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Contents

Contributors:	1
Acknowledgements	3
Acronyms	4
Foreword	5
1. Introduction	6
Why this Handbook?	6
2. Expectations and benefits of Internship	7
2.1 Expectations by the Hospitals	7
2.1.1 You are expected to:	7
3. Career growth and Professional Development in Health.....	9
5. Managing Stress during Internship	12
5.1 Types of stress	13
5.1.1 There are three types of stress namely; acute, episodic and chronic:	13
5.1.2 Causes of stress:	13
6. Global Health Perspectives	15
6.1 Global Health Architecture	16
6.2 Global Health Diplomacy	17
6.3 Global Health Security	18
7. Joining Public Service in Uganda	18
8. Principles of Quality Assurance in Health Care	19
9. Testimony of an Intern	21
10. Nursing Competencies	22
11. The National Health System in Uganda	23
12. Conclusion	25
NOTES	29

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The work was globally recognized and applauded in the Health Workforce Resilience Awards hosted in February 2020 by the Human Resources for Health in 2030 (HRH2030) Program.

Acronyms

ACHEST	African Center for Global Health and Social Transformation
AFREhealth	African Forum for Research and Education in Health
AIDs	Acquired Immune Deficiency Syndrome
ACC	African Coordinating Centre
CSO	Civil Society Organizations
DHO	District Health Office
FAIMER	Foundation for Advancement of International Medical Education and Research
Gavi	Global Alliance for Vaccines and Immunization
HEPI	Health Professions Education Initiative
HSC	Health Service Commission
ICN	International Council of Nursing
JMS	Joint Medical Stores
MEPI	Medical Education Partnership Initiative
MOH	Ministry of Health
NGO	Non-Governmental Organizations
PPE	Personal Protection Equipment
SACCO	Savings and Credit Cooperative Organization/ Society
TB	Tuberculosis
TUFH	The Network Towards Unity for Health
UMA	Uganda Medical Association
UMDPC	Uganda Medical and Dental Practitioners Council
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNMC	Uganda Nurses and Midwifery Council Joint Medical Stores
VHTs	Village Health Teams
WHO	World Health Organization

FORWARD

The Ministry of Health acknowledges the critical role that interns play in the delivery of health services in Uganda. I am therefore pleased to support the publication of this Handbook for Interns in Health Professions in Uganda. It is my expectation that this Handbook will help newly qualified health professionals to undertake and achieve the objectives of internship.

This Handbook comes out of work that has been done over a period of three years by the Ministry of Health (MoH), the African Center for Global Health and Social Transformation (ACHEST) and the Health Professions Education Initiative (HEPI) based at the Makerere University College of Health Sciences.

The Handbook addresses key issues that face newly graduated professionals and provides relevant guidance to fill a vacuum that has existed in the upbringing of health professionals in the country. The content of this Handbook will be a useful material for induction courses for new graduates in the health professions. I would like to see that these courses become a routine part of interns professional development and will work to ensure that Government provides resources for the resumption and institutionalization of the induction courses.

I call upon all health professions in Uganda to make full use of this Handbook. It should be readily available at all health facilities, on the websites, training institutions and Health Professional Councils.

The performance, content and relevance of the Handbook will be carefully monitored by the Ministry of Health, Professional Councils, Training institutions and Professional Associations. Regular reviews will be undertaken and the content updated as needed.

I wish every success to those who will use this Handbook and thank all those who have contributed to its publication.

For God and My Country.



HON. DR. JANE RUTH ACENG OCERO

1. Introduction

Health professions internship is the transition from being students to independent practitioners within the health system. Internship fills skill gaps which the university training does not provide particularly in the practical aspects of the profession. These skills include clinical practice, communication and management and administration of the health system. Internship is supervised by accredited specialists and successful completion and sign-off is a requirement for full registration with the respective professional councils which qualifies graduates to practice independently.

Internship is also the time when new professionals start to consider their future career and areas for specialization. It is recognized that this is a busy and challenging phase of professional growth, which if well-handled is fruitful, memorable and enjoyable. For this to be achieved, it is important to prepare new graduates to enter internship with the right attitude and information which is the purpose of this Handbook.

Why this Handbook?

In Uganda today, new health professionals go to the job market in both the public and private sector where they face challenges in getting timely recruitment, payroll access, supportive supervision and career paths. It therefore becomes critical to prepare interns as early as possible to overcome these challenges. Internship makes candidates more competitive in the job market but only if they are well prepared. In addition to gaining exposure and experience in the field, it also provides an opportunity to see if the particular career field is the right one based on getting personal experience in the field. However, this can only be achieved if the internship period is well managed and utilized. The main purpose of this Handbook is to enable new professionals to join the health system smoothly and excel so as to achieve their potential.

2. Expectations and benefits of Internship

When one joins the health workforce as an intern, one has expectations but the hospitals and the Ministry of Health (**MOH**) also have expectations. It is important for the interns to understand that expectations on all sides need to be met. There are many stakeholders including the intern, the hospitals, **MOH**, fellow interns, colleagues and supervisors, as well as your patients, interns' parents and guardians and the community, among others.

2.1 Expectations by the Hospitals

2.1.1 You are expected to:

- Do your work professionally with respect and in conformity with standards. Apart from the clinical skills which you need, you have to be professional, ethical and respectful to all those around you.
- Hold no other job because internship is a full time job. You should therefore, desist from holding other jobs as that could affect your learning and performance during internship.
- Manage your time wisely to be able to attend to the different activities that you will be expected to conduct. For example, clerking patients, ward rounds, laboratory errands and many others.
- Observe phone etiquette: During work, limit phone calls to emergency calls and work-related calls, even then use the phone in a respectful manner. Desist from spending a lot of time on your phone. You are not expected to pick your phone while working on a patient or during a ward round with seniors.
- Be courteous and empathetic to all patients and their attendants. These are people who are unwell and you have to put yourself in their shoes and treat them the way you would want to be treated.

- Be a team player. At the hospital, there are different cadres of health workers like undergraduate and post graduate students, the senior health professionals and support staff. All members are there because they play a role and are important in the entire system of health care. Respect your seniors, colleagues and subordinates alike.
- Respect the chain of command as you go about your work. If you have issues, please seek redress through proper channels.
- Respect the Hippocratic Oath. Exercise confidentiality with the patient's information. Observe professional ethics and values.
- Be accountable. There are many resources which will be in your hands like drugs, instruments and equipment. Make sure you take care of the property in your custody and at the end of the day if you are signing out, make sure you hand over properly.
- Be smart and clean. Dress decently and respectfully at all times.
- Keep time. Respond to emergencies promptly. Take rest as needed.

Do Not...

- Use abusive language. Stay calm and composed.
- Ask for or take bribes in any form from patients or attendants.

2.1.2 The interns' expectations:

- Complete training successfully.
- Be fully supported and encouraged.
- Be accommodated, fed and paid.

2.1.3 Expectations of patients:

- Courtesy, professionalism and high ethical standards.

2.1.4 Parents and Guardians' Expectations:

- That you complete your internship successfully.
- That your professional career grows.

3. Career growth and Professional Development in Health

Internship is the second stage of professional growth after completion of undergraduate training. Successful completion enables a graduate to be fully registered with the professional council and to practice independently. It is possible to continue one's professional career without further specialization. However, most professionals undertake further studies to specialize.

There are many areas for specialization such as clinical specialties, family medicine, laboratory medicine and pathology, research, public health, academia, health services management and administration, among others.

Internship is an opportunity to consider a selection of an area for specialization. Very often, it is necessary to spend some time in general practice, for example in a hospital setting, before making a final decision.

Opportunities and sponsorship for specialization exist within the Government structures with provision for paid study leave and scholarships. These however, are limited in number and are restricted to those who are public servants at district level, regional referral hospitals and research institutions. One of the current challenges faced by health professionals who complete specialized training from district health services is that their new qualifications cannot be accommodated in the district health structure and they have to apply for specialist posts in the referral hospitals or Not-for-

profit hospitals or in academic institutions. Specialized scholarships are also available from other sources such as development partners, Not-for-profit organizations and philanthropy. It is also possible to self-sponsor.

Career growth is also possible in Uganda without the requirement for specialization to occupy positions of senior and principal medical officers or senior and principal nursing officers.

Higher specialized qualifications also exist such as cardio-thoracic surgery, cardiology, neurosurgery, nephrology etc. These super specializations, as they are known, can take 3-4 years after a Master of Medicine qualification from the university. Some of the higher qualifications are awarded by professional colleges such as the College of Surgeons, Physicians, Anesthesia, Orthopedics, Paediatrics etc. of East, Central and Southern Africa; with head-office in Arusha, Tanzania.

It is also possible to specialize through acquisition of higher academic qualifications such as **PhDs** and other doctorate degrees.

If you distinguish yourself as a professional in your field, institutions may award you honorary qualifications such as fellowships or doctorates. On top of this, outstanding professional achievements are rewarded with recognitions and awards by national and global institutions. You will also have connections and access to networks around the world which increase your influence and opportunities.

The practice of the health profession is a three-legged stool consisting of service, teaching and research which are inseparable. Every health professional is expected to undertake this and to share their knowledge through publications in journals, books and conference presentations.

In all these, mentorship and collaboration play a significant role. It is important for young professionals to identify mentors and collaborators and associate with them as a pathway for growth and career development. Health professionals are also required by the Hippocratic Oath to become mentors and teachers for others.

4. The Role of Professional Associations

There are a number of health professional associations to which newly qualified professionals can belong such as Uganda Medical Association (**UMA**), Uganda Midwives and Nurses Association and Uganda Pharmaceutical Association among others.

These associations have specific roles and responsibilities to their members. For purposes of this Handbook, we will take **UMA** as an example to elaborate these roles.

UMA is a national professional association with membership exclusively drawn from duly registered medical professionals, with the mission to promote the highest standards of professionalism and ethics. As such, the **UMA** acts as the custodian of the values and standards of the profession.

UMA has elected leadership and operates branches at every regional referral hospital in Uganda. All doctors are encouraged to belong to a branch. Interns prior to full registration qualify as associate members of **UMA** and are welcome to participate in its activities.

On top of the association, there is also the Uganda Medical Workers Union which addresses issues of welfare and emoluments of health professionals in Uganda.

The **UMA** together with the Union advocate for welfare of the health professionals such as ensuring that the working conditions are safe and conducive. Examples include availability of Personal Protective Equipment (**PPE**), working hours and timely payment of risk allowances.

Intern's membership fee to join **UMA** is currently Uganda Shillings 50,000. There is also a Savings and Credit Cooperative Organization (**SACCO**) to which interns qualify to be members.

The Uganda Medical and Dental Practitioners Council (**UMDPC**) is established by an Act of Parliament as an agency of Government. Its purpose is to play the role of a regulator of the medical profession by ensuring that all practitioners are registered, their performance is monitored. The Council also regulates standards of training and education of medical and dental practitioners. Medical interns are registered on the Provisional list of the Council.

Interns can join the **UMDPC** through an online portal. There are also other professional councils namely; the Uganda Nurses and Midwives Council, the Uganda Allied Health Professionals Council and the Uganda Pharmacy Board with similar responsibilities to the **UMDPC**.

5. Managing Stress during Internship

We need to acknowledge that stress is normal. But we need to learn to manage it and deal with it. Stress is individual. It is you and your body and how you respond to certain situations.

The symptoms can be both physical and psychological. Symptoms include raised blood pressure, failure to sleep and headaches, among others. There are also emotional symptoms such as anger, fatigue, depression, sadness. All these are symptoms that present when you are stressed and it is a normal reaction to the circumstances that you face.

What is not normal is that after developing the above responses they are followed by certain behaviors such as abnormal eating habits like overeating, sudden angry outbursts, resorting to drugs and alcohol, smoking, becoming withdrawn and crying a lot and developing relationship problems. It is these behaviors that are

worrying and call for social and mental health support. Colleagues and family members should watch out for these abnormal behaviors as the sufferer may not be aware that something is wrong.

5.1 Types of stress

5.1.1 There are three types of stress namely; acute, episodic and chronic:

- Acute stress is short term; for example, someone thinks about something bad which happened to them like losing a patient and begin to get the feeling that they could have done better.
- Episodic stress is more frequent which makes one to become irritable; for example, feeling overwhelmed by workload such as organizing a ward round when you have too many patients.
- Chronic stress is continuous. One does not recover from stressful situations. It generally goes unnoticed, and with no relief leading to behavioral problems as listed above.

5.1.2 Causes of stress:

There are many things that may lead you to behavioral problems:

- Communication problems mainly due to inability to express problems and feelings especially to superiors. Examples include excessive workload, lack of skills, and social problems.
- Unrealistic timelines and unstructured roles: For example, if the roles of an intern doctor or intern pharmacist are not clear. For example, For a pharmacy intern
- “Feeling undervalued and unappreciated”, e.g. Occasionally helping out to offload medicines in a hospital where personnel are in short supply is in itself not necessarily a cause of stress. However, when this kind of thing is routinely imposed on the intern or expected routinely by superiors when not in the job description this could cause stress.

- Social and financial problems such as salary delays, low pay, long working hours, lack of family time and relationship issues among others.

5.1.3 Work life balance

It is important to have work-life-balance during internship and beyond. This is achieved through the following:

- **Tracking your time:** it is important to know what you are supposed to be doing at what time. Many times, you will find that you are always chasing time which can be stressful. For example, if you know you are going to have a procedure at 9:00 am, prepare in advance for that procedure. Similarly, if you have a theatre list, prepare the patients in advance. Having a diary is helpful.
- **Prioritize:** It is important to learn to prioritize your tasks, to ensure that important issues are not forgotten or delayed including your social and work life.
- **Take on what you can do within the available time.** For example, do not take on side jobs such as running multiple clinics or multiple tasks.
- **Communication:** it is important to learn to talk to your seniors, take and accept feedback. Learn to listen as communication is two way. Don't suffer in silence. If you feel overwhelmed, seek help from colleagues and seniors. If necessary do not hesitate to consult mental health specialists including counsellors and psychiatrists.
- **Setting your boundaries.** For example, someone might be the first medical professional in their clan. Everybody will be calling you. But it is important to say, "Look, you can only call me between this time and this time and I can't do certain things on the phone".

- **Take care of your health.** It should be your number one priority. Undertake physical exercise activities such as going to the gym, jogging, brisk walking, etc. Refrain from excessive use of alcohol and tobacco. You have access to drugs of abuse at your place of work, refrain from them. You need some time off duty.

- Stand for each other. Work as a team.

6. Global Health Perspectives

International connections, partners, networks and friends are important for health professionals. These become part and parcel of successful professional careers.

Global Health refers to the way in which the international community organizes to promote and achieve population health at national, regional and global level. There are dedicated institutions which coordinate activities needed to address common health aspirations and threats.

Africa is lagging behind other regions of the world in health indices. We should be concerned and ashamed of this situation. Today's young African health professionals are the ones who are going to fix this and internship is the starting point for preparing for this.

If we want Africa to be as good as the rest of the world, we need to be socially accountable as health professionals. As humans, we are innately empathetic and this attribute will form an important component of your professional career in health as you interact with your clients, patients and their families and friends. Social responsibility is also about ensuring equitable quality services.

6.1 Global Health Architecture

You are going to be practicing in a global environment. There are international agencies such as the World Health Organization (**WHO**) and other United Nations (**UN**) agencies which are constituted by countries. In the countries, it is the Ministries of Health that are responsible for coordinating a national health agenda. The **MoH** works with development partners and other sectors such as education, gender, local government, finance and planning, parliament, among others in formulating and implementing national health policies and aligning them with the global agenda.

Under the **MoH**, there are parastatal organizations such as the National Drug Authority and National Medical Stores, Uganda National Research Organization and professional councils etc.

There are also institutions outside the **MoH** which contribute to the national health agenda such as Faith-based organizations, Non-Governmental Organizations (**NGOs**), Civil Society Organizations (**CSOs**), research and academic institutions. Others include professional associations, trade unions, think-tanks etc.

These are regional structures in the African region which include WHO/Africa Region, the African Union, Africa Center for Disease Control, Inter-regional economic communities in East and Central Africa; East and Central Southern African community; the East and West African Professional organizations, South African Development Cooperation etc. All these have got health offices which coordinate the regional health agenda. There are also regional professional associations for professional specialties such as medical students, surgeons, orthopedics, etc.

The UN family, WHO, UNICEF, UNFPA, UN Women, UNESCO etc have country offices in each country. The overall co-ordination of UN agencies in a country is led by the United Nations Development Program (UNDP) representative.

Health ministers meet once every year through the Regional Committee of WHO and at the World Health Assembly in Geneva, Switzerland to discuss health issues affecting the continent.

We also have Global Health Initiatives such as the Global Fund to fight AIDS, TB and Malaria, Gavi, The Vaccine Alliance (formerly Global Alliance for Vaccines and Immunization, GAVI), Stop TB Partnership, Roll-Back Malaria among others. These raise and coordinate resources which are made available to countries to support dedicated health program.

The private sector in health is a major player. There are faith-based or private-not-for-profit health service providers such as Mengo, Nsambya and Kibuli Hospitals in Kampala, and others such as Ngora, Kalongo, Lacor, Matany, Kisiizi, and others scattered all over the country. The private practitioners operate hospitals and clinics throughout the country and many communities have drug shops. In addition, there is a growing private -for-profit sector in health involved in manufacturing and distributing pharmaceutical products and medical equipment.

6.2 Global Health Diplomacy

Global health diplomacy is about engaging in dialogue and how to agree on issues in a cooperative and amicable way. In Global Health Diplomacy, there are donors or health development partners that exercise influence through providing resources, ideas, knowledge and expertise. The relationship between countries receiving health financing and the donors calls for health diplomacy from all actors. The World Trade Organization (WTO) coordinates and regulates trade in drugs and other pharmaceutical products. The WHO plays a key role in ensuring good manufacturing practices for these products and ensures certain minimum standards are met. This is useful as many low- and middle-income countries do not have the resources to do their own quality assurance inspections of products before shipments arrive.

All these institutions help to build trust and provide space for a dialogue in global health.

6.3 Global Health Security

There are health problems which transcend borders and which cause illness and death as well as disrupt economic activities. COVID-19 and other infectious diseases outbreaks are examples of threats to Global Health Security. International health regulations have been approved by WHO member states to guide on issues of cross-border disease transmission and prevention.

7. Joining Public Service in Uganda

The Public Service is an important employer for health professionals. It has regulations, rules and procedures spelt out by the Government.

The Public Service has different types of appointments:

Appointment on probation: This is the first appointment a person gets while joining service for the very first time. Probationary period is six months but can be extended or terminated on grounds of poor performance, indiscipline and incompetence.

Appointment on confirmation: An officer is admitted to the pensionable establishment, and enjoys the benefits such as long-term courses and studies and ability to take leave without pay.

Acting appointment: This is on a temporary basis that usually does not exceed 6 months though renewable. In this kind of appointment, one is appointed to handle a higher position as given by the appointing authority.

Appointments on promotion: This is given when you have been elevated to a higher office. It is premised on good performance and the requisite qualifications.

Appointments on local contracts: This type of appointment is given to non-citizens certified by a Government Medical Officer, or a retired officer on pension from the Uganda Government. The duration of service is 2 years.

Types of emoluments public officers enjoy include salary, allowances, annual leave and professional development provided by government.

Exiting from Public Service: One may exit Public Service through death, absconding duty, transfer of service, dismissal or termination on disciplinary grounds and retirement.

Retirement can be mandatory in public interest, on abolition of post/office, on medical grounds voluntary or having reached retirement age.

Health Services Commission and District Service Commissions

The Health Services Commission (**HSC**) is responsible for the recruitment of health professionals into the public service, at the **MoH** headquarters and at the regional referral hospitals. The District Service Commissions recruit for the District Health Services. Parastatals in the health sector recruit through their governing boards. Interns are currently appointed by the Permanent Secretary in the **MoH**.

8. Principles of Quality Assurance in Health Care

Quality of Health Care implies that the services provided are meeting the needs of the clients and that errors are minimized as much as possible. To achieve this, the MoH developed a quality assurance policy and programme with clear guidelines on assuring the best possible quality of health care using available resources. There are many definitions of quality:

- Delivery of care following the standards which have been set (National/International)
- Doing the right thing, at the right time, in the right way all the time.
- Doing the best with the available resources
- Quality Assurance implies the presence of a system to support: performance according to set standards
- A systematic way of establishing and maintaining quality improvement (QI) activities as an integral and sustainable part of Service Delivery system
- A process of assessing care against set standards and acting to improve it.
- Identification of problems in Service Delivery, analyzing those problems and seeking ways to solve them
- Concerted effort to continuously do things better all the time until they are done right, the first time all the time
- Improving performance of tasks involves providing the necessary inputs, breaking the implementation process into small steps, evaluating the output of the process followed by the outcomes and the long-term impact. This enables problems identified to be solved and enables performance to continuously improve.

The principles of quality assurance are: focusing on client needs, understanding work as processes and systems, using data to improve performance, promoting teamwork, setting and communicating standards. Quality Cycle consists of planning, implementing, assessing performance and improving performance continuously. A mind set should be cultivated that recognizes that performance in any sphere can always be improved.

9. Testimony of an Intern

I did my medical internship at Mulago National Referral Hospital. Unlike previous years, we were not given a chance to choose the discipline in which to do internship. I did internship in Pediatrics and Surgery. We had the pre-COVID-19 and COVID-19 experience.

It was a wide scope of exposure. Working in a national referral hospital gives one more resource than one would get in other health facilities. This gives you an edge over those working in other facilities as you get to see a wide range of referrals.

As an intern in Mulago Hospital, we had the opportunity to practice evidence-based medicine, prescribe appropriate drugs and we were able to carry out full investigations on our patients.

Among the challenges that interns usually experience are delayed and low salaries. However, during our tenure, we got our allowances on time.

At some of the intern training sites, accommodation may be outside the hospital and security may be a challenge.

The COVID-19 lock down brought additional challenges like lack of transport, adjusting to the stress of a highly infectious disease condition, and lack of PPE. There were fewer patients reaching the hospital which reduced our opportunity to learn on a range of cases. Because of COVID-19, leave schedules were not respected.

Internship is subject to assessment by seniors, and for one to be signed off, one must have met all the requirements and satisfied one's supervisor that one is capable of working independently. In our year, some people were not signed off. However, if you do your assignments and follow protocols onwards, there should be no problem.

What enabled me to successfully complete my internship was good time management, exhibition of competence, being a team player, and having good relationship with the hospital administration, directors and heads of department.

10. Nursing Competencies

Nursing practice, according to the International Council of Nursing (**ICN**), is defined as a scope of nursing which comprises of autonomous and collaborative care of individuals of all ages, families, groups and communities whether sick or well in all settings. In the Ugandan setting, the nursing practice is being regulated by the Uganda Nurses and Midwifery Council (**UNMC**).

During internship in nursing, the following competencies should be achieved:

- **Confidence;** Internship provides an opportunity for nurses to gain hands-on experience which enhances confidence in the nursing procedures that they undertake.
- **Nursing process;** The nursing process entails development of leadership skills, ability to make nursing diagnosis, making short- and long-term plan for patients, decision-making in-patient care, ensuring patients safety and identifying adverse effects of care. It also entails determining the timing and urgency of actions and finally the ability to evaluate what has been done.
- **Teamwork;** This is learning how to work together with other members of the nursing team, other professions and the patient's family. It involves knowing yourself, your strength and weaknesses including knowing what you know and what you don't know.
- **Assessment;** A nurse should be competent in making assessments in clinical care including ability to interpret vital signs in patients, watching patients carefully while noting any changes in their general condition, and prioritizing interventions to be given.

- **Non-technical skills;** These include effective communication, leadership role, planning and taking timely action.

11. The National Health System in Uganda

The Ministry of Health is responsible for policy formulation, resource mobilization, standard setting and human resources for health.

Services delivery has been decentralized to local governments, except for national and regional referral hospitals which are supervised directly by the **MoH** through Management Boards. These boards are appointed by the Minister of Health. **MoH** is mandated to supervise health services run by district local governments. There are government parastatal agencies under the **MoH** which include the Uganda National Health Research Organization, Uganda Virus Research Institute, National Drug Authority, National Medical Stores and super specialized clinical services namely Uganda Cancer Institute and Uganda Heart Institute.

Faith-based health services are an important component of the health system providing up to 40% of the health care in all parts of the country. They are organized through religious bureaus namely the Uganda Protestant Medical Bureau, the Uganda Catholic Medical Bureau and the Uganda Muslim Medical Bureau. The Faith-based organizations share a Joint Medical Stores (JMS) located at Nsambya Hill, for procurement and distribution of health supplies to their facilities. They also operate health training institutions at all levels.

The **MoH** also works closely with universities who train health professionals where clinical services are jointly run by the university and the **MoH**.

Planning and budgeting for health services is coordinated by MoH through a bottom-up process which starts at sub-county level.

There are also consultations taking place annually during Joint Review Meetings in which all stakeholders participate including representatives of development partners. Every two years, a National Health Assembly is convened by bringing together district leaders, parliament, parastatals and development partners including representatives of other sectors such as Education, Finance, Agriculture, Gender, Local government and CSOs among others.

The District Health Services are headed by the District Health Officer (DHO) who is appointed by the District Service Commission and reports to the Chief Administrative Officer (CAO) of the district. There is a district team of health educator, nursing officer, assistant DHO, surveillance officer among others. There is a network of health facilities from Health Center IV at Constituency level, Health Center III at Sub county level, Health Center II at Parish Level and Health Center I at Village level which is a committee and not facility based. Community Health Workers known as Village Health Teams (VHTs) undertake health promotion and house-to-house visits at community level.

There are private service providers some of whom run large hospitals and others run small clinics and drug shops. These are supervised by the MoH and districts.

12. Conclusion

This Handbook gives an overview of information required by newly qualified health professionals to launch their careers in Uganda. It is a summary of 3 years of experience in running Induction Course for Interns. What is left now is to ensure that this handbook is available for all newly qualified graduates aspiring to join internship in Uganda. It should also be readily available in internship training sites.

The Handbook will be reviewed regularly and the lessons learnt from its use should be ploughed back into future editions.



Henry Mwebesa

Dr. Henry Mwebesa has experience spanning 31 years in the health sector. He has grown on merit and performance through all the ranks in the Ministry of Health from a Medical Practitioner in a General hospital, through all the Health Management positions in the Ministry of Health to the highest rank of Director General Health Services, a position he currently holds.

In his various responsibilities, he has been involved in planning and supervising various health programs and activities at national, regional and district levels. A large section of his career was spent at the national level building Quality and Performance Improvement Systems in the health sector. This included among others, building structures for QI at the regional and district levels; developing standards; monitoring performance according to standards; building and strengthening supervision systems at all levels; and establishing accreditation and reward systems.

He has prolonged experience working closely with Development Partners, the Private Sector, other Government Ministries, and Civil Society Organizations to strengthen Partnerships with the **MOH**. Dr. Mwebesa, is a diligent team player, result oriented with strong communication and interpersonal skills. He has directly managed and supervised a number of donor funded projects, especially funded by the African Development Bank, **USAID**, Islamic Development Bank and World Bank.



Francis Omaswa

Dr. Francis Omaswa is the Executive Director of the African Centre for Global Health and Social Transformation, and chair of the African Health Systems Governance Network (Ashgovnet). He co-chairs the Independent Advisory Group to the WHO Director for the African Region and is a member of the Expert Advisory Group (**EAG**) on the **WHO** Code and the **WHO** Afro **EAG** on **HRH**.

He was Special Adviser to the World Health Organization (**WHO**) Director General and founding Executive Director of the Global Health Workforce Alliance, Director General of Health Services in the Ministry of Health in Uganda, and President, African Platform on Human Resources for Health.

He is founding Director of the Uganda Heart Institute at Makerere University, Uganda; founding President of the College of Surgeons of East, Central and Southern Africa; Chair of the **GAVI** Independent Review Committee, founding Chair of the Global Stop TB Partnership, Chair of the Portfolio and Procurement Committee of the Global Fund Board. His services have been recognized with multiple national, regional and global merit awards.

Francis Omaswa is a graduate of Makerere Medical School, Uganda and has qualifications in surgery, health services management and medical education.



Elsie Kiguli - Malwadde

Dr. Kiguli-Malwadde is the Director of Health Workforce and Development at the African Centre for Global Health and Social Transformation (**ACHEST**). She was the Director of the Medical Education Partnership Initiative (**MEPI**) African Coordinating Centre (CC) at ACHEST. She is a Radiologist and formerly Associate Professor and Head of the Radiology Department at Makerere University in Kampala, Uganda. She is a Fellow in Medical Education and Research, Foundation for Advancement of International Medical Education and Research (FAIMER), Philadelphia USA and a Fellow in Ultrasound from the Thomas Jefferson University, Philadelphia, USA.

She is the Secretary General for The Network Towards Unity for Health (TUFH), a global organization with a vision to improve Global Health Professions Education. She is the Vice President of the African Forum for Research and Education in Health (AFREhealth), an interdisciplinary health professional group that seeks to work with Ministries of Health, training institutions and other stakeholders to improve the quality of health care in Africa through research, education and capacity building. She has over 25 years' experience in medical curriculum development, evaluation and medical education research at pre-service and postgraduate levels. She has over 70 publications in Health Professions Education and Radiology.

NOTES

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