentially adapted/culturally appropriate teaching on areas like communication skills which are heavily focussed on in the UK. Learn about our healthcare system and how it works."

Mildmay began as a charitable institution over 160 years ago.

It has specialised in HIV since the 1980s and continues to deliver quality care and treatment, prevention work, rehabilitation, training, education and health strengthening in the UK and East Africa.

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Registered Office: 19 Tabernacle Gardens, London E2 7DZ, UK

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MILDMAY
Transforming Lives



Mildmay Mission Hospital

19 Tabernacle Gardens
London
E2 7DZ

T: +44 (020) 7613 6300
W: mildmay.org
mildmay.nhs.uk