Innocent Ssemanda Interview Transcript – January 29, 2021

Dr. Emilie Joos, BISC Associate Director, recently interviewed Innocent Ssemanda, a current candidate for the UBC Master of Global Surgical Care program.

Dr. Innocent Ssemanda is an accomplished physician and scholar from Uganda, who recently completed a Masters in Epidemiology from the University of Zambia. Dr. Ssemanda has a breadth of experience in the delivery of surgical care in low-resource settings and a deep understanding of academic research.

While practicing as a physician, he has been able to participate in several clinical trials as a research assistant. More recently, with his excellent analytical skills and sensitive approach to complex research questions, he has obtained the role of principal investigator and co-investigator for more than ten observational studies. He possesses an excellent combination of skills in conducting experimental and observational epidemiological research, and clinical and medical practice skills.

***Emilie**: Good evening, Innocent. Thank you so much for joining this call, at a late time for you in Uganda. We wanted to talk about you and your journey into the world of research, in global surgery and surgical care. So I am going to start by asking you, where you grew up, what types of studies did you do, what is your work right now and what are your interests? Can you tell me a little bit about you?*

Innocent: Okay, thank you very much for inviting me to be interviewed for this today. My name is Innocent Ssemanda. I am a medical doctor by profession. I have a detailed background, but briefly, I have applied for this program because I believe my skills, qualities and experience are strongly match for this positions' requirements. My educational background. I'll start from high school. I finished high school in 2008 and I passed excellently. I joined Makerere University where I studied Bachelor of Medicine and Bachelor of Surgery from 2009- 2015. Thereinafter, I started working at Mulago National Referral Hospital for a period of two years. After attaining a working experience in general medicine and general surgery, I started a post-graduate diploma in Pediatric Palliative Care, at the Institute of Hospice and Palliative Care Africa Uganda, and I practiced it for more than one year. In 2018, I started doing a Master's of Science in Epidemiology, at the University of Zambia. I can say, over the year, I have built up lots of skills and qualities that I believe will benefit your institution, and my country at large. In fact, I have managed to gain excellent surgical skills because I have served at a district hospital locally, in Adjumani District, where I served as a District Medical Officer. I practiced surgery so much, because we have the influx of refugees from Sudan and other countries having political instability.

***Emilie:** Can I just interrupt for a second before we talk about the Masters itself? Because there is so much that you said in this two-minute conversation. I am very fascinated by everything in your journey. I want to ask a little bit more about your interest in pediatric palliative care: how did you explore that field? What did you learn from working with that patient population?*

Innocent: What I learned about the palliative care aspect is to care for pain holistically. People who have got chronic sickness, people who have gone through major and invasive surgeries, they surfer much. Unfortunately, most surgeons they don't know how to take care of patients suffering from severely uncontrolled pain in a holistic way of approach. They don't know how to take care for the pain holistically.

Palliative care is a multidisciplinary kind of approach, and its needs a team work of healthcare professional from multidisciplinary faculties, and I feel that integration of palliative care services into primary health care package is crucial. I feel that every health care professional must have a training in palliative care as a short course, or at least in continuous medical professional development (CPD) program at health facilities. The fact is that, this practical aspect has helped me know how to manage physical, psychological emotional, and spiritual pain holistically. That's the learning that I got from palliative care.

***Emilie**: This makes so much sense, to think about controlling the pain and treating the pain for these patients. It's a huge aspect of what we do, and this is not necessarily emphasized in surgical training, or, in building systems of surgical care for patients. We do think about it, but we never think about it as a central piece. So thank you for bringing that up and I really like this perspective you bring to this issue.*

Innocent: I want to give a clear example. Right now I'm in a hospital. I have a patient who underwent laparotomy four days ago. But she's going through severe pain. Because I have that aspect of managing pain she's now thanking me all the time - "Thank you so much doctor". […] What we do, it's really very necessary for all medical practitioners, to have the concepts of palliative care. It's supposed to be integrated into our day-to-day clinical practices. All of us must be trained, even if it is a short-course training. They should have those concepts of how to manage chronic or severe pain holistically because a patient doesn't suffer only with physical pain, they suffer from a lot of aspects. As I mentioned earlier, there is what we call emotional, physical, psychological, and spiritual pain. So if you can merge those holistically, comprehensively, I assure you that we shall have good results at the end of the day.

I'm interested to be a leader in my country, spearheading this kind of MGSC program to provide unmet surgical care. In Uganda, there is a need to bridge the unmet surgical care. I understand, a lot of physicians they lack surgical care skills. So obviously, there is a need train healthcare professional to have knowledge in global surgical care to bridge that gap. For example, in Northern Uganda I conducted a study to evaluate the quality of trachealis surgery outcomes, and to assess the level of fidelity achieved during implementation of trichinizes surgery. The study findings indicate that; the program implementers delivered trichiasis surgery at lower level of fidelity. You know we have what we call "the standard operating procedures" (SOPs), the trichiasis surgery protocols that you have to follow during program implementation, and the outcomes were unfavorable. Patients report that they experience a lot of pain immediately after surgery, and sometimes it may stay even a week, so we hate to operate our eyes. I am sure when I graduate in MGSC I will share my experience with the key healthcare stakeholders at the district headquarters to influence them for policy change. Every Friday weekly we do what we call continuous medical education at our health facility, so I hope to be a key person to advocate for global surgical care services to be embraced, and to protect persons globally from undergoing through unnecessary surgery, plus having a voice for voiceless patients. That's the main reason why choose this program.

***Emilie:** It makes total sense that you want to translate all this clinical knowledge and this improvement in patient care into policy, like you would want this to be applicable everywhere and to be part of how we design a healthcare system. We always think of palliative care here, maybe it is a simplistic view, as end-of-life care. But pain control is just what it is all about. It is all about the comfort of the patient. So I really am excited for you to bring this to the table. I hope we can give you all those tools to achieve your goals. I really cannot wait to have an intersection of this type of practice between what you do and what*

we are used to in our setting. I think this is this is where the opportunity is. It is bilateral learning and this is what we want to do: be able to translate a good quality improvement project to an actual policy.

Innocent: The problem is how to integrate palliative care into our traditional healthcare system. There are very few people who have knowledge about palliative care. But if we can download knowledge to the policy makers, people in the government, the heads of programs, and international partners and funders, we can let them understand the key components and the importance of the implementation of the entire program at global level. So what we have to do, me and you who are in the healthcare system, is to dialogue with the, international leaders, key healthcare policy makers, key political figures, about the good palliative care service, and global surgical care. Because, without them, the intervention, and activities cannot be endorsed to be implemented at a global level. So what we have to advocate is make an amendment in the already existing system protocols. So that we can integrate palliative care, and global surgical care into the already existing healthcare system.

Emilie: *You know what I what I hope will happen. I do hope that you join our Masters and you can actually undergo this training. But I also secretly hope that you also will accept to be one of our instructors for the Masters because you have so much wisdom and knowledge and experience that we would really benefit from having someone like you being an instructor in our courses. I hope you will accept that.*