
A REPORT ON EXCHANGE PROGRAM TO THE MEDICAL UNIVERSITY OF GRAZ, AUSTRIA

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Sending Institution: Makerere University, Uganda

Site of Placement: Medical University of Graz + LKH University Hospital of Graz,
Austria

Duration: 10th June – 10th August, 2024

Language of Practice: German / English

ACKNOWLEDGEMENT

I would like to express my sincere gratitude to both Makerere University and Medical University of Graz for the strong partnership that enabled my colleague, Nicholas Sseruyange and I to travel to Austria for this 2nd edition of the two-month exchange program.

To European Union, for the Erasmus+ programme which funded our travel, accommodation as well as food allowances for this entire period, I am more than grateful.

To the International Office Coordinators of both Makerere and MedUni, I appreciate the care, guidance and support throughout the application process to completion of the exchange program. We relied on your timely support for our achievements.

To the individuals at both Department of General, Visceral & Transplant surgery and Pediatric & adolescent Surgery, who made sure that our stay was both educative and informative, we appreciate their ability to make our stay at the hospital memorable.

To both International and Native Austrian Students that I met during the two months, your hospitality made me feel at home.

To my parents, siblings and friends, your emotional and financial support was more than enough to make my stay in Austria more memorable.

And finally, to God Almighty, your presence, providence and support was palpable. It is such an honor that you made everything possible.

a. INTRODUCTION TO ACADEMIC ROTATION

Background

The Electives Course is a 4th-year course at Makerere University College of Health Sciences. During the Four-credit Unit course training, students are required to offer service, gain practical experience and understand operations of any institutions of choice all over the globe, in preparation for a better understanding and health care experience in a national setting. This is achieved through student participation in referral or primary health care electives.(1)

Each student is required to actively participate in the health care system of the country of practice, develop knowledge and respect for cultures, language and health practices other than their own, and to develop an awareness of social, economic and political factors in health and disease.(1)

This program aligns with the Ugandan Ministry of Health policy and the 5 year Health Strategic Plan that aims at the functionality of a health worker, who ought to acquire special skills both during training and afterwards during the real-world work practice. Each student is graded by their respective supervisor during their period of stay at the Institution.

The program can be sponsored by the sending University (Makerere), by the concerned student or otherwise by the receiving Institution.

Makerere University in partnership with the Medical University of Graz, holds an annual exchange program of Students in their 4th year of Training. This program is funded by both the University and the European Union through the Erasmus + Program. Each representative student is enrolled into the academic records of the Medical University of Graz for a period of two months, coinciding with the Electives Placement for each Student in a department of their own choice the University Hospital.(2)

Erasmus+ is the European Union's Programme to support education, training, youth and sport in Europe with an estimated budget of 26.2 billion Euros. The 2021-2027 Erasmus+ programme places a strong focus on social inclusion, the green and digital transitions.

Description of Elective Site

The Medical University of Graz is an independent Facility in Austria, a landlocked country in Central Europe since 1st January 2024. It was previously under the Karl Franzen University of Graz dated back to 1863. On Enactment of the Austrian University Act in 2004, the Medical Faculty was transformed into the now-independent Medical University Graz.(3)

The institution runs a student population of approximately 5110 and 92 staff. The university aims at Pioneering Minds – Research and Education for Patients' Health and Well-being, a motto embedded in all divisions and departments

The Medical University of Graz in partnership with the Steiermärkische Krankenanstaltengesellschaft mbH (KAGes) jointly run the LKH Medical University of Graz. This state hospital, established in 1912, has been purely a University hospital since November 2002. IT is a maximum care hospital in Graz City of Austria, and part of the Styrian Hospital Association. IT is one of the three public university Hospitals in the country and the only one in Styria(4)

Styria is one of the Nine Regions of Austria bordered by Salzburg, Karnten, Burgenland, Nieder and Ober Osterreich.

The University Hospital of Graz employs over 7800 employees with 1,484 doctors and 1556 patient beds. It covers a surface area of 60 hectares and almost 10 street kilometers which respectively make it one of the largest in Austria and Europe.(4)

Mission

The Hospital prides in 3 competencies i.e.

- i. First-class and personalized patient care
- ii. Innovative and practical training
- iii. Pioneering and excellent research.



Management

The University Hospital is managed by the Hospital Management, consisting of the Rector, the Vice Rector for Clinical Affairs and the three Directorates of the University Hospital i.e Medical, Nursing and Operations

The staff positions include medical service, controlling, Medical Engineering and informational Technology, Project portfolio management, Public relations, Quality and risk management, law and complaints, technical and organizational security

Department management

There are 4 divisions, each with a specific number of clinics assigned. This corporate structure ensures the nursing and medical managers at different clinics are

appropriately advised to improve the effectiveness and efficiency of service provision and optimization of resource usage(4)

Teaching Staff

All professors at the university clinics and clinical departments are employees of the Medical University of Graz. In addition, around 600 doctors from the Medical University of Graz are involved in the round-the-clock patient care. Innovative top-level research and university teaching by the Medical University of Graz shape medical progress at the location.(4)

Departments Visited During the Clinical rotation

There are 18 departments at the University. These include Anesthesiology, Ophthalmology, Dermatology, Otorhinolaryngology, Surgery, Gynecology, Urology, Internal medicine, Pediatric and Adolescent surgery and Medicine, Blood Group Serology and Transfusion Medicine, Neurosurgery, Orthopedics and Trauma, Neurology, Psychiatry, Radiology, Therapeutic Radiology and Oncology, as well as dental and Oral Medicine.

1. General, Visceral and Transplant surgery

Head of Division: Univ. - Prof. Dr. Robert Sucher

The Division has an interdisciplinary team that consists of Physicians, nurses, clinical psychologists, assistant doctors and administrative staff who provide personalized patient care and practice-oriented educations in surgical therapy related to gastroenterology, endocrinology, senology and Abdominal trauma.

The Division also welcomes a number of exchange students from countries like Germany, Belgium, the USA etc. It highly prioritizes student education and first class training of young surgeons.

2. Pediatric and Adolescent Surgery

Centre of Excellence of Expertise for Intestinal Congenital Anomalies and Vascular Anomalies in Children

Mission statement: Every Child is Special

Head of Department: Prof. Dr. Holger Till

With Diverse ranges of treatment including emergency care of all acute symptoms, neonatal surgery, pediatric traumatology, urology, abdominal and thoracic surgery for patients up to 18years of age, it is the largest university unit in the discipline all over Austria.(4)

OBJECTIVES

General Objective:

To participate and learn the art of patient care in a resource-rich country.

Specific Objectives

To actively participate in patient care in the Austrian resource rich health care system

To enhance clinical skills and knowledge for better patient outcomes

To gain knowledge on technological advancements as applied in surgical patient management

To enhance adaptability to working in a culturally diverse healthcare system

To analyze the social, economic, and political situation in Austria and its impact on the health care system.

ROTATION AT THE GENERAL, TRANSPLANT AND VISCERAL DIVISION

Duration: 10th June to 28th June, 2024



The Rotation period was 3 weeks

Stations and Activities done

Departmental meetings and Trainings

Emergency and Ambulance

Inpatient wards

Operation Rooms

Laparoscopic Simulation training

Departmental meetings and Trainings

Every day for 3 weeks at 7:30am, we were required to attend a departmental meeting during which patient's diagnoses, treatment options and outcomes were discussed by a multidisciplinary team. The team would discuss how patients presented to the hospital, investigation findings from both radiology and blood tests, the final diagnosis and management plan.

Each individual would be assigned a station for every specific day where they would work and the theatre list reviewed.

Patient Consultation rooms and Inpatient wards

At the emergency department, the outpatient clinic is run by Physicians, Assistant Doctors and Nurses. The clinic opens at around 8am.

Patients are registered into the system on arrival and called to the different consultation room.

Shadowing: During consultations, we would shadow the assistant doctor who would directly talk to the patient. We would then discuss the presenting complaints, examination and radiological investigation findings for each patient seen, contributing to the final diagnosis and management of different patients.

The inpatient ward visits were as well carried out with the aim of learning about the pre and post surgical management of different patients i.e. wound dressing, antibiotic prophylaxis and patient outcomes after either minimally invasive or open surgery.

Each ward round was both a learning and teaching opportunity as we got to interact with a number of patients. Despite the language challenge, the doctors were always more than willing to discuss the patient care with us in a familiar language, English.

Management of Shock System in an advanced setting

At the Emergency Department, a specific room is designated for shock management i.e The “Shock Raum”. The Shock Room is well equipped with monitors, and equipment needed to resuscitate the patients, as well as point of care diagnostic imaging in case it is called for. Medications, Defibrillators, Fluid for resuscitation are all stocked in the room to improve patient outcome.

I observed one such meticulous situation where the Ambulance personnel called way ahead of Time and all concerned personnel prepared the room in order to receive the patient.



The patient is resuscitated, stabilized and then transferred to the Intensive Care Unit. If exposed, with need for warming, a Bair Hugger Device is used as well as blankets.

This has a significant contribution to the reduced mortality rate given the thorough planning ahead of patient reception as well

Operation Rooms

The Unit runs a number of operation Rooms under different specialties like Transplantation surgeries, abdominal surgeries, endocrine surgeries, limb surgeries inclusive of amputation etc, placement of chemo ports etc.



Minimally Invasive surgery

The unit runs both Laparoscopic and Robotic Surgeries. Laparoscopic surgeries are carried out depending on the diagnosis of patients. These include gall bladder surgeries in which I assisted, explantation procedure of kidney transplant and surgeries on the Gastrointestinal Tract e.g. Appendectomy, hemi-colectomies, and hernia repairs.

Robotic surgeries were done using the DaVinci. This laparoscopic procedure provided for a magnified field of view, more precision as compared to non-robotic laparoscopy. It also provided rooms for observers to view the surgeon's working through a magnified microscopic field meant for a second operator if needed.



Skill practiced included suturing and hand knotting, scrubbing, gowning, donning in preparation for any aseptic surgical procedure.

Laparoscopic Simulation Room

Using the Virtual Training Guide as well as assistance from an Assistant Doctor, we were able to use a laparoscopic Simulator

How it works: the Simulator provides training videos on how each lesson should be carried out. With laparoscopic instruments, we trained in suturing, grasping, instrument and camera navigation, coordination, lifting and grasping, Fine dissection, catheter insertion, handling intestines, sealing and cutting, applying clips and speed with precision.

The simulator is modeled to give each individual practicing the feeling of operating in the abdomen of a real-live patient.

ACCESS to MEDICAL CARE

Almost the entire resident population of Austria (99.9%) is covered by the Statutory health Insurance that offers the insured and their co-insured family members comprehensive protection in the case of illness.

Most services are provided without additional costs to the insured. The Austrian social insurance is organized according to the membership occupational groups, hence individuals belong to a certain social insurance institution because of the work they do.

The Statutory Health Insurance offers checkups for young people and adult screening for early diagnosis, medical treatment, dental treatment, sickness benefit and maternity allowance.

With health care being provided at almost no extra cost, the health seeking behavior of the people of Austria culminates into a low level of unmet medical needs among the 99.9% of the population.

LESSONS LEARNT & Appreciated

- i. Preparation of the patient for surgery
- ii. Preparation of the Surgical field for operations
- iii. Different instrument used in both laparoscopic and open surgeries
- iv. The Importance of health insurance in betterment of the country`s health sector
- v. The importance of patient centered care in improving patient`s outcomes
- vi. The importance of creating ad following work schedule in a hospital environment
- vii. The importance of educating patients in trying to improve their health seeking behavior and outcome of illness
- viii. The importance of research and practicing evidence-based medicine in patient care
- ix. The impact of investing in health care on the health of a nation

ROTATION AT PEDIATRIC AND ADOLESCENT SURGERY

Duration: 1st July to 9th August, 2024

The Rotation period was 6 weeks

Stations and Activities done

- Intensive Care Unit
- Red Station
- Blue Station
- Operating Rooms
- Ambulance / Emergency department
- Radiology
- Lecture Presentations
- Departmental meetings

Brief Overview of the Schedule

Arrival at the department was 7:40 am for 5 working days per week. Two departmental meetings are held daily i.e at 7:45 am and 2pm respectively. These aim at discussion on the day's work, number of unoccupied hospital beds in the Green, Blue, Red and ICU stations. The list of patients due for surgery along with the responsible surgeons is as well discussed. Occasionally, presentations on different topics are given as a form of continuous education i.e. Biliary atresia and the Kasai technique of surgical intervention

In between the two meetings, each day's work would be at either one of the above mentioned stations i.e ICU, The Out-patient Department, Radiology, Operation rooms or Red, Blue and Green wards.

a) Outpatient and Emergency Department – Ambulanz (Ground Floor)



Patients are seen on a rolling basis by physicians in well enclosed and equipped consultation rooms. Children are always escorted by either their parents or guardians. The commonest ailments at the Outpatient department are traumatic injuries either from contact sports or bike riding. Other ailments seen at the department include appendicitis, hernias, dog bites, obstipation, phimoses etc. Children that are due for surgery are admitted and admitted to one of the wards mentioned above.

Procedures done at the Outpatient Department include phlebotomy for investigations, placement of casts and ankle braces.

During patient consultations, a point of care ultrasound is used by physicians who are competent enough to interpret findings. Patients in need of further radiological investigations are sent to the Radiology Department, on the same floor as the OPD.

- Specialized clinics

From Monday to Friday, different specialized clinics operate along the general emergency clinics. These include Traumatology, Pediatric Aero Digestive and Chief Physician appointments, Urology, Vascular malformations and Hand Surgery.

- Moments at the Monday Specialized clinic



Doctor in charge: OA Dr Paolo Gasparella

Reviews done were mainly of patients with Bone malformations in the chest i.e Pectus excavatum, Pigeon Chest.

Learning Point: Both conditions usually affect children psychologically without any deficits in the physiological functioning. A temporary pectus bar can however be placed in correction surgeries for Pectus excavatum. Children usually present with difficulty in breathing not explained by any other pathology, and an obvious thoracic deformity.

Teaching mode: Access to reading materials both printed and softcopy, detailed explanations both during and after patient consultations.

b) In-patient wards (Red, Blue, Green)

Children are admitted in preparation for elective surgeries or even after emergency surgeries. They are observed on the ward for improvement and resolution of symptoms even for those undergoing conservative management.

They are under constant monitoring by the nursing team who administer their medications, dress wounds etc. Ward rounds were carried out in the mornings by a team of doctors, nurses and we, the students to recommend patients both for discharge and change of drugs etc.

- Patient Clerkship and examination:

We occasionally clerked newly-admitted patients as well as examined with investigation findings to document anamneses as well as their final diagnoses. We discussed management plans befitting of the different patients ailments, all of which are patient-specific.

c) Operating Rooms

With a total of 5 operating rooms, all the daily theatre plan had the concerned surgeons as well as students assigned for some of the operations.

- Assisting and observing during operations

Assisting in the wide range of pediatric surgeries i.e. Orthopaedic surgeries, Surgeries in the perineal region, hand and foot surgeries, significantly improved by surgical precision skills, preparation for surgery techniques including gloving, donning and scrubbing. There was significant improvement in my ability to coordinate with the operating partner on table, as well detailed knowledge and understanding of surgical instruments and their use in laparoscopic minimally invasive surgeries and the open procedures. I observed the meticulous infection prevention and control measures in the OR, all the way from the dressing room to the operation rooms.

Patient preparation for theatre involves a detailed consent form, which clearly explains the condition, surgical procedure, possible complications and a section filled in by the children's guardians to ascertain their understanding of whatever information is availed to them.

d) Intensive Care Unit

During a two-week rotation at the Intensive Care Unit, the protocol of patient admission is of pediatric patients that have been subjected to surgical interventions after which 24 hour observation is required with strict feeding guidelines i.e. Total parenteral nutrition, children on machine ventilation etc. The division is equipped with both cardiology and Neonatal Intensive Care Units.

- Routine at the ICU.

A minimum of 3 ward rounds are done every day starting 7:30am, with 1 or 2 hour intervals in between.

- Management and monitoring of patients

We kept all patients on strict fluid intake as required by the body depending on age, weight, fluid input vs output and clinical condition.

We monitored the neonates stool color and consistency as an indicator for functional bowels, successful surgeries etc.

Food intake was also measured in terms of caloric value, fats, proteins etc. This was done along with daily weighing to monitor growth progress.

- Teaching: Every late morning and afternoon session was dedicated to learning and better understanding of how to apply theoretical knowledge to patient care and practice. This was done under the supervision of Ass Prof. Dr. OA Baumgartner Anton.

I learnt the interpretation of a neonatal cranial ultrasound as well as extubation protocol , the dos and donts.

e) Lectures/ Presentations/ Summer School



Every Monday to Thursday afternoon from 2:30pm to 4:30pm, different specialists delivered presentations on the following topics. The presentations were not only proof of evidence-based medicine but also evidence of application in the real world practice of medicine.

Below are the topics as presented from 1st July, 2024 to 25th July, 2024.

1. Management of Congenital Pulmonary Malformations
2. Pediatric Rhythmology
3. Prenatal diagnosis in pediatric surgery and effects on the outcome
4. Inflammatory Bowel Diseases in children
5. Children with Vascular Anomalies
6. The Dos and Don'ts in Pediatric Trauma
7. Basics of Radiation Protection
8. Pediatric Radiology, Today and Tomorrow
9. Pediatric Hand surgery
10. Basics in Transfusion Medicine
11. The Enigma of HLA, a showcase applied to and proteomics
12. Acute abdominal pain in infancy and childhood
13. The Basics of Pediatric Surgery
14. Medical Emergencies in Hemato-Oncology
15. Burns

Sl. No.	Topic	Speaker
1	Management of Congenital Pulmonary Malformations	Dr. [Name]
2	Pediatric Rhythmology	Dr. [Name]
3	Prenatal diagnosis in pediatric surgery and effects on the outcome	Dr. [Name]
4	Inflammatory Bowel Diseases in children	Dr. [Name]
5	Children with Vascular Anomalies	Dr. [Name]
6	The Dos and Don'ts in Pediatric Trauma	Dr. [Name]
7	Basics of Radiation Protection	Dr. [Name]
8	Pediatric Radiology, Today and Tomorrow	Dr. [Name]
9	Pediatric Hand surgery	Dr. [Name]
10	Basics in Transfusion Medicine	Dr. [Name]
11	The Enigma of HLA, a showcase applied to and proteomics	Dr. [Name]
12	Acute abdominal pain in infancy and childhood	Dr. [Name]
13	The Basics of Pediatric Surgery	Dr. [Name]
14	Medical Emergencies in Hemato-Oncology	Dr. [Name]
15	Burns	Dr. [Name]

genetics

LESSONS LEARNT & Appreciated

- i. Preparation of the pediatric patients for surgery
- ii. Preparation of the Surgical field for operations
- iii. Different instruments used in laparoscopic, open and orthopedic surgeries in children.
- iv. The Importance of health insurance in betterment of the country's health sector
- v. The importance of patient centered care in improving children's outcomes
- vi. The importance of creating and following work schedule in a hospital environment
- vii. The importance of educating patients and caretakers in trying to improve their health seeking behavior and outcome of illness
- viii. The importance of research and practicing evidence-based medicine in patient care
- ix. The impact of investing in health care on the health of a nation

b. INTRODUCTION TO SOCIAL ENGAGEMENTS

The Erasmus Program brings together students from all-over Europe, all coordinated by the International Coordination office at the Medical University of Graz. Other International Students from outside Europe included United States of America, Australia, Israel etc.

The International Office organized activities to provide opportunity for bonding among all students both foreign and native to Austria

These included games, a picnic as well as a guided city Tour.

TRAVEL EXPERIENCE

On Friday, 7th of June, 2024, myself and a colleague, Nicholas Sseruyange set off from Entebbe International Airport by flight bound for Vienna International Airport though Doha.

We had a four & Half- hour flight n Oman Airlines to Doha, resting for four hours and setting setting off yet again to Vienna at around 1am. Arrival in Vienna was on a bright morning at 8am Central European Time.

We then travelled from Vienna (the largest city of Austria) to Graz (second largest) by bus. It was a 2 and half hour journey on Qatar Airlines.

Having already exchanged our allowance to the acceptable currency ie. Euros back in Uganda, we were able to make cash payments whenever necessary however, to our surprise, the largest percentage of payment points were predominantly cashless payments.

LANGUAGE



The most commonly used language in Austria is German with 95% of individuals communicating in the same. With knowledge of basic German language, it was possible to do shopping, make payments for public transport means, keep away from restricted areas as well as communicate with patients on a few accounts.

Navigating the Language challenges:

Friends: Having made a number of friends that were fluent in both the German Language and English, it got easier to navigate most public places as they would almost always translate the languages back and forth

Mobile phones are among the most important devices for both survival and succeeding in situations when faced with language barrier. Relying on Google Translator was a strategic way to navigate the language challenges in

situations where I could either not understand or where a friend could not translate.

ACCOMMODATION

We were accommodated in a prestigious student Housing Building at Steyregasse 3 street. This is run by OEAD student Housing in partnership with the Erasmus+ programme to ensure comfortable, safe and secure accommodation arrangements for all students. Payments were made on a monthly as per the residence contract signed prior to mobility.

Facilities at the Student Housing

The apartment had three different rooms i.e two single rooms and a double room which I occupied half of the time with a student roommate from Turkey.

We had a shared bathroom, kitchen and toilet for all three rooms. Each student was required to pay cleaning fees so that the rooms would be cleaned on a weekly basis. We were also required to strictly segregate waste and manage the apartment with minimal or no damages. It was maintained clean, neat and spacious.

Kitchen Area: This was well equipped with an electric cooker, refrigerator, microwave, dishwasher and a dining area. The housing provides kitchen ware as well as dishes need for cooking and serving meals.

Beddings: These were all provided along with the accommodation, a bedside reading light as well as wardrobe for keeping laundry.

Dirty Laundry: The student housing provided an e-operated washing system that was charged on every wash. This was operated via an Application called WeWash through which we were required to book the washing machine, the dryer as well as make payments of 2.75Euros per wash.

Other facilities at the housing: Television room, Play room with table tennis and Foosball, accessible to all students in the housing building for leisure time activities.

PUBLIC TRANSPORT

The City has a variety of timely public means transport i.e trams, trains, city buses as well as regional buses at designated stop stations for the different tram lines. Most commonly, the hospital was accessible by either tram or bus.

Travel around the city and the region of Styria was made easier by the availability of alternative public transport means.

Payment for transport would be done either using card or cash payments.

INTERNET ACCESS

The hospital and university WiFi was accessible through the webmail address provided by the International Office on first day of mobility at the University. There was accessible internet at the student housing as well.

Outside these domains, we accessed the internet either through Eduroam that is readily available at different University premises in the city or through the Austrian sim cards purchased at the start of the program.

MEALS

At the hospital, a meal card was provided with two purposes of access and purchase of meals. This was automatically reloaded with 7Euros every day for the 5 days of the week. Meals at each of the hospital cafeterias were only purchased using the provided meal cards.

Aside from Hospital meals, the option would either be cooking or buying from restaurants.

SOCIAL GATHERINGS

BY International Office

1. Disc Golf

On the evening of 25th June, 2024, we had our very first intercultural get together with students from all-over the world. We were tamed up into four in order to embrace diversity and encourage bonding. Learning how to play was from fellow colleagues, increasing the chances of interacting with one another.

2. Guided City Tour

On the 3rd of July, 2024, The International Office organized a guided city tour around the main centre of Graz. With around 18 other International students, we visited the Rathaus (city square), observe Architectural designs that dated back to the Reinnasance Period with Italian designs, saw the city planning and transition of building preferences over hundreds of years. We also visited the Uhrthum (ClockTower), the highest tower in the city with great significance in history as related to the Turkish Invasion etc. This was coupled with another structure in the City Centre where thousands of guns ad been stored to stop the Turkish invasion, which never happened. They have therefore remained used for the past many years, in a sanctuary and museum setting

3. Picnic

The third get together was an Intercultural picnic, attended by over 20students. We had snacks, icecream, and played games amongst ourselves. Courtesy of the International Office, all payments were catered for. It was a memorable time during which we had meaningful conversations and further appreciated each other`s cultural backgrounds.

4. Student Mentor

The International Office assigned both my colleague and I a student mentor who guided us on the dynamics of the city, service registration. With Tamara, we also visited the Eggenberg Castle, an ancient castle that was named a World Cultural Heritage Site in 2010 by UNESCO due to its well preserved designs that illuminate the trace of history over the years. We occasionally met in the evenings for food in restaurants, and she would always clear any predicaments that arose during our time of stay.

With Fellow International Students

Visit to Wineries, Visiting Restaurants to try out different cuisines, sightseeing, swimming, and hiking.

Rotary / Rotaract

During the two months stay in Graz, I met a group of very welcomg Rotarians and Rotaractors with whom I visited the Sattler Group Factory of Textiles in Burgenland (another region of Austria).

Sattler Group; At the Textile factory, the environment was a foreign one to me. We had a factory tour during which we were taught how the yarn is acquired and imported, checked for error to reduce production mistakes, as well as the whole process until the desired materials are obtained.

Club Meetings and Outings: I was always invited to all the Rotary and Rotaract Gatherings. They were all very hospitable people and we shared stories of serving communities voluntarily, we also shared meals and also visted the Graz City Museum where I larnt about the concept of Inner Courtyards, the history of the City and the concept oh Home gardens i.e Heim Garten.

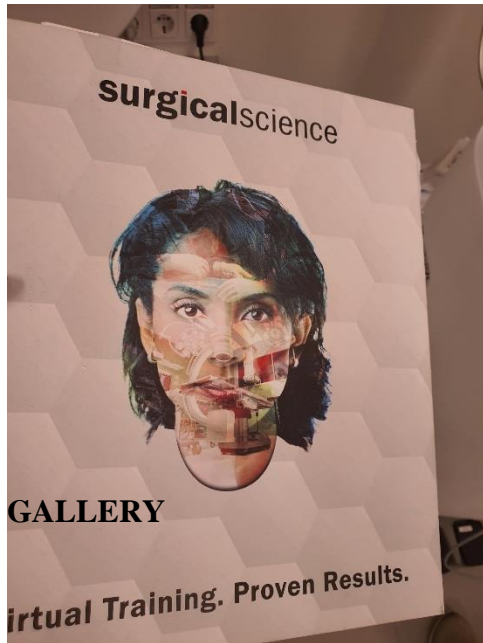
CONCLUSION

The exchange program at Makerere University College of Health Sciences is a golden opportunity that in my case, availed me with a completely funded oppprtunity to travel to Austria. Coming from Uganda, the scenery in Austria was completely different, to which I immediately adjusted. It is important to meet friends and learn the practice of Medicine in a setting not our very own. In that way, the gaps are recognizable and as a student that has seen evidence based and Individulaized practice, it improves my level of patient care, of those with whom I interact and the final outcome.

Utmost gratitude to both Medical University of Graz and Makerere University for creating and honoring a partnership that steers students towards more successful doctors and citizens.

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Operating Room



With Iris Topovolec, Erasmus coordinator at the International Office





Disc Golf (left) and Picnic (right)



Vineyard Hike (right)

Evening meetup (below)



With Andreas (left), Exchange student to Uganda 2025.



At the Schlossberg



Hiking at the Schockl