



CBME in MESAU Institutions, Uganda

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7th August 2013

Outline

- **Process**
- **Progress**
- **Opportunities**
- **Challenges**

MESAU Institutions (Uganda)

- **Makerere University, College of Health Sciences**
- **Mbarara University of Science & Technology**
- **Gulu University**
- **Kampala International University**
- **Busitema University**

PROCESS

Needs Assessment

- Deliberate dialogue to identify priority health needs through workshops.
- Leaders and faculty from MESAU
- Identified competency gaps in current graduates
- Available literature used
- Possible reasons for gaps
- Gaps mainly in areas of communication skills, leadership & management, professionalism

Developing MESAU competencies

- **MESAU adopted common medical education competencies in Uganda**
- **Participatory and collaborative process involving stakeholders**
- **Competencies identified in 10 domain areas**

Competencies for MESAU Institutions

1. Medical Knowledge
 2. Clinical Skills and Patient Care
 3. Critical inquiry and scientific method
 4. Professionalism
 5. Interpersonal and Communication Skills
 6. Leadership and Management Skills
 7. Population Health
 8. Continuous Improvement of Care through Reflective Practice
 9. Health Systems Management
- Identified sub- competencies in each domain

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- Sub-competencies in each domain

Sub-competencies

Continuous Improvement of Care through Reflective Practice

- ❖ Demonstrate the ability to recognize and improve upon the limitations in one's knowledge and clinical skills.
- ❖ Demonstrate lifelong learning in the areas of science, health care and public health.
- ❖ Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement.
- ❖ Incorporate formative evaluation feedback into daily practice.

Interpersonal & Communication skills

- ❖ Demonstrate effective and appropriate listening, verbal, non-verbal and written communication skills with and about patients to family, colleagues, and public.
- ❖ Demonstrate a commitment to working in collaborative groups in all aspects of health care.
- ❖ Demonstrate leadership skills that can be used in a variety of health care settings.

Implementation of Competency based education

Consortium joint planning meetings

- In October 2011 and July 2012: curriculum development & evaluation
- Facilitated by faculty from Hopkins University
- November 2012: Consortium to discuss student assessment
- Adopted the OSCE, Portfolio, Mini-CEX, Direct observation & feedback
- February 2013: meeting to share progress made & challenges faced during the implementation process.

Training faculty in CBME

- **Capacity development for implementing CBME, MESA U competencies, six step approach for developing CBE, curriculum evaluation and assessment of students learning.**
- **Facilitated by local faculty members with expertise in medical education**
- **Faculty from Johns Hopkins University, USA.**
- **Formed committee responsible for planning for CPD of faculty in evidence based practices of medical education.**

Revision of curricula

- Institution based
- Guided by MESAU competencies, University & Uganda NCHE guidelines
- Process started in March 2013.

Makerere University

- **MaKCHS completed curriculum revision in May 2011.**
- **The revised curriculum was approved by the Senate and awaits NCHE approval.**
- **Curriculum implemented since Academic year 2011/12.**
- **OSCE implemented as method of student assessment**
- **Training in use of portfolio**
- **Skills lab**
- **Teaching & learning committee**
- **MHPE**
- **Centre for Health Professions' Education**

Mbarara University

- **Commenced the process of revising the MBChB curriculum in 2011.**
- **The process involved a number of workshops, and was completed in June 2012.**
- **This new curriculum has been approved by the Senate of MUST**
- **Implementation started with the student intake of the Academic Year 2012/13.**

Gulu University

- **Completed curriculum revision.**
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Busitema

- **MBChB and BSN curricula approved.**
- **Student training to begin next academic year**
- **Presently developing curriculum implementation plans**

KIU

- Curriculum revision completed in March 2013.
- Awaits approval from relevant bodies.
- Implementation of CBME started in September 2012.
- Original curricula had the competencies within embedded, but only required document adjustment and emphasis as the most desired outcomes of the learning processes.

Successes

- Institutional support during MESA U joint workshops.
- COBERS allowed implementation of CBME even before curricula revision was completed
- Concept of CBME is applied
- Use of ICT to support student and faculty learning/collaboration
- Innovations



Opportunities

- A common voice when engaging stakeholders to improve medical education
- Strengthening public-private partnerships in medical education
- Standardizing undergraduate medical education through defining competencies
- Potential of improving the health needs for the Uganda population.
- Working together to identify and share resources.
- ??? Standardized (exit) examination

Challenges

- Technical expertise
- Introducing innovative, learner-centered approaches.
- Developing & implementing relevant assessment tools
- Change management
- System issues
- Human resources numbers
- Learning environment

Strategy to overcome challenges

Faculty development, creating systems for sustainability, Collaboration

Conclusion

- **The consortium approach has strengthened institutional collaboration**
- **Development of agreed common competencies desirable of all medical graduates**
- **To address the priority health challenges in Uganda.**
- **Implementation of CBME has started in the existing medical schools, though at different pace**
- **Faculty development & Sharing resources key**

Thank You