K

KABARAK UNIVERSITY

SCHOOL OF MEDICINE AND HEALTH SCIENCES

PROPOSED CURRICULUM

FOR

MASTER OF MEDICINE IN FAMILY MEDICINE

SUBMITTED TO

THE COMMISSION FOR UNIVERSITY EDUCATION

April 2017

This Degree Programme Was approved by the Commission for University Education on:

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2.0 THE CURRICULUM

2.1 Title of the Proposed Program

Master of Medicine in Family Medicine (MMED- FM)

2.2 Philosophy and Core Values of the Program

2.2.1 Philosophy

Under Kabarak University's Christian philosophy of teaching, training, research and community service, the MMED-FM program will train and disciple Family Medicine professionals of high moral standards to provide comprehensive and holistic healthcare with compassion and concern for the welfare of others.

2.2.2 Vision

We envision health and wholeness of individuals and their communities through compassionate health care that exemplifies the healing power of Christ.

2.2.3 Core Values

- Holistic education for holistic healthcare
- Christian compassion and humility
- Moral and ethical integrity
- The mentoring/discipling relationship
- Excellence in scholarship and research
- Advocacy for the marginalized and underserved
- Commitment to community integration and strategic partnerships
- Lifelong practices of thought, discussion, research and teaching within the context of Christian truth and brotherhood
- Continuous improvement of a conducive learning environment for high quality education

2.3 Rationale for the Program

2.3.1 Situational Analysis

Today in Kenya, postgraduate training programs in Family Medicine have been launched in five institutions, including Kabarak University. After a lengthy pause in emergence of new programs, four of these institutions started training students in the past three years. This resurgence of interest and matriculation of postgraduate students in the specialty of Family Medicine is greatly needed to address workforce shortage and quality to strengthen health systems in Kenya, especially in the more underserved rural areas and urban informal settlements.

Kenya and the other East African countries continue to face tremendous challenges to the health of its peoples despite sustained efforts through government, church and other NGO sector and private efforts. The Kenyan Health Policy Framework of 1994 recommended training accessible health care personnel for the rural poor who would be able to provide low cost, preventive and curative care for the most prevalent diseases.

The Kenya National Health Sector Strategic Plan II 2005-2012 acknowledged that health care indicators had in fact worsened in that interval and called for "reversing

the trends." The core of the Strategy is to decentralize health care to the community levels of the health care system and focus on preventive and promotive services to help address the infectious diseases, rising rates of chronic diseases and high maternal and child mortality. This is especially important to address the large inequities of access for the large majority of the population that live in rural areas of Kenya who are otherwise forced to travel long distances in search of quality care. Clearly a new approach to providing and supporting the human resources for health care delivery are needed.

Family Medicine is now an established and recognized clinical specialty within the East African countries of Kenya, Uganda and Ethiopia and is uniquely focused to provide leadership as the "consultant to the primary health care team." The World Health Organization (WHO) has stated, "Given the need to provide primary care services to the entire population, as well as the family doctor's ability to manage most medical problems, it makes sense that a majority of physicians should be trained to practice as family doctors. This maybe even more important in developing countries, where it may be prudent to limit the utilization of costly hospital-based technology" (WHO, 1994).

In its first ever policy document pertaining to a clinical medical specialty, the Kenya Ministry of Health in 2009 endorsed this approach: "The Family Physician is a medical doctor providing competent and comprehensive clinical care over a wide range of patient conditions, considering the patient's physiologic, psychological, socio-economic, cultural and spiritual dimensions within the context of their family and community, and not limited by the person's age, gender, organ system or disease entity. Technically, the Family Physician is distinct from other specialists by being a "generalist", with a "working knowledge" of other specialties able to offer comprehensive and quality care. The Family Physician will contribute to improved quality of care, particularly for the underserved Kenyans; provision of comprehensive care including promotive, preventive and curative care; increased cost-effectiveness of healthcare through rational use of resources; strengthened District Health Management Teams with responsibility for quality care in the whole district

(Health Centres and Dispensaries); improved health care in the private sector facilities and enhanced research." (Kenya MoH Family Medicine Policy, 2009).

2.3.2 Program Justification

The Kabarak University Family Medicine Program seeks to build upon the firm foundation that has been laid by the Moi University since 2005 to provide a quality and comprehensive post-graduate training environment for the family physician that is focused on promoting the Ministry of Medical Services and Ministry of Public Health and Sanitation's efforts to provide the leadership for Community Oriented Primary Care emphasis. The program seeks to utilize the strengths of existing Medical Practitioners and Dentists Board approved, decentralized, County Level training centres of excellence so that the family doctors will be mentored within the targeted venues of their eventual service.

The most inequitably served and poorly resourced areas for health care in the country are in the rural areas, which account for up to 80% of the population but only 20% of the clinically practicing physicians. Internship-trained medical officers that are assigned to facilities in these areas have a very poor retention rate and look for means of becoming professionally developed. Family Medicine provides the path for developing a specialty level-trained primary care team leader. With proper deployment in groups of 2 – 4 within County or church hospitals, they will be able to provide clinical and professional leadership over- extended periods

The Program will be incorporating teaching venues and resources from within the church health sector while strategically aligning and working with the corresponding County hospitals. It will be uniquely positioned to provide the leadership for the primary care teams within church-affiliated facilities and programs that are providing up to 35% of the clinical health care in the country and preferentially in the more resource-challenged rural areas. From their position as the team consultant to the community oriented health care (COPC) team, the family physician will be able to inspire the team members to continually improve the quality and availability of health care services to help meet the important goals of the current and future Kenya National Health Sector Strategic Plans.

The curriculum design has been developed from the original needs analysis performed within the stakeholder church hospitals during the initial formation of the Institute of Family Medicine in the late 1990s, the following incorporation into the collaborative efforts with the initial Moi University Family Medicine program, the 2007 subsequent country-wide stakeholders meeting including the Medical Practitioners and Dentists Board and the resultant 2009 Ministry of Health endorsement of the country-wide value of Family Medicine in its August 2009 Family Medicine Policy document.

2.3.3 Roles of a Family Physician

Understanding the roles of a family physician within the Kenyan healthcare system is foundational to the justification of the program. Those roles include:

- **Primary care team consultant:** As a primary care team consultant, the family physician will provide comprehensive clinical care over a wide range of patient problems of all patient populations and ensure the coordination of patient care between members of the health care team. The physician will understand the inter-relatedness of physical, psychological and spiritual health within social-cultural, family and community dimensions.
- **Leader:** As a leader within the health care team, the family physician will coordinate members of the health care team while modeling exemplary ethical standards. As a leader in the community, the physician will encourage and participate in community development efforts and advocate for positive change in the health care system.
- **Communicator:** As a communicator, the family physician develops relation-ships with patients and their families and models effective communication with other members of the health care team-based on love and respect.
- **Scholar:** As a scholar, the family physician engages in life-long learning through evidence-based medicine, reflective self-evaluation, continual professional development and participation in practice-based clinical research that can guide community health interventions.
- **Health advocate:** As a health advocate, the family physician will promote the health and wellness of individuals, families and communities.

2.3.4 Competencies and Career Options of a Family Physician

In light of the greatest needs of Kenya's health care system today, the Master of Medicine in Family Medicine program at Kabarak University will equip graduates with competencies that adequately prepare them for broad career options.

Competencies:

- Professional values and ethical behavior
- Scientific foundation in of medicine

- Communication skills
- Clinical skills
- Population health and health systems
- Management of information
- Critical thinking skills and research
- Leadership and management skills
- Spiritual integration in practice

Career Options:

- Staff a continuity care service of a Level IV hospital that is county, private, or church affiliated, that includes outpatient and inpatient care, meeting the emergent and chronic care needs of all who come.
- Provide leadership to the care given in a health centre (Level III).
- Join a Family Medicine group practice with other family physicians.
- Provide leadership to the casualty (emergency) and outpatient department of Level IV or V hospital
- Join other specialists (surgeon, paediatrician, etc.) in a group practice
- Work in Ministries and Departments of Health for health care planning, evaluation and research.
- Become an educator of Family Medicine within a medical school or a post- graduate teaching hospital.

2.4 Goal of the Program

The goal of the program is to train and mentor Family Medicine physicians who will provide comprehensive and holistic health care to the family and community by providing leadership, research and advocacy, bringing families and communities to a place of health and wholeness through compassionate health care that exemplify the healing power of Christ.

2.5 Expected Learning Outcomes of the Program

At the end of this program, all Master of Medicine in Family Medicine graduates from Kabarak University should possess the following knowledge, skills and attitudes:

- **Learning Outcome 1 - Clinical Care:** Comprehensive knowledge of clinical specialties and overlapping disciplines of Christian theology, bioethics, research, healthcare management and policy and community health as measured by passing scores on Part I and Part II examinations.
- **Learning Outcome 2 - Clinical Care:** Manage information for clinical decision making to provide comprehensive and holistic healthcare and communicate effectively with the healthcare team, individual and family as measured by faculty evaluations.
- **Learning Outcome 3 - Clinical Care:** Integrate ethical and Biblical values into professional duties as measured by faculty evaluations and self-assessment.
- **Learning Outcome 4 - Research:** Engage effectively in relevant clinical research by successfully completing a Part I project, a quality improvement project and Part II research-based thesis.

- **Learning Outcome 5 – Health Service Management:** Function competently as a primary health care team member and leader in a health care institution and within the community as measured by faculty and health centre staff evaluations and self-assessment.
- **Learning Outcome 6 – Health Service Management:** Demonstrate efficient and effective management of health services as measured by faculty and health institution evaluations.
- **Learning Outcome 7 – Leadership:** Advocate for underserved populations and the promotion of health of the individual and community as measured by evaluations from faculty and community supervisors and self-assessment.
- **Learning Outcome 8 – Leadership:** Practice high ethical and professional behavior in all areas of life including a commitment to life-long learning as measured by faculty evaluations, mentorship and professional portfolios.

2.6 Mode of Delivery of the Program

The mode of delivery of the program at both the Kabarak University campus and affiliated teaching hospitals emphasizes active resident participation through face-to-face contact with faculty and consultants. Following the emerging trends of educational research, lectures will be de-emphasized. Face to face learning will be supported by the e-learning platform from Kabarak University Online. The following modes of study and assessment will be utilized:

- **Patient Care:** Using the apprenticeship model, the majority of residents' time will be spent in direct patient care activities. This model will provide skill demonstrations and modeling of decision-making and relational skills as well as other aspects of the science and art of medicine. A problem-based learning approach and continuous feedback will encourage active learning. All residents will complete required patient care competencies and will have the opportunity to work with a team in giving continuing, comprehensive, primary health care to a defined population.
- **Small Group Discussions:** Weekly sessions in each teaching venue will use patient-prompted case studies, symptom and disease modules, research and academic writing sessions and morbidity and mortality conferences in a learner-centred approach. Educational Prescriptions will be reviewed on a weekly basis in small group discussion.
- **Interactive Lectures:** These will also be used where appropriate, especially to give an overview of new information.
- **Learning Projects:** Projects include, but are not limited to, comprehensive patient studies, quality improvement projects and systematic review projects, education prescriptions, all of which will be presented in both written and oral form.
- **Research Projects:** Each resident is required to carry out a community needs assessment, quality improvement or health systems action research, a qualitative or quantitative research publication and an research thesis by the regulations of Section 2.7.10.

2.7 Academic Regulations of the Program

2.7.1 Admission Requirements

Applicants shall be considered for admission who meet the minimum requirements:

- Bachelor of Medicine and Surgery (M.B.Ch.B.) degree or an equivalent degre recognized by Kabarak University.
- Registered or meets the requirements for registration as a medical practitioner by the Medical Practitioners and Dentists Board of Kenya (MPDB).
- Pass an admission examination and interview administered by the Departmen of Family Medicine and Community Care.