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The desired Rwandan health care provider: development and delivery of undergraduate social and community medicine training

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What works well in primary care education in your locality, region or country?

- The new undergraduate social and community medicine training (iSOCO) in Rwanda focuses on crosscutting skills, knowledge and attitudes in primary health care delivery.

What challenges have you faced?

- Challenges faced include programme sustainability (PHC), large student group teaching, limited resources and students being unfamiliar with the new online teaching platform with unstable internet accessibility.

How have you addressed them?

- The iSOCO development and teaching team was motivated to work with the limited resources available and to develop an innovative training with available resources. Strong focus of the Ministry of Health on PHC, the need of the College of Medicine and Health Sciences to become more socially accountable and long-term commitment of external partners increased the programme sustainability.

What is the generalisable learning?

- When students are exposed to the principles of PHC and social and community medicine early in the medical education, it is more likely they will become patient-centred and community-oriented health care providers who are good communicators, collaborators, managers, scholars, health advocates and professionals, as described in the 'desired Rwandan health care provider'

KEYWORDS Undergraduate; medical education; community medicine training; primary health care; socially accountable; curriculum review; Africa; Rwanda

Introduction

Worldwide, medical schools have been moving from teaching the biomedical model to the biopsychosocial model, making students more socially accountable and responsive to health as described in the WHO definition: 'a total physical, mental and social wellbeing'.^[1] The Frenk Report emphasises transformative teaching to produce enlightened change agents 'competent to participate in patient and population centred health systems as members of locally responsive and globally connected teams'.^[2] Furthermore, the 'Global Consensus for Social Accountability of Medical Schools' stresses the importance of equity, quality, relevance, cost-effectiveness, social justice, community engagement, cultural sensitivity, mutual transformation, access to education, altruism and responsiveness.^[3] Both reports urge the importance of

person- and community-centred care. Health education institutions in developing countries and the systems that support them should find strategies to transform their teaching framework accordingly.

Rwandan health care system

Rwanda's Vision 2020 Strategy includes policies that target increased accessibility, improved quality and reduced costs for the poorest.^[4] Studies demonstrate that health systems based on an effective PHC model are more likely to achieve the three outcomes above.^[5,6] Over recent years, the Rwandan MoH has developed a PHC system with three community health workers in each village,^[7,8] who have a strong focus on under-5 community case management (C-IMCI),^[9] universal health coverage strategy through