My Report on Healthcare Volunteer Mission in Rwanda

Overview

My name is Paul Uzodinma, anesthesiology resident at the Medical College of Wisconsin. I recently participated in a healthcare volunteer mission in Rwanda from February 9 to March 6, serving as an instructor in the Department of Anesthesia at the University of Rwanda College of Medicine in Kigali. This mission was sponsored by Health Volunteers Overseas, which supports healthcare education and capacity-building initiatives worldwide. The four-week engagement focused on delivering structured educational sessions to anesthesia trainees. Rwanda proved to be a peaceful, clean, and well-organized country, providing a welcoming and safe environment for both work and daily living.

Accommodation and Living Arrangements

I stayed in a hotel that offered reliable internet and electricity, which supported both teaching preparation and communication needs. The hotel provided daily breakfast with a variety of healthy options, contributing to convenience and overall well-being during the stay. Dinner was typically arranged either at local restaurants or at the hotel. Although an apartment closer to the university had been planned, it was not ready upon arrival, making the hotel stay a practical alternative. The sponsoring organization, Health Volunteers Overseas and the generous contribution of Dr. Gary Lyod, graciously covered the cost of both my international travel, accommodation, and other expenses, which significantly facilitated my participation in this mission.

Teaching Structure and Methodology

I conducted teaching sessions were conducted on weekdays over the four-week period. The curriculum was organized into weekly thematic modules, allowing for focused and progressive learning. To reinforce knowledge acquisition, a quiz was administered at the end of each week and comprehensive final examination was conducted on the last day.

Curriculum Content

The curriculum content covered a broad range of topics in anesthesia. Week one focused on neuroanesthesia and anesthesia for ENT procedures and oral surgeries and included topics included: principles of neuroanesthesia, anesthetic considerations for ENT procedures, and airway management in oral surgery. Week two focused on anesthesia techniques and safety considerations in obstetrics, including labor analgesia and cesarean delivery. Week three focused on pediatric anesthesia and included topics on the physiological differences in pediatric patients, anesthetic techniques, and perioperative care in the special population. Week four: Geriatric Anesthesia and Additional Topics Included anesthetic considerations for elderly patients, along with supplementary topics based on student interest. A significant component was also dedicated to regional

anesthesia, particularly the most commonly performed extremity nerve blocks. In addition to didactic sessions, hands-on learning was incorporated: ultrasound sessions for visualization of nerve block anatomy and point-of-care ultrasound (POCUS) examinations to enhance diagnostic and procedural skills.

Reflective and Personal Impact

Beyond its academic structure, this experience carried a profound personal significance. What began as a teaching assignment gradually evolved into a deeply human connection with the trainees, the environment, and the shared purpose of improving patient care. Standing in the classroom each day, I became increasingly aware that teaching in this setting required more than simply delivering content. It required listening carefully, adapting constantly, and finding ways to make each concept meaningful within the realities of the local clinical environment. There were moments of uncertainty—times when I questioned whether I was explaining concepts clearly enough or addressing the most relevant challenges. Yet, those moments were often followed by genuine engagement from the trainees: thoughtful questions, animated discussions, and a visible eagerness to learn. What left the strongest impression on me was the resilience and dedication of the learners. Despite resource limitations and demanding clinical responsibilities, they approached each session with focus and curiosity. Their commitment served as a powerful reminder of why education matters—not as an abstract goal, but as a tangible means of improving patient care in real time.

I also found myself reflecting more deeply on my own practice. Teaching fundamental concepts forced me to revisit and refine my understanding of anesthesia principles. In doing so, I recognized gaps I had previously overlooked and gained a renewed appreciation for the importance of clarity and simplicity in clinical decision-making.
Outside the classroom, daily life in Rwanda offered its own lessons. The country's sense of order, cleanliness, and community pride was striking. Even small experiences—interactions with hotel staff, shared meals, or navigating unexpected logistical changes—contributed to a growing sense of humility and adaptability. The initial inconvenience of the unavailable apartment, for example, became a minor detail in the context of a much larger and more meaningful experience. By the end of the four weeks, the experience no longer felt like a one-directional act of volunteering. Instead, it had become a reciprocal exchange—one in which I contributed knowledge but received perspective, insight, and inspiration in return. It reinforced a lasting commitment to global health education and a deeper understanding of the value of presence, partnership, and shared learning.

Conclusion

This four-week volunteer mission demonstrates the meaningful impact of structured educational initiatives in strengthening anesthesia training in resource-variable settings. Through a combination of didactic teaching, practical training, and ongoing assessment, the program provided a comprehensive and engaging learning experience for trainees.

Equally important, the mission highlights the critical role of organizations such as Health Volunteers Overseas and generous contributors such as Dr. Gary Loyd in enabling these collaborations. By supporting travel and accommodation, they remove key barriers to participation and facilitate sustained educational exchange. From a broader perspective, such initiatives contribute to capacity building by equipping local providers with knowledge and skills that extend beyond the duration of the visit. The emphasis on practical techniques, including ultrasound-guided regional anesthesia and POCUS, ensures immediate clinical relevance and potential for long-term impact.

For the volunteer educator, the experience offers significant professional growth and personal reflection. It reinforces the importance of adaptability, cultural awareness, and context-sensitive teaching, while also underscoring the value of humility and continuous learning. In conclusion, this mission exemplifies the mutual benefits of global health education partnerships. Continued engagement in similar programs is strongly encouraged, as they represent a sustainable and impactful approach to addressing disparities in healthcare education and delivery worldwide.

To HVO and Dr. Lyod, I extend a profound and eternal gratitude for this wonderful experiential learning opportunity as I look forward to similar future endeavors both on a personal and professional level.