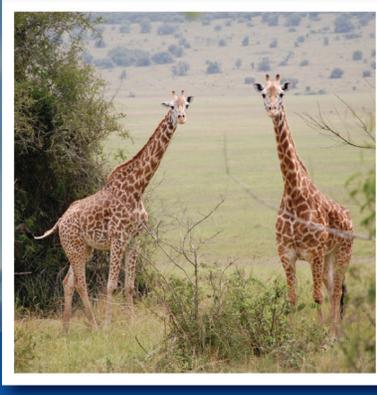


# CASIEF-RWANDA

A Guide For Volunteers



CASIEF-Rwanda Volunteer Anesthesia Teaching Program is guided by Dalhousie University Department of Anesthesia.



Canadian Anesthesiologists' Society  
**International Education Foundation**



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## CASIEF-Rwanda: A Guide for Volunteers

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## Introduction

Welcome to the Canadian Anesthesiologists' Society International Education Foundation (CASIEF) teaching program in Rwanda. This volunteer manual will help acquaint you with Rwanda and the teaching program. While volunteers are responsible for making their own arrangements and accept their own responsibility for safety, we're confident this manual will provide a valuable guide.

The Rwanda Teaching Program began in January 2006 as a partnership between the National University of Rwanda (now University of Rwanda), CASIEF, and the American Society of Anesthesiologists Overseas Teaching Program (now ASAGHO). The goal is to build capacity for anesthesia training in Rwanda so that, over time, there will be enough local staff anesthesiologists to run the program without the need for international support.

The following articles provide an in-depth description of the structure of the Rwandan anesthesia residency program and CASIEF's role:

1. Livingston P, Evans F, Nsereko N, Nyirigira G, Ruhato P, Sargeant J, Chipp M & Enright A. Safer obstetric anesthesia through education and mentorship: a model for knowledge translation in Rwanda. *Can J Anesth*. DOI 10.1007/s12630-014-0224-8
2. <http://www.panafrican-med-journal.com/content/article/19/97/full/>
3. Twagirumugabe, T., Carli F. "Rwandan Anesthesia Residency Program: A Model of North-South Educational Partnership". *International Anesthesiology Clinics*. 2010; Volume 48, Number 2, 71-78

Before you go, we suggest that you familiarize yourself with Rwanda. A list of recommended books and films is included in this package as Appendix A. It is important to understand as much as possible about the local culture.

Thank you in advance for your time and interest. We hope you enjoy your stay in Rwanda and, as with our past volunteers, we are confident that you will receive as much as you give.

### To discuss becoming a volunteer with CASIEF-Rwanda, contact:

Dr. Ana Crawford  
[anamcrawford@gmail.com](mailto:anamcrawford@gmail.com)

*Note: If you discover information in this manual that should be updated, please forward your comments to Dr. Ana Crawford.*

## Country and City Descriptions

### Rwanda

Rwanda is a small, densely populated, land locked country in eastern Africa. It is also known as “Le Pays de Mille Collines” or the “Land of a Thousand Hills.” It is located in the Great Lakes Region of eastern-central Africa and it shares borders with Tanzania (east), Uganda (north), Burundi (south), and the Democratic Republic of Congo (west). Although Rwanda is only slightly south of the equator, the temperature is relatively cool because of the high elevation.

As the country recovers from the tragedies of the 1994 genocide, in which an estimated 1,000,000 people were killed, it is rebuilding and is currently considered a model for developing countries. The Rwandan government is viewed as one of the most effective and least corrupt governments in Africa. In November 2009, the country became the 54<sup>th</sup> member of the Commonwealth of Nations.



### Rwanda at a glance

**Size:** 26,338 km<sup>2</sup> (about half the size of Nova Scotia)

**Population:** 12,000,000 (most densely populated country in Africa)

**Number of Anesthetists:** 18

**Capital:** Kigali (pop. 965,000)

**Language:** Kinyarwanda (majority), Kiswahili, French, English (official)

**Currency:** Rwandan Franc

**Religion:** Christian (majority Adventist), Muslim

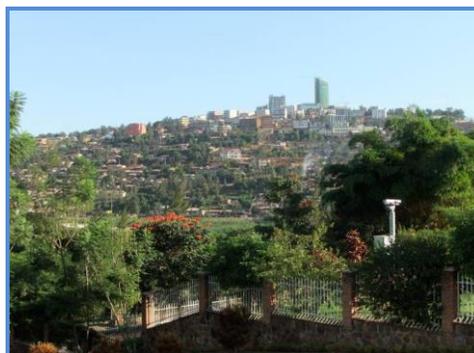
**Life Expectancy:** 49

**Literacy:** 70%

**Leadership:** President Paul Kagame (elected 2003, 2010, 2017)

## **Kigali**

The majority of your time will be spent in Kigali, the capital city of Rwanda; it is one of the safest capital cities in Africa. Kigali is growing quickly and is the country's major city and business centre. The compact city is built on steep hills and surrounds a lively market. It is home to a variety of hotels and an assortment of fine dining restaurants including both international and traditional Rwandan menus.



In Kigali you will work at three hospitals: the University Teaching Hospital of Kigali (UTHK or CHUK in French – pronounced say-ash-oo-ka), King Faisal Hospital, and the Rwanda Military Hospital.

You may also be asked to teach the anesthesia technician students at the University of Rwanda (former KHI campus).

## **CHUK**

The University center receives the most complex cases and sickest patients, it also suffers from the greatest problem of “variable resources”. There are 6 operating rooms in the Main OR suite. This is the hospital where the SIM Centre is located and where you will spend the majority of your time. A few notes on logistics:

1. Morning Meeting: occurs at 7am on Mondays, Wednesdays, and Fridays. The meeting starts with a short prayer led by one of the residents. Both Staff and residents attend and interesting cases from overnight and cases proposed for the day are discussed. It is well worth attending. This takes place in the Anesthesia Meeting Room (ask a resident to show you).
2. Change rooms: bring all you need with you (scrubs, hat, shoe covers, masks, and a few pairs of gloves). The residents will show you where to get changed, and then where to leave your bag (in the Anesthesia office)
3. Outside the change room is a bulletin board with the monthly rota posted on it. You can see which staff and residents are scheduled at each location (schedule subject to many last minute changes).
4. There are two ORs at CHUK that only residents run. Typically, a Year 3 resident will be teaching a Year 1 resident. Year 2 residents usually run their own room without having a learner.
5. Non-Physician anesthetists (NPAs) run the other ORs.
6. There is generally only one, occasionally two, local staff supervising all the ORs! Your supervision and teaching will be welcome.

## **Visiting Teams**

7. CHUK, RMH, and KFH are all visited by outside medical teams focusing on different surgical specialties. Cardiac surgery, ENT, neurosurgery teams are common. Many of the teams will include teaching the local anesthesia residents as part of their mission. If there is a visiting team at one of the sites while you are in Rwanda, check with Dr. Paulin and the Chief Resident about possibly revising your schedule to be at a different site from the visiting team. This way more residents at different sites can benefit from outside teaching.

## **Huye (formerly Butare)**

The University Teaching Hospital of Butare (UTHB or CHUB) and one of the University of Rwanda campuses are located in Huye (formerly Butare). Huye is about 135 km south of Kigali. Home to many of the country's academic institutions, it is referred to as the intellectual and cultural centre of Rwanda. There are a variety of hotels and terrace restaurants. The National Museum of Rwanda is a fine museum located in Huye.

Transport to Butare is arranged by Dr. Gaston Nyirigira Gaston (staff anesthesiologist, see contact

information). He should be included when you send your flight information and teaching schedule (see next page and Appendix B). Transportation is only covered Monday through Friday, so if you plan additional travel, you will be responsible for your return trip to Kigali.

In the past, the University of Rwanda would pay for accommodation at the Credo Hotel but many volunteers found the arrangements complex and the quality of the hotel to be poor. It is totally reasonable to refuse to go to Butare if you are not offered accommodation.

An alternate accommodation is possible with Dr. Gaston Nyirigira and his wife, Florida. They would be happy to accommodate you in their lovely home in Taba. They will include breakfast and dinner but we ask you consider offering a daily rate of about \$60 USD for one person and another \$40 USD for each subsequent person.

Features include:

1. Beautiful house in a peaceful, quiet neighbourhood
2. Just down the street from the National Museum of Rwanda
3. Large surrounding garden with many trees: mango, orange, lemon, avocado and passion fruit
4. Fresh vegetables from Gaston's garden
5. Secure gated compound
6. Spacious living room with comfortable furniture, an electronic piano and guitars
7. Elegant dining room
8. Two guest bedrooms (one with king bed, one with queen bed)
9. Guest bathroom with bathtub and shower, hot water
10. Solar electricity - meaning there is always light!
11. Wi-Fi (intermittent and weak)
12. Dinner and breakfast provided

Gaston and Florida are gracious hosts and the food is delicious.



Figure 1 Gaston in his garden



Figure 2 The livingroom with piano



Figure 3 Terrace to the garden



Figure 4 Gaston, Florida, Gisa & Gwiza

## Initial Planning

**Volunteers travel at their own risk.** Things you can do to mitigate risks (which are the responsibility of each volunteer) include seeking guidance at a travel clinic regarding required and recommended vaccinations; getting vaccinated; obtaining or maintaining your health and malpractice insurance; obtaining evacuation insurance; ensuring your personal access to anti-retroviral drugs; and arranging your Rwanda medical licence (if applicable). We have outlined guidance around these issues in this guide.

Volunteers are expected to monitor and adhere to **Government of Canada or USA travel advisories** for Rwanda and neighbouring countries. Volunteers must **register with their respective embassy** prior to travel.

### Travel Preparations

*Note: A checklist for travel preparations has been included as Appendix B.*

Make your travel arrangements early and please search for a reasonably priced airfare. Expedia and other on-line agencies will give you an idea of fares and routes. Three European airlines offer direct flights from Europe to Kigali: Brussels Air, KLM and Turkish Air. There are also flights via Doha, with Qatar Airlines and Addis Abba, with Ethiopian Airlines. Rwandair has added a few nonstop flights each week between Gatwick and Kigali.

About one month before your travel to Rwanda, **send your flight information and an outline of your teaching program (including your completed teaching template)** to the following people:

1. Chief Resident
2. Dr. Paulin Banguti Ruhato, Department Head Anesthesia, Critical Care and Emergency Medicine and Residency Program Director, Post Graduate Studies of Anesthesia, UR
3. Dr. Bona Uwineza, Anesthesiologist, CHUK
4. Dr. Gaston Nyirigira, Anesthesiologist, CHUB
5. Christophe Niyongombwa, apartment caretaker

Contact information for these people will be sent to you by the CASIEF delegate about three months before you travel.

Volunteers are responsible for paying for their airport transportation (approximately \$20 USD or 13,000 RwF). Christophe (apartment caretaker) can arrange for a taxi to pick you up.

CASIEF will reimburse up to \$2,000 CAD for Canadian staff volunteers' airfares and vaccinations. Staff should submit their travel receipts to the membership administrator at the Canadian Anesthesiologists' Society (CAS). The claim form and contact information is attached as Appendix C.

Canadian CASIEF volunteers have the option of a "cheque swap" for any travel costs over \$2,000 CAD. If you agree to this, then reimbursable costs over \$2000 CAD will be reimbursed by CASIEF on the understanding that you will make a donation through our website (<https://casief.ca>) for the same amount of money. Through this mechanism, you will get a charitable tax receipt for the value of the donation and so recoup some of these funds at the end of the year.

CASIEF does not pay for resident travel. Residents usually have their flight and immunization costs reimbursed by their respective departments but residents should confirm financial arrangements prior to committing to the Rwanda program.

The American Society of Anesthesiologists (ASA) will reimburse the cost of airfare for a maximum of four (4) American staff volunteers per year to a maximum of \$2,000 USD each. They do not pay for vaccinations. For more information, please contact Michael Mulcrone at the ASA ([M.Mulcrone@asahq.org](mailto:M.Mulcrone@asahq.org)). The ASAGHO Rwanda lead is Dr. Ana Crawford.

#### Passports

Ensure that you have an up-to-date passport that is good for at least six (6) months following your departure from Rwanda.

#### Visas

Both US and Canadian citizens require a visa to visit Rwanda.

According to the *Rwanda Directorate General of Immigration and Emigration* website, "Effective from 01 January 2018, all nationals of all countries will get visa upon arrival without prior application", which is great news as Canadians used to have to apply for their Visa in advance. Now all volunteers can get their Visas upon arrival at the Kigali International Airport. At the time that this was written, the cost of a V1: Entry Visa is \$30USD and is valid for 30 days. Please visit the website directly for further information and to confirm the cost and details of obtaining a Visa: <https://www.migration.gov.rw/index.php?id=47>.

Please ensure that you have the address of where you will be staying on-hand as it may be required. If you are staying at the CASIEF apartment, the address is **28 KN 41 St., Kiyovu, Kigali**.

Please note that if you plan on travelling to neighbouring East African countries, such as Kenya or Tanzania, a separate visa for those countries may be required or you may be able to get an East African Tourist visa. It is highly recommended that you research this in advance and secure the visas before you leave home as the processes for applications vary and could be lengthy. You also may require special immunizations for different countries as well. Again, this travel is at your own risk. Check travel advisories and be aware that residents are often forbidden by their universities from travelling to areas where there are high warning levels.

#### **Health and Safety Preparations**

##### Registering with the Canadian or US Embassy

You must register with the Canadian or US Embassy prior to your departure. The nearest Canadian Embassy to Rwanda is in Nairobi, Kenya. You can register online (ROCA, Registration of Canadians Abroad). CASIEF/ASAGHO volunteers are expected to follow and adhere to travel advisories.

##### Health and Immunizations

You may like to refer to this 2016 article on *Medical Considerations before International Travel* : <http://www.nejm.org/doi/full/10.1056/NEJMra1508815#t=article>

Yellow fever vaccination may be required for Rwanda, as vaccination requirements can change be sure to check with your local travel clinic for what is required. Please see your local travel health professional well in advance of departure to ensure you have adequate time to get your required vaccinations. Remember to carry your proof of vaccination card with you.

### Travel Clinics in Halifax:

International Travel Clinic  
Public Health Services  
7 Mellor Avenue, Suite 5  
Dartmouth, NS B3B 0E8  
(902) 481-5900

The Travel Doctor  
Quinpool Centre  
6169 Quinpool Road  
Halifax, NS B3L 4P8  
(902) 497-8535

Some departments of anesthesia will reimburse residents for vaccinations but residents should confirm these details with their respective departments.

Malaria is endemic in Rwanda, so use bed nets, mosquito repellent and malaria prophylaxis. Malarone, mefloquine, and doxycycline are all suitable for Rwanda, but please check current WHO recommendations or your travel clinic to ensure that your prophylaxis is suitable. Malarone is likely the best tolerated anti-malarial. Please be aware of the side effect profile for mefloquine.

You may want to bring antibiotics to treat diarrhea. This has not been a significant problem for volunteers who take reasonable precautions.

Past volunteers have left a supply of antiretrovirals in the apartment. We cannot guarantee the supply will be current and available for your visit. You may wish to bring your own supply of antiretrovirals, in the event of a needle stick injury, or you could ask the most recent volunteer for an update on the status of antiretrovirals.

Water in Rwanda must be boiled or otherwise treated before drinking. Bottled water is readily available for purchase.

### Health Insurance

It is highly recommended that you continue your regular life, health and critical illness insurance throughout your stay in Rwanda. Please ensure that you have coverage for overseas travel, including repatriation.

### Malpractice Insurance (Canadian Anesthesiologists)

CMPA provides coverage as long as you explain that you will be teaching anesthesia as part of a humanitarian mission. You are required to complete a two-page questionnaire, which can be found on the CMPA website:

[https://www.cmpa-acpm.ca/documents/10179/25003/questionnaire\\_8\\_9-e.pdf](https://www.cmpa-acpm.ca/documents/10179/25003/questionnaire_8_9-e.pdf)

It is important to say the mission will include *teaching*, not just *humanitarian work*.

As per CMPA guidelines, all Canadian residents going on a humanitarian trip must be accompanied by a Canadian teacher (i.e. a teacher practicing medicine in Canada) who is a CMPA member.

There should be no additional charge for CMPA coverage through this process. Send the form by mail or fax to:

The Canadian Medical Protective Association  
PO Box 8225, Station T  
Ottawa, ON, K1G 3H7  
1-877-763-1300 (fax)  
<http://www.cmpa-acpm.ca>

### **Rwanda Medical License**

CASIEF/ASAGHO Rwanda volunteers are expected to be there in a teaching role. We are there to advise residents and encourage best practices. The residents also have a Rwandan clinical supervisor, although that supervisor is responsible for a number of operating theatres and possibly the maternity ward and intensive care unit. CASIEF/ASAGHO volunteers are asked to be as “hands off” as possible.

If your role is primarily teaching (discussing, planning, advising, questioning and giving feedback), you do not need a Rwandan medical license. If, however, you are planning to be actively “hands on”, such as teaching regional anesthesia techniques, you should obtain a Rwanda medical license.

If you decide to have the option of hands on practice, please follow the instructions below for obtaining a Rwandan medical license:

Complete the Rwanda Medical and Dental Council Application for Temporary License for Foreign Practitioners form (see shared files in Dropbox). Please scan the completed application form and your required documents and email them to Dr. Paulin Banguti Ruhato prior to leaving for Rwanda and bring the certified photocopies with you to Rwanda.

Even if you are a returning volunteer who previously acquired a medical license, you will need to apply for a new license for each visit if you intend to be “hands on”. Table 1 outlines the requirements for First Time Volunteers and Table 2 for Returning Volunteers.

**Table 1: First Time Volunteers**

<b>Requirements as noted on form</b>	<b>Important notes/clarifications on form requirements</b>
Copy of ID/Passport	Copy of your passport ID page
Coloured passport size photo	
Certified copies of professional certificates and transcripts	Notarized copy of MD (this should also be scanned and submitted electronically; it does not have to be re-submitted as a returning volunteer). Transcripts are not required.
Certificate of Status	Certificate of Good Standing from your licensing board (CPSNS in Nova Scotia)
Introduction letter/job offer from institution	The invitation letter sent to you three months in advance by the CASIEF delegate
Copy of registration certificate from respective medical Board/Council	
Copy of current/last practice license	
Copy of current CV	
License fee of 30,000 RwF	The 30,000 Rwandan francs (in cash)

*Please keep your license after you leave Rwanda. If you wish to return, it will be extremely helpful if you have it on-hand for your re-application.*

**Table 2: Returning Volunteers**

Requirements as noted on form	Important notes/clarifications on form requirements
Copy of ID/Passport	Copy of your passport ID page
Certified copies of professional certificates and transcripts	Provided there is an electronic copy of the notarized MD on file, no further documentation is required. Transcripts are not required.
Certificate of Status	Certificate of Good Standing from your licensing board (CPSNS in Nova Scotia)
Previous Rwandan Medical License	If you did not receive a copy of your license, the RMC will have a record of it; however you will need to provide the date of your last application
Copy of current CV	
License fee of 30,000 RwF	The 30,000 Rwandan francs (in cash)

In regards to the “testimonials” referred to in Item 8 on the application form, this is the invitation letter sent to you three months in advance by the CASIEF designate.

Dr. Paulin Banguti Ruhato will be your main contact for obtaining your license. When you arrive in Rwanda, please connect with him for further instruction on who will be taking your documentation and licensing fee to the RMC.

#### Copies of Travel Documentation

Photocopies of your tickets and important documents, like your passport, should be left at home with family. You should also carry copies with you, which should remain separate from originals.

#### **Letter of Introduction and CV**

Three months prior to your departure date for Rwanda, please email a short letter of introduction and your CV to Dr. Paulin Banguti Ruhato (Department Head Anesthesia, Critical Care and Emergency Medicine and Residency Program Director, Post Graduate Studies of Anesthesia, UR). In the letter, briefly introduce yourself and include a request for permission to assist with teaching in Rwanda. Also note the dates of your visit.

#### **Preparing for a Different Environment**

##### Work Conditions

The work in Rwanda will be different from at home. The patients often have advanced disease and monitors, equipment and standards of practice may be suboptimal. It is particularly important to review pediatrics, as pediatric surgery is common.

It may be valuable to attend the Anesthesia for Global Outreach course. Please contact Dr. Ana Crawford for more information.

##### Clothing and General Packing

Generally, people dress professionally in the hospital. The residents attend the academic day with ironed shirts, a crease in their long trousers, and polished shoes. Rwandan men are rarely seen in shorts, unless for sport. Women’s clothing should be reasonably modest (skirts, capris, and pants are fine). For working in the OR, bring shoe covers or designated OR shoes as well as a lab coat to wear any time you must leave the OR while wearing scrubs.

If you are traveling with medical equipment, it would be wise to have a letter from your department head saying that you are traveling as a medical volunteer to teach in Rwanda.

Please make sure that you **do not** bring plastic bags (their use is banned in Rwanda) or expired medications/supplies (definitely not appropriate). A comprehensive packing checklist is included as

Appendix D for your consideration. Please do not leave any items, such as masks, shoe covers, gloves etc., in the apartment. They accumulate to an unmanageable extent when the volunteers leave these behind. If you have excess materials, kindly take them to the hospital.

### **Blogging**

If you decide to keep a blog, remember that anyone can read it and be conscious of patient confidentiality or comments that could be disturbing to our hosts. CASIEF may approach you about contributing a blog post for their website.

## **Housing**

### **Christophe**

Christophe is the caretaker for the apartment. Christophe is a gem. He will clean, shop and run errands. He is also able to help volunteers with getting a taxi from the airport. If you want his assistance for ordering a taxi for pick up, please contact him before you leave (see contact list for his email) and provide him with your flight information.

### **Felix**

Felix is the caretaker hired by the landlords of the apartment building. He speaks only Kinyarwanda. He lives in a small building behind the apartment and is responsible for cleaning exteriors, floors, cars etc. He is eager to help with laundry and other chores. Felix does not have a key to the apartment, and should only be in the apartment if supervised by Christophe.

### **Apartment**

As of March 2018, CASIEF began renting a new apartment located in Kiyovu in a quiet neighbourhood. The apartment is a major improvement over the previous Nyamirambo flat. There are 4 bedrooms (all with an ensuite). There are two large bedrooms in the back of the apartment: one faces the back of the property and Felix's home (can be louder in the morning), the other faces the front of the building and has a small terrace. There is a 3<sup>rd</sup> smaller bedroom in the apartment. The 4<sup>th</sup> bedroom is reached from a door outside the main apartment, there is a key and this room also has an ensuite.

Accommodation is arranged by CASIEF. Food is not covered and is the responsibility of the volunteers and residents. The official address is the 28 KN 41 St., Kiyovu in apartment "block 2A".

If the apartment is being used by friends of CASIEF (e.g., surgeons, researchers) we request payment of \$20 CDN/room/day. This can be paid online through the donation box on the CASIEF website: <https://casief.ca>.

\*\* Please do not leave food out as cockroaches can be a problem if food is not properly cleaned up. \*\*

### **Power and Water**

Volunteers (and friends of CASIEF) will need to pay for their own use of power and drinking water. Christophe can arrange to purchase utilities. Electricity can be purchased at the supermarket directly across the street from the apartment. Bring the account card from the TV stand to purchase it, and then input the code you are given into the pad outside the apartment. Water in the apartment is quite reliable, but the faucets are reversed for hot and cold. There is a switch for hot water outside next to the washer. It is slow to heat up, but leaving it on continuously uses more electricity. If there are any issues with water in the apartment, Felix can often troubleshoot. There is a dedicated washing machine for the apartment which works well. It is easy to use, but remember to turn the lever for the water supply to the apartment.

Please be sure there is enough water and power for a few days for the incoming volunteer.

## **Safe**

There is a manual safe in the apartment. Ignore the combination lock and use the safe key found on your keychain to access it. Christophe will give you the safe key upon your arrival in Kigali. The safe opening is a bit stiff. Turn the key to unlock it, lift the handle and give it a firm tug to open. When locking and unlocking the safe, make sure the handle is pushed all the way down.

## **Electronics and Equipment**

### Outlets

Rwandan outlets use European style plugs, but the majority of the apartment plugs are UK.

### Cell Phone

The very best option is to bring your own **unlocked cell phone** and get a Rwandan SIM card however your own carrier may be able to provide you with a reasonable plan for Rwanda. SIM cards are cheap (1,000 – 2,000 RwF).

As of Jan 2017 you can purchase virtually unlimited internet on your cell phone for 21,000 RwF per month (about \$30 USD). Another 5,000 RwF should easily cover phone calls and texting for the month. Having an unlocked smart phone with a Rwandan SIM card allows easy access to internet on your laptop via tethering (personal hotspot).

### Internet

There is Wi-Fi at the apartment (see the *CASIEF-Rwanda Volunteer Contact List* for login information). The Wi-Fi works very well in the common areas of the apartment, but not in the bedrooms. There is also Wi-Fi at the Serena Hotel. This is included in the monthly health club membership. There is also Wi-Fi in some parts of CHUK and at the Bourbon Café in the UTC. Wi-Fi is becoming more common in hotels you might visit for the weekend (e.g. Paradis Malahide).

### Data Projector

There may be a program data projector available in the sim centre, where you will teach on Mondays. If the sim centre projector is not available, the residents should be able to find another one.

### Printing

Where possible, it is easiest to do your printing in advance of leaving. There are some shops in the city centre with printing services. Christophe will be able to advise on where you can find a print shop. If you bring your own paper, Vivianne can often print for you in the Sim Centre.

## **Family Visits**

Your partner is welcome to join you on the mission, but unfortunately, young children are not permitted. Your adult children are welcome if space allows. Please confirm with Dr. Ana Crawford if you would like to have family members stay with you at the apartment.

## **Security**

Keep your valuables locked in the safe at all times. Leave one full set of keys (including the safe key) with Christophe when you depart.

## **First Aid**

There is a bin in the hall closet that contains first aid equipment and IV fluids and catheters. It is possible that the equipment will have expired, so just check with the volunteer that is travelling before you. Currently, there are a great deal of supplies in the apartment. Please check with previous volunteer about supplies as there may not be a need to bring any with you.

## Life in Rwanda

### Exchanging Money

The best rates for change cash in Rwanda are the FOREX bureaus. Both US and Canadian dollars are accepted. Make sure that your notes are new and in good condition as it can be difficult to change damaged or old bills. It is most useful to have large denominations such as \$100 bills as these will get you the best rates. If you bring cash, bring **US or Canadian dollars in \$100 bills in good condition and as recent as possible**. Look for the USD 2013 series or later (new ones). There is a FOREX Bureau in the airport. We recommend that you change some money there if you arrive late at night or on a weekend. Following that, change your money in the city centre as the rates are slightly better in downtown Kigali. FOREX Bureaus generally give better rates than the banks.

Credit cards are accepted in high-end hotels and restaurants (Serena Hotel, Khana Khazana). ATMs are plentiful and you can get money from your visa card, visa bankcard or MasterCard at an ATM (be careful when using your bank card as we know of one instance where the ATM did not give the card back). You should not count on using a regular bank card. You should inquire about fees for cash withdrawal from your credit card. Some volunteers put money on their cards in advance to ensure a positive credit balance to reduce fees. Nakumatt accepts credit cards. It would be safe to budget approximately \$2,000 for expenses for the month but this could be considerably more or less depending on restaurant dining or weekend adventures. Big items, like gorilla trekking, are additional to this estimate.

### Exercise

The Serena Hotel is one block from CHUK. For a monthly membership (\$250 USD) you have unlimited access to the pool, hot shower with good water pressure, whirlpool, sauna, steam, gym, exercise classes and Wi-Fi. It is a wonderfully refreshing stop after a long day in the OR. The Serena Hotel has the most reliable Wi-Fi and is a good place to Skype. The health club membership allows a 7.5% discount on meals at the hotel.

The Marriott gym is another option. It is cleaner, newer and less expensive than the Serena. A monthly membership is about \$200 USD and there is a better discount on food.

There is also the Park Inn by Radisson which is about \$65 USD. It is clean, with a pool (no laps) and dry and wet saunas. It is a convenient location relative to the apartment.

The Heaven Boutique Hotel health club/swimming pool offers lovely facilities with a 15% discount at the restaurant. A one month membership is about 100,000 Rwf.

With facilities in the new apartment (Wi-Fi and reliable hot water) many of the traditional benefits of the Serena are now available at the apartment.

### Shopping

The best supermarkets are Nakumatt (in the Union Trade Centre) and Simba Supermarket where you can buy a wide range of items. Both are located in central Kigali near the Place de la Constitution. Nakumatt, in particular, is very well stocked, but can be expensive. Christophe can help with picking up fruits and vegetables as well. There is a supermarket directly across from the apartment that has essentials. Just up the hill from the apartment is a smaller supermarket (La Gardienne) that also has reasonable selection, and excellent baked goods – it is especially well known for its samosas.

### Transportation

Motorbike taxis to town are dangerous, but plentiful and cheap. Use at your own risk! We have seen many cases of **major trauma with head injury** from moto travel in the CHUK ICU. Not a good place to be!

Rwanda also has a new public bus system. To ride the bus, you need to buy a smart card. Further information about bus routes is available from [Kigali Bus Services](#) and [Bus Route Map](#).

If you need a driver on the weekends, contact Emmy Runigamugabo (see contact info that will be sent three months prior to your departure). He speaks excellent English and is a very safe driver with a high quality vehicle. He can make all of the arrangements for you with bonuses, like access to the best guides in the park. He will book hotels for your weekend excursions. The cost is about \$200 USD per day and, although it is not cheap, it is well worth it.

Christophe can also arrange for a driver (Alphonse), if you want to go from point A to point B. Alphonse is safe and reliable but he does not speak English. His prices are considerably cheaper than Emmy's and he has a good vehicle.

### **Restaurants**

Kigali has plenty of dining options with varying price ranges. A copy of the Bradt travel guide to Rwanda (5<sup>th</sup> ed.) is in the apartment. A convenient place for lunch near CHUK is Camellia's, which has a delicious lunch buffet for 3,500 RwF. This works well for academic day but for days in the OR there is rarely enough time to go out. Samosas, bananas and baked goods can be purchased in the CHUK OR tearoom for a mid-morning snack. There is a fridge in the tearoom if you wish to bring your own lunch. Tea and samosas are 100 RwF each. All OR staff are now provided with free lunch; this includes you!

Kigali has a wide selection of excellent restaurants with the Indian Khazana, Heaven, and Serena Hotel offering particularly fine meals. The Green Corner in Nyamirambo is a good restaurant for authentic Rwandan food. Service is slow but many volunteers have enjoyed the food. Chez Jean also serves excellent Rwandan food. The New Cactus has great views of the city. City Urban Blu Hotel has a roof top bar and restaurant with beautiful views and good food. It is very near the apartment. Near King Faisal, there is a fantastic restaurant/coffee house called Brioche (just up the hill and next to the gas station).

The Bourbon Café, located in the Nakumatt building, offers soups, salads (which seem safe to eat), and sandwiches. It is a good place for coffees and croissants and has Wi-Fi. Other items are overpriced and not as good as Camellia's.

If you feel the need to meet ex-pats and exercise your brain in a non-medical way, try *Sole e Luna*, a pizzeria in Remera, close to the airport (about a 5,000 RwF cab ride). Monday night is quiz night so make sure you grab a table and order food before it starts at 8:30!

Food options in Butare are more limited. The food at the Credo Hotel is not great. The Ibis Hotel and the Le Petit Prince have somewhat better food. Across the street from Credo is Inzizi Nziza (Sweet Dreams). They have sandwiches, ice cream, and banana bread. The coffee at Café Connection is truly incredible. The Hotel Mont Huye has good food (very inexpensive) and is a nice venue for journal club. The food at the Light House is delicious. If you stay with Gaston and Florida, the food is wonderful.

### **Additional Volunteering**

If you are planning to bring your partner with you, he or she might like to volunteer. One option that has been positive for other co-travellers is with a local NGO called Aspire ([www.aspirerwanda.org](http://www.aspirerwanda.org)). Aspire was founded by a woman named Peace Ruzage in 2009. This organization is open to women who are survivors of the 1994 genocide and have little or no education. Aspire focuses on teaching women vocational skills (such as hairdressing and cookery), literacy, numeracy, and health education. They have guest lectures on civil rights, positive masculinity and more. While these women are learning, Aspire offers childcare for preschool aged children. Peace has two locations, one located in Gisozi Kigali and one in rural Rutunga. Volunteer activities may range from helping with English classes to



playing with babies and children. Contact Peace directly to inquire about volunteering or to pay a visit to see their great programs in action.

## Teaching

Teaching is a fundamental anesthesia skill. Anesthesiologists teach trainees, colleagues and patients. The goal of CASIEF is to develop qualified teachers who will be able to train others. The best way to learn a topic is to teach it. Therefore, good teaching benefits for teachers and learners. Effective teaching happens when a teacher has both a solid knowledge of the content and uses engaging methods to facilitate learning for the students.

### Academic Program

The components of the academic program are outlined below:

1. Medical student teaching
2. Foundations curriculum
3. Core curriculum
4. Resident case presentation
5. Simulation and skills

### Medical Student Teaching

<b>Time</b>	Friday, 9:00 AM- 12:00 PM
<b>Location</b>	CHUK Simulation and Skills Centre
<b>Learners</b>	10 medical students on anesthesia and critical care rotation
<b>Lead</b>	Dr Jeanne
<b>Teachers</b>	Dr Jeanne and resident teacher (see curriculum overview for assignments); PGY2s begin teaching in September and by January PGY1s will be included in the medical student teaching schedule.

The medical students have a mandatory four (4)-week rotation in anesthesia and intensive care. It is important that they have a good experience, as there is a great need for recruitment to anesthesia. Four (4) teaching modules have been designed for the medical students:

1. Oxygenation and ventilation
2. Monitoring and Communication
3. Fluid management
4. Concepts of anesthesia, pharmacology and pain management

These four modules are already established and there will be minimal prep work for resident teachers. The residents should allow some informal time for answering questions about anesthesia and building relationships with the medical students. As these sessions are offered on Friday mornings, resident teachers are able to attend Monday academic day.

### Foundation Curriculum

<b>Time</b>	Monday, 8:30 – 10:30 AM
<b>Location</b>	Anesthesia classroom, CHUK
<b>Learners</b>	PGY1 residents
<b>Lead</b>	Dr Paulin (Program Director)
<b>Teachers</b>	Local teachers, HRH, resident co-teachers (see curriculum overview for assignments)

The Foundation Curriculum is a one-year course designed for first year residents. The course includes an overview of anesthesia, review of physiology for body systems, pre-op assessment, and introduction to anesthesia equipment, pharmacology and techniques. Resources for Foundations are the textbooks *Principles of Physiology for the Anaesthetist* (2<sup>nd</sup> ed.) and selected chapters of Lange *Clinical Anesthesiology* (5<sup>th</sup> ed.). Objectives for each week are in the curriculum overview.

The assigned resident co-teacher should read the chapter in advance and identify about 10 key questions. After reviewing these questions in advance with the local staff or HRH (Human Resources for Health, an American run program of medical teacher who are paid for long term placement of 6-12 months) supervisor, the co-resident teacher should circulate the questions to his or her colleagues **at least one week prior** to the teaching session. The residents should come to class having done the pre-reading and ready to answer the assigned questions. The resident co-teacher can try to work through these questions with colleagues under the supervision of the local staff or HRH teacher. Class time is used to reinforce key learning and clarify any misunderstandings. The expectation is that Foundations sessions should be fully interactive using the following techniques, where appropriate: assessing understanding of the learners, problem solving, group work, diagrams, games, questioning and summarizing. This class is not a lecture.

### Core Curriculum

<b>Time</b>	Monday, 8:30 – 10:30 AM
<b>Location</b>	CHUK Simulation and Skills Centre
<b>Learners</b>	PGY2 and 3 residents
<b>Lead</b>	Dr Paulin (Program Director)
<b>Teachers</b>	Local teachers, CASIEF/ASAGHO volunteers, resident teachers (see curriculum overview for assignments)

The Core Curriculum is a two (2)-year course that is mainly system-based anesthesia (anatomy, physiology, pathophysiology, anesthesia considerations for various diseases, and relevant operations). Resources for Core are the textbooks Lange: *Clinical Anesthesiology* (5th ed.) and Stoelting's *Anesthesia and Co-Existing Disease* (5th ed.). Additional resources are welcome but preparation reading should not be onerous, as the residents have a heavy clinical load. Objectives for each week are in the curriculum overview. Sections of Core Curriculum are typically grouped into four-week units. Each body system begins with a review or relevant anatomy, physiology, and pharmacology. The following weeks are used to explore pre-operative evaluation, various disease states, anesthesia considerations and management plans. A short quiz should be given on the fourth week of each unit.

As with Foundations, the assigned resident co-teacher should read the chapter well in advance and identify about 10 key questions. After reviewing these questions in advance with the local staff or HRH supervisor, the co-resident teacher should circulate the questions to his or her colleagues **at least one week prior** to the session. All residents should come to class having done the pre-reading and ready to answer the assigned questions. The local teacher or CASIEF/ASAGHO will lead the class but will include the resident co-teacher in some component of the teaching plan (e.g. be responsible for sub-topic, debate, case or discussion of the answers to the pre-reading questions). Class time is used to reinforce key learning and clarify any misunderstandings. Class sessions should be fully interactive using the following techniques, where appropriate: assessing understanding of the learners, problem solving, group work, diagrams, games, challenges, questioning, debates, case scenarios and summarizing key messages. PowerPoint can be used, when helpful, but Core sessions should not be lectures.

### Resident Case Presentations

<b>Time</b>	Monday, 11:00 – 11:45 AM
<b>Location</b>	CHUK Simulation and Skills Centre
<b>Learners</b>	All residents
<b>Lead</b>	Assigned resident teacher, supervised by local teacher or CASIEF/ASAGHO volunteer (see curriculum overview for assignments)

Each week one resident should present a case (see curriculum overview for the topic) and lead a discussion on the learning points. This provides an opportunity for the resident to practice effective teaching skills. The resident should select one key resource on the topic, whether journal article or

section of a textbook. The resident teacher should ideally circulate the resource in advance to his or her colleagues.

It is best if the resident presents an actual case. If there is an interesting case that is different from the assigned topic, the resident can choose to present the real case. Case presentation should include: pre-reading, short summary of pertinent points for the case (please avoid extraneous details), development of anesthesia considerations and plan, and discussion of a few key learning points on the clinical issue. The resident should review his or her teaching plans with the preceptor in advance.

PowerPoint is not recommended. Residents are encouraged to explore various ways of achieving the above goals with active learning techniques. If PowerPoint is used, please use it sparingly (e.g. images where possible, few words, limited number of slides). Resident teachers are asked to keep these sessions concise and to select key messages.

### Simulation and skills

<b>Time</b>	Monday, 1:30 – 3:30 PM
<b>Location</b>	CHUK Simulation and Skills Centre
<b>Learners</b>	All residents; divided into 3 groups; the ideal format is 3 stations with rotation
<b>Lead</b>	Dr Paulin (Program Director)
<b>Teachers</b>	Local teachers, CASIEF/ASAGHO volunteers, HRH (see curriculum overview)

The afternoon is used for simulation-based education and other forms of active learning: workshops (e.g. airway skills, regional anesthesia, ultrasound) case discussions, and oral exams, based on the interest and strengths of the assigned teachers. A bank of simulated scenarios is being developed.

There is an abundance of equipment (including mannequins, airway and regional trainers, Ultrasound, mock OR set-up etc.) in the sim centre. Laurence and Viviane are the program coordinators for the centre (please see contact list). They will help with set up if they know ahead what is needed.

As of Sep 2017, the resident group will be about 30. We recommend dividing the learners into 3 groups and running stations with a rotation through the stations. Each station can be about 30 minutes before rotation to the next. For example, one station could be a standard anesthesia scenario, with anesthesia machine, intubating mannequin and iPads with SimMon software to display the vital signs. The second station could be more procedural, such as spinal technique or use of ultrasound to locate nerves. The third station could be a case discussion or oral exam. For example, we presented a case of mitral stenosis for C-section at one station and had the residents debate the pro and con of spinal or general anesthesia in the CHUK context. For visiting experts (e.g. airway, regional anesthesia) Monday afternoons can be used for workshops in their area.

Clearly, three stations require three instructors, so this will not always be possible but between CASIEF/ASAGHO, HRH, local staff and visiting senior residents, it should be feasible much of the time. With time, the more experienced residents can obtain practice running and debriefing scenarios (again, refer to the bank of scenarios in the sim centre).

It is important that residents not be assigned on call on Sunday nights so they can participate fully in academic day on Monday.

### Responsibilities

#### Responsibilities for resident teachers:

1. Know the date, time and location of teaching sessions.

2. Changes are inevitable due to vacation and illness but residents are expected to substitute with each other and notify Dr. Paulin of changes.
3. Adhere to the outlined teaching objectives.
4. Review teaching plans with the assigned preceptor at **least two weeks** in advance.
5. Provide learners with a preparation task or list of questions approximately **one week** before the session.
6. Use active teaching methods to facilitate learning (must review with supervising staff ahead).
7. Start and finish sessions on time.

**Responsibilities for visiting and local teachers:**

The ideal situation is when there are both visiting and local teachers working together to lead sessions. If this is the case, the visiting and local teachers should coordinate plans for the sessions. Logistically, the easiest approach is for the visiting and local teachers to agree on how to achieve the objectives for the session and then divide the teaching session into components to be taught by: visitor, local teacher and resident teacher.

**Resources**

The CASIEF volunteer resources folder contains old presentations. Most of these are PowerPoint presentations and we are trying to move away from this format. Nevertheless, there may be some material to guide in teaching preparation. As more active learning plans are developed, the volunteer resources can continue to be updated.

Please provide written and verbal feedback to the resident teacher for Case Presentations (see immediately below):

<b>Assessment of Resident Teacher by Preceptor</b>	
Resident Teacher: _____	Date: _____
Teaching skill	Comments
Prior knowledge assessed	
Outcomes-based objectives written	
Content conveyed clearly	
Active learning techniques used	
Time managed	
Summary or reflection of key messages	
What did the resident teacher do well? _____ _____	
How could the resident improve his/her teaching? _____ _____	

**Additional teaching activities**

**Morning Report**

The Rwandan anesthesiologists lead morning report. This meeting provides an opportunity to briefly review of the cases from the night before. Following the review of previous cases, one of the

anesthesia residents presents one or two of the more challenging cases planned for the day. The resident presents the history, physical, and investigations and then should ask the rest of the team to identify the anesthetic considerations and propose an anesthetic plan. Morning Report is valuable as it offers an opportunity for team building and teaching the anesthesia technician group. Morning report is often not used to its fullest potential. At worst it can be a semi-audible recitation of drugs and vital signs from previous patients without a discussion of key issues. Dr. Paulin is actively working to make Morning Report more educational. Please check with the chief resident about timing and location of Morning Report.

### **Journal Club**

CASIEF volunteers typically arrange one journal club for the third Monday afternoon of the teaching block. If possible, select an article that relates to the topic for the month. Journal club used to be in a restaurant but, as the resident number is now so large, we suggest it be held in the simulation and skills centre immediately following the afternoon session. Refreshments can be offered from the hospital cafeteria for a modest price (drinks, samosas, bananas etc.).

### **Research Discussion**

As each resident needs to complete a research project, they are most grateful for critique of their ideas and even research mentorship, for those who have skills in this area.

### **Teaching Non-Physician Anesthesia Students**

Christine Ufashingabire is in charge of the anesthesia technician program. Currently, this is three (3) years of training after high school. There are plans to make it a four (4)-year degree program. We are developing a simulation curriculum for this group but it won't be implemented for a while, so currently there is no regular teaching for this group.

### **Clinical Operating Room Teaching**

The residents rotate for three (3) months at a time in the four (4) teaching hospitals (CHUK, RMH and KFH in Kigali; CHUB in Butare). Please see the suggested teaching schedule (Appendix E) for suggested rotations to these hospitals. Most teaching will be at CHUK. The visit to Butare happens for three (3) days in the third week. Please arrange in advance with Dr. Christian, for the visit to RMH, and Dr. Sam, for the visit to KFH (**see page 4 for additional information on transportation to and accommodation in Butare**). As the resident numbers are now so large, it is no longer possible to spend one day with each resident.

In CHUK, the staff anesthesiologists are often busy as they are few in number, and anesthesia technicians frequently run the operating rooms. When a resident is working with an anesthesia technician, it is important to clarify roles and encourage good communication. The operating rooms can be crowded with learners and it may be unclear who is ultimately responsible for the anesthetic. Residents need to be encouraged to take leadership and responsibility for their cases.

Language can be challenging in the OR. The residents speak reasonable English but the technicians are much more comfortable in French. The OR team often speaks in Kinyarwanda. Patients usually only speak Kinyarwanda. When the clinical situation is urgent, it can be difficult to have your instructions understood as quickly as you would like. This reinforces the need for advance planning, sharing of the plans with the team, and using clear speech.

Review the following expectations for residents and provide feedback at the end of the day on how well they met these expectations.

### **Clinical expectations for residents**

Pre-operative

1. Evaluate patients before surgery
  1. History of present illness
  2. Medications
  3. Allergies

4. Past anesthetics, family history of anesthetic problems
  5. Review of systems, functional assessment
  6. Airway, CV, respiratory exam, investigations
2. Review anesthetic considerations and plan for surgery
3. Prepare anesthesia workstation (checklist)
    1. Machine
    2. Airway equipment
    3. Drugs
    4. Monitors

#### Intra-operative

1. Patient safety is foremost concern
2. Attentive to patient, monitors and procedure
3. Keep orderly anesthesia work place
4. Professional communication with colleagues/staff
5. Show responsibility for the patient

#### Post-operative

1. Careful transition to PACU
2. Summary to nurses in PACU – patient history, blood loss, fluids in and out, analgesics, anti-emetics, surgical or anesthetic complications
3. Attention to post-operative vital signs
4. Attention to pain control

#### Quiz

Please prepare a written quiz for the last Monday of the teaching block. The questions can be MCQ or SAQ or a mix (approximately 20 questions in total). This should cover the material that was taught throughout the month. Allow yourself time to grade the quiz and discuss the answers. Please send a copy of the quizzes (with correct answers) to the Residency Program Director and also record the residents' marks on the feedback form for the PD.

#### Evaluation and Feedback

Dr. Theo has developed formal goals and expectations and to improve the evaluation of residents. However, some of the current mechanisms of evaluation are:

1. Logbook – each resident must keep a log of all cases and include any techniques employed as well as the type of anesthetic used. The logbook must be signed by the clinical supervisor.
2. Monthly evaluation – Volunteers should complete a monthly evaluation form (see Appendix F). It would be wise to print off one (1) evaluation form for each resident before going to Rwanda. Please give feedback to the residents on the final academic day for the month. Make sure the evaluation forms are returned to Dr. Paulin. If you only teach the PGY2 group in academic day, it is fine to limit your written evaluations to that group. It is obviously not possible to evaluate residents you have not worked with in the OR or seen at academic day.
3. Monthly oral exam – given by volunteers.
4. End of year written exam – based on the didactic program for the year; there is a written and oral exam.
5. Resident research – each resident must present his or her research project and have that accepted in order to be eligible to sit the final exam.

Residents who do not meet the clinical expectations will not be allowed to advance to the next year. If a resident does not pass the end of year written exam, she or he will be allowed one (1) attempt to re-write the exam. The residency certification process is based on: written quiz, oral

exam, clinical evaluation, completion of research project, and continuous assessment (monthly evaluations).

## Tourism

**Note:** This section outlines some potential tourist opportunities in which you may decide to participate during your time in Rwanda. This is not an exhaustive list; Rwanda is rich with tourist opportunities! And while we feel it is valuable to pass on tips and ideas from past volunteers so that you can make the most of your experience, the inclusion of an activity in this section does not constitute an endorsement of the quality or safety of the activity on the part of Dalhousie University or CASIEF. Individual volunteers are responsible for weighing safety considerations, making bookings, and paying for all tourist activities.

We have been informed that there is an East African Country visa which allows volunteers to visit Rwanda, Uganda and Kenya on one visa. If you are interested in this visa, please be sure to investigate this on your own as the visa may have changed since the publication date of this version of the guide.

### Akagera National Park

Akagera is a game park located on the eastern border with Tanzania. It consists mostly of swamps, lakes, woodlands and grasslands with the Akagera River cutting through them. It is home to many big game animals such as elephants and buffalo as well as giraffes, zebras and antelopes. It is also has its share of predators such as lions (recently introduced and rare), leopards and crocodiles as well as other animals such as hippopotami and various species of birds. It is definitely worth a day visit. Some volunteers have stayed overnight in the lodge, deluxe tents or basic camps.



### The Gorillas

Gorilla trekking is the peak Rwandan travel adventure. Unfortunately, prices for gorilla permits have just jumped from \$750 USD to \$1,500 USD, making this a prohibitively expensive experience. If you want to be absolutely sure of seeing the gorillas, it is recommended that you arrange for your gorilla permit in advance.

There are only 40 permits issued per day. If you are travelling during peak season and want to be sure to see the gorillas, please book in advance.



It is recommended that you consider booking a gorilla tour for later in your stay, as you will be more acclimatized to the altitude. Once you have the date selected, you will need to arrange for accommodation in the region for the night before. You must arrive at the park headquarters at 7:00 AM for an orientation and your assignment to a gorilla group. The driver will

take you to the spot from which you will hike to see the gorillas. Definitely bring warm clothing, for the evening, as it is quite cool at night in this region.

There are many gorilla groups. The Susa group is the largest one, but is the one with the longest hike which includes a steep uphill hike at > 2,500 meters altitude, so do not attempt to join this group unless you are quite fit.

Be prepared to tip your guide and also give a small tip to the rangers who track the gorillas.

### **Lake Kivu**

Lake Kivu is the largest freshwater body in Rwanda and is located on the border between the Democratic Republic of the Congo and Rwanda and is surrounded by beautiful mountain ranges. Due to the fact that it is situated on a rift valley that is slowly being pulled apart, it is ranked within the top 20 deepest lakes in the world.

The Lake Kivu Serena Hotel is a nice spot for a pampered weekend right on the lake. The Hotel Malahide Paradis is a less expensive option – with its “eco-lodge” design, volunteers have found it simple but charming. The water in Lake Kivu is not safe for swimming due to schistosomiasis.

### **Nyungwe Forest**

Nyungwe Forest is a national forest about 970km<sup>2</sup> across and is located in southeast Rwanda. It is the largest block of mountain forest in Central or East Africa. It is great for bird watching, hiking and seeing chimps (and other small breeds of primates) and waterfalls as well as for checking out the country’s beautiful flowering plants and over 200 different species of trees. There are many excellent hiking trails, including one which leads to a canopy walk over the treetops. The waterfall hike is always popular.



Nyungwe Forest can be accessed by bus via Butare or with a car and driver (definitely the best option). It is a long journey from Kigali and it is best to plan your visit to Nyungwe on a weekend after you teach in Butare. The Gisakura guesthouse is simple but delightful. The Top View Hotel provides stunning views and guests are accommodated in well-appointed cabins. Nyungwe Forest Lodge is the most expensive but incredibly wonderful.

### **Shopping**

Beautiful clothing can be found at the Rw&a Clothing. They have a huge selection of fabrics and designs. They provide custom tailoring. The clothing is of very high quality. Directions to the shop are: from CHUK begin walking into the city centre. Turn left at the street for Ecole Belge and walk all the way down the hill until you come to a T-junction (at quite an angle, so not really a T), cross the street and head left about half a block. The clothing shop will be on the right side. Well worth a visit!

If you like coffee, stock up on coffee beans at Café Connection in Butare. Gisenyi has some nice craft shops.

### **Butare**

There is a fine walking trail on the grounds of the University of Rwanda in the south end of Butare. Enter the university campus and stay to the right side. Follow signs for the Aboretum. Apply bug spray. Other attractions in Butare are the ice cream at Inzizi Nziza and the excellent coffee at Café Connection. We have found people to be a bit more aggressive in Butare than in Kigali so keep a close watch on your possessions and use caution when going out after dark. There are fewer street lights than in Kigali.

## **Genocide Memorial Sites**

### Kigali Genocide Memorial Centre

Located in Kigali, it is the most visited genocide memorial site. It was erected in 1994 in memory of the victims of 1994 genocide where approximately one million people lost their lives in 100 days. The remains of more than 250,000 people are buried in mass graves at the centre. The memorial also houses various other artifacts from the genocide such as bones, weapons, rosaries, ID cards, clothing and shoes. It is divided into different sites such as an education centre, a room that displays the artifacts and a documentation centre. The beautifully landscaped gardens offer a place of healing.



### Ntamara Church Massacre Genocide Memorial

About 45 km south of Kigali, it is the site of a vicious massacre. Between April 15, 1994 and May 14, 1994 an estimated 5,000 Tutsis were killed in a church that was approximately 50x20 feet. There are approximately 300 skulls lined up showing evidence of the brutality of the murders.

### Nyamata Church Massacre Genocide Memorial

About 35 km from Kigali is one of the regions that was most devastated by the 1994 genocide. Many people fled to Nyamata to take refuge in the Catholic Church and nearby homes that belonged to nuns and priests. According to witnesses, on April 10, 1994 approximately 10,000 people were killed both in and around the church. The site is home to bones and clothing from the victims. The church is no longer used and its sole purpose is to remind people of what happened there and to always keep alive the memory of those who perished.

## **Final Report**

We ask all volunteers to submit their final report through an online survey. You will receive the link to the survey by email closer to the end of your time in Rwanda.

Expenses for airfare and vaccines should be submitted to the membership administrator at CAS or ASA (please complete the form in Appendix C for CAS).

## **Returning Home**

It can be a great cultural shock returning home after a stay in Rwanda. You may have witnessed some disturbing situations such as extreme poverty, severe illness and perhaps, patients dying from lack of treatments you would consider routine at home. It can be difficult to return home to a more privileged, luxurious society. Feelings of guilt and depression are common. Your colleagues may have little appreciation of the challenges you faced and may treat your time away as a vacation. You may find the support of other CASIEF volunteers to be very helpful. Do not hesitate to contact Dr. Ana Crawford directly with any concerns you wish to discuss.

## **Thank you!**

We cannot express how thankful we are to you for offering your services to this extremely worthy cause. We appreciate your commitment and work towards improving health care in Rwanda and extend our sincere thanks.

## Appendices

### Appendix A: Books and Films about Rwanda

#### IKINYA

IKINYA (2010) is a 23-minute film featuring the CASIEF-Rwanda volunteer program. This is a **must-see** for all CASIEF-Rwanda volunteers!

<https://vimeo.com/221012615>

#### BOOKS

A Sunday at The Pool In Kigali, Gil Courtemanche – This is a thinly fictionalized work based on the author's experiences during the genocide. The book is well written but deeply disturbing.

Shake Hands With The Devil: The Journey of Romeo Dallaire, Romeo Dallaire – General Dallaire was responsible for the UN forces in Rwanda during the genocide. This is a powerful story of tragedy and betrayal.

Land of a Thousand Hills, Rosamund Halsey Carr – The author arrived in Africa in the 1950s; she spent the rest of her life in Rwanda. For many years she ran a plantation and worked to improve health care and education in the area. Following the genocide, and already well into her eighties, Ms. Carr built an orphanage. This is a story of a woman's love for the country and people of Rwanda.

A Thousand Hills to Heaven: Love, Hope and a Restaurant in Rwanda, Josh Ruxin – This book recounts a personal journey while offering a fine discussion of aid, sustainability and what is needed to end poverty.

We Wish To Inform You That Tomorrow We Will Be Killed With Our Families: Stories from Rwanda, Philip Gourevitch.

Lonely Planet: East Africa includes Rwanda and may be useful if you are planning travel in the region following your stay. Note: One copy is currently in the apartment.

Rwanda: The Bradt Travel Guide: 5th edition (2013) is a great guide. Note: There is currently one copy in the apartment. Please leave it for the next person.

#### FILMS

*Hotel Rwanda*

*Sometimes in April*

*Shooting Dogs*

*Shake Hands with the Devil (documentary and movie)*

*Chronicle of a Genocide Foretold: Parts 1, 2 and 3. National Film Board of Canada video*

*Hand of God. Hand of the Devil. National Film Board of Canada video*

*Sitting on a Volcano. National Film Board of Canada video*

*Ghosts of Rwanda: PBS Frontline. Documentary, recommended by Dr. Enright.*

*Gorillas in the Mist*

## Appendix B: Rwanda Volunteer Checklist

This checklist summarizes the “to do” information in the manual. You can refer to the main text of the manual for complete details.

1. Make travel arrangements early and search for the most economical fare.
2. About three months prior to your arrival date, e-mail a letter of introduction and your curriculum vitae to Dr. Paulin Banguti Ruhato (include accompanying resident’s name, level of training and CV).
3. About a month from your arrival date, email your flight information and an outline of your teaching schedule (including a completed teaching template) to:
  1. Chief Resident
  2. Dr. Paulin Banguti Ruhato, Department Head Anesthesia, Critical Care and Emergency Medicine and Residency Program Director, Post Graduate Studies of Anesthesia, UR
  3. Dr. Dylan Bould, Associate Program Director, UR
  4. Dr. Bona Uwineza, Head of anesthesia at CHUK
  5. Dr. Gaston Nyirigira, Anesthesiologist, CHUB
  6. Christophe Niyongombwa, apartment caretaker

(Contact information will be sent to you within three months of your departure)
4. Staff should submit travel receipts and the completed expense form to the membership administrator at the Canadian Anesthesiologists’ Society (CAS). – See Volunteer Guide Appendix C.
5. Confirm airport pick up arrangements with Christophe who can help arrange for a taxi.
6. Contact the Chief Resident to confirm the logistics for getting to the hospital on the first day.
7. Ensure your passport is valid for at least six months after your departure from Rwanda.
8. Double check Visa requirements: [https://www.migration.gov.rw/our\\_services/visa/](https://www.migration.gov.rw/our_services/visa/).
9. If you plan on being “hands on”, email scanned copies of your materials for the Rwandan medical license to Dr. Paulin in advance and bring copies of your documents with you.
10. Make copies of your invitation letter.
11. Make copies of all tickets and important documents. Leave one set at home with family and carry a set with you (separate from the original documents).
12. Visit a travel clinic to ensure your vaccinations are up to date.

**Appendix C: CASIEF Expense Claim Form**

Name: \_\_\_\_\_ CAS ID: \_\_\_\_\_  
 Address: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Email: \_\_\_\_\_ Funding: CASIEF

**EXPENSE CLAIM FORM**

EXPENSE ITEM *	Enter detail or Reference Information	AMOUNT on receipt	For Office Use Only		
			GST/HST	Net	Account
Air Travel		\$			
Ground Transportation		\$			
Hotel / Accommodation		\$			
Vaccine		\$			
Visa		\$			
Other ( <i>Specify</i> )		\$			
		\$			
<b>Shaded Areas - for office use only TOTAL</b>		\$			

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*NOTE:** Only pre-authorized expenses will be reimbursed. Reimbursement of expenses must comply with policy and all claims must be reasonable and reflect prudence and due diligence to reasonable economy. Travel expenses may be reimbursed before the travel date but there is no reimbursement of expenses in advance of the expense being incurred.

**ATTACH RECEIPTS**

As requested by our auditors, **ALL** expenses must be supported by receipts. Reimbursement of expenses can only be processed if claims are received no later than Dec 31 of the year in which the expenses were incurred.

**RETURN TO** - Please return by mail or fax to:

**CAS IEF VOLUNTEERS EXPENSE**  
**Canadian Anesthesiologists' Society**  
**208-1 Eglinton Avenue East**  
**Toronto ON M4P 3A1**

**Fax: 416-480-0320**  
[membership@cas.ca](mailto:membership@cas.ca)

INVOICE APPROVAL		
Approved By		
Date		
ALLOCATION		
Account #	Description	Amount
		\$
		\$
		\$
2100	GST/HST	\$
CHEQUE DETAILS		
Cheque Date		
Cheque No.		
Cheque Amount		

## Appendix D: Recommended Packing Checklist

### Money

USD and Canadian dollars are the most widely accepted. Bring undamaged, newer bills. You will get the best rate for large denominations, such as \$100 USD bills. Both Canadian and US \$100 bills are widely accepted at Forex bureaux. As noted, ATMs are increasingly available in Rwanda.

### General Clothing

1. Quick-dry clothing
2. Some warmer clothing like fleece sweaters
3. Rain jacket
4. Umbrella or waterproof clothes if going in rainy season
5. Waterproof boots, hiking boots, gaiters (for tourist activities)
6. Flip flops or sandals and sturdy walking shoes for Kigali

### OR/Hospital Clothing and Supplies

7. Scrubs (please do not leave behind in the apartment, there is already a supply)
8. OR shoes or shoe covers (please do not leave behind in the apartment, there is already a supply)
9. Lab coat for wearing around the hospitals (there are some in the apartment)
10. Hats, non-sterile gloves and masks as the local cloth ones are far too hot (please do not leave behind in the apartment, there is already a supply)

### Other Necessities

11. Headlamp (for power failures)
12. Extra towel – quick dry camping towels are particularly good
13. Insecticide spray (please do not leave behind in the apartment)
14. Hand sanitizer
15. Ear plugs – especially if you are a light sleeper
16. Personal entertainment (ipod, DVDs for computer, books). There are a few books in the apartment, a pack of cards and a TV (no DVD player)
17. Personal hygiene items, first aid kit, spare glasses, etc.
18. Medications that you require (bring a good supply in case of any delays on your return home or theft or loss – pack in your carry on luggage!)
19. Cloth shopping bags (there are a couple at the apartment. Plastic bags are banned in Rwanda and will be taken from you if spotted by officials at the airport)
20. Food – favourite snacks, energy bars
21. Water bottle (there is a supply at the apartment)
22. Daypack for getting to and from hospital
23. Camera (with extra batteries, memory cards, or film)
24. Electrical adapters/transformer, for more information visit:  
<http://treehouse.ofb.net/go/en/voltage/Rwanda>

### Optional Ideas

25. Business cards
26. Spare batteries
27. Paper, pens, and markers
28. Laptop (back up all data – theft and viruses are very real threats)

## Appendix E: CASIEF-Rwanda Teaching Schedule

**Please fill this in for your own program**

Week	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	<b>Resident Academic Day</b> CHUK Anesthesia Classroom Rwandan staff/CASIEF 7:00-8:00 Morning report 8:30 -10:30 Core curriculum CASIEF(sim center) and Foundations curriculum HRH (anesthesia classroom) 11:00-11:45 Resident case 11:45-1:30 Lunch	<b>OR Teaching</b> CHUK-OR 8:00-11:30 OR with residents	<b>OR Teaching</b> Rwanda Military Hospital 8:00-12:00 OR with residents	<b>OR Teaching</b> CHUK-OR 8:00-11:30 OR with residents	<b>CHUK Morning Report</b> 7:00 – 8:00 CHUK Anesthesia Classroom  <b>OR Teaching</b> CHUK-OR 8:00 -11:30 OR with residents
	<b>Simulation and skills</b> CHUK simulation and skills centre 1:30-3:30	CHUK-OR 1:00 – 3:00 OR with residents	<b>OR Teaching</b> Rwanda Military Hospital 1:00-3:00 OR with residents	CHUK-OR 1:00 – 3:00 OR with residents	
Week 2	<b>Resident Academic Day</b> CHUK Anesthesia Classroom Rwandan staff/CASIEF 7:00-8:00 Morning report 8:30 -10:30 Core curriculum CASIEF(sim center) and Foundations curriculum HRH (anesthesia classroom) 11:00-11:45 Resident case 11:45-1:30 Lunch	<b>OR Teaching</b> CHUK-OR 8:00-11:30 OR with residents	<b>OR Teaching</b> King Faisal Hospital 8:00-12:00 OR with residents	<b>OR Teaching</b> CHUK-OR 8:00-11:30 OR with residents	<b>CHUK Morning Report</b> 7:00 – 8:00 CHUK Anesthesia Classroom  <b>OR Teaching</b> RMH, KFH or CHUK  <i>Depending on resident            schedules – check in advance</i>
	<b>Simulation and skills</b> CHUK simulation and skills centre 1:30-3:30	CHUK-OR 1:00 – 3:00 OR with residents	<b>OR Teaching</b> King Faisal Hospital 1:00-3:00 OR with residents	CHUK-OR 1:00 – 3:00 OR with residents	

Week	Monday	Tuesday	Wednesday	Thursday	Friday
Week 3	<b>Resident Academic Day</b> CHUK Anesthesia Classroom Rwandan staff/CASIEF 7:00-8:00 Morning report 8:30 -10:30 Core curriculum CASIEF(sim center) and Foundations curriculum HRH (anesthesia classroom) 11:00-11:45 Resident case 11:45-1:30 Lunch	<b>Travel to Butare</b> 8:00 AM Pickup	<b>OR Teaching</b> CHUB-OR 7:30-11:30 OR with residents	<b>OR Teaching</b> CHUB-OR 7:30-11:30 OR with residents	<b>OR Teaching</b> CHUB-OR 7:30-11:30 OR with residents
	<b>Simulation and skills</b> CHUK simulation and skills centre 1:30-3:30  <b>Afternoon Journal Club</b> 3:30- 4:30	<b>OR Teaching</b> CHUB-OR 1:00-3:00 OR with residents	<b>OR Teaching</b> CHUB-OR 1:00-3:00 OR with residents	<b>OR Teaching</b> CHUB-OR 1:00-3:00 OR with residents	<b>Return to Kigali or            consider weekend visit to            Nyungwe Forest</b>
Week 4	<b>Resident Academic Day</b> CHUK Anesthesia Classroom Rwandan staff/CASIEF 7:00-8:00 Morning report 8:30 -10:30 Core curriculum CASIEF(sim center) and Foundations curriculum HRH (anesthesia classroom) 11:00-11:45 Resident case 11:45-1:30 Lunch	<b>OR Teaching</b> CHUK-OR 8:00-11:30 OR with residents	<b>OR Teaching</b> CHUK Anesthesia Classroom/OR 7:00-8:00 Morning Report 8:00-12:00 OR with residents	<b>OR Teaching</b> CHUK-OR 8:00-12:00 OR with residents	<b>CHUK Morning Report</b> 7:00-8:00 Morning report CHUK Anesthesia Classroom  <b>OR Teaching</b> Or departure preparations
	<b>Simulation Training Session</b> 1:00-1:45 Quiz 1:45- 2:45 Simulation 2:45 – 3:30 Review of Quiz and Feedback (include oral exam, if staffing and time allow)	CHUK-OR 1:00 – 3:00 OR with residents	<b>OR Teaching</b> CHUK-OR 1:00-3:00 OR with residents	CHUK-OR 1:00 – 3:00 OR with residents	

## Appendix F: Resident Evaluation Card

University of Rwanda  
School of Medicine - Department of Anesthesiology and ICM

### Anesthesiology Resident Monthly Evaluation Card

Resident:	Month: /Year	Supervisor:
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Skills Evaluated	Poor	Fair	Good	V. Good	Excellent	Comments
Medical knowledge & Technical skills, plan formulation						
Communication with patients and records keeping						
Team work and professional behavior						
Managerial skills: punctuality, organization, time management						
Safety for the patient, optimization of conditions and comfort						
Learning: self-education, reading and update, presentation-seminars						
Autonomy (Including knowing when to ask for help)	No		Partial		Yes	

Additional comments and/or suggestions: \_\_\_\_\_

\_\_\_\_\_

Areas of improvement: \_\_\_\_\_

\_\_\_\_\_

Overall mark: \_\_\_\_ / 20 pts

Name & Signature of the supervisor: \_\_\_\_\_