A REPORT OF MY EXPERIENCE AS A COMMUNITY SURGEONS AWARDEE 2019

I was so excited when I got a letter of my sponsorship to attend ACS Clinical Congress in USA! Indeed, I was so grateful for this great opportunity, my long dream of visiting USA, came true, above all I was looking forward to meeting and interacting with surgeons of this great nation. My long journey from rural Uganda to USA took me three days, coupled with jetlag is an experience I will never forget.
I am so grateful to the organizers of this conference for inviting me too, to give two presentations, one in Global Surgical Systems Strengthening – Problems to Solutions. The second presentation was on Tropical Diseases of Surgical Relevance. I attended a number of presentations including; Global Surgery Landscape, Current Status of Global Injury, Global Pediatric Surgery, Ethics of Global Surgery, Current Status of Surgical Oncology, Diabetes Mellitus among other.

I was presenting at the conference.

The ACS Congress brought together people of different expertise and I was able to learn some skills in different disciplines, and I am grateful for having the opportunity to take part in the conference. This was a great conference, and from my perspective it was a great learning experience, the opportunity to participate in education with the international participants was fun, and professionally fulfilling and rewarding. In conference, you learn a lot from different presentations in a short period of time. I learnt different methods of presenting papers.

Definitely the ACS Congress was a success, and the benefits were many. When I interacted with the fellow Community Surgeons awardees, each had an experience to share about his work, what he does, challenges and successes. It was rich to learn how people do surgeries in different ways in different countries. Minimal invasive surgery was largely practiced in the developed countries, while surgeons in the developing countries did open surgeries, because their patients presented late with advanced conditions. Secondly, the infrastructure and equipment suited for these advanced surgeries was lacking. I also noted that, in the developed countries, the tradition of doctors interacting with their patients, taking good history, and clinical examination has deteriorated as technology has improved. Patients are sent for a number of investigations before...
a doctor intervenes. Contrary to what happens in developing countries where investigative facilities are few, and one has to take a good history of the patient’s illness, develop his/her clinical acumen in order to make a diagnosis and manage the patients well. Interacting with senior surgeons of different specialties was enriching and learning their contributions to medicine was a big honor to me. I even didn’t know some countries existed, until I met these people of different walks of life and interacted with them. In geography or history large countries, or countries with political influence, are commonly taught, but if no unusual event occurs in a small distant country, it is existence is not known. We formed a chat group where we have continued sharing our experiences, consultations, and helping each other. One of the pediatric surgeons has promised to lobby for funds for training more pediatric surgeons in my country because we have only had three to manage a population that is largely children. Another promised to talk to his friends to supply colostomy bags to my hospital, after listening to my presentation, in which I discussed the challenges of managing patients with colostomy in my country. Others have promised to organize one week and come and visit me, and do surgeries! The fact of knowing that colleagues care, and are willing to help is a great encouragement and consolation.

International Scholars

There were so many great presentations, many of them taking place at the same time. Though we were not able to attend them all, the organizers made it possible for us to read and listen to the ones missed, by posting daily highlights. These consisted of very informative newsletters and videos. I watched the videos later, and could see different ways of performing surgeries. I also
listened to various presentations that I had missed. This was a great innovation because when I returned to my hospital, I was able to share some of the videos, and newsletters with my colleagues. This gave me the opportunity to discuss the events that took place in the conference with examples.

As a surgeon working in rural Uganda (6 hours’ drive from capital city), in a very challenging situation, this conference gave me the opportunity to travel and see different beautiful places, such as the Golden Gate Bridge, which is a central focus of San Francisco. We were given special treats, breakfast, lunch, dinners, entertainment, all great moments to be cherished forever. I was able to rest from my routine work, and am now energized to resume work with zeal. In addition, I have expanded my global professional network.

In a special way, I sincerely thank Kate Early for always being there for us. She answered all my questions, and was more than willing to help, guiding us until the end of the conference. She is an amazing lady that we all wanted to meet. I was happy to take a photo with her.
Thank you for giving me this great opportunity of attending the ACS conference, I look forward to attending one in Chicago next year.

Kind regards,

Dr Mary Margaret Ajiko