

Supplemental digital content for Mafigiri DK, Ayebare F, Baingana RK, Okello E, Sewankambo N. Medical Education for Equitable Services for All Ugandans (MESAU) Consortium: Development and Achievements. Acad Med. 2014. 89(8 Suppl).

Supplemental Digital Table 1

The MESAU Consortium Approach: Examples of Activities, Achievements, Challenges, and Benefits

MESAU Inputs/Process	Outputs/achievements	Challenges and Limitations	Benefits
Curriculum development/review and implementation			
Joint workshops/meetings to define competencies for medical education in Uganda and present agreed-upon competencies to stakeholders (government, universities' leadership, and other partners).	Core competencies for medical education in Uganda were defined and agreed upon and all institutions subsequently revised their curricula to incorporate the competencies. The revised curricula have been implemented.	There is no consortium-wide curriculum committee, so each school had to go through its independent curriculum committees at a varying pace	Shared medical education expertise within the consortium with common standards accepted by all medical training institutions
Joint technical meetings/activities (e.g., training in competency-based education, training in assessment, peer visits)	Faculty from MESAU institutions were trained in: a) Competency-based education, b) Student assessment procedures harmonized across institutions, e.g., adoption of objective structured clinical exam	Implementation varied across institutions because of differences in existing institutional capacities. Workshops were more difficult to organize since institutions had different training needs based on their capacity gaps.	Learning process that highlighted and led to an appreciation of capacity differences between institutions
Faculty development: a) 29 Masters fellowships in Basic Sciences (e.g. physiology, radiology, microbiology) b) 4 Masters of Medicine in Family Medicine	Joint fellowship award committees were created with membership from each MESAU institution. The committee set and agreed on selection criteria to be used.	Low capacity at some institutions to absorb the fellowships, so fewer awards made to some institutions	A community established to begin faculty development across institutions
Community-Based Education Research and Service (COBERS)			

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MESAU Inputs/Process	Outputs/achievements	Challenges and Limitations	Benefits
Joint workshops to define common goals for community-based education research and service and to define minimum standards for COBERS sites	<p>Minimum standards for COBERS sites were defined and used to re-assess existing sites and select new sites.</p> <p>a) COBERS being implemented at 4 of 5 institutions</p> <p>b) 162 sites across the country</p>	Not all institutions instituting community-based education simultaneously	Across the consortium there is now shared medical education expertise in community-based education and standardization across all COBERS sites
Fifteen joint workshops have been held to develop COBERS Impact Evaluation. Activities during these workshops have included protocol development, training of RAs, pre-testing instruments, and data analysis.	Tools were jointly developed and pre-tested, the baseline study was completed, and faculty capacity has been developed in various aspects of evaluation, including data analysis and scientific writing.	Varied institutional capacity to continue progressing outside of the joint workshops.	Shared expertise in questionnaire development, data collection, management, and analysis (especially in qualitative methods). Thus, evaluation findings can be compared across institutions. Enhanced collegiality and teamwork across the institutions

Provide incentives and support to faculty and students to undertake locally driven trans-disciplinary research on topics relevant to Uganda (addresses MEPI Theme 3)

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MESAU Inputs/Process	Outputs/achievements	Challenges and Limitations	Benefits
Funding support for faculty- and student-mentored research support	Students and faculty engaged in multidisciplinary and multi-institutional research with MEPI support: a) 95 teams (6-10 students per team) of undergrad students generated 6 publications b) 17 teams of Faculty-Mentored Research generated 13 publications c) Additional 17 publications, 35 submitted manuscripts, and 10 conference presentations	Low capacity at some institutions to absorb the fellowships. No consortium-wide research/grants management structure, so each school had to go through its independent research grants management structure, which slowed project implementation in some schools	Benefit from research expertise at other partner institutions and grant management expertise available at the prime grantee institution
Engagement of stakeholders			
Six joint meetings with policymakers from Ministries of Health and Education and the Uganda Medical and Dental Practitioners' Council	Established a platform for continuing dialogue with policymakers. Contributed to accelerating the opening of Busitema University Faculty of Health Sciences.	Scheduling with government officials and transforming productive discussions into sustainable funding	Holds real potential for institutions to speak with a unified voice to more easily influence policy decisions of national importance