**Duties and Expectations for Residents at MUYU**

All residents rotating with the MUYU Collaboration in Uganda are expected to do the following in their 6-week rotation:

1. **DAILY WARD ROUNDS**

During your 6-week rotation, you will select 2 ward teams at Mulago on which to rotate (Infectious Diseases, Hematology, Endocrinology, Gastroenterology, Cardiology, Renal, Pulmonary, Oncology, or the Palliative Care consult service), each for approximately 3 weeks. The team members vary from service to service, but generally your team will include one Mulago resident, at least one Mulago intern, perhaps an attending and medical students (depending on the time of year). **You are expected to round with the team each morning (rounds typically begin around 9 am), 5 days a week (Monday – Friday)**. In the afternoon, the team does procedures, etc. If you would like to see patients on the other wards, please feel free to do so in the afternoons.

While on the ward team, visiting residents are expected to teach and model:

* + How to construct a broad differential diagnosis
	+ How to manage and interpret laboratory and radiologic data
	+ Bringing articles for the team relevant to clinical questions asked on rounds
	+ Communication with patients about their diagnosis, outlining why tests are needed and the rationale for treatment given

**Performing Invasive Procedures**: It is important to remember that, although the goal of the MUYU rotation is for you to participate in a global health educational exchange, patient and trainee safety is of paramount importance. Due to differences in the availability of supervision, we strongly discourage residents from doing invasive procedures that they are not allowed to independently perform at their home institution.  The Ugandan trainees are responsible for drawing blood and performing procedures on their patients, and you should never feel that you are being pressured to do them.  Keep in mind that the equipment being used in Uganda may not be what you are used to using (not to mention, there may be a lack of local anesthetic and the level of informed consent may be different), that the inpatient HIV infection rate is >50%, and the Hepatitis C infection rate is unknown.

1. **MULAGO CLINICS**

You are expected to work in the once weekly clinic alongside your inpatient ward team. **Feel free to visit any other clinics of your choice during your rotation; note that the Infectious Disease Institute has HIV Clinic every day of the week.**

The clinic schedule is as follows:

# Monday: Hypertension, Thyroid, General Medicine

Tuesday: Renal, GI, General Medicine, Chest Clinic, Dermatology

Wednesday: Neurology, General Medicine

Thursday: Hematology, Cardiology, General Medicine, Dermatology

Friday: Rheumatology, ID/Communicable diseases

Daily: HIV Clinic, Diabetes Clinic

1. **CASE-BASED DISCUSSIONS AT MULAGO**

One way that MUYU residents and students can contribute to medical care at Mulago Hospital is by leading discussions and/or giving formal lectures geared towards Mulago faculty, housestaff and medical students. You will be expected to lead at least four educational sessions while working at Mulago. You will need to schedule with your teammates when and where you will give these talks – there are a number of available rooms just off the wards.

**Additionally, MUYU residents are expected to participate in at least one journal club presentation during their rotation.** You will be paired with a Ugandan resident (Senior House Officer [SHO]) to present an article that the two of you will choose together. You are also strongly encouraged to participate in other teaching conferences during your rotation (e.g. Mini-Rounds, Grand Rounds, Post-Mortem Rounds, and Division Conferences) – if your assigned ward team is presenting during your rotation, you should plan to participate as a member of the team.

**List of topics for case-based discussions** (this list is meant to help guide you, though the greatest utility will come from leading discussions / giving lectures which grow out of clinical questions that come up on rounds):

# CARDIOLOGY

* 1. Management of CHF (focus on medications available at Mulago)
	2. ECG tutorial (can have several sessions)
	3. Management of HTN (focus on medications available at Mulago)
	4. Management of atrial fibrillation (rate control and anticoagulation)
	5. Rheumatic heart disease
	6. Pericardial syndromes (physical exam, ddx and treatment for tamponade, pericarditis/constrictive pericarditis), pericardial effusion)
	7. Clinical scenarios with echocardiograms (including the utility of echos in the management of CHF)

# PULMONARY

* 1. CXRs in various clinical scenarios (can have several sessions)
	2. Approach to pleural effusion (exudative vs. transudative)
	3. Approach to a patient with cavitary lung lesions on CXR (include TB, malignancy, lung abscess, etc)

# NEPHROLOGY

* 1. Approach to a patient with elevated creatinine/acute kidney injury
	2. Hyponatremia
	3. Hyperkalemia
	4. Nephrotic Syndrome
	5. Management of chronic kidney disease

# INFECTIOUS DISEASES

* 1. Antibiotic stewardship lecture
	2. Basics and toxicities of antiretroviral therapy
	3. Review of WHO guidelines for initiation of ART and staging
	4. Cryptococcal meningitis and disseminated cryptococcosis (include utility of CSF and serum CrAg, data on fluconazole vs. ampho B vs. ampho B + 5FC)
	5. Overview of HIV-associated opportunistic infections (PCP, oral/esophageal candidiasis, toxoplasmosis, PML)
	6. Review of WHO guidelines for treatment of tuberculosis
	7. STDs: GC, CT, NGU, PID (include syndromic management in Uganda)
	8. STDs: Genital ulcer disease (HSV, syphilis, chanchroid, granuloma inguinale, maligancy)

# RHEUMATOLOGY

* 1. Overview of SLE
	2. Overview of sarcoidosis

# GASTROENTEROLOGY

* 1. Approach to a patient with ascites (SAAG, cell count differential and ddx, etc)
	2. Approach to a patient with jaundice
	3. Approach to a patient with hepatosplenomegaly
	4. Approach to a patient with abdominal lymphadenopathy
	5. Approach to a patient with hypoechoic lesions in the liver or spleen
	6. Approach to a patient with transaminitis/fulminant liver failure
	7. Approach to a patient with cholestasis
	8. Approach to a patient with severe nausea/vomiting
	9. Causes, treatment and complications of pancreatitis

# HEMATOLOGY/ONCOLOGY

* 1. Approach to a patient with anemia
	2. Approach to a patient with pancytopenia
	3. Kaposi’s sarcoma – different clinical presentations and treatment in Uganda

**ENDOCRINE:**

* 1. Approach to a patient with goiter
	2. Management of diabetes (focus on medications available at Mulago)
	3. DKA vs. HHNK

**NUTRITION:**

* 1. Case-based review of clinical presentation of various nutritional deficiencies

# NEUROLOGY/OPHTHOMOLOGY:

* 1. Approach to a patient with seizures
	2. Management of stroke
	3. Peripheral neuropathy – Ddx and management
	4. Findings on ophthalmologic exam in various clinical scenarios

# OTHER

* 1. Approach to a patient with anasarca
	2. Approach to a patient with generalized lymphadenopathy
	3. Cases in dermatology (include textile dermatitis, malassezia furfur, tinea, leprosy, kaposi’s)
	4. Approach to a patient in shock (differentiating cardiogenic, hypovolemic, septic)
1. **HOME VISITS**

You will have the opportunity to spend at least one afternoon accompanying a Ugandan attending physician to do a home visit on a patient who has recently been discharged from Mulago Hospital. We are fortunate to be able to have this window into the patient experience and an opportunity to observe what health/illness can mean (in a comprehensive sense) in the local context; you will be expected to submit a one-page reflection following each home visit.

***Clinical oversight will be provided by faculty on the medical wards. Though the level of supervision during this rotation will not be able to mimic that at your home institution, efforts will made to provide adequate clinical supervision. As with every rotation during residency, you will be evaluated on your performance during your MUYU rotation. Participants should make sure that all evaluation forms are completed by their supervising attendings and turned in to the MUYU Office prior to returning home.***

1. **LECTURES AND CONFERENCES**

MUYU Lectures:

- Tropical medicine lectures: given by MUYU faculty multiple times a week. The MUYU office generates each week’s schedule at the end of the preceding week. Examples include (but are not limited to): Malaria, Tuberculosis, Diarrheal Disease, Schistosomiasis, and Trypanosomiasis.

- Laboratory sessions held in the 4A side laboratory

# - Bedside clinical sessions with one of the MUYU faculty members as scheduled by the MUYU office

# - 1-2X weekly Luganda classes

- Uganda political science lectures

General lectures/conferences at Mulago:

1. Mini-rounds (in depth discussion of a case by a single medical sub-specialty), held on 4A on Tuesday morning from 8 – 9:30 am
2. Medicine Grand Rounds, held on Tuesdays in the Davies Lecture Hall from 2 – 4 pm
3. Journal Club, held Thursdays 8:15 am – 9:30 am on the 6th floor
4. Post-mortem rounds/case discussion, held Fridays 12 – 1 pm on 1C
5. Division conferences:
	1. Pulmonary: Wednesdays 9 – 10 am on 4C – can attend the conference and then join rounds on 4A
	2. GI: Thursdays 1 – 2 pm on 4A

**Infectious Diseases Institute (IDI) conferences (held on 2nd floor of IDI building):**

1. SWITCH meeting (HIV case discussion about changing ART regimen), held on Tuesdays from 8 – 9 am
2. HIV case conference, held on Friday mornings from 8 – 9 am