



PERFECT

UNIVERSITY OF ZIMBABWE
COLLEGE OF HEALTH SCIENCES

PERFECT News

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Welcome Note

Welcome to the third issue of the UZCHS-PERFECT newsletter, a semi-annual publication that gives you (UZCHS community and stakeholders) exciting information about the PERFECT programme.

Every six months, stakeholders can receive copies as downloadable PDF via email and/or from the UZCHS-PERFECT Web portal (www.uzchisperfect.ac.zw).

I hope you will enjoy reading this issue and subsequent issues of the UZCHS-PERFECT newsletter.

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PERFECT Trainee gets one year fellowship grant



Tariro Mawoza

One of the PERFECT Programme objectives is to equip junior faculty with grant writing skills. Pursuant of this objective, a grant writing workshop was organized for the PERFECT Trainees and other faculty members in the college in August 2016. In less than one year, the training now bears fruits as one trainee, Tariro Mawoza, who enthusiastically attended the training and successfully applied for a one year GloCal Health Fellowship Programme assisted by PERFECT staff. The fellowship programme is run by the University of California San Francisco (UCSF) with financial support from the United States NIH.

The fellowship programme will give Tariro Mawoza an opportunity to pursue her passion for research in Women's Health. Her focus will be HIV/AIDS issues. In July 2017, she travelled to the USA for induction training. This gave her an opportunity to network with other junior researchers from various parts of the world, a critical step in establishing collaborative research.

In related news, 3 PERFECT (1st cohort) trainees submitted applications for research funding in the first quarter of 2017 to Joanna Briggs Institute LMIC Clinical Fellowship Programme, Welcome Trust Fellowship and Schlumberger Foundation.

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PRICE training

UZCHS PERFECT welcomes second cohort trainees on board

On the 26th of May 2017, an induction ceremony was held for the PERFECT Programme second cohort trainees. The induction ceremony was organized by the PERFECT Programme Secretariat. The second cohort consists of 14 junior faculty trainees drawn from various departments of UZCHS including, Anatomy, Medicine, Surgery, Pediatrics & Child Health, Dentistry, Occupational Health, Obstetrics & Gynecology, Ophthalmology, Radiology, among others. The induction ceremony was organized to help the new cohort develop an understanding of the programme goals and objectives and training structure.

Speakers at this colorful event included the Programme Director, Prof J. Hakim, the Dean of UZCHS, Prof MM. Chidzonga and Training Coordinator, Mr A. Matsika. They welcomed the new cohort and emphasized the need for the trainees to commit themselves to this research capacity building programme in order to enhance their

research knowledge and skills. During the ceremony they were handed over laptops and tablets for use in the programme. The event was attended by first cohort trainees, PERFECT Secretariat, facilitators, mentors, members of the Steering Committee and Training Advisory Committee.

The PERFECT Programme (2015-2020) is aimed at strengthening UZCHS junior faculty capacity to engage in independent and collaborative research. This is done through rigorous training in research methodology, research ethics and good clinical practice, and practical research mentorship from seasoned medical researchers locally and abroad. The first cohort of trainees with 11 members was recruited in 2016. The combined total number of trainees recruited so far stands at 25. An additional 10 trainees will be recruited in 2018 to bring the cumulative total of trainees to 35.



The PERFECT 2nd Cohort with some members of Steering Committee (Professor Chidzonga, Professor Hakim, Dr Magwali, Dr Maboreke and Mr Matsika).



The PERFECT 2nd Cohort: Standing L-R: Dr Chiwaridzo, Mr Zanga, Dr Chinyowa, Dr Bere, Dr Ziruma and Seated L-R: Mrs Monera-Penduka, Ms Munambah, Ms Kowo, Dr Chimhuya, Ms Siwela and Dr Kawome proudly showing off their laptops and high capacity external drives.



Mr Matsika (Training Coordinator) presenting during the PERFECT 2nd Cohort orientation

What they said about the Training

2nd cohort trainees eager to become independent researchers through the PERFECT programme

My group expectations...

On behalf of the lady fellows of this year's PERFECT cohort, we are very excited and grateful for this career training opportunity. We consider the award very prestigious because it is mentored by senior faculty with very impressive track records and productivity in their academic careers. Many of us always admire them from a distance. I remember every chance I got to interact with Prof Hakim, I always had to say my name and department! It was only recently that he actually said he knew who I was and that I did not need to introduce myself! But now we are in the inner circle... Rest assured over the next two years we will be hounding you. We have activated our high speed download to gain as much as we can from both the training and mentorship activities you have lined up for us.

In particular, because our schedules as wives, mothers, daughters, sisters, friends, often compete for our time and attention, training around issues of self-management and leadership are high on our priority list. We would like you to really break down to us how one networks effectively and ensures that the networks develop into collaborative grant writing and research. We also hope to update our research skills and learn especially how to use ICTs to make our research activities more efficient and hopefully achieve as much as our male counterparts can. And when it's all done, we will set ourselves apart as the next generation of research leaders for the benefit of our patients.

By Grace Monera

From PERFECT to PERFECTER



Dr Chimhuya speaking during the PERFECT 2nd Cohort orientation



Mrs Grace Monera-Penduka speaking during the PERFECT 2nd Cohort orientation

We are delighted to be enrolled in this noble program as the second cohort. The course outline and testimonials from first cohort scholars clearly show that the course is indeed rewarding. The rewards are both immediate and long term. For this reason, the scholars have decided to rename this program PERFECTER - **P**romote **E**xcellence in **R**esearch and **F**aculty **E**nanced **C**areer **T**raining with **E**xciting **R**ewards.

By Dr. Chimhuya



I have learnt about new and exciting things

The year that I have spent as a PERFECT fellow has been an interesting and rewarding year. I have learnt about new and exciting things through the many activities we have conducted under PERFECT. These include the lectures, workshops, journal club and Works-In-Progress (WIP) sessions. The WIP and journal club sessions have been particularly beneficial as they have helped to improve my oral presentation and PowerPoint presentation skills.

The journal club sessions have allowed us to critique and apply the different concepts we have learnt throughout the past year. Personally, PERFECT helped me to understand what I had termed my nemesis aka STATA!! As a faculty member, I have attended numerous biostatistics workshops. However, through no one's fault, I never understood STATA. I can however safely say that in 2016, Tariro finally got it such that I am even using STATA for my research project which I consider a huge achievement. In addition to learning a lot from experts, the PERFECT support staff has also been amazing. They are extremely helpful and committed to seeing us fellows become the best versions of ourselves. I have hounded a number of them asking unending questions but every time I get responses from people who are patient and willing to help. I advise the new fellows not to shy away from them.

To the new fellows, I say welcome to PERFECT and you should let Prof Hakim play you what he has themed the PERFECT Anthem.

May the next 2-years be educative and enlightening for you as they have been for us.

All the best.

Thank you.

Tariro Mawoza

My experiences of the “Perfect” journey

It is always a pleasure to stand before such a great audience to share my experiences of the “Perfect” journey that I have had over the past year. When I joined the programme in 2016, my initial feeling was what new things would I get that I haven't already gotten in my prior training? But behold, I was in for a pleasant surprise as I ventured into an academic discourse with my mentors, facilitators and fellow colleagues. The past year has been one of the most rewarding in my academic career. To the incoming trainees, I would like to say, devoting 20-hours a week to the programme will never be easy given the other crucial responsibilities you have such as teaching, clinical work and family. Thus, you need good time management skills for you not to overwork yourselves and to enjoy the “Perfect” journey. Remember time will fly by, but equally remember that you are going to be the PILOT!

James January



Dr Manana for the 23rd International Conference Oral and Maxillofacial Surgery (ICOMS)



The Conference

I am forever grateful to the PERFECT Team for affording me an opportunity to attend the biggest gathering in Oral and Maxillofacial Surgery, the International Conference of Oral and Maxillofacial Surgery in Hong Kong from the 29th of March to the 5th of April 2017. I had a lifetime opportunity to meet face-to-face with the leading researchers in Maxillo-Facial surgery. Ordinarily not many surgeons from Africa get the chance to attend the ICOMS because of costs let alone young surgeons. Interestingly, I even saw the authors of the various reference textbooks that we were reading during our training.

I arrived in Hong Kong on the 28th of March, but I must say the 24 hours of

travelling was worth it. I was fortunate to get hotel accommodation 5 minutes walk from the conference centre. The conference was divided into various subspecialties' mini-conferences running parallel/concurrent to each other. It was entirely up to the attendees to choose where they wanted to go. The various fields included:

1. Head and Neck Oncology plus microvascular reconstructive surgery
2. Facial reconstruction/facial transplant symposium
3. Craniofacial deformities and cleft disorders
4. Facial traumatology
5. TMJ and Orofacial pains
6. Dental implantology and dento-

alveolar surgeries

7. Salivary gland diseases
8. Orthognathic surgery
9. Miscellaneous

10. Plenary presentations: compulsory to all attendees

We also had the privilege to see exhibitions from the biggest suppliers of oral and maxillofacial equipment/instruments. More than 50 big companies were present, showcasing some of the cutting-edge advances in maxillofacial surgery.

The ICOMS 2017, I must say, caused a paradigm shift in both my clinical and research work. I quickly realised we have been sitting on gold mines in terms of research opportunities. Many times the excuse we give for not doing research is MONEY but ironically I witnessed many good

presentations on low budget topics. Of the hundred plus topics presented, none of them has been conducted in Zimbabwe. Another area that I quickly realized, is the need for patient follow-up and documentation of our work. I was challenged with presenters from Europe who boasted following up their patients for thirty plus years yet in Zimbabwe we can hardly follow-up our patients for one month. Overall, my appetite for research has never been better, thanks to the PERFECT family.

Notably, we managed to form a WhatsApp platform for the African Association of Oral and Maxillofacial Surgeons. The membership has been growing everyday up to date. This has become an excellent platform for consulting and sharing ideas. The aftermath of the ICOMS has seen me being invited to present in the African Head and Neck Conference end of May. I will be presenting a 10-case series of the use of “cervicofacial flap in head and neck reconstruction.” This is certainly a major leap forward in my career.

I would like to thank the PERFECT team for affording me the opportunity to attend ICOMS, a landmark event in my carrier path. I hope the knowledge I acquired will have a direct impact on my clinical and research work. I remain forever grateful.



Interview with Prof Ndlhovu



1. After undergraduate studies, may you narrate your journey to become an established researcher?

It was by accident, I knew I did not want to be a general practitioner and wait for the patients to come to me and then refer to specialists when necessary. I wanted to be in a hospital set-up but I did not enjoy being in surgery and neither did I enjoy to be a paediatrician. I wanted to be a physician and everything was about how do I become a specialist into Medicine. It took me long to get my specialist qualification in the United Kingdom (UK) and needed that specialist qualification. As soon as I got the specialist qualification, I decided to come back home. It took me 8 years of medical training in the UK.

Before returning home (Zimbabwe), I kept visiting the country to assess the situation. I enjoyed renal specialization and met Prof Matenga during one of my visits. You see mentorship is very important. I knew that I had someone who will mentor me when I go back to Zimbabwe and it was clear then. Prof McGregor, a visiting professor at UZCHS, was one of our senior lecturers when I was a student in the UK. I would keep in touch with him and when I finished my membership, he asked me why I was not going back home. He was my external mentor as

well. That motivated me to really think of coming back to Zimbabwe.

When I joined faculty, Prof Matenga was there. Prof Matenga was the Director of Clinical Epidemiology Unit (CEU). He (as the local mentor) asked me to do a Clinical Epidemiology course. Thus, doing the Clinical Epidemiology Course at the University of New Castle in Australia was a way of developing a better understanding of research. It made me to use evidence to critique papers. I could now understand research and biostatistics and how to get grants (money) for research. I am now equipped to critique research. Funding at first was very difficult to get and I decided to enhance my chances of getting research funding through collaborations. Collaboration is important because others can see (a skill or strength) something good in you, and in my case, Dr Makadzange really helped. It is important to have networks and collaborate.

2. In your journey of becoming a senior researcher, what were the key success factors?

I did specialization in renal health and also did generic training in epidemiology. Renal medicine needs a lot of funding and that side has not taken off. In terms of research interests, you can change with time and

being dynamic, I ended up shifting to HIV/AIDS and other areas. Mentorship and collaboration are critical in one's career. I also teamed up with Dr Rashida Ferrand in carrying out HIV/AIDS studies in adolescents. Networking makes you grow and expand rapidly. If I had not done clinical epidemiology, it would have been difficult but it also slowed me down as I always criticize myself (she laughs). Clinical Epidemiology really helped me so much and it is an important tool when supervising students.

3. What key challenges did you face in this journey of becoming a researcher?

It is not easy, especially being a wife and mother, to balance work and research life. It took me very long to be an associate Professor. As a woman compared to male counterparts, you get worried about the availability of food at home. On the contrary, your male colleagues may not be having that pressure of making sure the children are well fed and have decent clothing. Of course, you can be a researcher and shut out everything else but there is need to balance research, clinical work and family life. My family cannot complain that I was never there for them. I do clinic once a week and by 7pm am home. I was never really a

Interview with Prof Ndlhovu

private practice person because I spend much of my time in research.

The other challenge is research funding even if you might have ideas and write a couple of papers. It's a struggle for one to get the first grant. For women it's even harder as you have other roles and cannot delegate it to anyone else but yourself. You always need to balance work and family.

4. What would you consider to be the key turning points in your research career?

Its one's choice to choose a career path and most of the junior faculty end up sneaking into NGOs and some then get stuck in the NGOs. You get stuck at these NGOs and feel it's better to be at a University. When I was an undergraduate student, I never wanted to be in private practice as a general practitioner. I am sure that resolve or determination to specialise helped me a lot. It was a key turning point. I also enjoyed being in the Essential Drugs List of Zimbabwe (EDLIZ) committee and it gave me opportunities to do consultancies. In UK, I would attend classes in the morning and in the afternoon we would do community service. That really helped us to focus on helping others. The training was geared for serving the community. Our training here at home is not structured to serving the community. Research, to me, is part of finding solutions of helping people. University of Zimbabwe is now advocating for Community health. In curriculum review, it makes the students think about other people and have that Ubuntu. This can be a turning point for some of them.

5. So far how many articles have you published?

I have 33 articles to date and am waiting to get to 35 in order to get full Professorship. Collaboration is also critical in getting articles published.

6. What motivates you to keep researching and supporting others?

The MMedS come to me and ask me to be their supervisor and it is then difficult to be the first author as you are promoting them. They always come to me for supervision. Supervising and critiquing their work really motivates me.

7. Any sad moments in your research career?

My disappointment is that in 10 years' time I may consider retiring and am yet to see a young researcher and practitioner who is ready to take over the button stick from me. That makes me sad. If I think of leaving the EDLIZ chairpersonship, I am not seeing a commitment and suitable replacement. I am not feeling that I have the right person to leave in my chair and it makes me sad. You need the legacy to carry on into the distant future. In research, most Study doctors, are always thinking about money and they never think of becoming a Principal Investigators.

8. Can you compare the current research environment vs the environment that prevailed when you began your research career?

Times have changed and back then there was not a lot of research here and yes the time has changed, these days if you link with the right people, research can be done. It will be nice to sit and have someone who is a good writer. In USA, it is easy to think of an idea and get someone to fully develop the idea but here it is very difficult to get someone to sit down and write the concept and then research proposals. Prof Hakim still does his writing to date and I am not sure if he found someone he can give the button stick, it is sad. We started learning computers at University and it's a generational problem. Mentorship is

very important; the current generation has an advantage of local mentorship opportunities. In the past there were no such opportunities.

9. What words of advice would you give to junior faculty?

They need to reflect and think about goals in life. It is important to have goals in life and strive to achieve them and get the necessary skills to get to them. You need to forego some things in life in order to get to your goal. You forego your other satisfactions in order to achieve goals in life. Research creates more networks. You need to have some documented evidence of your successes. If you are a good clinician, there is nothing documented? If you have not written down then it is not done. We are all at different levels, and our goals are different

Profile

- Atlantic College (International Baccalaureate)
- 1984 finished National School of Medicine in Cardiff
- 1990 Membership of Royal College General Medicine
- 2001 Masters in Clinical Epidemiology
- 2003 Fellowship of Royal College of Physicians
- 2011 Sub Saharan Africa FAIMER Regional Institute (SAFRI)
- 2016 Fellowship of the East Central & Southern College of Physicians.

A trainee's experience on attachment: Interview with Dr. Madhombiro



Felix Madya (FM): It is a requirement for PERFECT trainees to go for attachments at UZCHS affiliate research entities. We understand that you are attached at UZCHS Clinical Trials Unit (CTU) former (UZ-UCSF). May you please explain how you ended up at the UZCHS CTU for attachment?

Munyaradzi Madhombiro (MM): When I was given the opportunity to choose where I could go for attachment by my mentor Mr Chingono, who works for UZCHS CTU, he sold his workplace to me. I send an email to Prof Chirenje and he was very welcoming. We had a meeting with Prof Chirenje and Dr Stranix and both suggested that I work with Dr Stranix. During the meeting, it became clear that UZCHS-CTU will be a good home for my attachment.

Dr Stranix is head of Mothers, Children and Adolescent HIV study in St Marys Chitungwiza. I set up a meeting with her and she gave me the background on their studies and it was a mind opening process.

FM: Following your participation in the UZCHS CTU research activities what is your comment regarding what you were taught at UZCHS PERFECT?

MM: The information that I learnt from UZCHS PERFECT modules was now being put into practice. We then worked out a program on the things that I was going to be working on. I am learning and also contributing on their study and it's a two way process.

FM: Can you share with us some of the benefits you are deriving for the attachment?

MM: The UZCHS CTU has practicals, lectures and a Journal club which is attended by staff from ACTG, St Marys, Zengeza and Spilhaus clinics. Journal clubs are adding value to me. Research results are also presented and have had opportunities of seeing gaps in mental health. Am now picking on the gaps during these Journal clubs and am due to present on Alcohol and mental health on the 18th of July 2017.

Everything is now being converted

into practical. At the site, we look at Standard Operating Procedures (SOPs), Good Clinical Practice (GCP), Research Ethics and consent forms. I am actually impressed with the way they get consent from their patients. Data management is also another aspect that I am learning at this attachment and everything is applicable as well as budgeting and project management.

USA partners came to teach us on critical reviews. I did discuss with Dr Stranix on the reporting system and a report is due end of month.

FM: When you went for attachment, what were your key learning outcomes?

MM: My key learning outcomes included;

1. Gaining experience and skills of running a research program
2. Gaining skills of operationalising the protocol step by step.
3. Learning data management methods
4. Learning methods of recruiting research teams.
5. Managing and supporting research teams
6. Learning about community engagement strategies.

FM: Are you enjoying and if yes, what is the most striking thing?

MM: The most striking thing that I am enjoying is how the staff at UZCHS-CTU follow their SOPs.

FM: Considering that you are a researcher, consultant, lecturer and student, how do you manage your time?

MM: To me, all the things you mentioned are intertwined. The priority is patient care and for me to offer quality care to a patient I need up to date information which I have to get through research and further learning. Thus, research feeds into

Interview with Dr. Madhombiro

patient care and I chose treatment for my patients through research. I also have people who support me from UZCHS-CTU and PERFECT and this really helps. Time management is equally important. If I have a long queue of patients, what it means is that I am not doing well and has to come back to research to become effective. Research at the end of day is key and these feed into each other. If you separate your patients from your day to day activities, then it becomes difficult to manage them. You cannot be

a good Psychiatrist in Private practice and not being good one in public practice as you are the same person. I also have learned to delegate where possible. I teach my MMeds best practices so that when I am not there, I delegate. In short I can simply say delegation and efficiency are critical.

FM: Any word of advice to fellow trainees concerning the issue of attachment?

MM: Number one, trainees should have a bigger picture of the PERFECT

Programme and aim to fit into that bigger picture. Number two, humility is very important and it's a basic requirement as you learn from everyone, be it students, patients, colleagues and lecturers, etc. Attachment brings life to hours spent in the Seminar Room and being able to see research alive.

PRICE hosts a faculty guest lecture on Informatics

PRICE Programme on the 10th of May 2017 organized a guest lecture aimed at demystifying bioinformatics and translational informatics; it was titled "**Informatics: Its potential in medical research and practice**". It was facilitated by Dr David Kao, a visiting health informatics expert from UCD, who had come to UZCHS to co-facilitate the fourth health informatics training workshop with local ICT experts. He delivered the lecture to hundreds of medical professionals of all levels in the UZCHS. These included faculty staff, post graduate medical students as well as undergraduate students.

The lecture emphasised on the application of precision medicine as a model that focuses on giving the individual patient a customised healthcare plan through the use and application of decision support systems, clinical research

informatics, bioinformatics and translational informatics. Factors such as demographics, medical history, genes, environment and lifestyle are studied to come up with a tailor-made plan. Dr Kao took the audience through a detailed summary on Electronic Medical Records (EMRs), Clinical Research Informatics (CRI), Bioinformatics (BI) and Translational Informatics (TI) as tools to support the effective and efficient application of precision medicine.

On EMRs, Dr Kao said they offer real-time access to patient data for all users (provider, patient, care giver etc), consistent documentation, and secure storage of patient data, decision support and reporting among other uses. Dr Kao also pointed out that the design of EMRs particularly in the US is that commercial EMRs are primarily designed to support billing whereas open source EMRs are mostly

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PRICE Project hosts faculty guest lecture on Informatics

PRICE hosts a faculty guest lecture on Informatics

primarily designed for care delivery. The selection of EMR depends on needs and priorities.

Dr Kao went on to talk about Clinical Research Informatics which, like EMRs, is a collection of patient data, the main difference from EMRs being that CRIs are focussed primarily on extracting and analysing data for research purposes. CRIs make use of data warehousing where data from multiple sources is collected and harmonised to support clinical research. Commenting on Bioinformatics (BI), he said, although almost similar to CRIs, BI uses similar amounts of data and focuses more on processing and interpretation of basic science data.

Dr Kao ended the lecture by briefly describing translational informatics (TI). He said, this technology is still in its infancy even in the US. TI combines clinical and bioinformatics with the goal to help providers use translational data (e.g. genomics) to improve clinical care.

The UZ faculty expressed eagerness to embrace informatics and strive to increase research output and improve medical care. In support of this, the PRICE Programme will continue to invest in health informatics training for faculty and other stakeholders in the college.

PERFECT Programme holds an annual planning meeting

The UZCHS PERFECT programme held an annual planning meeting on the 10th of February 2017 at Wild Geese Lodge in Harare. The meeting was attended by TAC, SALs, mentors, facilitators and the Secretariat. The planning meeting was a platform to share experiences and reflect on the progress made in implementing the PERFECT programme in 2016. It was also an opportunity of refining the plans and strategies of implementing the programme in 2017.

The programme recorded tremendous successes in 2016; these include the successful recruitment and the subsequent training of the 11 first cohort trainees in Research Methodology, Project Cycle Management, Leadership and Governance, Library and information literacy, Health Informatics, GCP, Research Ethics, STATA practical, and Research Administration. Under ICT, the development of a web portal, an online interactive platform for the trainees and leadership as well as training of 95 local researchers on the use of health informatics tools (Epi Info, REDcap, GWAS, R-programming), were great achievements.

In terms of research administration, only 29 members of faculty submitted research grant applications to various funders. Out of the 29, six applications were successful. One 1st cohort trainee, Rachael Mandishora, is among the 6 who were successful in securing funding. She received a grant from Alliance Small Laboratory Grants. In terms of capacity development, trainees, administrators and other researchers from the college received training in grants administration.

In 2017, the PERFECT Programme planned to prioritize recruitment of adequate numbers of trainees in all key scientific areas. It will organize trainings and workshops for trainees on Intellectual property rights, scientific writing, mentoring, and grant writing, among others.

1st Cohort trainee publishes an article in a peer reviewed journal

The results of the PERFECT Programme are now manifesting in style as some of the 1st cohort trainees recruited in May 2016 are already making tremendous efforts to publish their research work. Dr. Munyaradzi Madhombiro is one such trainee who is walking the talk. The PERFECT Programme trains and encourages junior faculty to become independent researchers with a writing culture. Dr Munyaradzi Madhombiro, successfully published an article (abstract) in the BMC Psychiatry Journal, in January 2017.

The title of the article is: A cluster Randomized Control Trial for alcohol use disorders intervention in people living with HIV/AIDS to assess the effect on alcohol use and functional capacity, quality of life and adherence to ART. Other authors for the abstract include; B. Marimbe, M. Dube, D. Chibanda, M. Zunze, D. Steward, S. Rusakaniko, S. Seedart.

Other trainees are already engaging in collaborative research with other researchers in the college and beyond. It is hoped that more will be able to publish their research work. Most importantly, they will be expected to publish their mentored research projects most likely in 2018 and beyond.

Ways to Communicate Effectively in the Workplace

1. Open Meeting

It is easier to communicate your passion and how you feel to your team via open meetings. In this kind of forum, they will not only hear what you are saying, they will also see and feel it. This approach still remains one of the best approaches to communicate effectively with a team.

2. Emails

In official settings, communication via email remains potent. It will enable you to pass messages to members of your team without pulling them out of their work stations.

3. One on One

Experts have been able to prove that some people understand better when you take them aside and talk to them on a one-on-one basis. Ensure that you maintain eye contact with them to enable the message to sink in.