

A framework for partnership in short course development: Experiences from Zimbabwe and the UK

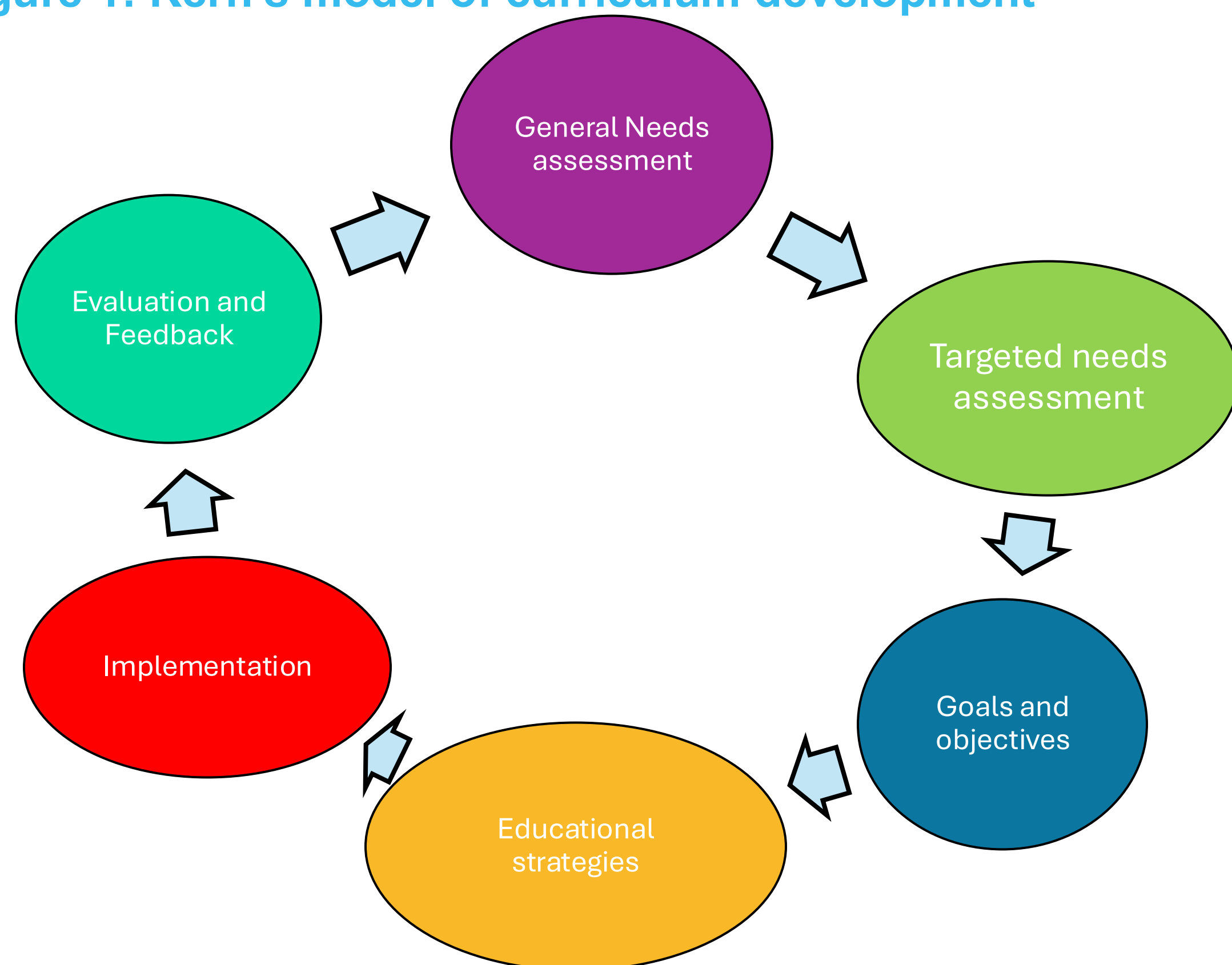
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Introduction

- Cambridge – Harare Partnership was established in 2019.
- The aim of the partnership was to facilitate case-based learning for Zimbabwean and UK trainees; recognising the differences in our experience and expertise and using this as a platform to facilitate learning.
- We have been developing a formal curriculum for the programme; which we aim to implement as a short course in February 2025.
- In this poster we present our framework for curriculum development using a modified Kern's cycle.

Figure 1: Kern's model of curriculum development



General needs assessment

Focus Group Discussions:

Harare, Zimbabwe:

- In initial focus group discussions trainees identified learning needs in both HIV and broader infection training.
- They reported a desire for pre-reading materials; structured sessions with defined learning outcomes.
- Given the limitations of time available for delivery of the course we discussed a broad infection related curriculum vs a more in-depth HIV and related infection curriculum. The advantages and disadvantages of both approaches were discussed across two sessions; trainees preferred a more in-depth HIV-focused curriculum.

Cambridge, UK:

- Focus group discussions revealed UK trainees felt that they had a good programme of microbiology and general infection teaching.
- There was appetite for more HIV teaching especially in junior infection registrars starting to work in outpatient HIV clinics.
- Discussions with more junior internal medicine trainees in the UK found that there was an appetite for broad infection training within this cohort.

Current Curricula and Delivery

We examined the current curricula for trainee learning in UK in Zimbabwe. In the UK the learning objectives for infection trainees are set by the Royal College of Physicians (RCP). There are clear learning objectives for managing HIV; these are intended to be met by learning in a clinical context in inpatient and outpatient settings, attending MDTs and reflective learning in the e-portfolio.

There is no written curriculum for the internal medicine "Masters of Medicine" (MMED) programme in Zimbabwe. MMED students are expected to be able to comprehensively manage acute and chronic complications in patients living with HIV by the end of their 4-year programme. This content is taught on the wards, through tutorials, lectured based sessions and personal study.

East, Central and Southern College of Physicians (ECSACOP) trainees have a curriculum based on that of RCP; this is delivered in a similar way to the UK curriculum with a focus on learning through clinical practice and reflection in an e-portfolio.

Targeted needs assessment

A survey was sent out to all UK infection trainees and all Zimbabwe MMED and ECSACOP trainees. The survey asked them to rate their confidence in managing core complications of HIV. The results of this survey has been used to set the learning outcomes for the short course.

Curriculum planning meetings have been held with key stakeholders including consultants and registrars from both the UK and Zimbabwe.

Gaps identified

- Both UK and Zimbabwe trainees reported ad-hoc, rather than structured teaching on HIV.
- Trainees report using a variety of different resources to guide practice.
- Trainees felt that a formal course on HIV management would augment their current training programme and allow them to meet their learning needs
- Trainees did not feel that they had benefited from informal peer-based discussions in the current partnership model

Course Aims

To provide participants with a framework for management of common complications in people living with HIV

To provide participants with up to date, concise resources to complement their learning and guide their clinical practice.

To develop partnership on both an individual and institutional level between trainees in the UK and Zimbabwe.

Educational Strategies

Engagement

- We are aiming to improve engagement with formal enrollment to the course and setting out clear expectations for participation.

Peer led case-based discussion

- Participants will be allocated a topic and asked to bring a case from their practice or from their setting
- This strategy allows participants to anchor their learning in a case and their own experiences.

Facilitated small group workshops

- Participants will be expected to attend 4 small group workshops facilitated by subject experts.
- These workshops will allow participants to work together through a case presentation. The aim of this is to facilitate deeper learning on high yield topics and to build relationships between the two cohorts.

Community of Learning

- On enrollment participants will join a community of learning; they will be added to both a WhatsApp group with other participants. The aim of this is to build a community allowing participants to network and share experiences from their contexts.

Mentorship

- As part of this course participants will be mentored on their presentation skills

Next steps

Implementation will start in February 2025 and run until November 2025. This will be followed by an evaluation and adaptation phase.