YES NEWS

A NEWSLETTER FOR THE YOUNG EMERGING SCIENTISTS

Volume 1 Issue 2 June, 2019 Quarterly theme: Quality Improvement in Health Care

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Editor

Editorial Team

Editorial

Dr Jane Kabwe
Editor-In-Chief

Welcome to the second edition of the YES NEWS, a newsletter for the Young Emerging Scientists. The theme for this quarter is quality improvement in health care and we hope that you shall enjoy reading this edition. Under the YES Zambia mentorship programme, the summative assessment that the mentees have to undergo in order to transition from beginner's stage to intermediate stage is to complete a medical audit with guidance from their mentors. Medical audits remain very important in clinical practice as they are significant tools to inform the continuous quality improvement process[1]. The mentees are supposed to choose their own topic of interest to look at the current clinical practices to be measured against a specific standard and make useful recommendations with the aim of ultimately improving the quality of health care. It became apparent to us that medical audits and quality improvement research are probably unknown or poorly understood by the students despite them having a great understanding of other types of research such as cross sectional studies as they submitted their initial topics of interest. With the YES mentorship, those that have successfully completed their fourth module have come up with some interesting topics and we look forward to the unfolding of their medical audits in the coming months.

The Quality Improvement Zambia under the Ministry of Health recently held a QI Conference which was officiated by the Honorable Minister of Health Dr Chitalu Chilufya MP. The YES Zambia Executive represented by the CEO/Co-Founder Dr Mwansa Lubeya and the Mentorship Director Dr Naeem Dalal presented their quality improvement research work. As YES Zambia we are so thrilled that our Mentorship Director scoped not just one but two awards at the same conference.

"medical audits and quality improvement research are probably unknown or poorly understood by the students despite them having a great understanding of other types of research..."

I remember attending the 64th Annual Meeting of the Japanese Society of Anesthesiologists a couple of years ago in Kobe and one of the medical students that had been mentored in their undergraduate research from our department had an oral presentation of their findings in one of the sessions. This really inspired and motivated me that we could have such in our settings. I could not have imagined that this aspiration would become a reality too soon as two of

the YES mentees had their abstracts accepted at the Zambia Association of Obstetricians and Gynaecologists Annual General Meeting last December. This was the first time ever that the association had two medical students present at their Professional Meeting. It was great to listen to the wonderful debate and insights that came out of their findings as some recommendations were also made. Hopefully other Professional Bodies will in the nearest future start considering undergraduate students' presentations at the annual conferences and scientific meetings. As YES Zambia we are also hopeful that some of the YES mentees will present their findings in the subsequent National Health Research Authority/Ministry of Health-organized national health conferences.

Reference

1. Esposito P, Dal Canton A. Clinical audit, a valuable tool to improve quality of care: General methodology and applications in nephrology. **World J Nephrol**. 2014;3 (4):249–255. doi:10.5527/wjn.v3.i4.249

To all Young Emerging Scientists across all fields of science in both private and government institutions, if you would like to share your work through the YES NEWS, we accept well written articles the scope is:

Abstracts

Perspectives

Reports

To submit an article email: yesnewseditors@yeszambia.com

Upcoming on Saturday the 24th August, 2019

Joint Copperbelt University – School of Medicine Mentorship Program, POHER and YES ZAMBIA

MEDICAL RESEARCH AND MENTORSHIP SYMPOSIUM

To register use the following link:

https://docs.google.com/forms/d/e/1FAIpQLSeV122ISOg9NPmd510_DguEsSBah-p5npifL-Y0uP1ItJX7hbQ/viewform

Quality Improvement Articles

TITLE: Simulation-Based Training to Increase Use of Condom-UBT for Management of Post-Partum Haemorrhage: A Zambian Experience

AUTHORS: Mwansa Ketty Lubeya[1], Taniya Tembo[2], Dipak Delvadia[3]

University Teaching Hospital, Lusaka, Zambia[1]; Centre for Infectious Disease Research in Zambia, Lusaka, Zambia[2]; Drexel University College of Medicine, Philadelphia, USA[3]

OBJECTIVE: To scale up the use of Condom Uterine Balloon Tamponade (C-UBT) using simulation-based training of healthcare providers as well as purchasing, assembling, and distributing C-UBT kits in Zambia.

METHODS: From 2015-17, CIDRZ, in partnership with the ACOG and the Ministry of Health, supported the C-UBT training in 16 Zambian districts. This was in response to the goal of SMGL initiative to reduce maternal mortality in Zambia. During one day of training, participants were given didactic lectures and hands on training of PPH. Mama Natalie® birthing simulators were used to teach steps of Helping Mothers Survive (HMS) "bleeding after birth", with addition of C-UBT in the algorithm. To assess learners competency, they were given pre and post-test. Participants with test score above 85% were awarded a certificate.

RESULTS: A total of 879 health care staff were trained in 16 districts. Knowledge of PPH management increased from an average of 83% to 96%. Before training, the Livingstone district recorded 31 PPH cases with zero usage of C-UBT kits. After the C-UBT training, the same district recorded 50 cases of PPH cases and 5 C-UBT kits were sucessfully used. Similarly, Lundazi district reported 89 cases of PPH and no use of C-UBT at baseline. By March 2017, Lundazi had recorded 83 PPH cases, out of which 13 had been managed with C-UBT. A total of 5,000 C-UBT kits were distributed in five of the ten provinces of Zambia.

CONCLUSION: Simulation based training in Zambian districts, increased all healthcare workers competence in the management of Postpartum Hemorrhage (PPH) and the use of Condom-Uterine Balloon Tamponade (C-UBT).

Keywords: UBT, PPH, Zambia

Innovative Strategies to Strengthen Mental Health Delivery at Kanyama First Level Hospital: A Community-based Intervention Using the WHO Mental Health Gap 2019

Naeem M.I Dalal, MD
University of Zambia, School of Medicine.
Masters of Medicine Psychiatry Registrar

Background

Despite progress in psychiatry and mental health, the treatment gap remains high. A study done in 2012 by Ravi et al. looking into treatment seeking behaviours in mental health found that the Zambian culture, myths and stereotypes hinder open discussions regarding mental health (MH) and its complications such as suicide. A holistic approach to treating MH involves a treatment model known as the biopsychosocial (BPS) approach of management. The BSP uses a person-centred view of illness, rather than simply a disease centred one. (M.S Thambiraja, 2004).

Currently, there is no set standard MH screening in Primary Health Care (PHC). This study identified an innovative, scalable and sustainable solution in a resource-constrained health system. MH services to be developed as alternatives to institutionalised care with motivation of available staffing by promoting and delivering MH with available resources.

EIGHT good reasons for integrating mental health into non-specialized health care

1. The Treatment gap and burden of mental disorders is great.
2. Mental and physical health problems are interwoven.
3. Enhance access to MH care.
4. MH closer to homes
5. It is affordable and cost-effective.
6. Generates good health outcomes.
7. To decentralise Chainama Hospital
8. Promote respect of human rights.

Objectives

- To assist mental health care providers at Kanyama 1st Level Hospital to review and plan mental health services effectively for their local population.

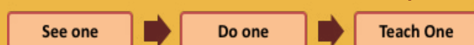
- To promote and provide an efficient, predictable format for assessment, treatment and monitoring using the World Health Organisation Mental Health Gap tool.

Methods

A descriptive interventional study over a 10-week out-patient review clinic was carried out by a psychiatry registrar. A mental health unit comprising of: two Mental Health nurses, one clinical officer psychiatry and two counsellors (Psychology).

Training Approach

We conducted out-patient clinics with MH team, on site clinical teaching and guidance, and Grand ward round set up.



Results

Outcomes:

1- Patient centred. (Individual)

- Financial saving, (cost effectiveness)
- Community centred care, (Belonging)
- Integration in PHC, (Efficient)
- Reduced level of referrals.
- Outpatient treatments, promote deinstitutionalisation.

2- Staff skill and delivery empowerment:

i- Primary prevention
ii- Secondary prevention
ii- Tertiary prevention

i- Primary prevention:

Advocacy – awareness and anecdotal experiences of staff from Kanyama 1st level Hospital.

The staff were mentored and trained on how to conduct MH discussions on National Media such as ZNBC Doctor on Air topics included: Sleep disorders, Substance and Alcohol abuse, Epilepsy Break the Myths.

ii- Secondary prevention:

- Early detection, diagnosis and treatment of disease.
- Allocation of referrals
- Managing waiting lists and caseloads
- Patient reviews (New/Routine/Discharge)
- Biopsychosocial approach of treatment

iii- Tertiary prevention:

- Occupational counselling and family counselling

3- Health Care System.

At Hospital: - Referrals:

i- Reduced number of referrals, 65 %

ii- Improved quality of referrals

- Point of care support,
- Community: fight stigma and improved awareness

Benefits to Zambian Mental Health Care delivery:

- Decongest Chainama/UTH
- Out-patient treatment for relapses and
- Promote deinstitutionalisation through the 6th Act of parliament, Mental Health Act.

Discussion

A one day 5-hour clinic in the duration of 10 weeks yielded an increase of mental health patients seeking services. (Shift from UTH)

The pre and post assessment of Core MH

Team coupled with the number of case reviews audited provides insight on the need for strengthening MH- PHC care.
Improvement in skills development among core staff with community engagement was shown to be beneficial.

Recommendations

1. Use of WHO mental health gap trainer of trainee to impart up to date skills among mental health staff to improve MH service delivery in PHC screening.
2. Introduce community MH centres at each general hospital, a move of MH services from specialist mental hospitals to general hospital sites.
3. Use of Smartphone for consultation liaison for reviews and emergencies in MH delivery, scale up to telemedicine.

Next step - Scale up

- Open line of consultation liaison via smart phone and tele-medicine
- Communication of referrals prior to sending patients
- Provide similar training to local clinics that refer to Kanyama 1st level hospital.
- Source for grants to support medication
- Continued site visits by psychiatrist registrar
- Continued motivation to core staff team by Continued Medical Education. (Invite to UTH/ Chainama for clinical presentations)
- Introduce shadowing

Limitations

Taking into consideration of integration and financial availability:
- Medication: lack of Psychotropic drugs
- Staff: Limited staff working in all departments.
- Social welfare: No services.

Conclusion:

In keeping with the above observations, the optimal method of delivery of mental health care to the patient is not through tertiary-care mental hospitals alone, as is the case currently but through the Primary Health Care system supported by tertiary level health care. Thus reaching out even to remote and rural areas and attaining Universal Health Coverage.

Acknowledgments

Mentor: Dr Ravi Paul. University of Zambia, Psychiatry Department.
Kanyama First Level hospital Staff: Dr Sanjase, Dr S. Nyangu, Mr Mills, Sister Grace Dr. S. Chanda, Dr. M Mataa
Contact: naeemmidalal@gmail.com

MENTEE'S ABSTRACT

Title: Assessment of Factors Associated with Mortality among Neonates Admitted in the Neonatal Intensive Care Unit at the University Teaching Hospital from 2015 – 2017

Sunela Sujan https://www.yeszambia.com/mentees.php

Background: Neonatal mortality is a major problem and Zambia was not able to meet the fourth millennium development goal of reducing under-5 year's mortality by two thirds. World over, neonatal mortality has been used as an indicator for the health of the under-5 population. The main aim of this study was therefore to assess the factors associated with mortality among neonates admitted in the Neonatal Intensive Care Unit (NICU) at the University Teaching Hospital – Mother and Newborn Hospital from January 2015 to December 2017.

Methods: A cross sectional retrospective audit was carried out to look at mortality records for neonates at NICU-UTH, Lusaka, Zambia from January 2015 to December 2017. A stratified random sampling method was used to select the study units. The data extraction form was then used to collect the information from the neonatal mortality records chosen for the study. A total of 99 study participant files were extracted and used for this study.

Results: There is a significant association between age of neonate at birth and the gender of the neonate based on the chi squared test applied to it. Generally, there was an improvement in antenatal attendance from 2015 to 2017. The most common causes of death were: respiratory (62.6%), followed by neurologic (22.2%), then other causes (13.1%) and lastly cardiovascular (2.0%). The study shows us that the birth weight of the neonate has an effect on the outcome of the survival of the neonate, the lower the birth weight the more likely the baby will die. Mother's antenatal attendance and whether any complications arouse during delivery had a positive correlation in the majority of cases studied. The increase in parity of pregnant women possesses risk to the outcome of the neonates. Majority of neonates were outborn.

Discussion: Most common age of neonate at the time of death is less than 7 days, whilst the common number of days admitted at NICU is between 1 to 3 days. This reiterates the importance of efficient neonatal medical services. The improvement of antenatal care attendance allows complications to be earlier detected and intervention placed at the appropriate time. Birth weight plays a key role in the survival of the neonate, hence the mother's nutrition status during pregnancy must be monitored and supplementation must be given if need arises. There is a lack of intensive care units country wide. The UTH-Mother and Newborn Hospital must strengthen and invest more care during labour, childbirth and immediate care. The limitation of the study included damaged or misplaced records.

Conclusion: Modifiable factors affecting neonatal mortality as seen from this study include- age of neonate at birth, birth weight at birth, antenatal attendance, complications during delivery, parity of mother whilst non modifiable factors include gender of neonate. There is a need to invest in countrywide NICUs and more intensive care units at all delivery centres must be considered.

Key words – neonatal, mortality, parity, birth weight, antenatal

Top-Ten-With-YES-Mentors

Dr Catherine Chunda-Liyoka

"It is possible to do research if you put your mind to it. There are great mentors out there. The resources are there and you will find them if you look hard"

Dr Catherine Chunda-Liyoka is a Consultant Paediatrician, Head of the Infectious Diseases and Hematology Departments at the University Teaching Hospitals, Children's Hospital who graduated from the University of Zambia and University of London. She is an honorary lecturer at the University of Zambia. She is a Paediatrician and Infectious Disease Specialist by Training and Hematologist Specialists by practice. She is a seasoned researcher and is the Research and Training Program Director, a national trainer and mentor.

Her Master's degree thesis was a springboard to her career in HIV research. In this study, she evaluated the performance characteristics of *"OraQuickRapid HIV-1Antibody Test"*, [(Abstract) 26th IPA 2010. Poster no. 1127 http://hdl.handle.net/123456789/1304]. An HIV testing kit that uses oral fluid, and received her first research funding award from "Thrasher Research Fund". She later coordinated a multi-center trial that studied 'the effect of 7 days of phenytoin on the pharmacokinetics of and the development of resistance to single-dose nevirapine for perinatal HIV prevention: a randomized pilot trial.' *J Antimicrob Chemother*. 2013 Nov;68(11):2609-15.

More recently, she was the Principal Investigator in a study investigating HIV drug resistance in infants entitled 'HIV drug resistance in infants has increased with changing prevention of mother-to-child transmission regimens in Zambia.' *AIDS*. 2017 August 24 ; 31(13) : 1885-1889. And continues developing this research in HIVDR in children as she works towards a PhD. Her other research interests are 'Childhood malignancy' and 'Sickle Cell Disease'.

Q1. What does research mean to you?

Research means discovering new things. In clinical practice it means finding better ways of managing patients and evidence based clinical practice.

Q2. What do you think of research mentorship for students and young scientists?

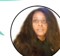
Students need to be mentored so that they grow to appreciate research as part of their future work while young doctors need to grow into research by being mentored.

Q3. What kind of research would you like to do if you had all the resources?

PMTCT, Sickle Cell Disease, Childhood cancers and HIV and infectious Diseases.

Q4. What has been your major challenge(s) in carrying out research work?

Drawing interest from people to work with, lack of research infrastructure and monetary resources.

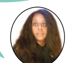


Q5. Why have you been consistent in doing research?

I love research. I got introduced to it, got hooked and have never looked back. I have excellent supporters and mentors.

Q6. How have you managed to balance research and clinical work, do you even draw a line?

No line should be drawn between clinical and research work.
Research and clinical work should work as a synergy: one providing ideas to inform and improve the others. I get my research questions from my clinical work and so can never separate the two.



Q7. What has been your greatest lesson over the years?

It is possible to do research if you put your mind to it. There are great mentors out there. The resources are there and you will find them if you look hard.

Q8. Which of your publications would you like to share in summary (what were the pertinent findings)?

AIDS. 2017 August 24; 31(13): 1885–1889. doi:10.1097/QAD.0000000000001569.

HIV drug resistance in infants increases with changing PMTCT regimens

Lisa K POPPE[1], **Catherine CHUNDA-LIYOKA**[2], **Eun Hee KWON**[1], **Clement GONDWE**[2], **John T WEST**[1], **Chipepo KANKASA**[2], **Clement B NDONGMO**[3], and **Charles WOOD**[1]

[1]Nebraska Center for Virology and School of Biological Sciences, University of Nebraska, Lincoln, NE 68583

[2]Department of Pediatrics and Child Health, University Teaching Hospital, Lusaka, Zambia

[3]Laboratory Infrastructure and Support Branch, CDC Zambia, Lusaka, Zambia

Results—HIVDR in infants increased from 21.5% in 2007/2009 to 40.2% in 2014. Non-nucleoside reverse transcriptase inhibitor (NNRTI) resistance increased steadily over the sampling period, while nucleoside reverse transcriptase inhibitor (NRTI) resistance and dual class resistance both increased more than threefold in 2014. Analysis of drug resistance scores in each group revealed increasing strength of resistance over time. In 2014, children with reported PMTCT exposure, defined as infant prophylaxis and/or maternal treatment, showed a higher prevalence and strength of resistance compared to those with no reported exposure.

Conclusions—HIVDR is on the rise in Zambia and presents a serious problem for successful lifelong treatment of HIV infected children. PMTCT affects both the prevalence and strength of resistance and further research is needed to determine how to mitigate its role leading to resistance.

Q9. Where do you see your research path 10 years from now?

Running a research centre with all the infrastructure necessary to do so.

Q10. What's your advice to YES mentees and any early career researcher?

Research is as important as the clinical work. Would you not like to be part of those that inform the clinical care of patients? Be part of those that find/dig for the evidence of how we should care for patients or how we should improve the care of patients.

Edford Sinkala -BScHB, MBChB, MMed, FCP (ECSA), PhD, FRCP (Edin)

“Any research done is nothing until it is published. Sharing knowledge is very key!”

Edford is a very committed Senior clinician and Lecturer with vast experience in clinical research. He attends mainly to most complex liver and gastroenterology (GI) diseases in patients seen at the University Teaching Hospital, Lusaka, Zambia. He conducts patient oriented and public health research to expand local and international scientific knowledge thereby contributing to the knowledge of science at large. He is one of the directors of Tropical Gastroenterology and Nutrition (TROPGAN) which is a research group housed within the Department of Internal Medicine at the University of Zambia. He has vast experience in procedural skills listed below;

- Diagnostic and interventional lower and upper endoscopies
- Percutaneous liver biopsies
- Abdominal ultrasound
- FibroScan

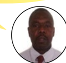
He is a dedicated Lecturer involved in teaching of undergraduate students and postgraduate students. He is heavily involved in imparting practical skills listed above to other doctors. He has great potential to expand research funding portfolio at the University of Zambia/ University Teaching Hospital as he is able to run clinical trials.

Q1. What does research mean to you?

Research means a lot to me. It means discovering new scientific information to contribute to the body of Science in the world.

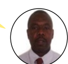
Q2. What do you think of research mentorship for students and young scientists?

It is very important as this imparts skills of research to them.



Q3. What kind of research would you like to do if you had all the resources and why?

Medical research and more importantly clinical trials. This is my area of expertise (Gastroenterology & Hepatology)



Q4. What has been your major challenge(s) in carrying out research work?

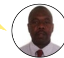
Mainly it is funding

Q5. Why have you been consistent in doing research?

It is the interest I have in research

Q6. How have you managed to balance research and clinical work, do you even draw a line?

Drawing a line is difficult because it is from clinical work that one discovers the gaps in managing patients hence embarking on research.



Q7. What has been your greatest lesson over the years?

Any research done is nothing until it is published. Sharing knowledge is very key

Q8. Which of your publications would you like to share in summary (what were the pertinent findings)?

Bacterial translocation in hepatosplenic schistosomiasis (HSS). This study involved a case control study and clinical trial. We described for the first time that bacterial translocation occurs in HSS.
https://onlinelibrary.wiley.com/doi/abs/10.1111/liv.12891

Q9. Where do you see your research path 10 years from now?

I see it growing greatly

Q10. What's your advice to YES mentees and any early career researcher?

Research is very satisfying as it enables one to contribute to the scientific body of knowledge

MINISTRY OF HEALTH QUALITY IMPROVEMENT CONFERENCE 2019

The Ministry of Health Zambia, through the National Health Research Authority held a Quality Improvement Conference (https://www.nhra.org.zm/overview) in recognition of work and research being conducted countrywide by researchers in the improvement of the quality of health care services. It took place between 4th-6th June, 2019 at the Intercontinental Hotel in Lusaka. The theme for this year's conference was: "Excellence and Innovation towards Universal Health Coverage". The aim was to "bring together individuals and organisations from within and outside Zambia to share and learn experiences on the work they are doing in quality improvement and research to improve patient care". With more than 100 Zambian researchers converging to share their findings on the Zambian landscape, YES Zambia is pleased to have been part of the conference and was represented by YES Zambia CEO/Co-Founder Dr. Mwansa Lubeya and Director-Mentorship Dr. Dalal Naeem,who presented their findings shown as abstracts in the conference articles section of this edition. YES Zambia commends the Ministry of Health Zambia through the National Health Research Authority for its continued efforts in the promotion of evidence based improvement of the quality of health care services in Zambia.

Dr Lubeya and Dr Dalal by the booth for Dr Lubeya's Poster on "Simulation-Based Training to Increase Use of Condom-UBT for Management of Post-Partum Haemorrhage......"

Dr Dalal: first oral presentation on a study he mentored Ntungo J. Siulapwa a medical student on "Prevalence of Burn Out Syndrome among early career medical doctors at UTH...."

Congratulations!!!

Dr Dalal receiving the awards as he shakes his hand with the Honorable Minister of Health Dr Chitalu Chilufya MP. (Left to Right): Dr. Jelita Chinyongo, Hon. Dr Chitalu Chilufya MP, Dr Malama PS (HS), Dr. Rosemary Mwanza

"A hero in advocating for mental health and promoting the 6th Act of Parliament which is the Mental Health Act."

The Ministry of Health concluded the Quality Improvement Conference on a great note! YES Zambia wishes to congratulate Dr. Dalal Naeem for being awarded the best presentation in his research in improving Mental Health care delivery and prevalence of Burn Out Syndrome amongst Early Career Doctors. Dr Dalal's main focus is on strengthening Mental Health delivery and also aims to promote Emotional Intelligence among Health Care workers to help prevent "Burn Out Syndrome." Out of over 100 Zambian researchers, only 2 researchers focused on Mental Health and Dr. Dalal Earned 2 awards in the themes of:

i- Improved access, interpersonal skills and effectiveness in Quality health delivery.
ii- Safety and effectiveness in Quality Health Care

"Dr. Naeem Dalal is awarded for his innovative strategies in strengthening Mental Health care and introduce the World Health Organisation Mental Health Gap tool. We need

to improve care for people with Mental Health Disorders. Now with our Mental Health Act, Dr. Dalal service and skill development shift to primary health care will help us deliver the Mental Health Act." Dr. Rosemary Mwanza

Hon. Dr Chitalu Chilufya MP who presented the award to Dr. Dalal called him a hero in advocating for mental health and promoting the 6th Act of Parliament which is the Mental Health Act. Dr Chilufya further requested for more quality work in the field of Mental Health. The Permanent Secretary (HS) Dr. Malama was inspired by the work and gave this feedback after Dr. Dalal's presentation of his findings. "Dr Dalal looked at Mental Health and how we can strengthen systems within primary health care and get the much needed results. Very inspiring because, mental health- normally we leave it behind.

What Mental Health research findings brought on the picture was that we can apply the same skills in other disciplines of health and integrate health service delivery. We commend you as in a humble way the findings showed a reduction in referrals to Chainama hospital and UTH's promoting deinstitutionalisation. The skills transferred to the staff in primary health care have been sustained."

Dr Dalal: second oral presentation on "Innovative Strategies to Strengthen Mental Health Delivery at Kanyama First Level Hospital......"

Plenary Stream B session on the theme: Efficiency and patient centred care. Chaired by PS (HS) MOH Dr. Malama (3rd from left). Left to right (Presenters): Francis Kaira, Dr Dalal Naeem, Charity Bwalya, Annie Chisanga and Prof Marion Lynch

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Guest Article

The Copperbelt University School of Medicine Mentorship Program

"Uniting students for academic excellence."

Author: Nancy Kasongo
6th year Medical Student
Michael Chilufya Sata School of Medicine

The inaugural mentorship program was created at the inception of the Michael Chilufya Sata School of Medicine in 2011. Incoming students were assigned faculty mentors as they began their studies. Over the years, the program has evolved to comprise of not only mentorship from faculty but also peer mentorship- among the students since 2018.

The mentorship program in coordination with office of the dean of students also prepares different talks on stress management, academic conduct, sexual health and substance abuse among others to incoming students.

Vision

The core value of this program is to culture a pool of medical personnel that can receive and impart knowledge on one another for a common good- academic and professional excellence.

Objectives

-To promote interdependency among students
-Provide academic help
-To prepare students to be mentors in future
-To create professional development activities
-Promote medical research

Some Faculty leaders under the Mentorship program

Dr Chileshe Chibangula- Chair person
Bachelor of Arts (Social work), Msc (Social Anthropology), PHD, Lecturer -Society and Medicine

Dr. Mwenya Kwangu-Secretary
Bachelor of Veterinary Medicine, Msc. Biochemistry, Lecturer- General Biochemistry, Metabolism and Nutrition, clinical biochemistry

Student leaders under the Mentorship program

from left to right. Nancy Kasongo (6th year) MBChB- Vice chairperson
Judy Chungu (6th year) MBChB- Recruitment
Gift Sakala (5th year) MBChB-Publicity
Mwita Chabala (2nd year) MBChB- Committee Member

As they welcomed new students to the Copperbelt University School of Medicine during orientation week January 2019.

The student leaders bring a student perspective to the body. Some of the activities that took place during orientation included giving a talk on the importance of mentorship, signing up students for mentorship pairs, medical movie show and provision of information about the city of Ndola (malls, churches etc.) to ease transition to the school of medicine.

“I was also able to make my first presentation at an international conference in Cape Town last year because of mentorship”

A few years ago the word “mentorship” didn’t mean much to me. Like many it is actually something that I had somehow experienced passively. The first person I got to call my mentor was my lecturer in Society and Medicine, she was a really lively and hard working person and I liked that about her. A few months later I asked her to be my supervisor on a research proposal and we kept in touch afterwards. From time to time she would inform me of any opportunities that she thought would interest me. She became someone I would go to if I needed advise for example on applying for something or help writing essays or personal statements. Fast forward, in 2017 I received a summer research internship to do research for 2 months at the University of Missouri School of Medicine(USA), part of what I think landed the scholarship was the brillant recommendation letter my mentor wrote to the scholarship award board. During the internship I was assigned a mentor from the school of medicine who would help me with my research topic as well as making appointments to shadow doctors, use the medical simulation center or meet other faculty that would assist me with the research. I also received guidance from other doctors that organized the program.

For the past two years, I have remained in close contact with my mentors from my home school and the research internship. I have been able to volunteer at a research centre in Zambia (CIDRZ), explore my would-be future specialization by taking part in research on cervical cancer, esophageal cancer, acute and chronic kidney disease. I was also able to make my first presentation at an international conference in Cape Town last year because of mentorship. My mentors are a great source of encouragement , whenever I think of an idea I am not sure about and I would like to implement, I first talk to one of my mentors and together we critically review it.

Nancy Kasongo at the 34th World Congress of Internal Medicine in Cape Town where she made a presentation on her research findings

Successes

Part of what motivated us to develop the peer-mentorship program was the realization that students were capable of providing guidance to each other and it also also well document to be successful in other settings. One of the successes we have achieved is that the program is actually helping students academically. We interviewed one 4th year student who was mentored by a 6th year and she narrated how her mentor would call to ask about how school was going, help her make a study time table and offer help in any courses she faced challenges in.

Failures

Unfortunately, we have not been able to follow up all the mentorship pairs to assess how their experience has been hence we have not received complete feed back to assess and improve the program. However, we intend to meet this challenge by concluding on all feedback so that we could reflect and develop this peer-peer mentorship further.

Part of what motivates me to always encourage people to be actively engaged in mentorship is that there is so much that one can learn and benefit from from it. Like in the diagram above, when it comes to mentorship, we are making one of two choices; either to walk through your school life and career alone or to tap into the mentorship partnership where you have this amazing group of people all working to help you achieve your dreams. I hope you will make the right decision.