

Zoom Slide Seminars for Histopathology Trainees in a Low Income Country



David Griffiths¹ Mitala Yekosani², Dr Charles Otak², Dr Eloba Simeon², Samuel Tumvesigrie².

1) Cardiff University, Wales, UK, 2) Mbarara University of Science and Technology, Mbarara, Uganda.

Background

Uganda is a low income country with only 30 histopathologists for a population of 40 million (in the UK there are 2000 for a population of 66 million). Changing demographics is expected to lead to a substantial increase in cancer cases. Increasing capacity in histopathology is a priority however there are probably no more than 4 pathologists trained to a high income country standard and none are experienced teachers. One author, an experienced UK pathologist, has visited southern Uganda regularly over the past 3 years to support training. The onset of the pandemic has made regular visits impractical. So a series of Zoom slide seminars was to substitute for visiting during the pandemic.

Methods

A Word document with case histories and links to digital slides was circulated one week before the seminar. Seminars were topic related including urological, breast, gynaecological and GI pathology. During the seminar the facilitator shared a screen with the digital slide and questioned participants on histological findings, differential diagnosis and case management with the aim replicating a multi-header microscope session. The seminars were evaluated with a simple instrument.



Results

Eleven zoom slide seminars were held over 12 months, each with 8 to 12 cases and each was attended by 3 or 4 trainees. Due to poor internet connections participants found reviewing the slides before the seminar challenging and during the seminar communication was frequently buffered, often with loss of voice clarity. However all participants reported the seminars were relevant to their educational needs and were worth the time invested in them. The seminars compared favourably with the other limited educational resources available and were: 'largely adequate, despite the internet problems'. None thought they were a substitute for in person multi-header sessions.

Conclusion

Zoom tutorials maintained contact with trainees who had little other educational resource during the pandemic. However they are not likely to be an adequate substitute for in person teaching without substantial improvements to the IT.

Comment

This poster has been prepared to raise awareness of some of the many problems facing non-communicable disease management and treatment in Uganda, the problems are probably repeated in most other low income countries. While Uganda has a training program - the Master of Medicine - that looks good on paper in practice trainees neither have enough material to train on, nor sufficient experienced teachers to guide them. Training was disrupted by the onset of the pandemic so the Zoom tutorials were arranged. This demonstrated that the on-line teaching was a relatively poor experience and no substitute for on-site supervision - not least because essential parts of cellular pathology training, especially grossing and clinical correlation, are very difficult to arrange on-line. If the management of cancer is to improve in Uganda the country needs good diagnostics and at present there is no substitute for competent histopathologists and radiologists. Training could be improved if appropriately qualified volunteers from high income countries are willing to spend some time training on-site. The first author is seeking those who might be interested in volunteering: griffithsdf@cardiff.ac.uk