UNIVERSITY OF KWAZULU-NATAL ™

INYUVESI YAKWAZULU-NATALI

Social Accountability in the Transformation of Medical Education to meet the needs of health care systems and local communities in South Africa

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Introduction

- Traditionally, the undergraduate medical education is known to take 6 years of training in South Africa and other parts on the continent.
- Some curricula have added a foundation year to the standard 6-year curriculum for ‘previously-disadvantaged’ students, extending to 7 years.
- The profession has earned itself significant social respect for the long duration taken to produce a doctor, such that hopeful applicants happen to be the ‘best minds’ in the country.

Problem Statement

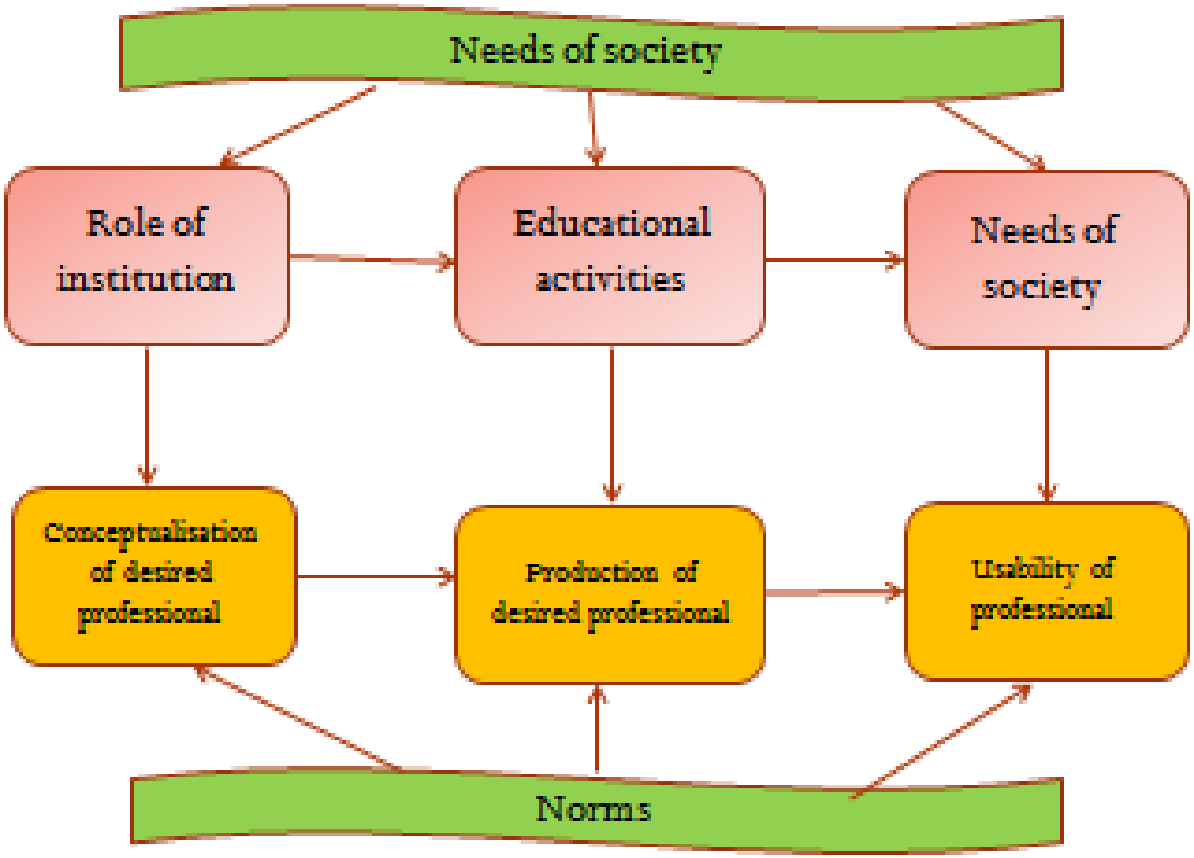
- Pressing demand for more health professionals, efforts made to ‘churn them out’ faster.
- Introduction of 5-year undergraduate curricula and 4-year graduate-entry medical programmes.
- Mixed results – some failure of such efforts, but others appear to have made progress.
- Growing discontent with the quality of medical graduates produced on the continent.
- “The country needs medical practitioners who will serve the health needs of its population” (Kent & De Villiers, 2007)

Social Accountability in Medical Education

"The obligation of medical schools to direct education, research and service activities towards addressing the priority health concerns of the community, region and/or nation for which they have a mandate to serve."

Hennen, 1997

Social accountability



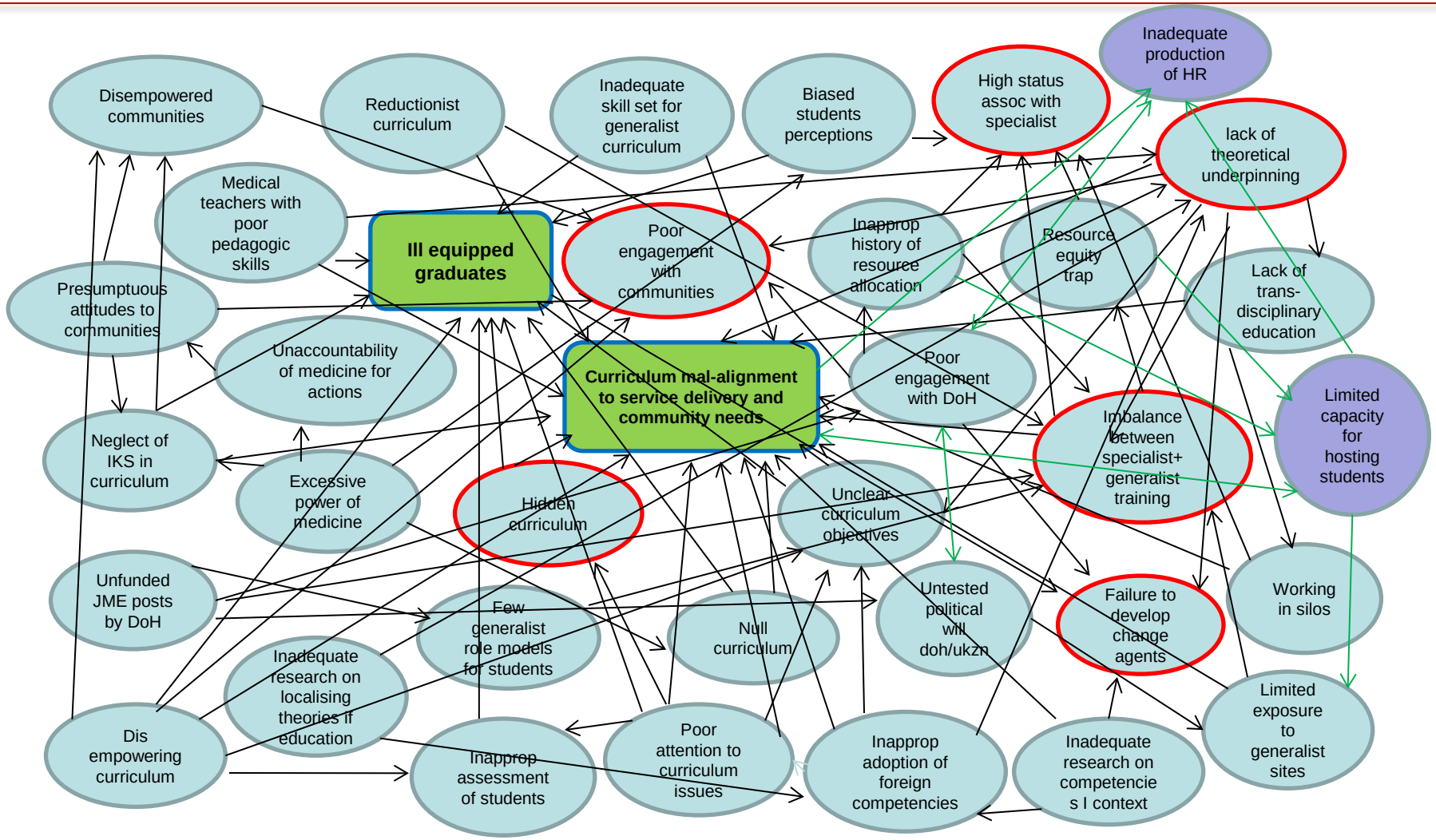
Background

- Africa tends to adopt curricula from the West, likely responsible for disparities (Gukas, 2007)
- Medical education has repeatedly failed to respect the social contract between medicine and society (Galakunde et al. 2012)
- Need to Increase alignment of medical education with national health needs (Mullan et al. 2011)
- Medical education needs to be treated as a field of inquiry (Greysen et al. 2011)

Research Problem

What (medical) education related factors contribute to poor service delivery resulting in failure to meet community needs?

Problem analysis



Curriculum

- Disempowering curriculum
- Hidden Curriculum
- Null Curriculum
- Reductionist Curriculum
- Curriculum Issues
- Limited theoretical underpinning
- Localizing theories of learning

Objectives & Outcomes

- Unclear objectives
- Inappropriate assessment
- Adoption of foreign competencies
- Appropriate competencies research
- Failure to develop agents of change
- Poorly understood attributes & competences of graduates for context
- Biased students
- Inadequate production of medical graduates

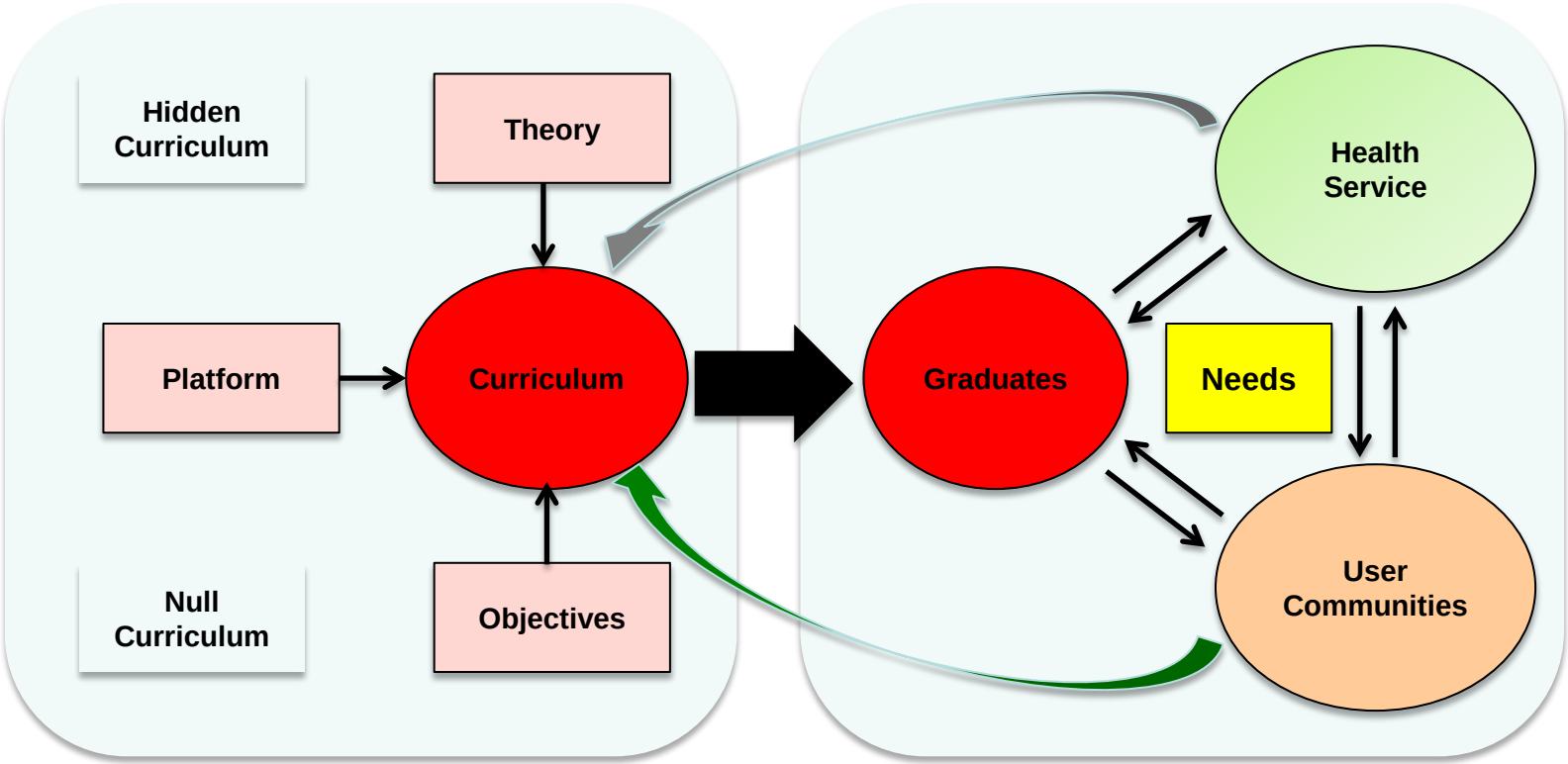
Platforms & Institution

- No transdisciplinary teaching
- Working in silos
- High status of specialists
- Imbalance between specialist and generalist sites
- Limited exposure to generalist sites
- Few generalist role models
- Teachers with poor pedagogic skills
- Power of medicine
- Unaccountability of medicine
- Untested political will
- Inadequate capacity to host students

System & Communities

- Disempowered communities
- Presumptuous attitudes towards communities
- Poor engagement with communities
- Neglect of IKS
- Poor engagement with DOH
- Unfunded JME posts
- Untested political will
- Inequitable resource allocation
- Resource equity trap

Conceptual Framework

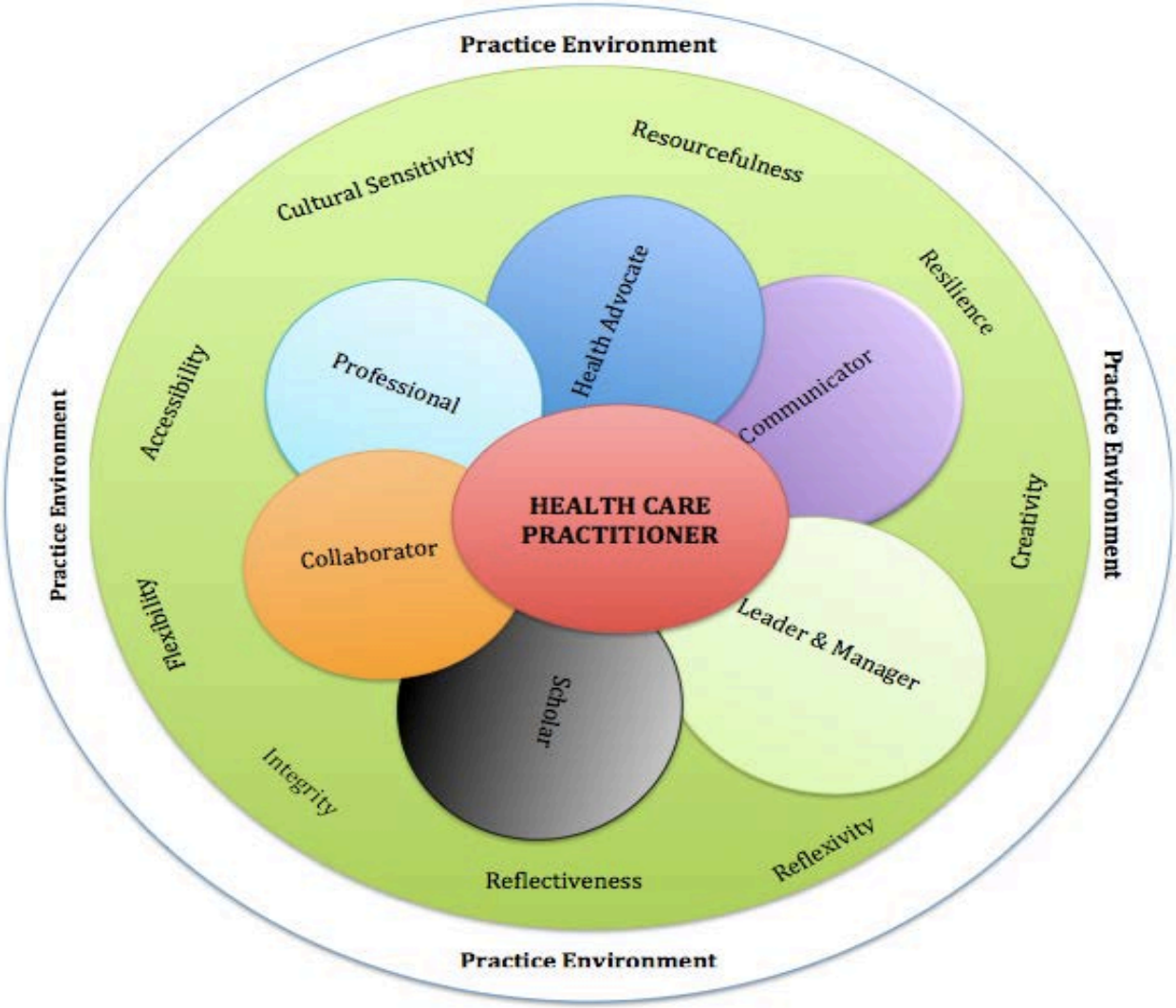


Research Questions	Objectives
1. What are the desired attributes and competencies necessary for a well equipped undergraduate suited for the South Africa context?	Determine attributes and competencies that characterise a well equipped medical graduate suited for the South Africa context.
2. What is the perceived balance between specialist and generalist training platforms necessary for a medical undergraduate in South Africa?	Explore perceptions of balance between specialist and generalist platforms in training a medical undergraduate in South Africa.
3. What are the necessary adaptations in the medical training platforms and institutions required to increase production of competent graduates in South Africa?	Establish adaptations in the medical training platforms and institutions needed to increase production of competent graduates in South Africa.
4. How can institutions maximise the mutual benefit of training medical undergraduates in the context of local communities?	Assess rationale and opportunities for institutions to maximise the mutual benefit of training medical undergraduates in the context of local communities.
5. How does educational theory underpin the medical curriculum in medical training institutions within the South African context?	Establish the application of educational theory in the medical curriculum in the context of South Africa.
6. What is nature, role and influence of the hidden curriculum in shaping attitudes, behaviours and competencies of medical undergraduates in South Africa?	Explore in a systematic manner the nature, role and influence of the hidden curriculum in shaping attitudes, behaviours and competencies of medical undergraduates in South Africa.

1. Competencies

Knowledge →	Informative
Skills →	Formative
Attitudes / Values →	Transformative

2. Skills Mix and Integration



3. Training Platform

- Students benefit from, but can overwhelm health facilities (Couper, 2014)
- Existing training models do not maximise use of technologies
- Experiences of medical training are experienced as stressful (Vallabh, 2008) and punitive (Asghari *et al*., 2011; Vivian *et al.*, 2011)

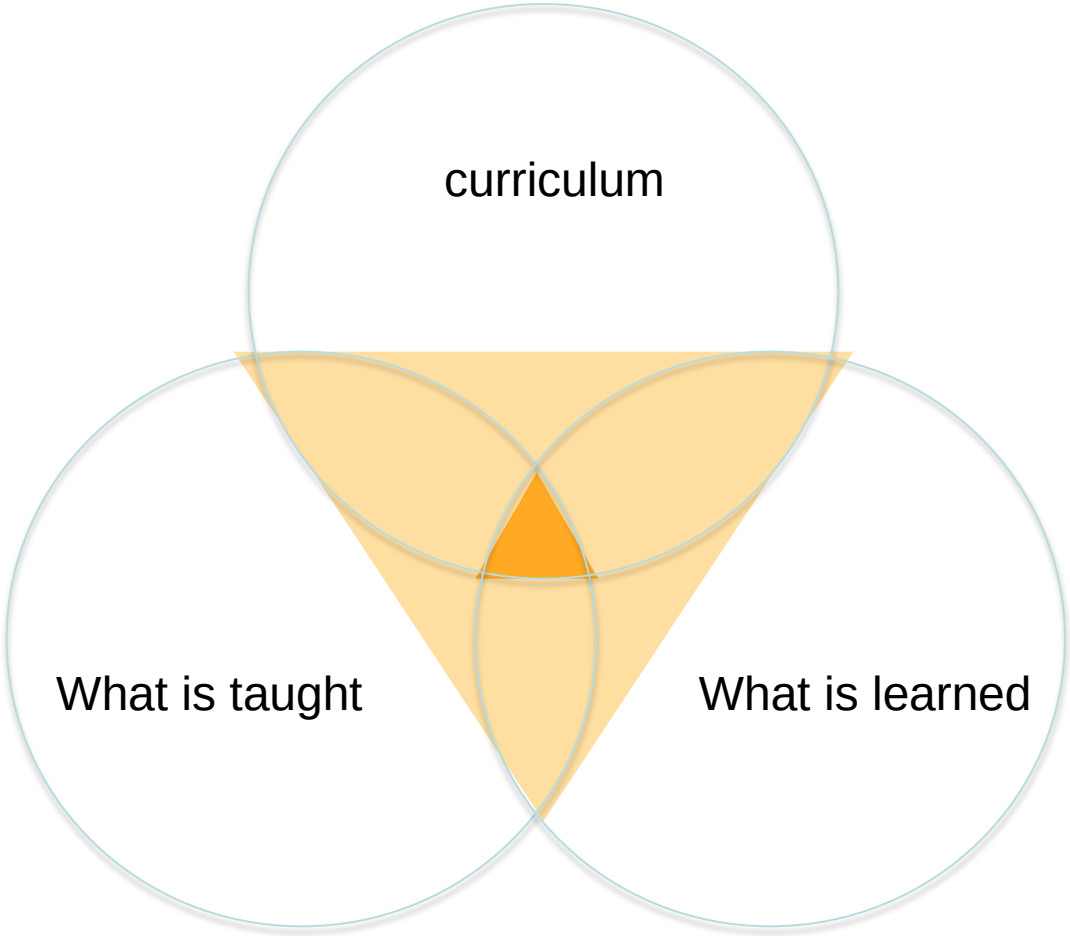
4. Mutual Needs and Benefits

- Patients equally value diagnostic skills and compassion (Pfeiffer et al. 2011)
- Medical graduates value diagnostic skills more than compassion (Pfeiffer et al. 2011)
- Community orientation appear to bring more satisfaction for students (Jinadu, 2002)

5. Theories of Learning

- Adult learning theories provide insight into how adults learn, … help [educators to] be more effective in their practice and more responsive to the needs of the learners they serve (TEAL, 2011: 1).
- Yet, medical education has not consistently applied learning theories, and in fact, few medical teachers have been trained in Adult Education

6. What is the hidden curriculum?



After: Snyder, B R (1971). The Hidden Curriculum. USA, MIT Press.

National Imperatives	ASSAf	SACOMD	TiME
1. Selection Criteria	√	√	
2. Health Workforce	√	√	√
3. Rural Areas	√	√	√
4. Ideal Skills Mix	√	√	√
5. Graduate Attributes	√	√	√
6. Inter-professionalism	√	√	
7. ICT for Education	√	√	√
8. Faculty Development	√	√	√
9. Regulatory Framework	√		
10. Internship Transition	√	√	
11. Finance and Costing	√		
12. Learning Platforms		√	√
13. National Exit Exam		√	
14. Pedagogy		√	√
15. Student Support		√	

TiME SA Study Investigators

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- Wezile Chitha
  - Walter Sisulu
- Ntsiki Sondzaba
- Ian Couper
- Rainy Dube
  - Wits
- David Hirsh
  - Harvard Medical School

Thematic Leaders

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- Paula Diab/Penny Flack – UKZN – Theme 1
- Honey Mabuza – Limpopo – Theme 2
- Ntsiki Sondzaba – Wits– Theme 3
- Mosa Moshabela/Neeri Moodley – UKZN/WSU– Theme 4
- Lebo Moletsane/Laura Campbell – UKZN – Theme 5
- Bernhard Gaede/Tsholofelo Mhlaba – UKZN – Theme 6

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