

## ORIGINAL RESEARCH

# An International Collaboration for the Training of Medical Chief Residents in Rwanda



Tim Walker, MD, Vincent Dusabejamba, MD, Janet J. Ho, MD,  
Claudine Karigire, MD, Bradley Richards, MD, Andre N. Sofair, MD

*Butare, Rwanda; and New Haven, Connecticut*

### Abstract

**BACKGROUND** The year-long position of chief medical resident is a time-honored tradition in the United States that serves to provide the trainee with an opportunity to gain further skills as a clinician, leader, teacher, liaison, and administrator. However, in most training programs in the developing world, this role does not exist.

**OBJECTIVES** We sought to develop a collaborative program to train the first medical chief residents for the University of Rwanda and to assess the impact of the new chief residency on residency training, using questionnaires and qualitative interviews with Rwandan faculty, chief residents, and residents.

**METHODS** The educational context and the process leading up to the appointment of Rwandan chief residents, including selection, job description, and necessary training (in the United States and Rwanda), are described. One year after implementation, we used a parallel, mixed methods approach to evaluate the new chief medical resident program through resident surveys as well as semistructured interviews with key informants, including site chief residents, chief residents, and faculty. We also observed chief residents and site chief residents at work and convened focus groups with postgraduate residents to yield additional qualitative information.

**RESULTS** Rwandan faculty and residents generally felt that the new position had improved the educational and administrative structure of the teaching program while providing a training ground for future academicians.

**CONCLUSIONS** A collaborative training program between developing and developed world academic institutions provides an efficient model for the development of a new chief residency program in the developing world.

**KEY WORDS** education, medical, internship and residency, leadership

## INTRODUCTION

Formal postgraduate medical education is the continuation of a process of lifelong learning, through which residents are expected to acquire skills that will enable them to incrementally improve

their professional abilities and knowledge throughout their careers. Achieving mastery of clinical medicine thus involves more than just patient care; it also requires leadership skills, critical self-reflection, and the ability to teach and motivate others. In the United States, preparation for and

Funding source: none.

Conflict of interest: none for all authors. All authors have had full access to the data and have assisted in the writing of manuscript.

From the Department of Internal Medicine, College of Medicine and Health Sciences, University of Rwanda, Butare, Rwanda (TW, VD, CK); Department of Internal Medicine Yale University School of Medicine, New Haven, CT (JJH, BR, ANS). Address correspondence to A.N.S. ([andre.sofair@yale.edu](mailto:andre.sofair@yale.edu)).

participation in chief residency provides an opportunity to develop these skills,<sup>1</sup> but these opportunities have not commonly been available within sub-Saharan African training contexts. Medicine in Africa is often particularly challenging because of the resource and personnel shortages that many health systems face. The challenge is even greater in sub-Saharan medical schools, where scarce faculty members are often stretched by clinical, educational, and administrative responsibilities. Effective educational leadership and mentorship is therefore often given a lower priority level or omitted altogether. The training, recruitment, and retention of indigenous medical leaders is also vital for the sustainability of quality medical education. This has led to this initiative to develop a Rwandan chief resident program, in partnership with Yale University and the University of Rwanda, to train Rwandan senior residents into academic leaders, and to measure its impact on medical training as perceived by local stakeholders.

**Background. Educational context in Rwanda and relationship with Yale University.** In Rwanda, most postgraduate training programs are sponsored and funded by the Ministry of Health and all are offered through the University of Rwanda, with graduates awarded a master's of medicine degree in various medical specialties. The internal medicine program is a 4-year program, first offered in 2006, and is based in 4 hospitals: the university teaching hospitals in Butare and Kigali, King Faisal Hospital, and the Rwanda Military Hospital. Most trainees are graduates of the bachelor of medicine and surgery program at the College of Medicine and Health Sciences, University of Rwanda. Training is primarily based on the inpatient wards and is oriented both toward general medicine and subspecialty medicine with the goal being to train generalist physicians by the end of the 4 years. In addition to clinical rotations, mentored by faculty at the bedside, there are also structured didactic conferences, which include morning report, journal club, morbidity and mortality conferences, bedside clinical teaching programs, and a video-conferenced weekly lecture series on a 2-year curriculum cycle. The internal medicine program had graduated between 1 and 5 trainees each year from 2009–2014, with an upscaling of resident numbers since 2012 resulting in a growth of the program to include 63 current trainees. Until 2013, there had never been a chief resident role in the Rwandan training system.

The collaboration between our 2 universities began in 2010, through funding from the Johnson

and Johnson International Health Scholars program. Through this program, third-year Yale internal medicine or fourth-year pediatric medicine residents travel to Rwanda for 6-week rotations where they receive training in the care of patients with tropical illnesses. In turn, they provide bedside teaching in clinical medicine and evidence-based medicine alongside their counterparts in Rwanda. This collaboration has evolved to enable both US and Rwandan faculty to travel to the other's institutions to share experience in bedside teaching, evidence-based medicine, small and large group teaching, and resident evaluation and mentorship. The collaboration has been further strengthened by Yale University's participation in a US–Rwanda Ministry of Health Human Resources for Health program to train faculty for Rwanda's health professions training institutions.<sup>2</sup>

**Rationale for Chief Residency in Rwanda.** Through our collaboration, Rwandan and US faculty began to have discussions about the potential value of having chief residents in the Rwandan system. It was noted that Rwanda has a critical shortage of teaching faculty and that alternative career paths, within the nongovernmental and private sectors, compete for the few graduates. The gifted potential teachers within the system are thus often sidetracked into other roles before fully developing their teaching skills. Additionally, the rapid increase in internal medicine residents in training pointed to the need to involve more senior residents in the education of their junior colleagues. Chief residency provides an opportunity to identify, mentor, and develop skills for those who may become future researchers, educators, or faculty, with the goal of strengthening medical education in Rwanda permanently. The leadership of the College of Medicine and Health Sciences was approached and a decision was made to pilot the chief resident role in the 2014–2015 academic year.

**General Description of the Chief Resident Role.** In the United States, the position of chief resident is either given to a trainee in the final year of training or offered as an additional year of training on top of postgraduate residency with the general goals of growing in a number of ways through roles as a leader of fellow residents; as a teacher of residents, students, and faculty; and as an administrator. Additionally, chief residents may also have roles akin to junior faculty, functioning as attendings on the wards or in clinic, participating in faculty meetings, and helping to make decisions relating to the welfare of other, more junior, house officers.<sup>3,4</sup>

Download English Version:

<https://daneshyari.com/en/article/5676862>

Download Persian Version:

<https://daneshyari.com/article/5676862>

[Daneshyari.com](https://daneshyari.com)