

**PHYSIOTHERAPY TWO MONTHLY INTERNSHIP PLACEMENT REPORT AT
KAGANDO HOSPITAL**

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Table of contents

| | |
|--|----|
| INTRODUCTION. | 2 |
| PERSONAL OBJECTIVES OF THE PLACEMENT..... | 2 |
| BENEFITS OF HAVING A PHYSIO INTERN AT KAGANDO HOSPITAL..... | 3 |
| CASES SEEN..... | 4 |
| ACHIEVEMENTS. | 16 |
| Improved clinical competence..... | 16 |
| Photos from the Wheelchair outreach at Bwera..... | 18 |
| Adherence to physiotherapy treatment and physical activity recommendations. | 18 |
| Team work and management skills. | 19 |
| Social and spiritual growth..... | 19 |
| CHALLENGES. | 20 |
| Inadequate resources. | 20 |
| Ebola outbreak in Congo..... | 20 |
| APPRECIATION. | 20 |
| Interface Uganda..... | 20 |
| Kagando hospital..... | 20 |
| Medical Rehabilitation department. | 21 |

INTRODUCTION.

Kagando Hospital under Kagando Rural Development Centre (KARUDEC) holds a mission of serving and empowering communities through promotion of quality healthcare, education and spiritual development. KARUDEC is composed of a hospital, Nursing School, Primary School, water project, Electricity project.

One of the ways Interface Uganda promotes professional development of young medical professionals in East Africa is through facilitating a physiotherapy internship placement at Kagando hospital for six months. The physiotherapist intern works as an integral part of the Rehabilitation Team to increase man power and gain hands on skills relevant for future clinical practice.

I am grateful to God and Interface Uganda for such an amazing opportunity that has enabled me to work in such a setting that had always been my dream first employment while at school. I am also glad to be part of a team that contributes a lot towards improvement of patients' quality of life at Kagando hospital.

Having completed two months of placement, I have had a significant achievement and development of my clinical, social and interpersonal skills through work based learning. Similarly my presence in the physiotherapy department reduces workload on the staff hence leading to provision of better quality services.

It has indeed been a dream first working experience I would have wished to have after school. The warm environment and support given to me by the entire Kagando hospital team especially the Rehabilitation department is more than mere words can describe.

PERSONAL OBJECTIVES OF THE PLACEMENT

- To be an effective member of the physiotherapy team to provide high quality, safe, cost effective and evidence based treatments to all patients requiring physiotherapy services within the catchment area of the hospital.
- To improve my clinical and hands on skills in physiotherapy management of different conditions that I have learnt from my previous four years.

- To be able to gain experience in assessing and prescription of appliances and assistive devices for clients.
- To continue developing my leadership and managerial skills through caseload management, multidisciplinary team work, self, patient and care taker management.
- To engage in quality improvement projects within the physiotherapy department and hospital at large that will enhance quality of life of patients under my service.
- To share the knowledge and life experience I have had in life to the hospital staff, practicing students, patients and communities of Kagando.
- To attain social growth through interacting with a number of stakeholders and spiritual maturity by engaging in church activities at the hospital.

BENEFITS OF HAVING A PHYSIO INTERN AT KAGANDO HOSPITAL.

- Reduction of workload on the physiotherapist. Kagando hospital has a very busy outpatients department on a daily basis. Similarly there are patients on wards that need physiotherapy treatment. Presence of a physiotherapy intern leads to better caseload management by sharing work at the outpatient clinic and on wards between the physiotherapist and the physiotherapist intern.
- There is proper and effective discharge planning of inpatients since there is always a physiotherapist on wards that can be consulted about rehabilitation needs of the patient. As a result, patients are discharged with better functional abilities after achievement of rehabilitation goals. Therefore, other medical professionals have learnt what physiotherapy can do to improve the quality of life of patients through reducing pain and improving functional ability at discharge. Recently the number of referrals from wards has increased and this adds on the workload of the physiotherapists. However, it is always encouraging when we get more work because of a good experience patients get at the physiotherapy department.
- Kagando hospital physiotherapy department is a good learning center that handles a variety of conditions. The department has an experienced and knowledgeable physiotherapist and other professionals including orthopedic officer, Occupational

Therapist, Nurse and Orthopedic Technologist. It gives a fresh graduate an opportunity to grow professionally by work based learning and practicing under minimal supervision.

CASES SEEN

During the two months spent at the hospital, I have been able to work on a wide variety of conditions ranging from pediatric rehabilitation, neurological rehabilitation, amputee rehabilitation, orthopedic and many other conditions. I have also been privileged to work with Gloria who is my immediate supervisor and Hanna, a physiotherapist volunteer from Germany. I have been able to benefit greatly from the experience of these two physiotherapists.

I therefore worked with minimal supervision from either of them during the first few weeks and independently for most of the time except when there is need to consult. I have been able to work either in a team or individually on both outpatients and inpatients as outline in the following table

| Cases seen | Physiotherapy case management |
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| Week 1 | |
| 70 years old female with Rt. Stroke | Health education, positioning to reduce tone, passive joint ROM, Passive muscle stretches, sitting in a wheelchair. |
| 90 years female with Rt. Stroke | Strengthening Rt. side, normalizing tone, stability and balance training, gait training, bed mobility and transfers. |
| 1year old female with Developmental delay | Education to mother about condition, neck strengthening exercises, motor stimulation with toys, trained sitting balance. |
| 72 years old female with piriformis syndrome. | Heat, deep frictional massage, piriformis muscle stretches, rubber ring in sitting |

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| <p>39 years old female with mechanical low back pain</p> <p>64 years old female with Lx. spondylosis</p> <p>40 years male with low back pain</p> <p>38 years female with Low back pain</p> <p>28 years male with mechanical low back pain.</p> <p>64 years old female with sciatica</p> | <p>Heat therapy, Spinal Mobs, McKenzie Back mobilising exercises, back soft tissue massage, back care advice.</p> <p>Heat therapy, Spinal Mobs, McKenzie Back mobilising exercises, core strengthening, back soft tissue massage,back care advice.</p> <p>Heat therapy, relaxation massage, and postural education, back muscle stretching and strengthening.</p> <p>Heat, Soft tissue massage, Transversus muscle activation, postural education</p> <p>Heat, trigger point release, back muscle stretches, general aerobics, postural correction.</p> <p>Heat, relaxation massage, sciatic nerve stretches, LL strengthening.</p> |
| <p>Week 2</p> <p>35 years old male with paraplegia secondary to Transverse myelitis</p> | <p>Lower limb Passive joint ROM, 2 hourly turning to prevent bed sores, trained transfers, upper limb strengthening exercises, trained use of wheelchair, caretaker education.</p> <p>Hand strengthening exercises, stretching</p> |

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| 45 years female with hand injury | exercises, hand function rehabilitation. |
| 64 years male with Lx. , Cx. Spondylosis | Heat, soft tissue relaxation, Strengthening deep neck flexors, active Lx. and Cx. ROM, core stability training. |
| 60 year female with low back pain | Heat therapy, relaxation massage, and postural education, back muscle stretching and strengthening. |
| 39 years female with mechanical low back pain | Heat, soft tissue massage, Lx. manipulation, back muscle strengthening and stretching and postural education |
| 9 months old child with clubfoot | Educated mother about the condition of the baby, did passive R.O.M to the feet joints and ankle and assisted the Orthopedic Officer in casting the feet |
| 57 years female with chronic calf strain | Heat, STM, trigger point release, calf muscle muscle stretches. |
| 34 years male with Rt. hemiparesis | Upper and lower limb strengthening, Trained transfers, balance training, ambulation training, education of patient about his condition. |
| Week 3 | |
| 50 years male with lower back trigger points | Heat therapy, myofascial trigger point therapy, back strengthening exercises. |

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| <p>66years female with low back pain</p> <p>8 months female with CP</p> <p>35 years male with Low back pain</p> <p>59 years female with CVA</p> <p>90 years female with CVA</p> | <p>Heat, soft tissue massage, Lx. manipulation, back muscle strengthening and stretching and postural education</p> <p>Normalizing tone, training milestones, worked on head control, parents education about the baby's condition</p> <p>Heat, STM, Lumbar manipulation, mobilizing and strengthening exercises.</p> <p>Caretakers education about condition, trained bed mobility, joint ROM exercises, balance and coordination training, gait training</p> <p>Caretaker education about condition, trained bed mobility, joint ROM exercises, 2 hourly turning to prevent bed sores, ambulation training</p> |
| <p>Week 4</p> <p>75 years male with coccydunia.</p> <p>57 years female with backpain</p> <p>10 months old female with developmental delay</p> | <p>Heat therapy, Mobilizations (PA glides to the coccyx), deep transverse frictions to affected ligaments, massage for coccygeus muscle, and postural adjustments in sitting and adjustment in ergonomics.</p> <p>Heat, STM, Lumbar manipulation, mobilizing and strengthening exercises.</p> <p>Training of the delayed milestones, parents' education about the condition.</p> |

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| <p>70 years female with Rt. knee osteoarthritis</p> | <p>Heat, soft tissue manipulation, Rt. LL stretching and strengthening exercises, home exercise program.</p> |
| <p>64 years female with Lx. Spondylosis</p> | <p>Heat, soft tissue massage, Active Lx mobilization and strengthening exercises.</p> |
| <p>70 years female with knee osteoarthritis</p> | <p>Heat, soft tissue manipulation, Rt. LL stretching and strengthening exercises, home exercise program.</p> |
| <p>74 years female with general body weakness</p> | <p>General strengthening exercises, training bed mobility, gait training, home exercise program.</p> |
| <p>75 years female with Lx spondylosis</p> | <p>Heat, soft tissue manipulation, back mobilizing exercises, core stability training and sciatic nerve stretches.</p> |
| <p>50 years female with hip osteoarthritis</p> | <p>Heat, soft tissue massage, grade II longitudinal caudad, LL muscle stretches.</p> |
| <p>58 years male with low back pain</p> | <p>Heat, soft tissue massage, Active Lx mobilization and strengthening exercises.</p> |
| <p>1 year female with cerebral palsy</p> | <p>Play Therapy activities, trunk stability training, dynamic balance training, head control improvement, retraining delayed milestones</p> |

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| 80 years female with Lx. Spondylosis | Heat, soft tissue manipulation, Back mobilization and strengthening exercises, and ambulation . |
| 70 years female with knee osteoarthritis | Heat, trigger point release, knee ROM exercises, LL strengthening, health education about ergonomics. |
| 59 years female with sciatica sciatica secondary to piriformis syndrome. | Heat, deep frictional massage, piriformis muscle stretches. |
| 75 years female with lumbar spondylosis | Heat, soft tissue massage,back mobilization exercises, Mackenzie Therapy, LL strengthening,general body aerobics and strengthening exercises. |
| 55 years male with Rt. Hemiparesis due to stroke. | Bed exercises, trained transfers, UL and LL strengthening, trained sitting balance, gait retraining. |
| 75 years male with general body weakness | General body strengthening, trained transfers, low impact aerobics and ambulation training. |
| 90 years female with knee osteoarthritis | |
| 2 years male with clubfoot | Assisted in manipulation and casting with orthopaedic officer. Back care education and ergonomics, |
| Week 5 | |
| 51 years female with mechanical low back pain | Heat therapy, Spinal mobs, McKenzie therapy, low back soft tissue mob, Aerobic Exs, lower limb stretches, and general body fitness Exs. |

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| 23 years female with VVF | Health education about condition, pelvic floor, muscle strengthening, Lower limb strengthening exercises. |
| 51 years female with Lx. Spondylosis | Heat therapy, soft tissue manipulation, hip joint R.O.M Exs, Stretching Exs for lower limb muscles, strengthening Exs |
| 50 years male with diabetic foot | Ankle joint ROM exercises, Gait training with crutches |
| 72 years male with general body weakness | General body strengthening, trained transfers, low impact aerobics and ambulation training. |
| 70 years female with knee osteoarthritis | Heat, soft tissue massage, hamstring muscle stretches, patella mobilization, knee joint active ROM |
| 60 years female with lumbar spondylosis | |
| Week 6 | |
| 73years female with lumbar spondylosis plus coccydnia. | Heat, STM, Back care education, postural modification in sitting, back muscle stretches, coccydneal manipulation. |
| 20 years female with pelvic floor muscle weakness | Pelvic floor muscle strengthening and bladder retraining programme |
| 50 years male with stroke | Bed exercises, trained transfers, UL and LL strengthening, trained sitting balance, gait retraining |
| 70 years female with Rt.hip osteoarthritis | Heat, Hip active ROM exercises, longitudinal caudad, gluteal muscle stretches |

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| 22 years male with Rt. quadriceps tendonitis | Heat, trigger point release, isometric quadriceps strengthening, resisted active LL strengthening |
| 71 years female with Lumbar spondylosis | Heat, soft tissue manipulation, Back mobilization and strengthening exercises, and ambulation |
| 42 years male with bilateral above knee amputation | Hip Joint ROM, Stretching hip flexors, assessing client for wheelchair, training use of wheelchair. |
| 25 years male with general body weakness | General body strengthening, training sitting and standing balance, gait training, education about importance of nutrition and exercises, |
| 51 years female with lumbar spondylosis | |
| 68 years male with anterior shoulder dislocation. | Assisted orthopaedic officer in reduction under anaesthesia. |
| 69 years male with Lumbar spondylosis | Heat, Soft tissue massage, core strengthening exercises, back muscle stretches, sciatic nerve stretches, education about backcare. |
| 48 years male with acute back muscle strain | Ice, soft tissue massage, back muscle stretches, active back ROM exercises. |
| 21 years female with mechanical low back pain | Heat, soft tissue massage, Active Lx mobilization and strengthening exercises |
| 9 months old male with knee septic arthritis | Heat, Soft tissue release, Knee joint ROM, Grade III PA and PA glides on tibia, |

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| <p>75 years male with Lt. hemiplegia due to stroke.</p> | <p>Bed exercises, trained transfers, UL and LL strengthening, trained sitting balance, gait retraining</p> |
| <p>Week 7</p> | |
| <p>54 years male with hip osteoarthritis</p> | <p>Heat, Hip joint active ROM, Longitudinal caudad, LL strengthening exercises.</p> |
| <p>84 years male with lumbar spondylosis</p> | <p>Heat, soft tissue massage, Active Lx mobilization and strengthening exercises</p> |
| <p>35 years female with weakness due to Immune suppression syndrome</p> | <p>General body strengthening, training sitting and standing balance, gait training, education about importance of nutrition and exercises.</p> |
| <p>75 years female with Rt hemiplegia due to stroke</p> | <p>Bed exercises, trained transfers, UL and LL strengthening, trained sitting balance, gait retraining</p> |
| <p>64 years female with bilateral sciatica</p> | <p>Heat, soft tissue massage, sciatic nerve stretches, core stability training, backcare education</p> |
| <p>60 years male with low backpain</p> | <p>Heat, soft tissue massage, Active Lx mobilization and strengthening exercises</p> |
| <p>2 years male with hip septic arthritis</p> | <p>Heat, soft tissue massage, LL stretching and strengthening exercises, ambulation training.</p> |
| <p>54 male with cervical spondylosis</p> | <p>Heat, cervical traction, active neck ROM, deep neck flexor strengthening exercises.</p> |

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| 2 years male with Cerebral palsy | Slow passive joint ROM exercises, passive stretches, motor stimulation with toys, UL and LL weight bearing exercises, advised mother on nutrition. |
| 64 years female with low back pain | Heat, Soft tissue massage, core strengthening exercises, back muscle stretches, sciatic nerve stretches, education about backcare. |
| 77 years male with lumbar spondylosis | |
| 25 years male with gluteal muscle spasm | Heat, trigger point therapy, stretching exercises, ambulation training |
| 51 years female with cervical spondylosis | Heat, soft tissue massage, active neck ROM exercises, deep neck flexor strengthening. |
| 32 years male with encephalitis | Passive joint ROM, positioning, health education to caretaker about condition. |
| 63 years female with low back pain | Heat, soft tissue manipulation, stretching exercises and core strengthening, ambulation training |
| Week 8 | |
| 11 years male with 2 nd degree LL burns | Passive R.O.M Exs for knee and ankle joints, scar tissue manipulation, stretching, ambulation |
| 70 years female with mechanical low back pain | Heat, soft tissue manipulation, stretching exercises and core strengthening, ambulation training. Heat, trigger point release, knee ROM exercises, |

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| 70 years female with knee osteoarthritis | LL strengthening, health education about ergonomics |
| 86 years female with lumbar spondylosis | Heat, soft tissue massage, Active Lx mobilization and strengthening exercises |
| 50 years female with lumbar spondylosis and piriformis syndrome. | Piriformis muscle stretches, heat therapy, soft tissue manipulation, hip joint R.O.M Exs, |
| 90 years female with Rt. Hemiplegia due to stroke | Stretching exs, for lower limb muscles, strengthening Exs. Passive mov'ts, training transfers, trunk mobilization exes, gait rehabilitation |
| 50 years male with hemiparesis due to stroke | Passive movements, training transfers, trunk Mobilization exes, gait rehabilitation. |
| Week 9 | |
| 70 years male with low back pain | Heat, traction, step bed, soft tissue massage, back stretching and strengthening exercises, sciatic nerve stretches, general body fitness exercises. |
| 42 years male with calf injury due to accident | Knee and ankle ROM exercises, trigger point release, active calf stretches. |
| 37 years female with Neck pain | Heat, manual traction, extension SNAGs, PAIVMs, active neck ROM |
| 43 years female with low back pain | Heat, soft tissue manipulation, back stretching exercises and core strengthening. |

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| 9 months female with developmental delay | Health education on exercise and nutrition, trained head control, motor stimulation with toys, trained UL weight bearing. |
| 73 years female with Knee osteoarthritis | Heat, trigger point release, knee ROM exercises, LL strengthening, health education about ergonomics. |
| 66years male with peripheral neuropathy | Mobilized knee and hip joints, LL and UL strengthening, core strengthening, trained ambulation with walker, |
| 4 months male with cerebral palsy. | Slow passive joint ROM exercises, passive stretches, motor stimulation with toys, trained head control, advised mother on nutrition. |
| 5 years female with Rt. hemiplegia due to seizures. | Trained hand function, motor stimulation with toys, weight bearing exercises through Rt, LL, ambulation training. |
| 3years female with with Cerebral palsy | Reducing tone, training milestones, worked on head control, parents education about the baby's condition |
| Week 10 | |
| 45 years male with low back pain | Heat, soft tissue manipulation, back stretching exercises and core strengthening. |
| 78 years female with Sacroiliac joint dysfunction | Heat, AP glides on sacrum, hip joint active and passive ROM. |
| 38 years male with mechanical low back | Heat, soft tissue manipulation, Lx. mobilization |

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| <p>pain.</p> <p>3 years old male with second degree burns to Lower limbs.</p> <p>WHEELCHAIR OUTREACH AT BWERA.</p> | <p>exercises, back stretching exercises and core strengthening and general body fitness exercises.</p> <p>Positioning, active stretches through play therapy, passive stretches, joint mobilization, ambulation.</p> <p>Assessed 4 pediatric clients for wheelchairs. Health education to patients about importance of physiotherapy in rehabilitation.</p> <p>Assisted in assembling and fitting four wheelchairs.</p> |
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ACHIEVEMENTS

Working as an intern at Kagando hospital has far reaching benefits ranging from improved clinical competence, social and spiritual growth. The following are some of the achievements I have obtained by working at Kagando hospital as an intern;

Improved clinical competence.

Having worked on a variety of conditions, my clinical skills and decision making has improved over time. My theoretical knowledge has been translated into practical knowledge.

I have been privileged to work with great physiotherapists, Gloria and Hanna who have enabled me to acquire skills and experience in different clinical areas. I am also glad that they gave me a warm welcome into the physiotherapy department and our friendship as brother and sisters is allows for the best working experience any fresh graduate or intern would want.

In addition to getting practical experience, my theoretical knowledge has improved. We sometimes share through some challenging conditions, do further reading to improve our knowledge and we are also planning to start conducting department based continuous medical

education sessions to update our knowledge on evidence based physiotherapy practice recommendations.

Recently I have developed interest in wheelchair service provision and I am lucky to have Gloria and other members of the rehabilitation department who are experienced in that field. I have therefore been learning how to assess patients for wheelchairs and how to fit them after they are assembled.

We have done one outreach for assessing, fitting and assembling wheelchairs and it was a really nice learning experience for me. I have also discovered that wheelchair provision is much easier when it is done in communities, clients appreciate the effort taken by the team to reach out for their needs. Moreover it is much easier for the rehabilitation team to travel to the communities than all patients coming to the hospital which would be more costly for them.

Most children also do not like the hospital environment probably because of painful previous experience with medical procedures like injections and would be irritated whenever they are brought to the hospital for fitting and assessment for wheelchairs. However it is a different experience when a wheelchair outreach is done since they look at medical rehabilitation personnel as community members.

It has been possible to have a physiotherapist on the outreach since the other physiotherapist is able to continue running work at the hospital. Having physiotherapy opinion on wheelchair provision is important since wheelchairs should be good enough to avoid pressure sores, musculoskeletal pain from uncomfortable posture and address the ability of the client to use the wheelchair. I am happy to be part of this team that improves the quality of life of patients served by Kagando hospital.

Photos from the Wheelchair outreach at Bwera



Adherence to physiotherapy treatment and physical activity recommendations.

Due to health education and goal setting with patients, we have been able to achieve rehabilitation goals with most of our patients. Having two physiotherapists reduces also the waiting time patients have at the department and this further enhances their adherence to physiotherapy review.

Regular attendance for review means that patients and caregivers can learn their home exercises properly as they can be reminded some of exercises from the first session that they could have forgotten. Adherence to home exercise programs is key in achievement of rehabilitation goals. These findings are similar to what was found out in a study, 'Adherence to home exercise programs among caregivers of cerebral palsy patients' at Mbarara Regional Referral hospital.

Team work and management skills.

Working at the Medical rehabilitation department has strengthened my ability to communicate and relate better with each of the members of the team.

Improved clinical competence also allows other team members to delegate some responsibilities to me whenever there is need. For example on days when we have outreaches, I am able to manage work at the department with the help of at least a nurse while other team members go for outreach. It is my pleasure to know that I can now manage a diverse caseload of patients on my own. On the other hand, I am also working hard to improve my knowledge in wheelchair service so that I will always be able to offer physiotherapy services on outreaches whenever there is need.

I would recommend that there should be continued funding to maintain the demands of the hospital in terms of physiotherapy service provision. It is motivating for the team to know that they can get the work done and this has been possible because of the presence of three physiotherapists in the department.

Social and spiritual growth.

Interacting with people of a different cultural setting is one of the most interesting things I have enjoyed in Kagando. I personally have special interest in appreciating different Ugandan cultures. I have therefore been learning norms practices and languages spoken in Kasese. I am lucky that I am able to speak Luganda, Rutooro, Runyaruruguru and Runyankole which are commonly used languages in Kasese. I have also been interested in learning Rukonzo especially from my teammates which is related to the other Western Uganda languages.

My goal was to be able to complete a physiotherapy assessment in Rukonzo without support and I am confident I will be able to do that by the end of this month.

I also like the fact that each working day at Kagando begins with spiritual devotion. It has enabled me to boost my personal relationship with God. Moreover the fellowships and interactions with people in Kagando have also enabled me to improve my spiritual wellbeing. This is probably the best place one would want to Pray from every day.

CHALLENGES.

Inadequate resources.

Kagando hospital physiotherapy department has limited space and resources yet the number of patients received is high. The outpatient department is a two bed capacity space and some important equipment such as parallel bars, dolls and floor mats that would be used in pediatric rehabilitation are not available. However, we are still able to improvise and treat our patients with the resources that we have.

It would be my recommendation that more funding in terms of resources and infrastructure is allocated to solve the above challenge.

Ebola outbreak in Congo

Another challenge was the recent Ebola outbreak that has been in Congo, where some of the patients to Kagando come from. There has always been worries about the disease spreading to Uganda. However God is in control and we are still free from Ebola.

APPRECIATION.

Interface Uganda

I would like to thank Interface Uganda for choosing me as the successful candidate for physiotherapy internship this year. I also would like to thank them for continuing to fund my stay at the hospital. I really like the experience that I am getting, especially that I have been able to develop links between my theoretical and practical knowledge. This was the best way to begin my physiotherapy career. I hope the experience obtained here can always be used to improve quality of life of patients under my service as this is my goal for every patient.

Kagando hospital

My sincere appreciation goes to the KARUDEC administration especially the hospital management. I appreciate the great reception and making work comfortable for everyone around here. I now know why the hospital has a good reputation across the country. I thank all the hospital staff from the doctors down to the lowest ranked personnel for the warmth and reception given to me.

Medical Rehabilitation department.

I would like to appreciate the friendship, orientation, mentorship and guidance given by the head of Rehabilitation Services, Kagando hospital. There is much to learn from her including clinical skills, social skills and management skills. I am privileged to work with her as I have benefitted a lot from her experience.

In a similar way, I wish to appreciate the role played by our physiotherapy colleague who is a volunteer from Germany. Her presence enabled me to get proper orientation to work. I have also been able to learn from her especially management of a caseload of patients both at the outpatient department and on wards as well as many physiotherapy treatment techniques.

My stay at Kagando hospital will always be an important memorable experience.

I am a member of a team, and I rely on the team, I defer to it and sacrifice for it, because the team not the individual, is the ultimate champion (Mia Hamm)