



CSC Evaluation and Monitoring Programme

## Impact in health

### Rebecca Tibenderana



**Dr Rebecca Tibenderana** is a 2015 Commonwealth Medical Fellow from Uganda. She spent six months at University Hospital Bristol NHS Foundation Trust. Prior to her fellowship, she had completed a Bachelor's degree in Medicine and Surgery at Mbarara University of Science and Technology, Uganda, and later a MMed in Internal Medicine. Her further studies were driven by her interest in oncology and the lack of specialists in this field at Mbarara, where she is currently a Lecturer. During her time as a postgraduate student, Rebecca established a cancer registry, now a cancer centre, where she is also the Clinical Head.

#### Motivation

Before her Medical Fellowship, Rebecca had been working for three years as a general physician in Mbarara, providing medical care to walk-in patients. During her postgraduate training she became concerned about the number of cancer patients visiting the hospital and the absence of a formal cancer treatment process. In response, she set-up a cancer registry, which focused on treating cancer patients with disseminated HIV Kaposi sarcoma. As news of this registry spread, her department supported her in establishing the registry as a cancer centre, however with no formal training and an increasing number of patients, this soon became challenging.

The National Cancer Service in Uganda were supportive of her efforts in providing local cancer care, and every 8 weeks a staff member from the service would visit to supervise her work and provide treatment information. When the Ministry of Health rolled out a plan to increase the number of regional cancer units to provide greater access to treatment for patients, her employer encouraged her decision to pursue a Medical Fellowship to identify an ideal cancer care package which she could implement in Mbarara.

Rebecca had previously completed a 4-week observership at University Hospital Bristol's cancer centre and returned there to undertake her fellowship.

#### Fellowship experience

Rebecca was grateful for the opportunity to build on what she had learned during her observership with practical, hands on experience. During her time on award she completed rotations within the cancer institute, where she learnt how University Hospital Bristol managed care for different types of cancer with dedicated multidisciplinary teams, each with a different set-up and culture of working. She noted that this meant that with each rotation she was exposed to different methods of working and treatment processes.

Rebecca also took part in outpatient clinics, observing how patient cases were presented to consultants and electronic systems used to complete paper work, as well as progressing onto seeing patients unsupervised. Additionally she took part in ward rounds and this provided the opportunity for her knowledge and understanding of treatments was assessed. This experience increased her familiarity and confidence in assuming responsibility for patient care.

Whilst in the UK Rebecca also completed a short course on good clinical practice which provided an introduction to NHS research on the care of clinical trial patients and gynaecology oncology which was a multidisciplinary programme delivered by surgeons as well as radiation and medical oncologists from across the UK. The latter presented her with the opportunity to interact with professionals from different hospitals and learn how they organised their cancer care services.

## Implementation of knowledge and skills

For Rebecca, one of the most important outcomes of her time in the UK was taking part in multidisciplinary team meetings. In these meetings she observed how doctors from each cancer unit evaluated new patients to create individual care plans. She had previously tried to establish similar meetings in Mbarara, however had been unsuccessful at securing attendance from other staff members.

On her return she followed the example set by Bristol, and made these meetings mandatory in order to bring together representatives from each department to collectively discuss patient care. As a result of implementing these measures Rebecca noted that there had been an improvement in communication between hospital departments and a greater interest in oncology and the work of the cancer centre.

***When I look back at the cancer unit here when we began and I look at what we have now, it's amazing.***

As part of improving and developing communications between departments, Rebecca has worked closely with the pathology laboratory at the hospital in order to improve patient diagnosis. Previously, it could take weeks for patients to receive the results of their pathology test, however with support from Rebecca and the cancer centre, the turnaround time has been shortened, enabling patients to receive their diagnosis and treatment faster.

Since returning to her position, Rebecca has been given additional clinical, teaching and administrative responsibilities. The cancer centre now employs five nurses, as well as a pharmacist and data clerk, and Rebecca is responsible for mentoring junior doctors and giving talks to different hospital groups and departments in oncology.

In addition to these responsibilities, she has also developed a sensitisation programme to increase public awareness of cancer screening. Whilst in the UK she observed that patients were well informed about their cancer and the treatment options available, whereas those attending the cancer centre in Mbarara had little knowledge. By disseminating information about cancer, Rebecca hopes to increase community awareness and encourage people to attend screenings.

In the future, Rebecca hopes to establish specific cancer clinic days, in order to manage the number of patients, organise staff time, and help support the teaching of postgraduate students at the hospital. By focusing on specific cancers, Rebecca feels that students will be better able to focus their studies and learning, and patients will receive more appropriate care.

## International links

Towards the end of her Fellowship in the UK, Rebecca and the registrar at University Hospital Bristol applied for and were awarded a grant from the Tropical Health Education

Trust to improve chemotherapy safety at her hospital in Mbarara.

As part of the grant, small teams from University Hospital Bristol have visited Mbarara to teach the safe delivery of chemotherapy, covering issues around safe disposal, infusion, and the safe administering of drugs, a component of nursing that Rebecca noted was not routinely taught in nursing schools in Uganda. She explained that chemotherapy and palliative care are currently the only treatments available in Uganda, as the country's only radiotherapy machine is under repair and not easily accessible to patients living in rural areas, such as Mbarara, and the training offered through this grant is therefore vitally important to the delivery of quality cancer care.

As a result of Rebecca's Fellowship and the grant that she secured while in the UK, the long-standing relationship between Mbarara University and University College Bristol has continued and opportunities for other health professionals in Mbarara to attend short observerships in Bristol have become available. Rebecca has also supported staff members to pursue further training opportunities and qualifications internationally.

## More about Rebecca's work

'Low resistance to first and second line anti-tuberculosis drugs among treatment naive pulmonary tuberculosis patients in southwestern Uganda' *PLOS ONE*, Orikiriza, Patrick et al.10.2 (2015): e0118191

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