

# Competency Based Medical Education- Zimbabwe's experience

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On behalf of the UZCHS Curriculum Review Group 2013



# Introduction

- “In 2010, only 122 (39%) of 314 faculty posts were occupied at the University of Zimbabwe College of Health Sciences (UZCHS) and thus it is not surprising that the quality of medical education had been noted to have declined” (MEPI application 2010)
- Currently uses “Traditional” undergraduate training
  - 2 years of basic sciences
  - 3 years of clinical training
- UZCHS Curriculum last revised in 1985
  - Need to assess for “competencies”
  - Need for “integration”  
“The UZ graduate should be able to work in both central and rural settings”
- MEPI award 2010!



# Does UZCHS have a curriculum document?

- Last curriculum revised 1985
  - “New curriculum” July 1985
  - New medical undergraduate curriculum
- Review of the “New Curriculum”
  - Kadoma Report 1992
- UZ Curriculum July 2010???
  - Course /content outlines



# MEPI Aims in Zimbabwe

- NECTAR-Novel Educational Clinical Trainees and Research Programme
  - One of its aims:
    - to revise the undergraduate medical education curriculum for the PEPFAR areas( HIV, TB and Malaria)
- 2011 NECTAR needs assessment survey of UZCHS students/staff
- Faculty members already “multitasking” -( Year 1 report)
  - Limited human resources



# Needs Assessment Results

- Survey of staff:
- Gaps in curriculum review identified
  - 65% reported having “basic” skills
  - 28% had “advanced/expert” skills

*“It is unclear if UZCHS faculty members have the capacity required to engage in large scale curriculum revision, an enormous task”*  
(Year 2 report MEPI grant )

- Curriculum Development /review capacity building



# Curriculum Review Process 2012

- One of NECTAR's committees
  - Cross Cutting Academic Committee (CCAC) provided leadership in 2011
- CCAC handed over to the UZCHS Dean/faculty in 2012
  - Who would oversee the process?
  - Need for organizational structures for this
  - Need for departmental representatives
- Faculty Development Committee involved



# What has Zimbabwe achieved so far?

- 7 Competency domains defined at a Faculty Development Workshop in 2011
- Capacity building in Curriculum Review process
  - 4 FAIMER fellows
  - ~27 HEALZ fellows trained/in-training
- FD workshop July 2013
  - Reaffirmed the 7 competency domains
  - Agreed on who will lead the process
  - Defined who will be in the Main Curriculum Review Committee



# Zimbabwe's agreed Competency Domains

- 1) Medical expert
- 2) Educator
- 3) Scholar/Researcher
- 4) Communicator/ Relationship builder
- 5) Ethical Professional
- 6) Community Health Advocate
- 7) Manager/Leader

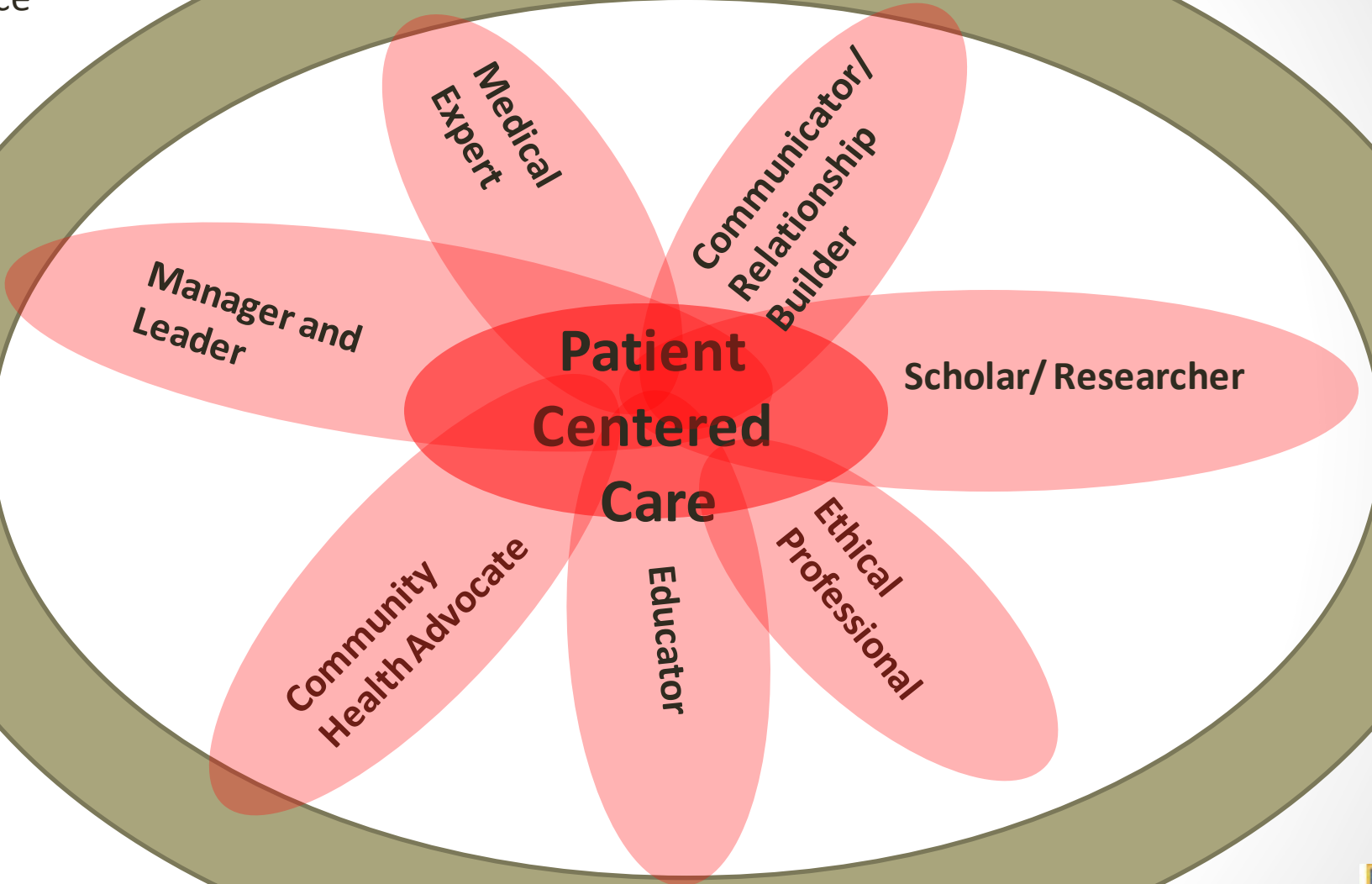




Competency Domain:

the roles and responsibilities of practice

**Competency Domains**



**Competent Physician**





# UNIVERSITY OF ZIMBABWE

## GRADUATE ATTRIBUTES

### ACADEMIC EXCELLENCE

- A strong sense of intellectual integrity and the ethics of scholarship.
- An in-depth understanding of one's area of mastery and specialization; and an understanding of the value of further learning and continued professional development.
- Diversity of skills in writing generic research, problem solving and communication.
- Ability to learn and communicate research findings through a variety of ways, including multimedia and ICTs.

### EFFECTIVE COMMUNICATORS AND TEAM WORK

- Ability to communicate effectively with others, orally, in writing, using ICTs, multimedia, visual, musical and other forms.
- Capacity to interact with others effectively, including in teams, in the work place, and in culturally diverse contexts.
- Ability to present consistent, coherent, clear and credible arguments both in speech and in writing.

### INNOVATION, CREATIVITY, INVENTIVENESS AND CRITICAL AWARENESS

- Ability to apply knowledge and appropriate skills in devising solutions to unfamiliar problems.
- Ability to critically analyse situations, evaluate arguments and assumptions.
- A knack for intellectual speculation and the habit to question contemporary wisdom.
- A high propensity for knowledge creation and invention through research.

### SOCIAL ENGAGEMENT AND LEADERSHIP IN COMMUNITIES

- Ability to question traditions and customs; and the ability to proffer progressive and stimulating socio-political thoughts that inspire community and national development.
- An understanding of unhu/ubuntu, critiquing it as a competitive alternative tool in designing and implementing pragmatic leadership and management systems in the global village.
- In-depth understanding of individual rights, privileges and obligations in the context of other people's and groups' rights.
- A clear understanding of good governance, democracy and leadership in communities.
- An appreciation of enterprise, entrepreneurship and self-reliance.

### COMPETENCE IN DIVERSE CULTURAL AND INTERNATIONAL ENVIRONMENTS

- Awareness of and respect for the values and knowledge of diverse communities.
- Skills of interacting effectively in culturally or linguistically diverse contexts.
- International competitiveness in disciplines of specialization.
- Deep understanding of indigenous knowledge systems and cultural norms and values.

### INTERPERSONAL RELATIONSHIPS AND ETHICAL BUSINESS PRACTICES

- Uphold ethical business principles and practices that put the choices, interests and needs of all stakeholders equal and/or above those of the practitioner.
- Uphold and promote ethical business principles and practices that respect transnational business, race, gender and environmentalism.

### PROFESSIONAL ACCOUNTABILITY AND HONESTY

- Responsible and accountable for professional obligations such as contracts and treaties, maintaining professional relationships with all stakeholders.
- Understand and operate on the principle that trust, honesty, fairness, integrity, transparency, reliability, justice and equality form unshakable foundations of sustainable business.

# Completion of the Competency Working Document

- First meeting 23 July 2013
- Documents still to be completed by most departments
- Lessons Learnt:
  - Need to borrow from others
  - Forces members to move away from current “silo” training approach
  - Challenge will be integration of basic sciences and clinical teaching



**Medical Doctor Competencies: At the completion of medical school, students will be able to:**

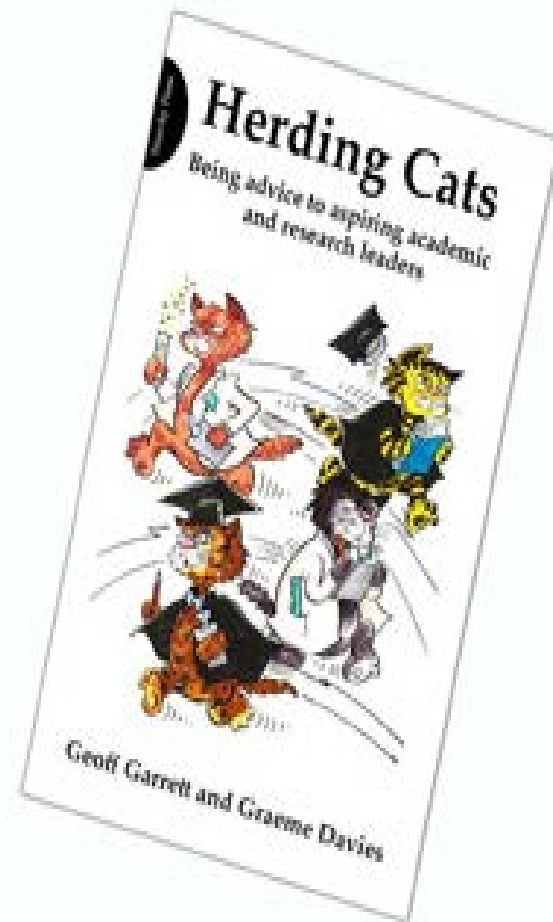


What should be taught			What is Being Taught		How is it Taug	Who is Responsible?	How is It Evaluated?	
COMPETENCY DOMAIN	COMPETENCIES	Enabling competency AKA Competency specific learning objective (as demonstrated by):	Topic or content area where competency is taught (i.e. HIV, Hypertension, etc)	Content-specific learning objective	Educational Method Used (i.e. lecture, small group, simulation, clinical experience)	Department, course and individual responsible	Individual learner assessment (i.e MCQ, OSCE, continuous assessment)	Curriculum/ program (end of course survey assessment)
<p><b>Medical Expert</b></p> <p>Medical knowledge</p> <p>Clinical skills</p> <p>Clinical reasoning</p>	<p>Establish and maintain knowledge necessary for the preventive care, diagnosis, treatment, and management of common and life-threatening medical problems</p>	<p>Apply knowledge of clinical, socio-behavioral and fundamental biomedical sciences to the care of patients across the age spectrum with both common and life threatening conditions</p> <p>Apply lifelong learning skills to the care of patients with unknown, unclear or rare conditions</p> <p>Apply lifelong</p>						



# Way Forward

- Each department to complete Competency Working Document template
- Plan on meeting every 2 weeks
- Final Document for sharing with Stakeholders by end of the year(Dec 2013)





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