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Integration of Leadership and Management Practices into Pre-service Medical Education Curriculum

Lessons from Ethiopia, Rwanda and Zambia

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Context
Health care systems around the world serve millions of people, including some of the most vulnerable: infants, children and mothers. However, through multiple studies and surveys, health professionals report that their health systems do not effectively support them to implement the knowledge and skills they have acquired in medical, nursing and pharmacy schools that could save more lives and significantly reduce illness. They need skills to lead teams and manage personnel, equipment, supplies, medicines, transport, facilities, and information, in addition to their clinical training, to deliver high-quality health services, including educating families and communities about how to prevent illness. Such a health system would depend as much on well-prepared health leaders and managers as it would on clinically prepared health workers, as demonstrated by a recent study in Cameroon, which showed that two tertiary hospitals in Yaounde where clinical staff had received LDP+ training had larger increases in the number of women adopting a post-partum FP method compared to control hospitals.

Even at the level of pre-service medical training institutions, it is not enough to train a large number of health professionals and provide them with clinical skills and the basic tools they need to treat patients or implement prevention programs. Simply building new treatment facilities and labs will not be enough, either. Individuals, teams and institutions need to be prepared and nurtured as health leaders and managers—leaders whose problem-solving skills and knowledge will be critical in guiding and sustaining the healthcare systems that are being reformed and developed.

In order to address these leadership and management challenges, policy planners as well as senior faculty members of preservice training schools in Ethiopia, Rwanda and Zambia all expressed the need for health professionals to be educated at the very beginning of their training on how to effectively lead, manage and
govern to achieve improvements in health. Figure 1 identifies key leading, managing, and governing practices and shows our understanding of how these lead to improved health outcomes.

**Challenge Statement**

Health care progress and the effectiveness of service delivery platforms is hampered when health professionals are promoted into management and leadership positions, either directly upon graduation or later, based simply on seniority or clinical credentials and expertise, rather than on management, leadership and governance skills developed through pre-service and in-service training and education combined with reflective practice.

This report provides a summary of the process of integrating leadership, management and governance (L+M+G) practices into the pre-service curricula of medical education and training institutions in Ethiopia, Rwanda and Zambia. It also outlines some of the achievements, learnings and value created that will inform similar initiatives in other settings in the future.

**Project Approach**

Over a three-year period from 2013 to 2016, Management Sciences for Health’s (MSH’s) Leadership, Management and Governance (LMG) Project partnered with academic institutions to incorporate leadership and management training into pre-service health curricula for medical doctors, nurses, pharmacists and other allied health professionals. Our approach involves working with faculty to provide students with the essential skills and tools needed for playing leadership, management, and governance roles in their work environment. The curriculum focuses on experiential, competency-based, action-based learning. In workshops, classrooms and
team meetings, institution staff and students learn by doing and then reflecting on their experiences using leading, managing, and governing practices to achieve results. These courses enable them to provide better health services in their future work as health professionals.

The LMG project team developed a Program Logic Model for this activity to illustrate how and why a desired change was expected to happen as a result of the program. We started by first identifying the desired long-term goal, program goal and objective, and then worked back from these to identify all of the conditions (inputs, activities, outputs, outcomes) that must be in place for these goals to be realized. The outcomes provided the basis for identifying what type of outputs and activities will lead to the outcomes identified as pre-conditions for achieving the objective and goals of the program. Taking such a systematic approach ensures that activities are linked to a detailed and logical understanding of how change actually happens. A comprehensive illustration of the Program Logic Model for the program can be found in Annex 1.

Although the project worked with training schools in several countries in sub-Saharan Africa over this three year period, the integration activity was not successfully implemented in all of them. For example, Regina Pacis Nursing School in Kenya and Mananga Regional Integration and Management Institute in Swaziland struggled to overcome some of the common implementation challenges and barriers. Some of these barriers included: lack of agreement at the highest level; champions who were unable to garner adequate and timely support of senior leadership, and teams that failed to keep each other inspired, maintain momentum and routinely follow through on their action plans developed during the initial training of trainers’ workshop.

**Project Implementation**

We developed a comprehensive Pre-service Integration Guide that provides a step by step approach to integrating L+M+G education into existing academic training programs, and is flexible enough to apply in different contexts. Specifically, the guide is designed to assist department heads and faculty in pre-service health training institutions that train medical, nursing, pharmacy, laboratory and other allied health professionals to successfully introduce practical and action-oriented leadership and management modules into pre-service curricula for their students.

The content of the guide is based on MSH’s experiences with universities in various countries, out of which we distilled the critical subjects needed to graduate their students with the basic L+M+G knowledge and skills they will need once they enter the workplace.

The training schools in the three countries (Ethiopia, Rwanda and Zambia) that had better success in implementation, followed different processes for integrating leadership, management, and governance into their pre-service curricula. In each case, they were able to access the LMG project’s resources. Annex 2 provides examples of the approaches used in Ethiopia, Rwanda and Zambia.

The following is a summary of the implementation steps and program interventions that have proven to be critical across applications of the curriculum in different country contexts:

**Getting Started**

*Gain agreement at the highest level of decision-makers.* Our experience has shown that it is not feasible to move forward without the full support of key university decision makers and stakeholders, including relevant government ministries and professional associations. For example, in Ethiopia a Technical Working Group with membership drawn from Ministries of Health and Education as well as universities and other critical stakeholders was instrumental in setting direction and maintaining commitment to move the integration agenda forward. This group met regularly and even provided technical input and guidance for program activities such as conducting a needs assessment and developing a competency framework.

*Identify and orient key stakeholders and members of an integration team.* Our experience has also shown that having one or more champions lead a cross-functional team made up of representatives from different departments is key to successful integration. For example, in Haramaya University, Ethiopia, the Dean of the Medical School, who was an alumna of a prior MSH-sponsored program, played the important role of an inspiring champion and aligned a cross-departmental team to move forward the integration agenda across the entire university. The Principal of the University of Rwanda’s College of Medicine and Health Sciences, also played a similar role.
Needs Assessment

Some of the countries conducted an initial survey or assessment to better understand the perceptions of current students, as well as health workers’ current capacity in leadership, management and governance practices. The assessment focused on L+M+G competency gaps in the context of health service delivery, and specifically looked at the L+M+G challenges new graduates experience after they leave school.

Competency Framework

Ethiopia and Zambia used the findings of the survey and assessment to develop a competency framework that included some basic competencies such as leading change, effective communication, and resource management that they wanted their students to demonstrate. These competencies served as a guide for the choice of course content from the modules contained in the Integration Guide.

Curriculum Planning

Colleges often go through a regular process of reviewing or introducing new courses or programs, so most faculty members were familiar with the general process required for planning and implementing a new curriculum. The key was to meet and develop an action plan, and discuss, agree and implement a step-by-step process to keep the team on track. The process had to be efficient, inclusive and produce specific and tangible follow-up actions.

Faculty Preparation

The vast majority of the staff at the universities had already participated in one of the Leadership Development Programs or Virtual Leadership Development Programs offered by MSH over the years. Between 10 and 20 faculty per training institution received a short three day refresher training of trainers (TOT) to re-familiarize themselves with the L+M+G content contained in the Integration Guide so they could deliver the modules they had selected. Since the teaching methodology is based on adult education principles, they needed to be comfortable with experiential learning techniques, helping students to “learn by doing” and develop critical thinking, problem solving and decision-making skills. In Ethiopia, there was some limited coaching after the initial training input to reinforce this approach.

Implementation

Once the curriculum was ready for implementation, some colleges ran a first test series with students and held feedback sessions with students and faculty to see where they could improve the delivery and content of the new courses before embarking on large scale implementation.

Monitoring and Evaluation

Faculty in some of the colleges monitored the progress of the integration process to make sure the students were learning, using existing test procedures or developing new ones. Haramaya University, one of the first colleges in Ethiopia to introduce a new leadership and management course, even obtained a grant from Japan International Cooperation Agency (JICA) to conduct a small research study to evaluate what difference the addition of this course or program made after students joined the workforce, in terms of their leadership, problem solving skills and health service improvements.

Results and Learning

Through interviews with key stakeholders from each of the three selected countries, the LMG project conducted a survey to understand the results of the integration process as well as the barriers and enabling factors for integrating leadership, management and governance into pre-service curricula. The three countries were selected for the assessment because they had a relatively positive experience with the planning and implementation of the integration process, and their lessons were worth capturing and sharing with a wider audience. Findings on the most promising practices from these interviews informed updates to the Pre-Service LMG Integration Guide.

The interview protocol was based on three research questions:

1. How was the integration of leadership, management, and governance into the pre-service curriculum conducted in [university/country]?

2. What have been the barriers or challenges to integrating leadership, management, and governance into the pre-service curriculum?

3. What have been the enablers or success factors to integrating leadership, management, and governance into the pre-service curriculum?

We conducted key informant interviews with a total of nine key respondents from three countries integrating L+M+G pre-service curricula: Ethiopia (four respondents), Rwanda...
(three respondents), and Zambia (two respondents). At the time of the survey, universities in these three countries were at various stages of integration: some were just embarking; others were part-way through the process; and nine had fully integrated the curriculum, enrolled and even graduated students. The interviews were conducted in person by LMG project staff or partners, and a note taker recorded the responses. Following the interviews, the notes were analyzed using a qualitative content analysis (CA) approach to distill common themes from the integration experience across the three countries.

Findings from the Pre-Service Curriculum Integration Interviews

While the three countries represented in the interviews did not have a uniform process for integrating leadership, management, and governance into their pre-service curricula, respondents identified a number of characteristics common to all.

Training and Coaching

An important step in the actual implementation of the curriculum integration process is training university faculty in leadership, management, and governance practices, along with experiential adult learning and facilitation skills. These earlier trainings occurred in short phases over a period of weeks or months, and were often accompanied by coaching in between sessions. Of the nine respondents interviewed, the majority rated this training as “very relevant” to the overall curriculum integration process (on a scale of 1 to 5 in which 1 is “not very relevant” and 5 is “very relevant”). The remaining respondents rated the training a four (“relevant”).

All respondents reported participating in this training, and a few respondents reported also having benefitted from an accompanying coaching component. In other cases it was too early in the process and a coaching plan had not yet been established. Those who did receive coaching alongside the training (especially in Ethiopia) rated the coaching as “very relevant” to the overall curriculum integration process. One respondent reported that coach’s visits served to “evaluate progress and re-emphasize lessons learnt.”

Needs Assessment

Conducting a needs assessment to identify gaps in L+M+G content in the university program is another critical component of the curriculum integration process. While a couple of respondents reported not having conducted a needs assessment, this was because they were just beginning the integration process, and plans for the assessment were underway. All other respondents who had conducted a needs assessment rated this step as “very relevant” to the overall curriculum integration process. One respondent strongly affirmed the importance of the needs assessment by explaining:

“The needs assessment not only helped us to identify the LMG gaps in the syllabus, but also helped us to identify HSM [health service management] course content and delivery gaps in our academic institution, and we have identified best experience by doing the needs assessment. Previously, HSM was only known in theory; we only taught principles and then students forget it easily. Now things have been changed; it has become a practical course; students practice in a class and at facility level, especially the Challenge Model. We apply it during community-based practice and team training practice.”

Integration Team

Most respondents reported that their institution had created an “integration team” to manage the pre-service curriculum integration process. These teams were composed of key stakeholders at various levels and with distinct roles in the integration process. Several of the respondents from institutions with an integration team affirmed that the team was “very relevant” and played a vital role in this process. One respondent stated that the integration team “helps us to be more focused and [effectively] utilize time by removing redundant contents.” Another reported that their integration team is “very relevant and competent... [it] sensitizes the college community and leadership, and prepares the consultative meetings with faculty and stakeholders.” A third respondent explained the extensive duties of her university’s integration team, which consisted of the dean and three members of the faculty. Members of the team:

“[Serve as] key implementers, identify stakeholders, establish vision and goals, lobby interest, engage other departments, partner with developmental representatives, organize trainings, facilitate the analysis of results, and lay the foundation of what needs to be done. [They] ensure LMG content is eventually aggregated into the curricula and provide for unit-specific needs.”
Process for Reviewing and Introducing New Courses or Content
Most respondents reported that their institutions already had an established process, whether formal or informal, for reviewing and introducing new courses or content into the curricula. In the few cases where there was not already an established process, respondents stated that a “clear and strong” process was laid out for L+M+G integration. This implies that these respondents seemed to recognize the importance of having a definitive and transparent pathway for integrating LMG pre-service curricula, even though such a system did not exist before.

Multi-stakeholder Approach and Buy-in
Perhaps one of the most critical elements that surfaced from the experiences of the respondents was the establishment of a multi-stakeholder approach to facilitate buy-in from key partners. A couple of respondents reported that they did not engage diverse stakeholders (for example, curriculum integration was being handled entirely within the institution). Not surprisingly, these respondents reported not having achieved buy-in at the highest level of decision-makers (for example, the Ministry of Health, Ministry of Education, universities, training institutions, provincial councils, or health facilities). But the majority of respondents stated that their institution had engaged multiple stakeholder groups in the integration process, and had also achieved buy-in at the highest level of decision-makers. While we cannot establish a definitive association between the multi-stakeholder approach and achieving buy-in, the responses suggest there is.

In one respondent’s words: “In the consensus workshop, I remember there were delegates from the MOE [Ministry of Education], MOH [Ministry of Health], universities, and faculties offering the course that sat together to finalize the integration.” Another respondent explained that key stakeholders helped co-create the L+M+G curriculum via “workshops and inclusive discussions for finding common ground.”

Regarding the multi-stakeholder group at another institution, one respondent stated: “It was useful to have them; they support us by providing comments, direction, and sharing experience.”

Barriers and Enabling Factors
In addition to the common characteristics identified as crucial to integrating L+M+G into the pre-service curriculum, respondents also shared their perspectives on the barriers and enabling factors in this process, as well as their recommendations for improving the process going forward.

Barriers
Respondents identified several challenges they experienced while integrating L+M+G into pre-service curricula. Aligning stakeholders proved difficult for several respondents, who spoke of the time it took to get stakeholders on board, convincing stakeholders to dedicate their own private time to the process, and addressing knowledge gaps in L+M+G among these stakeholders. One respondent stated: “Having many responsibilities and dedicating much of our own time to this process has been a barrier and is still a challenge.”

Timing in terms of the academic calendar is also a key consideration, as another respondent explained:

Timing for integration must consider the academic calendar. The timing for the workshop was not very convenient for some instructors who deliver the course. They have to interrupt their teaching to attend the workshop.

One respondent drew a link between challenges with stakeholder alignment and turnover, and the direction and ownership of the integration process overall:

The stakeholders need to be aligned well. The MOE, MOH, department heads, and instructors should sit down and discuss why we fail implementing the new course. High turnover of instructors, lack of ownership, and lack of proper direction from managers are some of the reasons we fail to implement and should be improved.

Several respondents addressed the need for ongoing support to keep the integration process moving forward, including both financial resources and technical assistance. One respondent explained:

The barriers were related to financial support to conduct training and workshops and bring together all the stakeholders, from facilities and administrative offices. It is very difficult to mobilize resources to support this course specifically.

Regarding technical support, one respondent said: “Only content integration is not enough – other universities
should start offering the new course, and instructors should be continuously trained to start offering the course.”

The challenges of time and timing, stakeholder alignment, ownership and direction of the integration process, and ongoing support were problematic, but respondents intimated that with good planning, coordination and communication these challenges were not so substantial or insurmountable that they derailed or stalled the process altogether.

Enabling Factors

Respondents also reported a number of enabling factors that facilitated the process of integrating the pre-service curriculum. In many instances these enabling factors were able to address or counterbalance the barriers that respondents identified.

Several respondents noted that open communication and fostering a collaborative environment with university stakeholders were key to gaining their participation and achieving buy-in.

One respondent noted that the full participation of the university’s faculty made the process as seamless as possible: “Instructors participated in cascading the LMG training, in the process of curriculum review, in [conducting] the needs assessment, and integrating content; this made the process smooth.”

One respondent reported that having a champion was very beneficial to achieve buy-in and willing participation of stakeholders. The respondent explained that the university’s Dean, a person of influence, “was encouraging and facilitated the process, as well as communicated with the [national government] and high level stakeholders.” This respondent identified several related enabling factors contributing to moving the integration process forward, including:

Implementers have a clear plan, vision, and enthusiasm; implementers are able to identify key stakeholders and people of influence; faculty buy-in; the use of initiative to collect information; and identifying opportunities and using those opportunities.

One respondent suggested that the country’s national health service delivery targets served as a driving factor to motivate pre-service curriculum integration: “The LMG course follows the trend in the country because [the country] has set up ambitious targets to achieve high level leadership and good governance focusing on achieving better management results.” Where this alignment with country priorities occurs, it can present a mechanism by which to promote the integration of L+M+G into pre-service curricula.

Some respondents identified the training and close collaboration with MSH as an important factor enabling them to integrate the pre-service curriculum. For example, one respondent said: “The LMG integration training we went through with the LMG project prepared us to go through the whole process.”

The respondents’ recommendations reflected the challenges they faced and the enabling factors they experienced. Respondents reiterated their need for more than just an initial training. One respondent said: “Staff should be trained continuously. It will help update existing staff on new developments and train new hires as there is a challenge of high turnover.”

Another respondent suggested training all stakeholders in L+M+G at the outset of the curriculum integration process, as this would support and hasten the process itself.

Regarding the stakeholders involved, several respondents suggested widening the process to include more participants. One respondent recommended “mobilizing more people with L+M+G skills and involving all departments within the faculty.” Another respondent suggested including both practicing professionals and students in the process.

The efficiency and effectiveness of meetings amongst stakeholders are also an important component of this issue. One respondent recommended regular meetings by core leadership and key stakeholders could quicken the process, and having someone probe the senior management on delays in the process would ensure the concerns [are addressed].

A few respondents also touched on the importance of testing, evaluating, and learning from the pre-service curriculum integration process, in order to learn from the experience and continue to improve the process and curriculum itself. Respondents’ suggestions ranged from “[collecting] feedback from the evaluations that are carried out at our facility” to “small scale research on the effectiveness of the course and its impact on health service delivery.”
Lastly, a few respondents reiterated the importance of secure financial support for the integration process. One respondent stated that having “financial readiness (budget) in place would be paramount.” Another respondent explained that financial support is especially important in the “preliminary steps,” as well as “welcoming experts with best global practices.”

**Conclusion**

The primary goal of any well-led and managed health care system is to promote wellness, prevent or treat illness and prevent death while using scarce resources in the best possible way. The time has come to fully appreciate and act on the need to provide health professionals with the preparation that they tell us they desperately need in order to succeed in their roles as leaders and managers. Preparation has to begin at the pre-service level and continue to be supported and sustained through ongoing professional development throughout an individual’s career. We believe that an effective health system that meets people’s needs depends as much on well-prepared and motivated health managers and leaders as it does on clinically prepared service providers; they must be well equipped to serve in this dual role as soon as they graduate from training institutions and join the health workforce.

Based on our experience, it is feasible to successfully integrate leadership, management and governance practices into pre-service training programs. Some of the critical success factors we identified include:

- Senior-level staff (administrative and faculty) with an awareness of the importance of leadership and management for the delivery of good health,
- A needs assessment to identify gaps in skills and competencies,
- Customizing the course to meet the needs of the training institution,
- Having a committed integration team,
- Having prepared faculty who are motivated to deliver the program.

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Notes


The VLDP was developed by MSH in 2002 as a distance-learning version of MSH’s Leadership Development Program (LDP). Both the LDP and VLDP use a strategic problem solving approach that guides teams of healthcare workers through the process of identifying an actual workplace challenge, determining its root cause, and developing priority actions into an action plan for achieving measurable results. At each stage of this process, teams are exposed to course content related to leadership, management, and governance.

The VLDP is structured as a 13-week program that combines face-to-face activities—team meetings and coaching—with distance learning, facilitator feedback, and virtual support while the team addresses the self-identified workplace challenge. By the end of the 13 weeks, the team develops a concrete action plan that will ideally lead the institution to overcome their challenge and achieve the identified key measurable result. This action plan is then implemented over a 6-month period, during which the VLDP facilitators occasionally reconvene with the teams to provide support and to monitor and evaluate their progress.
Annex 1: Program Logic Mode

SUPER GOAL
Capacity and effectiveness of health leaders and managers strengthened

PROGRAM GOAL
Students of pre-service programs have L+M+G skills that they can apply in their workplace

OBJECTIVE
Colleges integrate and deliver L+M+G practices into pre-service curricula

IR 2.1
Comprehensive competency-based curricula and approach created and approved for L+M+G training

IR 2.2
Trained faculty deliver experiential, practice-based L+M+G curricula

IR 1.1
Collective ownership of the integration process by stakeholders is increased

IR 1.2
Individuals champion and commit to L+M+G competencies and training

OUTCOME
Technical working group (TWG) process is self-governed and participatory

OUTCOME
Appreciation that a contextualized L+M+G approach is needed

OUTCOME
Acknowledgment that bad leadership and poor management waste scarce public health resources

OUTCOME
Recognition of the need for good L+M+G to use resources effectively

OUTCOME
Recognition that contextualized L+M+G is critical to health systems performance

OUTCOME
Increased awareness that the experiential learning approach is important to coach students in leadership and management skills

OUTCOME
Faculty understand how to overcome challenges to practice-based learning within their environment

OUTCOME
Faculty understand why the need to teach L+M+G using an experiential, practice-based approach

OUTCOME
Recognition of the need for good L+M+G to use resources effectively

OUTCOME
Recognition and appreciation of L+M+G as critical to health systems performance

OUTCOME
Increased awareness that the experiential learning approach is important to coach students in leadership and management skills

OUTCOME
Faculty understand why the need to teach L+M+G using an experiential, practice-based approach

OUTPUT
Technical working group (TWG) adapts L+M+G pre-service curriculum

OUTPUT
MOH decides to take a comprehensive and systematic approach to pre-service curricula, including L+M+G

OUTPUT
Master trainers champion L+M+G practices

OUTPUT
Faculty are trained by master trainers on L+M+G

ACTIVITY
Form technical working group (TWG)

ACTIVITY
Faculty develop an action plan for curriculum integration

ACTIVITY
Conduct workshop on curriculum with faculty

ACTIVITY
Develop L+M+G competencies

ACTIVITY
Share results of needs assessment to determine competency gaps

ACTIVITY
Health employers complete a collaborative needs assessment to identify priority L+M+G skills for the course

INPUT
Previous LDP work conducted under LMS developed leaders and champions

INPUT
Timing: there is an understanding of a policy gap in leadership and governance
Annex 2: Integrating Leadership, Management and Governance into Pre-Service Medical Education: Country Experiences

Ethiopia

In Ethiopia, eight high-volume public universities that train the bulk of health professionals managed to integrate leadership, management and governance practices into the pre-service training curriculum for doctors, nurses, health officers and pharmacists. Ethiopia is also the only country context that followed all the phases of the integration process with considerable depth, ownership and intensity. A complete description of their integration process pathway, lessons and results have been captured in this technical brief for your information and future reference: http://www.lmgforhealth.org/sites/default/files/LMG-Ethiopia%20Technical%20Brief.pdf.

Rwanda

Kibogora: In 2014, Kibogora Polytechnic School of Health Sciences in western Rwanda revised their curriculum to adequately and innovatively prepare their student body for the L+M+G challenges that they will face in their workplaces. The new institution, which is run by the Free-Methodist church, admitted their first class for advanced nursing in 2012. After participating in the 2013 Virtual Leadership Development Program (VLDP) for Pre-service Institutions sponsored by the LMG project, a team from Kibogora expressed interest in improving the L+M+G competences of their students, as well as enhancing the overall quality and delivery of its training program. LMG facilitators conducted a 3 day skill building workshop – working with a small group of Kibogora faculty to develop their skills in the curriculum review process, adult learning and facilitation approaches, coaching and team dynamics. To ensure application of these skills, the facilitators supported lecturers from multiple departments (including Health Sciences, Business, and Education) to improve their curricula and integrate L+M+G content. After the completion of the review process, the department presented the curricula to the College Board for approval. The first cohort of students who have taken the LMG course graduated in July 2015. The Kibogora team adopted a fast-tracked planning and implementation process – without following the phased approach in a sequential manner.

University of Rwanda: The Principal of the College of Medicine and Health Sciences, University of Rwanda – a Scottish physician with many years of health management experience, and an ardent believer in efforts to strengthen health systems through improved leadership and management skills of health leaders and managers - also expressed interest in the leadership and management program. In October 2015, the team received technical assistance through the LMG project that delivered a 3 day Training of Trainers (TOT). Participants included Deans and their Deputies, Heads of Departments and Senior Lecturers from School of Medicine; School of Dentistry; School of Nursing; School of Pharmacy; School of Public Health and School of Health Sciences. The team developed a joint integration plan that included a rapid needs assessment as one of the activities that should inform the final content of the course, while using the LMG Preservice Integration Guide as a resource document. However, implementation of the action plan has lagged due to a variety of factors including staff and leadership transitions, major structural reorganization of the university itself and the team’s inability to find the time to remain adequately coordinated and aligned.

Zambia

University of Zambia (UNZA), School of Medicine: The UNZA team had also participated in a previous Virtual Leadership Development Program, sponsored by the LMG Project that helped to serve as a catalyst for the integration effort and also created a number of champions that believed in the value of leadership and management in health service delivery. The UNZA team, with representatives drawn from all the six departments of the College of Medicine, developed a simple survey protocol and conducted a needs assessment that was funded by the college. Although the survey sample was small, they used the findings of the survey to develop a set of core competencies that they felt should be addressed by any new leadership and management course that they were going to offer. The team also benefitted from a three day training of trainers workshop to prepare the faculty and also co-create an integration action plan – and implementation is still underway.
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