



Welcome to  
**MAKERERE UNIVERSITY**  
We Build For The Future



# **A PROCESS OF CURRICULUM CHANGE THE MAKERERE EXPERIENCE**

**CCPH & NETWORK TUFH MEETING**

**OCTOBER 6-10, 2004**

***NELSON K. SEWANKAMBO***

***DEAN***

# THE ADVENTURE

1. 80 Year old Makerere Medical School
2. Change from teacher centred, lecture based to PBL/COBES curriculum
3. Emphasis on Horizontal & Vertical Integration
4. For each programme – Medicine, Nursing, Dentistry, Pharmacy, Medical Radiography
5. Multi-professional Education
6. Partnership and Building Bridges with Community Sites, NGOs, Local Governments etc



# FIRST YEAR STUDENTS IN A TUTORIAL



# STUDENTS IN COMMUNITIES





# WHY NEED FOR CHANGE? (I)

- A steadily and rapidly changing landscape
  - National policies (liberalization, deregulation, decentralization)
  - Rising employer, graduate expectations and demands
- Tensions in the Academic environment
  - New health professional training institutions
  - Other health professional programmes started
  - Technological advances e.g. ICT
  - Strained curriculum – explosive growth of content, methods of delivery inadequate

# WHY NEED FOR CHANGE? (II)

- Increasing demand for social accountability
  - Poor health statistics - ?Impact in equities
  - Adequacy of graduates (competencies, numbers)
  - Relevance to population needs e.g. AIDS
  - Cost effectiveness debate (Primary vs University Education)
- Changing roles of a graduate: professional, administrator, entrepreneur, team player/leader
- ---- a source of dissonance that encouraged a perception of need to change
- Institution's innovative response to a fluid and unstable environment

# WHAT IS WRONG WITH THE CURRICULUM

**Consulted:** Alumni, employers, clients, student, teachers, professional associations

**Content:**

- Overloaded and yet needed to add more

**Method of delivery**

- Did not adequately prepare graduate for the task ahead.

# MAJOR ENABLING FACTORS

- Internal and external dissatisfaction with status quo, thus need for change.
- Conducive University-wide environment (A University on the move)
- Broad stakeholder participation in planning and implementation
- Intense planning period
  - Mission
  - Other guiding principles
- Curriculum Committee committed to HP education and change
- Some funding available



# Maxplan. Com Team



# **GUIDING PRINCIPLES AND VALUES (I)**

## **Vision**

*"To be a center for academic and health service excellence."*

## **Mission**

*"We are dedicated to improving the health of the people of Uganda and beyond and promoting health equity by providing quality education, research and health services. We achieve this by enhancing capacity and participation of stakeholders; strengthening systems and partnerships; and harnessing the power of new sciences and technology so as to build and sustain excellence and relevance."*

# **GUIDING PRINCIPLES AND VALUES (II)**

- Learning to learn
- Life-long learning skills
- Problem solving skills
- Curriculum integration
- Relevancy
- Partnerships with stakeholders

# **CONCURRENT DEVELOPMENT OF COBES AND FAMILY MEDICINE (FM)**

- The search for synergy
- Strategies for participation of FM staff and residents in COBES
- Using COBES to develop a strong FM department and FM professional/practice in Uganda
- FM is still very young in the country



# **FIVE STEPS OF A PLANNED PROCESS**

*Schmidt H et al 200 (Adapted from Levin 1994) I*

## **1. Establishing the Diagnosis**

- ✓ Acknowledging need for change
- ✓ Establishing a list of specific problems

## **2. Initiating change**

- ✓ Searching, selecting solution (validating)
- ✓ Specifying goals

## **3. Tailoring the solution**

- ✓ Developing an implementation plan
- ✓ Specifying the solution
- ✓ Identifying resources

# **FIVE STEPS OF A PLANNED PROCESS (II)**

## **4. Implementing the solution**

- ✓ Adopting the solution and inserting it into the system
- ✓ Assuring continuity

## **5. Evaluating the product**

Assessing impact

Generating self-renewal

# OBSERVATIONS SO FAR (I)

- Relatively short period from start of intense planning to implementation <3years
- Adopted the “Full type” of innovation implementation.
- An ambitious and multifaceted undertaking
- A very positive beginning

# OBSERVATIONS SO FAR (II)

- A high number of willing partners previously unexplored
- A number of ongoing challenges – opportunities
- Issues of sustainability
  - Regression toward the mean
  - Professional vs industrial model
  - The Hidden curriculum



# PREVENTION OF INSTITUTIONAL REGRESSION TOWARD THE MEAN: MINIMIZING BACKSLIDING (I)

- “Reflections on change: Educational and institutional implications of “Regression Toward the Mean

*Hilliard Jason 2001*

- Widespread understanding
  - Of the risk that it might happen
  - Of rationale for change that was undertaken

# **PREVENTION OF INSTITUTIONAL REGRESSION TOWARD THE MEAN: MINIMIZING BACKSLIDING (II)**

- Persistent vigilance for signs of slippage in commitment
- General dedication to innovation – strong leadership, fresh ideas.
- Appropriate reward systems for educational contributions
- Careful faculty recruitment and educating and re-educating faculty

# **MEDICINE: A PROFESSIONAL MODEL VS INDUSTRIAL MODEL WHICH WAY FOR MAKERERE?**

- A professional model since Hippocrates  
Sir William Osler: "... the practice of medicine is an art, not a trade; a calling not a business, a calling in which your heart is exercised equally with your head"
- A shift to industrial model (capitalistic values, profit driven, fee for service, globalization, teacher-student interaction promotional requirements etc).
- Difference in core values
- Protect the academic and professional values of medicine

Herbert M Swick

*Leadership in Changing Times 1997*

# THE HIDDEN CURRICULUM

A hidden curriculum is essentially a set of influences, often articulated or unexplored, falling outside formal teaching. In medical education this amounts to six learning processes:

- Loss of idealism
- Adoption of a “ritualized” professional identity



# THE HIDDEN CURRICULUM

- Emotional neutralization
- Change of ethical integrity
- Acceptance of hierarchy
- Learning less formal aspects of good “doctoring”

Kamran Abbasi

What do you think about  
prospects for our future at  
Makerere?