

CURRICULUM INNOVATIONS AT FACULTY OF MEDICINE, MAKERERE UNIVERSITY

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

BY

**Assoc. Prof. SAM LUBOGA
FACULTY OF MEDICINE, MAKERERE
UNIVERSITY**

sluboga@med.mak.ac.ug

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

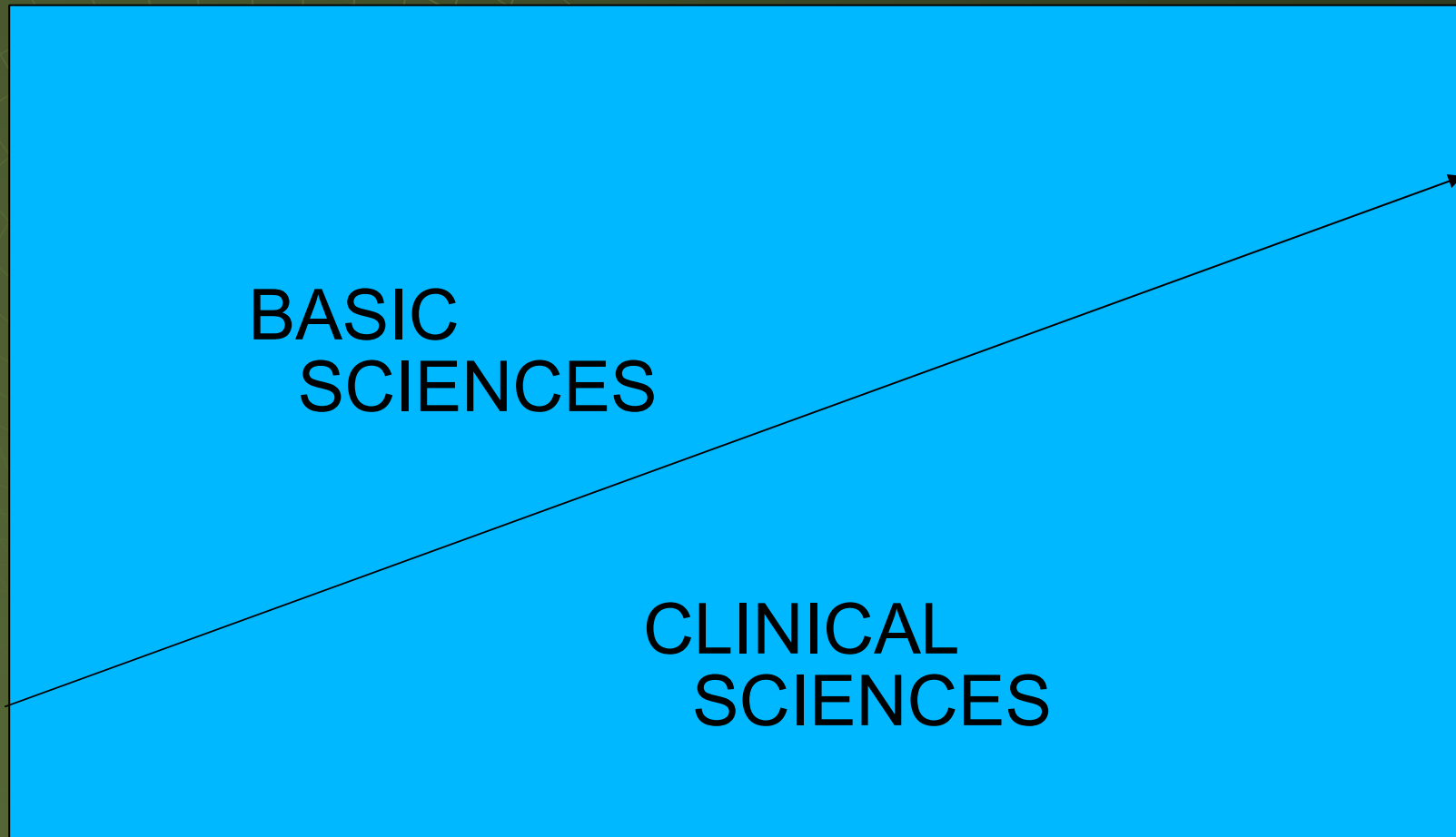
KEY FEATURES

- 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



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 honey moon 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