CURRICULUM INNOVATIONS AT
FACULTY OF MEDICINE, MAKERERE
UNIVERSITY

FIRST GLOBAL FORUM ON HUMAN RESOURCES FOR
HEALTH 2-7 MARCH 2008, KAMPALA, UGANDA

BY

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DOUBLE INNOVATION

- PROBLEM-BASED LEARNING/COMMUNITY BASED EDUCATION AND SERVICE (PBL/COBES) - 2003/04

- FOR 5 PROGRAMMES:
  - MBChB
  - BScN
  - B.PHARM
  - BDS
  - BMR
SPICES MODEL

- **S** = Student Centered Learning
- **P** = Problem Based Learning
- **I** = Integrated Learning
- **C** = Community Based Education & Service (COBES)
- **E** = Elective courses
- **S** = Systematic planning
KEY FEATURES

• Overview lecture (once or twice a week)

• Small group tutorial:
  • Learners first encounter a problem
  • Systematic, learner centred inquiry and reflection
  • Students are helped to learn sciences basic to Medicine
KEY FEATURES

• Reasoning process used by physicians and other health professionals is developed
• Self-directed learning (SDL)
• Report back session
  ◆ Early clinical exposure
  ◆ Laboratory practicals
  ◆ Skills training
VERTICAL AND HORIZONTAL INTEGRATION

BASIC SCIENCES

CLINICAL SCIENCES
COMMUNITY BASED EDUCATION AND SERVICE

- COBES sites - rural hospitals and health centres
- Site tutors
- Multi-sectoral teams
- Home allocation
- 1st – 4th year
- 6 – 8 weeks
AT COBES SITES

- Facility based activities, e.g. immunization, ANC, health education
- Studying the health system
- Leadership and management
- Community health surveys
- Home-based care
- Water and sanitation
- Food security and nutrition
WHY CHANGE?

- Traditional (Teacher-centred) Curriculum for 80 years since 1924
- In 1971 - admitted 120 medical students and graduated 87 doctors five years later
- In 1997 admitted 112 medical students and graduated 103 doctors five years later
- Population higher – demand higher
WHY CHANGE?

- Uganda’s health indicators had refused to improve
- Access to health care was still poor
- Changing health care needs: HIV/AIDS, TB & NCD
- Changed practice environment, e.g. Decentralization, Globalization
WHY CHANGE?

- University 5-year strategic plan - Innovation
- Faculty 5 year strategic plan – Pedagogical changes
- Maxplan process of transforming Faculty into Makerere College of Health Sciences - Innovation
WHY CHANGE?

- Stakeholders’ concerns: graduates technically excellent but still needed:
  - Humanistic skills – Engeso
  - Communication skills
  - Problem solving skills
  - Management and administration skills
  - Emphasis on the most common health problems
  - Motivation to take up rural appointments
OBSERVED BENEFITS

- Increased library utilization – developing life-long learning skills
- Much better **Interpersonal collaboration, and communication** skills
- Better **decision-making/critical thinking** process and skills
- Starting to question appropriateness of Health System – “HSSP very good on paper but not very evident in rural health centres - why?”
OBSERVED BENEFITS

- Providing service appropriate to level of training – improving access and alleviating work load
- Improving demand for CME – “When students are here I have to read-up to answer their questions”
- Teacher - inter-disciplinary collaboration improved
- Teaching more evidence based and more scrutinized than ever before
- Greater international collaboration
CHALLENGES

- Resistance to change – intense after honeymoon period. Greatly reduced, but there is still a lot of work to do
- Labour-intensive
- Resource intensive: COBES sites, site tutors, supervision, travel, student accommodation and upkeep, teaching aids, etc
- Inadequate investment in training
SCALE UP TRAINING
"THE TIME IS NOW"

- Never before have so many (the public) demanded so much (quality health care, training and research) from so few (health workers) with so little (resources)
- There is also need to scale up CME and retooling of existing health workers
THANK YOU