MAKERERE UNIVERSITY

MAKERERE UNIVERSITY COLLEGE OF HEALTH SCIENCES

School of Medicine

REPORT ON MY ERASMUS+ STUDENT EXCHANGE ROTATION

Università degli Studi Magna Graecia di Catanzaro

Renato Dulbecco University Hospital & Pugliese Hospital

Catanzaro, Italy | April 13 – June 12, 2026

Compiled by:

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Appreciation and Acknowledgements

First and foremost, I extend my profound gratitude to Makerere University College of Health Sciences (MakCHS) and the Erasmus+ Programme for making this life-changing exchange possible.

In particular, I wish to recognise Ms. Susan Byekwaso and Mr. Alex Kisakye of the MakCHS International Office, much of this mobility would not have proceeded as seamlessly without their coordination, insurance support, guidance and personal dedication to us as we navigated the complexities of this exchange. I also extend sincere thanks to Professor Victor Musiime, Professor David Meya, and Dr. Sabrina Kitaka, who each took time to write recommendation letters in support of my application. Their confidence in me was a source of genuine motivation. Special thanks also go to Ivana Criniti, the International Office Coordinator at Università degli Studi Magna Graecia di Catanzaro for the logistical arrangements, including the sponsorship security, accommodation support through Fondazione and the timely processing of all documentation. Finally, I wish to recognize Dr. Ssaka Mustafa, from the Physiology Department MakCHS, who since my first year has believed in me and has prepared me particularly for this journey, and all through it even upon return, may Allah reward him abundantly.

The financial support provided through the Erasmus+ KA1 grant was indispensable; this mobility would simply not have been feasible without it.

I am equally grateful to Dr. Lwanga Ssempijja at UMG, who coordinated our arrival arrangements in Catanzaro, including the pre-arranged transport from Lamezia Terme Airport. A special word of appreciation goes to Jamal Diin and Mark Mugerwa (fellow MakCHS students who had attended the same university before me) whose advice, contacts, and help during the preparation phase were invaluable in setting realistic expectations and navigating the early challenges of the mobility.

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Finally, I thank my exchange fellows, Mrs. Caroline Tayebwa who I moved, prepared, and stayed with throughout my whole mobility time, and Ms. Ruth Lewinskey Gimbo, plus Ms. Deborah Nabukalu who joined us 6 weeks into our mobility. Our shared sense of purpose made the experience richer.

Dedication:

This report is dedicated to any student at MakCHS or elsewhere who is hoping to apply for International mobility, and may it serve as both a practical guide and a genuine encouragement. It is also dedicated to my family, whose love and support anchored me throughout, and to and to friends back home whose support carried me through moments of homesickness and uncertainty, that were an honest part of any exchange experience.

List of Acronyms

ECTS	European Credit Transfer and Accumulation System
EL	Erasmus+ Learning Mobility of Individuals
ESAA	Erasmus+ Student and Alumni Alliance
EU	European Union
KA1	Key Action 1 – Learning Mobility of Individuals
MakCHS	Makerere University College of Health Sciences
MBChB	Bachelor of Medicine and Bachelor of Surgery
NDA	National Drug Authority (Uganda)
OLS	Online Language Support (Erasmus+)
UMG	Università degli Studi Magna Graecia di Catanzaro

Pre-Departure Experience

Application and Selection Process

The opportunity to participate in this Erasmus+ exchange came to my attention through the administrative staff at MakCHS and through word of mouth from fellow students who had previously expressed interest in international mobility programmes. The selection process at MakCHS was conducted in a fair and transparent manner, a fact that I confirmed in my official EU participant report. Students were assessed on academic merit and their stated motivations for the exchange.

My core motivations for applying were to experience different learning curricula and teaching methodologies, to enhance my future employability both in Uganda and abroad, to build a personal and professional network within the European healthcare ecosystem, and to develop broader soft skills like adaptability, problem-solving, and cross-cultural communication which I believe are increasingly valued in a globalised medical landscape.

Meeting the minimum CGPA threshold of 3.6 required for the programme, I proceeded through requesting my lecturers for recommendation letters, and thereafter physical interviews in early December, 2025.

Visa and Documentation

As a Ugandan n1ational, I required a Schengen visa to travel to Italy. Importantly, no visa fees were incurred during this mobility, and the overall visa process was handled with reasonable efficiency. Both the sending institution (MakCHS) and the receiving institution (UMG) provided satisfactory guidance on documentation requirements. All necessary paperwork including the Learning Agreement, Grant Agreement, and health insurance documentation was finalised before departure.

The Learning Agreement was signed by all parties prior to the start of the mobility. Insurance coverage included health insurance (provided by MakCHS), accident insurance (covered by UMG), and liability insurance through a combination of both institutions.

Financial Preparation

This mobility was funded through the EU Erasmus+ grant, which contributed almost 100% of my expenses related to the exchange. Without this grant, participation would not have been fairly financially feasible. The only fees paid at the receiving institution amounted to nothing more than the provided coverage for heavily discounted accommodation facilitated through Fondazione (the university foundation). No tuition, registration, laboratory, or examination fees were charged.

I took advantage of financial technology tools to manage cross-border finances efficiently during the rotation for surplus on personal terms not required by the mobility, including digital payment platforms suited to the European and East African corridors, which helped mitigate currency conversion costs.

Health Preparations

Health preparation for this mobility was relatively straightforward, owing in large part to the fact that I was already up to date with my routine vaccinations prior to applying. The MakCHS advert for the exchange programme noted that possession of current vaccination documentation would be an added advantage, and I was able to submit my vaccination records as part of the application package without requiring any new immunisations at that stage. My vaccination status at the time of departure included Yellow Fever, COVID-19, Hepatitis B, MMR, and other routine childhood immunisations, all of which had been administered in prior years through standard health provisions. The Italian Embassy required proof of valid vaccinations as part of the Schengen visa application, and these were duly presented. No additional health screening was imposed by the receiving institution or Italian authorities at the point of arrival.

On return to Uganda, a self-declaration process through the Ministry of Health's online platform was required at Entebbe International Airport, which was in place as a precautionary public health measure in the context of an Ebola alert at that time.

Health insurance coverage for the duration of the mobility was arranged through the MakCHS International Office, with Ms. Susan Byekwaso coordinating the insurance provision through Sanlam, and Mr. Alex Kisakye facilitating contact with the insurer. This administrative support removed a significant logistical burden from the outgoing students and ensured that appropriate coverage was in place before departure.

Travel Experience

Travel from Kampala to Catanzaro was a multi-leg journey operated across two airlines and three flight segments, booked personally through Qatar Airways. Departure from Entebbe International Airport was on the evening of 11th April 2026 at 17:30 hours aboard Qatar Airways, arriving at Hamad International Airport in Doha, before the onward Qatar Airways flight the following day, arriving at Rome Fiumicino Airport. The final leg was operated by ITA Airways, departing Fiumicino later that evening and arriving at Lamezia Terme Airport in Calabria towards midnight, as this is the nearest major airport to Catanzaro.

From there on, we were aboard a local taxi that had been arranged for us by Dr. Lwanga Ssempijja, who has been in our hosting institution for a while. The return journey followed the same routing in reverse, departing Lamezia Terme on 14th June 2026 and arriving back at Entebbe a few minutes past the 15th June 2026.

That Arrival at Lamezia Terme late at night was the first real test of adaptation. Though Dr. Ssempijja had arranged a taxi driver to receive us, the driver spoke no English whatsoever a foreshadowing of the language challenge that would define much of the rotation. Communication relied entirely on gesture and goodwill, and we reached our Catanzaro residence at approximately 1:00 a.m. after a quiet drive through dark Calabrian hillside roads. The exhaustion of a near-thirty-hour journey meant that meaningful engagement with the new city had to wait; I slept all through the morning extended well into midday before my first full day in Italy truly began.

Catanzaro is the regional capital of Calabria, it has a very hilly terrain, persistent winds, and a quieter, more orderly pace compared to Northern Italian metropolitan centres that I later visited. The cleanliness of the region was immediately striking, with well-maintained streets, organised public spaces, and the infrastructure functional in ways that prompted honest comparative reflection. People, from the gatekeepers at the residence to the staff serving meals at the Mensa, were genuinely kind. The warmth of Southern Italian hospitality, offered without any common language, communicated itself clearly. This was my first exposure to European life, the Southern European life too, and the contrast with both Kampala and the imagined Italy of Rome or Milan was immediately striking.

Language, emerged as the defining challenge from the very first day. Very few people in Catanzaro use English as a working language, and from arrival through the entire rotation, Google Translate became an indispensable daily companion, which I used to order food at the Mensa, communicate with patients on the ward, follow conversations between attending physicians, and navigate everyday social interactions. By the way, what initially felt like a limitation gradually became one of the rotation's unexpected lessons: that medicine, at its most fundamental, is a human practice that persists even in the absence of shared language, social interactions not withholding.

Experience at the Host University

Orientation Week

The first week of the rotation was dedicated to orientation and administrative settling-in rather than clinical activities. This included registering for an Italian Codice Fiscale (Tax Identification Number), confirming accommodation arrangements through Fondazione, and familiarising ourselves with the layout of Renato Dulbecco University Hospital. Guided tours of the hospital were provided by Jamal Diin, through video calls especially around the hospital, and by other host institution students especially for the Mensa and offices, and the security personnel helping us identify the departments relevant to our rotation schedule, clinical areas, lecture theatres, and key administrative offices.

The orientation process was well-organised by Ms. Ivana Criniti and Prof. Hribal at UMG'S International Office. Administrative support throughout the mobility was rated very satisfactory, and the guidance received on accommodation by Senior Luigi was also excellent, including clearance for our residence access cards.

Accommodation and Living Arrangements

Accommodation was secured through Fondazione, the university foundation, which facilitated access to discounted student housing. Overall, the satisfaction I had with accommodation was very high, especially at the fee we paid in comparison to the nearby local residential areas, with added advantage of accessibility to the Mensa, and the main Hospital. The living arrangements were comfortable and appropriate for our long-term mobility stay of two months.

The infrastructure at the host institution was generally of good quality. Study rooms at the residence also very good; classrooms, libraries, and the gym for my workouts on many evenings. The mensa was my main source of affordable meals and social hub, for meeting many new people, while navigating the challenge of the langauge with the mensa staff, and choosing between Italian dishes with the new food culture, especially in the early weeks.

Student Life and Social Integration

Social integration with local students was facilitated to a reasonable degree, though the language barrier presented the most significant challenge to deeper integration. One of the most meaningful early acts of welcome came from Seneba, a first-year student at UMG who had already been there for two years. Despite being a junior student, she was generous with her knowledge — guiding us through the process of purchasing bus tickets through drop ticket, obtaining meal cards, and understanding how the Mensa system worked. The Mensa offered subsidised meals through Fondazione at a significantly reduced rate of €2.33 per full meal, compared to the standard €10 price. This was not merely a financial convenience; the Mensa became my daily social anchor. Our residence access cards also provided entry to a gym, reading rooms, and presentation facilities. Other social connections formed over time with international medical students including Malik, Brice, and Gabriel, with whom trips and outings were planned when schedules permitted, especially with Malik.

A highlight of the social calendar was a two-day trip to Rome, where we travelled by bus from Catanzaro as a group in flix bus, explored the city on foot across two days, stayed overnight through an Airbnb, and returned by bus, a trip that offered immersion in ancient history and architecture at a scale difficult to absorb in a single visit. Weekend trips to Catanzaro Lido and the nearby beaches also provided welcome respite, particularly on hot afternoons. A memorable personal connection was formed with a community of four Ugandan women who had been living and working in Catanzaro for several years. Though not in the medical field, their presence in the city created an unexpected sense of familiarity and home. Gathering with them, sharing food, exchanging gifts, and hearing about their experience of building lives in Southern Italy provided a grounding human dimension to the rotation that no clinical encounter could have offered.

Independently, I also travelled to Bologna to visit Giulia, an Italian student who had previously completed a rotation at Makerere University, continuing on to Florence and Pisa, a journey planned and executed independently using Ryanair flights, purchased online bus and train tickets, that I managed to do at very low cost through careful advance booking. This ability to navigate European travel independently was itself a skill built during the rotation.

One of the most memorable moments of the exchange was a three-hour conversation with Claudia Pirri, a Masters student who spoke no English, conducted entirely through Google Translate. The conversation went deep. To me this was a reminder that technology, when used thoughtfully, is not a barrier to human connection but a bridge to forge genuine meetings of minds across a language divide that would otherwise have been impenetrable.

Participation in student organisations was limited to university student unions and clubs; broader Erasmus-specific organisations such as the Erasmus Student Network were not accessed, partly reflecting the relatively smaller international student community at UMG compared to larger universities.

Academic Experience

Surgical Rotations (Weeks 2–6)

The surgical component of the rotation spanned five disciplines, with each rotation lasting a week. All rotations were based at Renato Dulbecco University Hospital, as a tertiary referral centre affiliated with UMG.

General Surgery: The General Surgery rotation provided exposure to a range of elective and emergency surgical conditions. Ward rounds, outpatient clinics, and theatre sessions gave a broad view of surgical practice in an Italian tertiary hospital context. The systematic and evidence-based approach to surgical decision-making was particularly instructive, with trials on Video-assisted surgeries performed in real time.

Urology Surgery: This rotation offered exposure to urological conditions common in both the European and Ugandan contexts, including prostate pathology, urinary tract conditions, and minimally invasive procedures. The high volume of endoscopic and laparoscopic procedures provided a window into surgical approaches I hadn't witnessed before, probably because I had not

yet concluded my senior specialized surgery rotation we do in final year. In this rotation, what stood out was witnessing real time X ray being done on patients in invasive procedures while in the OR, without the need to transfer patients out of theatre.

Cardiothoracic Surgery: One of the most technically demanding rotations I witnessed, cardiothoracic surgery offered observation of open cardiac procedures and thoracic interventions. Witnessing the interface between cardiac intensive care and surgical management was an intellectually stimulating experience, reinforcing the importance of multidisciplinary care in complex cases, and seeing a live human heart beating in the open chest procedures was a striking clinical observation. Cardiopulmonary bypass surgeries for major heart surgeries were quite a number. This rotation has prompted me to consider cardiothoracic surgery as a potential area of future clinical interest, despite it not featuring in my prior specialty plans.

Orthopaedic Surgery: The orthopaedic rotation covered trauma cases, elective joint replacements, and spinal procedures. We did more of the out patient clinic work in the “Ambulatoria because there were just a handful of procedures to do that week. However, my orthopedic experience was enriched by the summer school we had later in the final week, as Prof. Giorgio Gasparini pitched the schedule to me and I requested for our slots in the summer school. This was richly rewarding, with both presentations and lectures on trauma and new research studies in line with orthopedic practice.

Neurosurgery: The neurosurgery rotation, though brief, was among the most memorable for me among the surgical disciplines. Exposure to cranial and spinal procedures, coupled with extensive ward management of pre- and post-operative neurosurgical patients, underscored the stark resource implications of neurological care and the importance of preventive strategies in our settings with limited neurosurgical capacity. This stood out so much due to the much time we spent with Dr. Emanuela Procopio, and Prof. Angelo’s Kindness when we reported for that week.

2Us (with Caroline Tayebwa) posing with Prof. Curro Giuseppe from General Suregry as our first Rotation, with whom we moved with on ward Rounds.

3Posing with Dr. Emanuela Procopio, senior resident in Neurosurgery at UMG, with whome we used to do most of the ward work, and shared much on a personal level

Infectious and Tropical Diseases Rotation (Weeks 7–9)

The final three weeks of the rotation were devoted to Infectious and Tropical Diseases, and this had a particular relevance given the overlap between tropical disease patterns in Italy and those in Uganda. This rotation was conducted under the supervision of Professor Alessandro Russo at Renato Dulbecco University Hospital for the first two weeks, with the final week at Pugliese Hospital in Catanzaro city.

This rotation proved to be the most academically enriching of the entire mobility, I think due to the similarity of the conditions and familiarity of medical guidelines. The department was actively engaged in clinical care, teaching, and research too. The department had a notably large team of English-speaking staff, including Dr. Helena, who had prior clinical exposure in Uganda, and this created an environment conducive to detailed academic exchange and intellectual rigour. Ward rounds were conducted with meticulous clinical reasoning, and daily case discussions offered opportunities to contribute observations and engage in evidence-based dialogue, with much patient review depending on how patients were doing overnight, and their progress on treatment.

A particularly standout clinical encounter during this rotation was a diagnostically challenging case of brucellosis in a patient who had no history of recent travel. The systematic process of arriving at the diagnosis highlighted the importance of a thorough exposure history and avoiding premature diagnostic closure, a concept linked to cognitive anchoring bias. This case became a personal reference point for how rigorous clinical reasoning can rescue a diagnosis that might otherwise be missed. A key lesson that emerged repeatedly during this rotation was the importance of resisting anchoring bias.

Antimicrobial stewardship was a defining feature of this department's practice. Blood cultures were obtained as a matter of routine for every admitted patient, regardless of the working diagnosis, allowing the team to base antimicrobial therapy on identified organisms and sensitivity patterns rather than empirical assumption alone mostly, and this served as a marked contrast to the more constrained diagnostic pathway common in resource-limited settings, where cost and turnaround time often mean empirical therapy proceeds without culture confirmation.

We were also exposed to the use of long-acting antibiotics such as daptomycin, used specifically to shorten inpatient stay by enabling extended dosing intervals suitable for outpatient parenteral therapy in appropriate patients. Both of these practices reflect a systems-level approach to antimicrobial stewardship with direct relevance to the antimicrobial resistance mitigation strategies I hope to see strengthened in the Ugandan context.

4With Dr. Hellena from Infectious Disease in Policlinico Germaneto as our Primary Hospital of Attachment.

5A picture of me posing with Prof. Luigi Scalise (on my Right) and other Senior Doctors at Pugliese Hospital for the last week in Infectious Diseases

Overview of my Academic mobility

The following table summarises the structure of the nine-week rotation at Magna Graecia University and its affiliated hospitals:

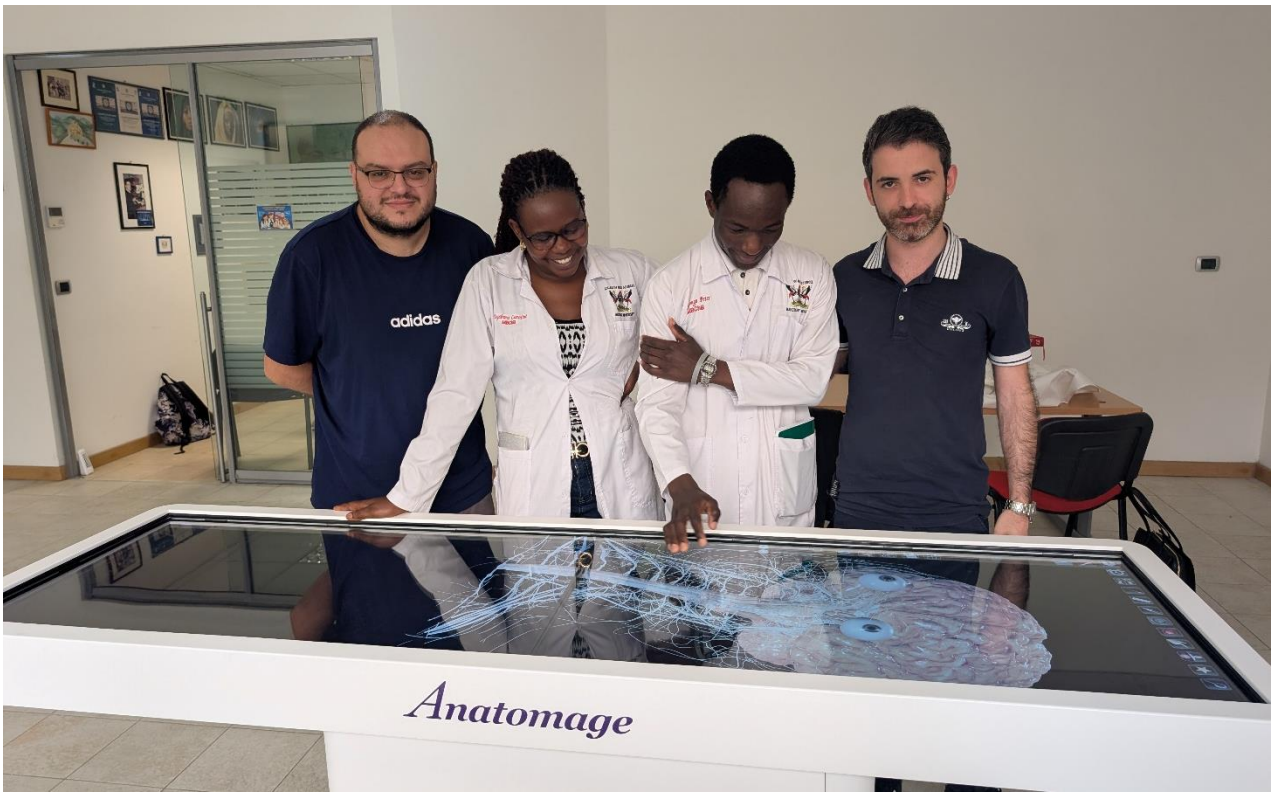
Week(s)	Department / Rotation	Hospital / Venue
Week 1	Orientation / Administration	Magna Graecia University Campus & Renato Dulbecco Hospital
Week 2	General Surgery	Renato Dulbecco University Hospital
Week 3	Urology Surgery	Renato Dulbecco University Hospital
Week 4	Cardiothoracic Surgery	Renato Dulbecco University Hospital
Week 5	Orthopaedic Surgery	Renato Dulbecco University Hospital
Week 6	Neurosurgery	Renato Dulbecco University Hospital
Weeks 7–8	Infectious & Tropical Diseases	Renato Dulbecco University Hospital
Week 9	Infectious & Tropical Diseases	Pugliese Hospital, Catanzaro

Learning and Teaching Quality

The quality of mobility exposure especially in clinics and ward rounds was very satisfying, but the main challenge here was language-dependent: clerking patients required real-time translation support to accurately convey clinical reasoning to supervising doctors. There was much variability in the way of doing medical related work between most disciplines, especially supervisor engagement across departments, and consultations in Infectious diseases from other departments.

Additional Exposure.

During a tour of the pre-clinical facilities at UMG, we visited the anatomy laboratory used by undergraduate medical students in their early years of training. Unlike the cadaver-based dissection model at MakCHS, where we engage in physical dissection across the first two years of the MBChB programme, undergraduate anatomy instruction at UMG is conducted primarily through digital anatomy table screens, interactive touchscreen platforms allowing students to explore layered, three-dimensional virtual cadavers rather than dissecting physical specimens. This was a striking structural contrast. Though this digital model offers clear advantages in repeatability without the ethical demands of cadaver sourcing and preservation, to me it raised the question of whether the tactile, haptic learning developed through hands-on dissection is fully replicated on a screen.



6The digital anatomy table used in undergraduate teaching at UMG.

Social Experience

Living and learning in Catanzaro for nine weeks offered an immersive window into Southern Italian life. Calabria is a region with deep historical roots, distinct culinary traditions, and a strong sense of local identity. Daily interactions in shopping malls (Lidl, Coop, Penny's), in street markets, restaurants, public transport, and the hospital itself provided informal but invaluable language practice and cultural exchange.

One of the notable observations was the contrast in pace and informality compared to Northern Italy and the expectations some students carried. Catanzaro is a smaller, quieter city, and social life outside the university was more subdued than in larger urban centres. This required a conscious reorientation of expectations, but ultimately rewarding for me as I engaged authentically with the local community.

The camaraderie among my fellow Exchange Ugandan students was a critical source of social support throughout the rotation. The shared challenges of navigating a new language, a different healthcare system, and a new cultural environment fostered strong bonds that went beyond the clinical setting. Travel planning, which fell largely on me, and navigating the intricacies of Italian bureaucracy together created a shared experience that was, in retrospect, as formative as the clinical work itself.

Travel across Italy was a highlight of the social dimension of the exchange. Visits to Rome provided encounters with ancient history, architecture, and art at a scale difficult to fully absorb. Florence offered an unparalleled concentration of Renaissance art and intellectual heritage. Pisa, with its iconic structures, served as a vivid reminder of its architectural legacy as I had read about it. These experiences enriched not only cultural understanding but also reinforced the value of stepping outside my comfort zone to gain perspective, and this experience has left me noticeably more socially confident.

Beyond travel, one of the most striking social realisations of the rotation came through observing the Italian public health system in daily practice. In every clinical encounter from ward rounds to outpatient consultations, the question of what a patient could afford to pay was never raised. Any person who walked through the hospital doors, regardless of their financial circumstances, citizens and those with approved residency status, received care at no cost. Actually, random homeless individuals were as well attended to without hesitation. This prompted sustained personal reflection on the stark contrast with our Ugandan healthcare environment, where financial barriers frequently determine whether care is received at all. I would welcome future national policies in a more structured component on health-systems equity and advocacy.

Lessons Learnt and Benefits

Personal Development

This exchange delivered substantial personal growth across multiple dimensions:

- Adaptability: Living independently in a foreign country, navigating unfamiliar systems, and functioning effectively in a second language built a form of resilience that is difficult to cultivate in a home environment.
- Self-awareness: Post-mobility reflection has yielded a clearer understanding of personal strengths (organisational capacity, intellectual curiosity, initiative) and areas for development (language learning, deeper comfort with uncertainty in clinical situations).
- Intercultural competence: Daily engagement with Italian colleagues, patients, and community members built a more nuanced appreciation of cultural diversity,

tolerance, and the universal aspects of human experience that transcend national borders.

- Planning and organisation: Coordinating travel logistics for our group, and my personal trips too from no familiar background would reflect my versatility. This reflected an adjustment from a familiar environment to a considerably higher-resource operational context, and in doing so, sharpened my organisational and leadership capacity.

Clinical and Academic Development

- Exposure to European clinical standards: The rotation provided insight into a healthcare system with significantly greater resource availability, technology, and infrastructure than what is available back home. This comparative perspective is invaluable for understanding what is achievable and what improvements to advocate for in the Ugandan context.
- Diagnostic reasoning: The emphasis on systematic clinical reasoning, differential diagnosis, and avoiding cognitive bias, particularly anchoring bias, will directly inform my clinical practice.
- Multidisciplinary care: Italian tertiary hospitals operate through well-defined multidisciplinary team (MDT) structures. The culture of collaborative decision-making between surgeons, physicians, radiologists, and allied health professionals was a model worth emulating.
- Research culture: Exposure to ongoing clinical research in the Infectious Diseases department highlighted the integration of academic inquiry into routine clinical practice — a model that MakCHS should increasingly adopt.

Benefits to Health Professional Education in Uganda

- The experience demonstrated to me that, as Ugandan medical students, we are intellectually capable of competing and contributing meaningfully in European academic medical settings, which should encourage MakCHS to pursue and expand such partnerships.
- The European Credit Transfer and Accumulation System (ECTS), if adopted or recognised by MakCHS, would significantly reduce the anxiety around academic recognition that currently discourages some eligible students from applying for exchange programmes.
- The exposure to Italian research structures could inform the development of student research attachment programmes at MakCHS, preparing graduates who are not only clinically competent but also academically engaged.

Challenges and Suggested Solutions

Language Barrier

Italian was the primary language of instruction across all clinical settings. While a language course was provided by the receiving institution, the instructor had limited proficiency in English, relying primarily on Italian and French, which we weren't familiar with either as a

medium of explanation. This significantly undermined the utility of formal language instruction.

Suggested Solution: UMG could ensure that Italian language instructors for international students are proficient in English, or at minimum in a language mutually accessible to the cohort of incoming students. Alternatively, the Erasmus+ Online Language Support (OLS) platform should be more proactively promoted and made mandatory prior to arrival, because I only got to learn about it way late into my mobility.

Short Duration of the Rotation

Nine weeks, with the first week devoted entirely to administrative and orientation activities, meant that effective clinical immersion was compressed into approximately eight weeks. For a rotation spanning six departments, this translated to rather insufficient time in each specialty to achieve meaningful depth, particularly in the surgical disciplines where each rotation lasted only one week, and wasn't convenient for the depth we would otherwise get from Infectious Diseases if it spanned more weeks.

Suggested Solution: Extending the minimum exchange duration to 12 weeks would allow students to engage more deeply with each specialty and transition from observation to active participation, though this would reduce the number of students who would be able to secure these life-changing opportunities, that I would pray many students should be exposed to.

Limited Research Integration

While the Infectious Diseases department maintained active research programmes, students were not formally integrated into any research structure during the rotation. This felt like a missed opportunity, though personally it was a question of the time of exposure that I would have got, particularly given the academic nature of the exchange.

Suggested Solution: A rather feasible attachment to a research group or study team, even in an observer capacity could be incorporated into the rotation structure to allow students to the scope and methodologies of clinical research in Italian hospitals, which is both academically enriching and practically valuable for future research activities.

ECTS Recognition at MakCHS

Uncertainty about whether academic workload completed at UMG would be formally recognised by MakCHS created anxiety among some students during the exchange application time and deterred other eligible classmates from applying in the first place.

Suggested Solution: MakCHS could formally recognise the ECTS framework and develop clear, published policies on credit transfer for students returning from approved Erasmus+ exchanges, in line with practice already standard among European exchange institutions. This would improve student confidence in the value of the exchange and increase application rates.

Limited Engagement with Local Students

Integration with local Italian medical students was more limited than expected. Language differences were the primary barrier, though structural factors, such as the absence of a formal buddy programme in the host institution also played a role.

Suggested Solution: UMG should implement a structured buddy or mentoring system pairing incoming international students with local Italian medical students for the duration of the exchange, maybe in the near future, like International Office MakCHS does back home.

Recommendations

To Makerere University College of Health Sciences (MakCHS)

- Formally adopt and communicate a policy on ECTS recognition so that students' academic work abroad is accorded appropriate credit and is not perceived as wasted effort, in addition to the case write up and elective assessments we carry home.
- Increase pre-departure preparation for outgoing students, including detailed briefings on Italian hospital protocols, though this should be much more on an individual effort, clinical expectations, and cultural context.
- Provide structured Italian language training, at least basic conversational Italian, to outgoing students well in advance of departure, ideally three to six months prior to travel with feasibility.
- Expand the Erasmus+ partnership to include more receiving institutions across Europe, providing students with a broader choice of environments and specialties. However, to the best of my knowledge, more institutions are already in preparation to being Exchange sites with Makerere University.
- Establish a formal Erasmus+ alumni network at MakCHS to create a knowledge-sharing resource for future applicants and participants, with returning students, including myself, able to contribute directly.
- Consider introducing a small supplementary grant from MakCHS to complement the Erasmus+ funding, as the exchange destination, while not the most expensive in Europe, still poses financial challenges for students from Uganda.

To Università degli Studi Magna Graecia di Catanzaro (UMG)

- Ensure that Italian language instructors for international student cohorts are proficient in English, or provide English-medium supplementary resources.
- Implement a structured buddy or peer-mentoring system to facilitate meaningful integration between incoming exchange students and local medical students.
- Extend the minimum exchange duration to 12 weeks to allow for adequate depth in each clinical specialty.

- Formalise a research attachment component within the exchange programme, particularly in departments with active research programmes like Infectious Disease.
- Increase the visibility and promotion of the Erasmus+ Online Language Support (OLS) tool among incoming students prior to and during the exchange.
- Maintain the excellent administrative support, accommodation guidance, and cafeteria/canteen facilities that were among the most highly rated aspects of my exchange experience.

Closing Reflection

To me, this Erasmus+ rotation was, at its core, an exercise in deliberate discomfort. It demanded adaptation to an unfamiliar language, a different healthcare philosophy, a new social environment, and a pace of life distinct from what I had known. These discomforts, far from detracting from the experience, were precisely the conditions under which the most significant growth occurred.

I leave this rotation with sharpened clinical instincts, particularly around diagnostic reasoning and the discipline required to resist cognitive bias, and with a broader perspective on global healthcare that I could not have developed within the confines of Uganda alone. The experience has reinforced my long-term commitment to excellence in medicine, to building bridges between healthcare systems, and to using every international exposure as a stepping stone toward greater contribution to health in Uganda and beyond.

I would unreservedly recommend this exchange to every medical student at MakCHS who is eligible. The challenges are real, but the returns, be it intellectual, personal, or professional are transformative.

PETER SSENYONGA.

Picture Section.

For the pros.

7First week orientations at the University premises.

9One more with Prof. Angelo.

8Posing with Prof. Angelo Lavano from the Department of Neurosurgery

10A picture of us at the Infectious Diseases unit in Renato Dulbecco University Hospital.

11*A pictutre with Prof. Alessandro Russo, Director of Infectious Disease at Renato Dulbecco University Hospital*

13In the Ambulatoria Urologia (Urology Outpatient Clinic) for routine patient visits and X-ray visualization.

12A picture with Ms. Ivana Criniti, the Erasmus+ International Students Coordinator at UMG.

14At the FORTE Orthopedics Summer School in Magna Graecia

Socials.

15At the local City tour into the Parco Internazionale Della Scultura

17After receiving Ruth and Deborah at Lameia Terme Centrale Stazione

16I n the Musseo of the Parco della Biodiversita Mediterranea in Catanzro City.

18Arrivals from the Colosseo Metro station on our trip in Rome

19Carrying our identity to the world's largest amphitheatre.

21Fun? Much of it was had in many trips, and this was in Parco Archeologico Del Colosseo

20Outside the Colosseum, the World's largest amphitheatre before Entry.

22A picture of us, Ruth, Caroline and Deborah at Fontana del Tritone on our trip to Rome.

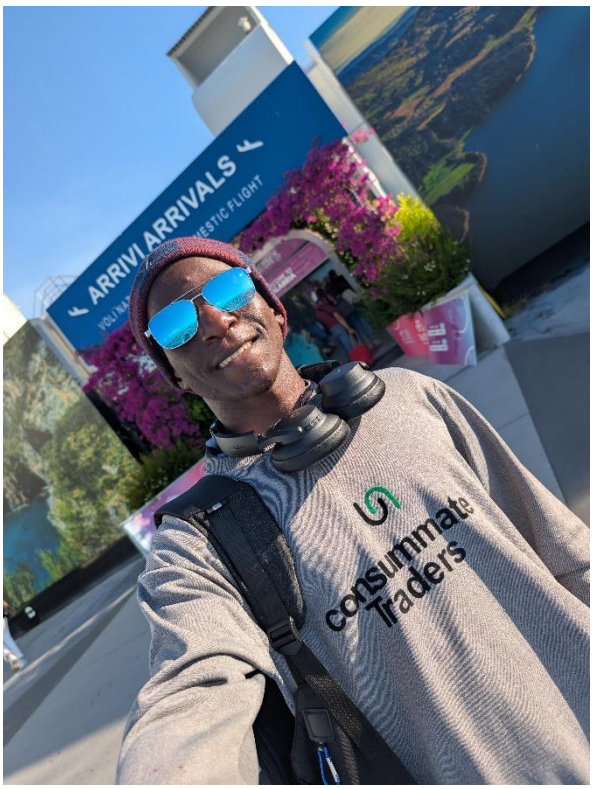
23Just a random picture of Me carrying my Lunch after picking it from the Mensa on my way from Ward work.

25At the San Luca Chiesa in Bologna with Giulia following the "way of the cross" trek.

24Meeting Giulia in Bologna for a visit through her home city.

26A picture at the Bologna Central Station before Departure for Firenze

27Just a Picture of me at the Leaning tower of Pisa.



28Arrivals to Lamezia Terme Aeroporto from my solo Trip

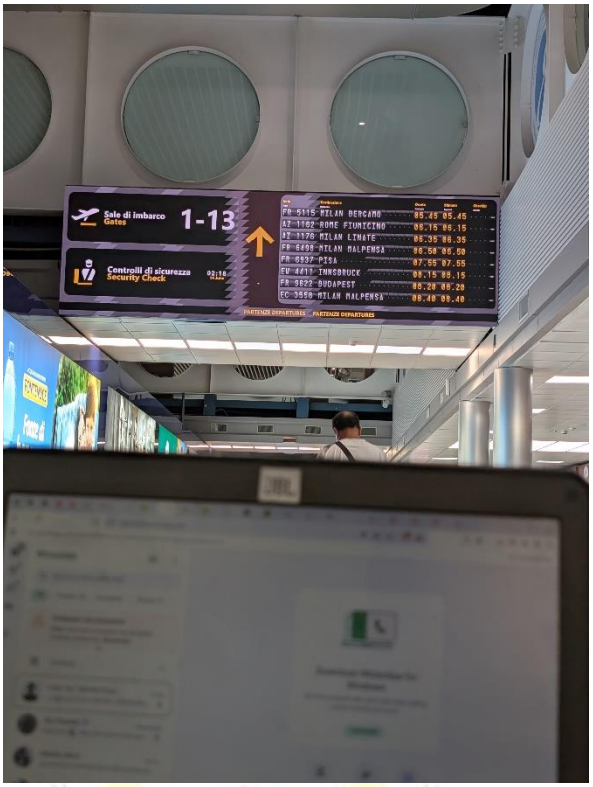
29At the Piazzale Michelangelo, Florence Italy.

30At the Ponte Vecchio Bridge in Florence, Italy

31 A picture at Pizzeria Ciro, Mrs. Marias workplace (the Ugandan lady we met in Catanzaro and had a family visit to).

32Us with Brice and Siima on the last Group meal we had at the Mensa

33Posing with Claudia with whom I had a very lengthy Conversation through Google translate.



34At Lamezia International Airport waiting for our Departure flight back home

36Aboard Qatar Airways on our Way back.

35Transition through Roma FCO Airport for Doha on Return Trip.

37Arrivals at EBB on 15th June 2026.

Built for the Future.