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VANDERBILT UNIVERSITY MEDICAL CENTER

Foundations for Global Health Practice

MEDICAL EDUCATION IN AFRICA – CHALLENGES AND OPPORTUNITIES

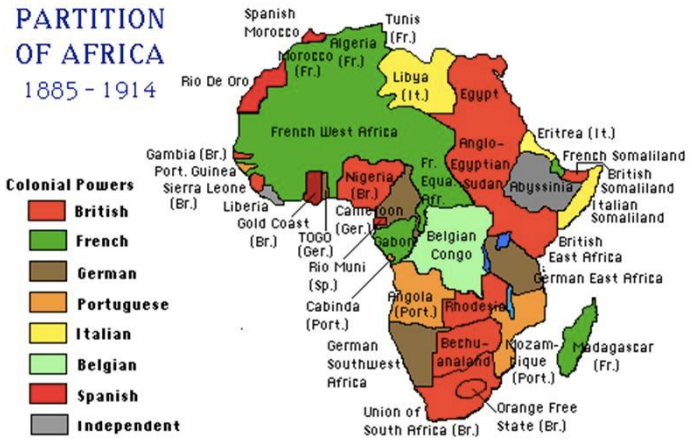
Africa – large and complex

- ~ 54 countries - ~ 2000 languages
- Wide spectrum of cultures, geographies, economies, historical legacies
- Challenges ? opportunities for health professional education?

Colonialist Legacy of Medicine in Africa

"…The only excuse for colonization is medicine….the physician, if he understands his role, is the most effective of our agents of penetration and pacification."

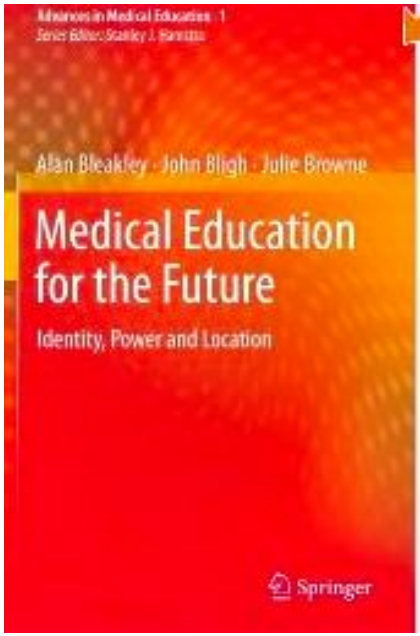
French Marshall
Lyautey 1854-1934



Colonialism - and conforming to 'Western' standards?

- *"Nervousness about not being seen to conform to Western educational imperatives permeates…. [African] medical education…."*

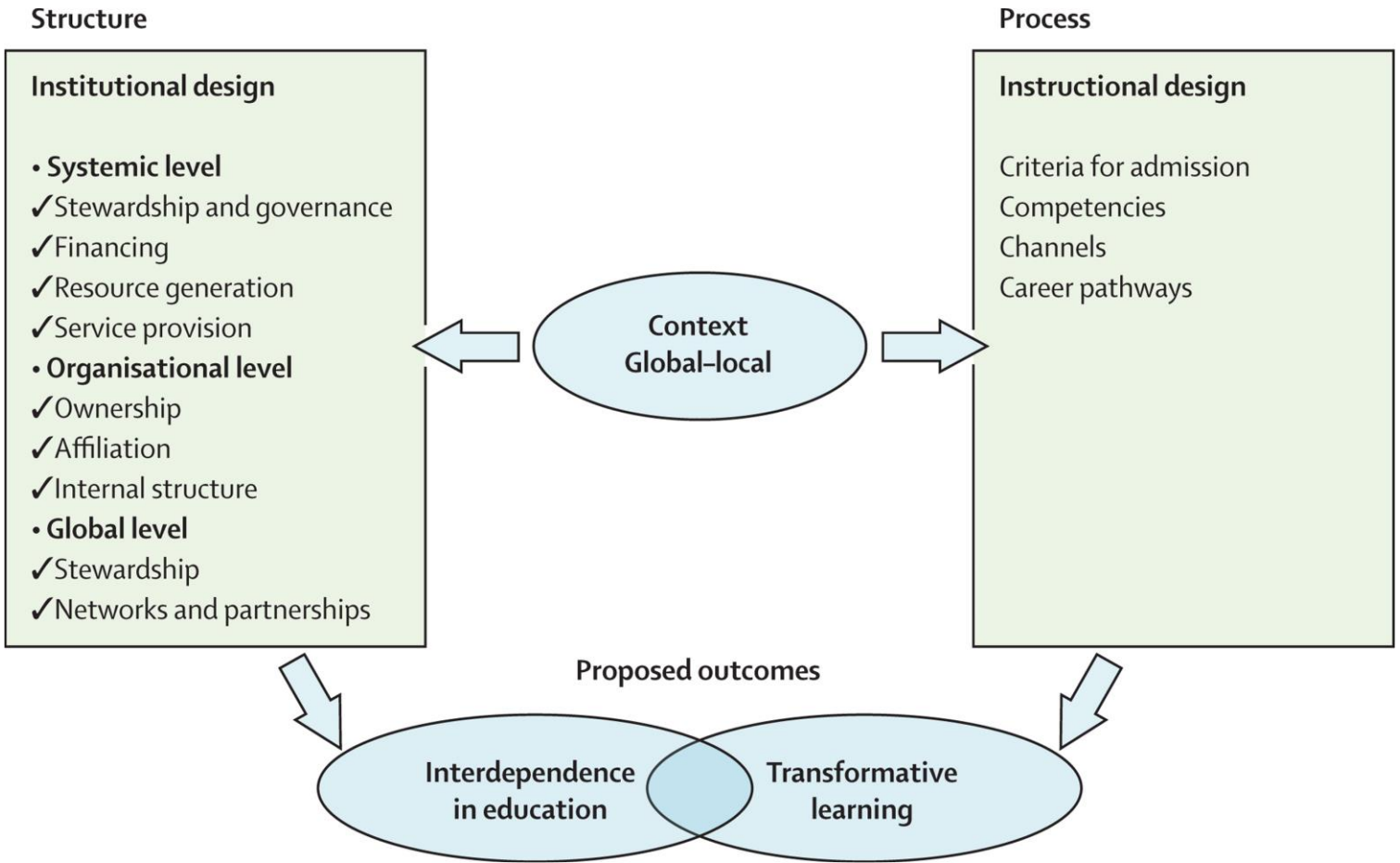
- *"…medical educational strategies cannot be cooked up in [Western] Universities and then exported. They must be **context specific** and fit the purpose, formulated in the heat of practice."*



‘Interdependence-**Context**-Transformation’

EDUCATION OF HEALTH PROFESSIONALS FOR THE 21ST CENTURY: A GLOBAL INDEPENDENT COMMISSION

Frenk J *et al., Lancet 2010; 376: 1923-58*



Contexts: Local VS Global

- *"Because **every local situation is different**, it is impossible to enumerate a checklist of considerations that are relevant everywhere….*

  *…Global policies can be helpful in offering strategies and standards for care delivery, but they must be **adapted to local context** to minimize unintended negative consequences." (Lancet)*

Interdependence

(Lancet 2010)

"Laudable efforts to address these deficiencies have mostly floundered because of the so-called tribalism of the professions – ie the tendency of the various professions to act in isolation from or even in competition with each other."

Shift from isolated to harmonized education and health systems…from stand-alone institutions to

networks, alliances and consortia

Medical Education Partnership Initiative (MEPI)

AFREhealth-CUGH Working Group (ACWG)

Co-chairs: Marietjie de Villiers and Quentin Eichbaum

"Networks, alliances and consortia.."

"Global Networks, Alliances and Consortia" in Global Health Education—The Case for South-to-South Partnerships

Quentin Eichbaum, MD, PhD, MPH, MFA, FCAP,†‡ Peter Nyarango, PhD,§ Kasonde Bowa, MB BCh, MSc, MMed, DPH,|| Philip Odonkor, MB ChB, PhD,§ Jorge Ferrão, PhD,¶ Yohana Mashalla, MD, PhD,# Olli Vainio, MD, PhD,**†† and Sten H. Vermund, MD, PhD†‡‡*

Eichbaum et al. – JAIDS, 61(3), 2012

New Medical Schools in Africa

trying to find their feet

CONSAMS

Consortium Of New Southern African Medical Schools

The Vision of CONSAMS

- To be an effective catalyst for the education and training of sufficient number of health care professionals in the region.

The Mission of CONSAMS

- To promote the establishment and sustainable development of new medical schools in Southern Africa

General Objectives

- Teaching and learning, service, research
- Advocacy

Specific Objectives

- To develop a medical curriculum that is appropriate to the needs of each of the participating countries in southern Africa context
- To promote the faculty and trainee exchanges between the participating medical schools
- To create a forum for the exchange of ideas between the participating medical schools
- To promote south-south partnerships with facilitation from northern partners
- To promote needs-based/translational-relevant research
- To monitor and support each other's progress (external examiners, accreditation of Medical Schools in Southern Africa?)

Proliferation of New Medical Schools

+100 new medical schools to open in Africa over next 10y!


REITORIA
UNIVERSIDADE LÚRIO
Scientia · Cretum · Fides

Challenges facing (New) Medical Schools in Africa

1. **Standards/accreditation**

1. Admissions

2. Assessment and Evaluation

1. Curriculum

Exporting (franchising?) Western Standards

Thinking the post-colonial in medical education

Alan Bleakley, Julie Brice & John Bligh

Medical Education, 2008

"At its extreme, this emphasis on standardizing risks echoing the homogenizing process of Western-inspired 'McDonaldisation.' In this case, however, what is being traded in the global marketplace is knowledge rather than hamburgers."

Admissions

Admissions – challenges

- Most African schools follow European medical education model
  - Admission after high school into a 5-7 year medical degree
  - Admissions criteria narrowly based on high school exam results
  - Difference between elite private and poor public schools – equity issues
  - Rise of private medical schools viewed with some suspicion
- Often lack standardized school testing and/or entrance exams
- MOH pressure on schools to admit/graduate more physicians
- Power influences over admissions process

Admissions – alternate models

1. Quota system – University of Namibia SoM
   - Each region designated a quota of students admitted
   - More equitable
   - Rural students more likely to return to rural practice

2. Lower admissions criteria for some/all students
   - Offer free rigorous academic support of a year or more (S.Africa)
   - Self paced learning; allows catch-up > equitable

3. ‘Farming out’ some admitted students to other schools/countries – SA, Lesotho, Sudan…

Assessment and Evaluation

Assessment and Evaluation

- May lack expertise and/or resources in assessment/evaluation (especially new medical schools).

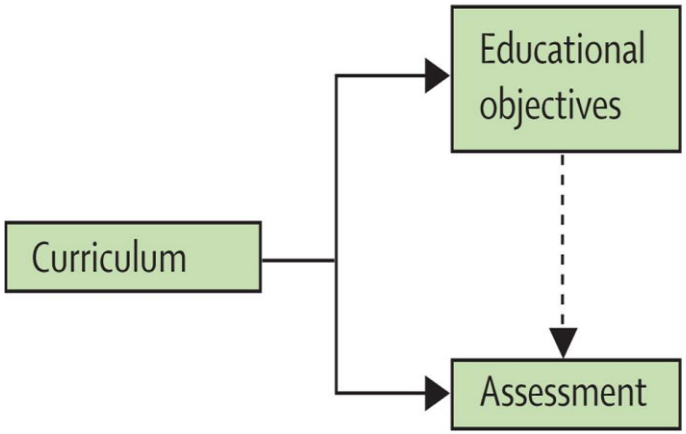
- Options
  - 1) Use local faculty and resources
  - (2) Use online resources
  - (3) Regional/external examination system?
  - (4) International accreditation standards?

Curriculum

Start with “health needs” not curriculum

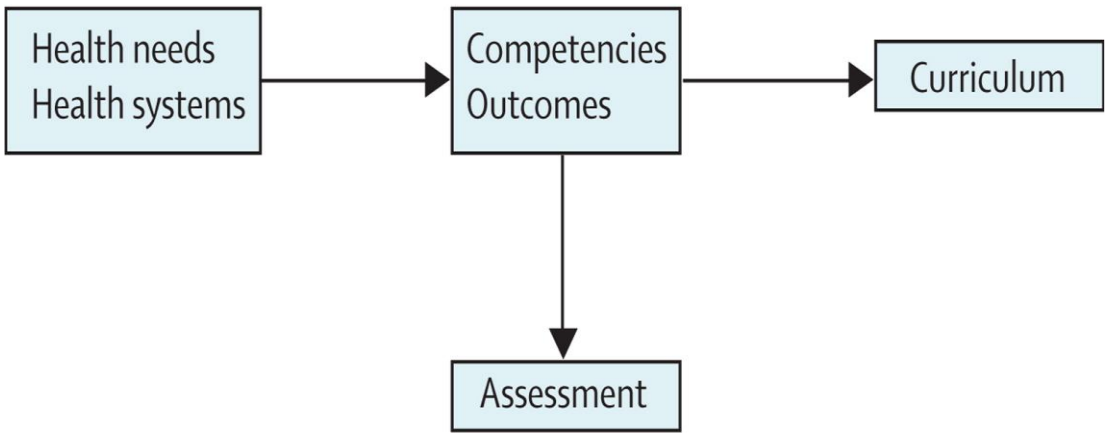
(Frenk et al., LANCET 2010)

Traditional model



“...a slow-burning crisis is emerging in the mismatch of professional competencies to patient and population priorities because of fragmentary, outdated, and static curricula producing ill-equipped graduates for underfinanced institutions.”

Competency-based education model



The conceit of curriculum

Cynthia Whitehead, Ayelet Kuper & Fiona Webster

Medical Education 2012

"Arrogance about our potential to shape our health systems through our curriculum will not serve us well….The suggestion that medical education can fix society diverts attention from structural societal inequalities…We must take care not to suggest that the ills of society can be cured by medical curricula. "

Curricula Paradigm Shifts

- **Theory before patient practice**

The purpose of medical education is to benefit the patient…We need to challenge practices that keep students and patients apart – unjustifiable both from a moral and a pedagogic standpoint." [Bleakley, Bligh, Brown, 2011]

- **Doctor-centered hierarchies**

"…despite 30 years' worth of research-led development in teaching and learning communication in medicine, doctors in general communicate poorly and remain doctor-centered rather than patient centered (Roter and Hall, 2006)…

COMPETENCY BASED MEDICAL EDUCATION?

Problems with contexts!

Competencies in Global Health Education

The Problem With Competencies in Global Health Education

Eichbaum, Quentin MD, PhD, MPH, MFA, MMHC

Academic Medicine: April 2015 - Volume 90 - Issue 4 - p 414–417

Acquired and Participatory Competencies in Health Professions Education: Definition and Assessment in Global Health

Eichbaum, Quentin MD, PhD, MPH, MFA, MMHC

Academic Medicine: April 2017 - Volume 92 - Issue 4 - p 468–474

MEPI/PEPFAR 2014 conference – Maputo, Mozambique

- ☐ Can interpret viral loads and CD4 counts in patients with HIV/AIDS.
- ☐ Counsel a dying patient.

Competencies: Contexts-free or context-linked?

- **If context-free**
  - Competencies can be taught and practiced independent of the particularities of the context
  - Competency in one context predicts competence in others
  - Competent practitioner is “generally competent”

- **If context-linked**
  - Practitioner is competent with respect to specific contexts
  - Competency MUST be linked & taught with respect to context
  - Competence in one context does NOT predict competence in others

Acquired & Participatory Competencies

- **Acquired Competency**
  - Knowledge & skills
  - Ophthalmology – Medical Knowledge
    - *"Must demonstrate competencies in their knowledge of cataract surgery, contact lenses, corneal and external disease, eye abnormalities, glaucoma…"* (ACGME -IV.A.5.b)

- **Participatory Competency**
  - Communication, collaboration etc
  - Ophthalmology – Interpersonal and Communications Skills
    - *"…communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds."* (ACGME – IV.A.5.d)

Competency Domains of four major global/public health organizations

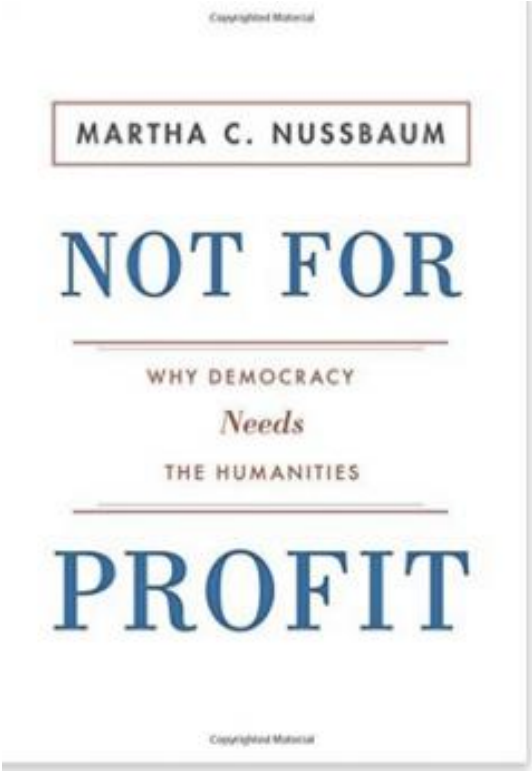
- acquired vs participatory competencies?

Association of Schools of Public Health (ASPH) – Global Health Competency Model (Final Version 1.1) (2011)[19]	World health Organization (WHO) Global Competency Model [20]	Consortium of Universities for Global Health (CUGH) – competency domains for initial Competency Ranking.[21]	Joint US/Canadian Committee on Global Health Core Competencies 2008-2009.[22]
1. Capacity Strengthening	1. Communicating in a credible and effective way	1. Global burden of disease	1. Global burden of disease
2. Collaborating and Partnering	2. Knowing and managing yourself	2. Globalization of health and healthcare	2. Health implications of travel, migration and displacement
3. Ethical and Professional Practice	3. Producing results	3. Social and Environmental Determinants of Health	3. Social and economic determinants of health
4. Health Equity and Social Justice	4. Moving forward in a changing environment	4. Capacity strengthening	4. Population, resources and environment
5. Program Management	5. Fostering integration and teamwork	5. Teamwork/collaboration and communication	5. Globalization of health and healthcare
6. Socio-cultural and Political Awareness	6. Respecting and promoting individual and cultural differences	6. Ethical reasoning	6. Healthcare in low-resource settings
7. Strategic Analysis	7. Setting examples	7. Professional practice	7. Human rights and global health
		8. Health equity and social justice	
		9. Program management	
		10. Social, cultural and political awareness	
		11. Strategic analysis	
		12. Communication	

3. Health Humanities for ‘Democracy’ and ‘Close Noticing’

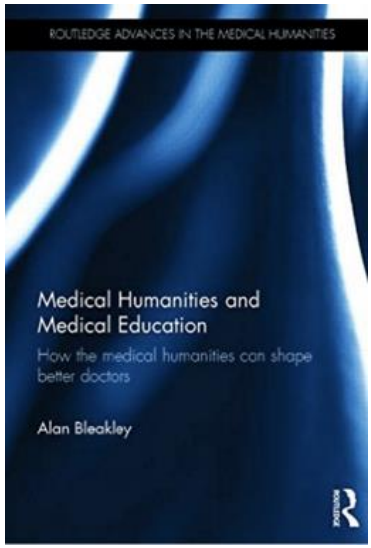
Democracies need the humanities

"Art is the great enemy of …obtuseness, and artists (unless thoroughly browbeaten and corrupted) are not reliable servants of any ideology, even a basically good one – they always ask the imagination to move beyond its usual confines, to see the world in new ways."



Humanities – for ‘democracy’ and ‘close noticing’

“The arts and humanities are given a central role (i) ***politically*** *– in democratizing medicine, where we also educate for tolerance and ambiguity, and (ii)* ***aesthetically*** *– in…learning how to communicate professionally and… how to engage in close noticing in physical examination and diagnosis.*



Some take-homes…

1. Africa – large continent of diverse cultures, legacies, needs

2. Key concepts in global education – contexts, interdependence
   - Importance of context before importing Western curricula, standards
   - Consortia, alliances, networks – MEPI, CONSAMS, AFREhealth/CUGH
   - Over 100 new medical schools opening – education & healthcare needs

3. Medical education in Africa spans a complex range of resources and modalities in pedagogy, standards/accreditation, curricula, admissions, assessment and evaluation -

Thanks for your attention
Questions?

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