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Exploring a Postgraduate Health Professions Education Model at UGHE, Rwanda: Insights to Strengthen the Education Pillar of the 4×4 Reform

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ABSTRACT

INTRODUCTION: Rwanda's insightful and ambitious 4x4 reform aims to strengthen the national health system by addressing four key pillars: education, regulation, workforce development, and service delivery. While significant efforts have focused on expanding clinical training and specialist capacity, the role of health professions education (HPE) as a multi-level strategic enabler remains underdeveloped. The objective of this study is to explore the design and implementation of UGHE's stepladder-based postgraduate HPE model and assess how lessons from this case can strengthen the education pillar of the 4×4 initiative.

METHODS: An exploratory case study design was used to explore the implementation and learning processes within a step ladder model that integrated face-to-face and online learning with structured reflective activities. Data were retrospectively collected from curricular documents and artifacts, including competency maps and CANVAS learning materials, as well as participant reflections from end-of-module and end-of-session workshops, and the authors' observations.

RESULTS: Thematic analysis revealed six key themes: Progressive and equitable competency development, integrated learning and practice, professional identity formation (PIF), implementation factors, curricular alignment, and emerging outcomes. The findings offer nuanced insights that enhance our understanding of the model's practical application. The findings also highlight the model's potential to address faculty development gaps, strengthen institutional teaching and assessment capacity, and build an educator identity in the health sector.

CONCLUSION: The integrated model provides a strategic, system-aligned approach to advancing the education pillar of the 4x4 reform and strengthening HPE in Rwanda and beyond. It also provides a replicable model for low-and middle-income countries.

Keywords: Health Occupations Education, Rwanda, Educational Models, Competency-Based Education, Health Workforce

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INTRODUCTION

Health Professions Education (HPE) is undergoing a global transformation to meet the demands of evolving healthcare systems [1]. Health systems worldwide face challenges in delivering quality care, evidence-based leadership, and innovative education while addressing the complex needs of their populations [2,3]. This calls for postgraduate HPE programs that emphasize competency development, authentic practice, and reflective learning.

Rwanda's ambitious 4x4 reform, launched in July 2023, aims to quadruple its healthcare workforce within 4 years, moving toward the WHO-recommended density of 4.45 health workers per 1,000 population, up from approximately 1 per 1,000 [4,5]. Building on the National Strategy for Health Professionals' Development (2020–2030), the reform aligns with priorities such as evidence-based medicine, digital health integration, and strengthening primary care systems [6,7].

The initiative targets four pillars: education, regulation, workforce, and service delivery, across four tiers of the health ecosystem [5]. Key actions include scaling up training, recruiting faculty, expanding infrastructure, and improving coordination [8]. Educational expansion is central, with enrolment expected to surge 3.7-fold by mid-2024 [9]. These efforts mark a transformative step toward strengthening the health workforce.

Rwanda is prioritizing the strengthening of its health workforce. Significant measures include expanding clinical training, recruiting faculty, upgrading infrastructure, and introducing scholarships [9,10].

However, the HPE component remains underdeveloped. For example, government policy directives primarily emphasize achieving numerical targets [7], while giving limited consideration to competency-based, contextually relevant postgraduate education and faculty development initiatives [11]. Similarly, monitoring mechanisms focus on workforce counts, rather than HPE metrics such as competency mastery or accreditation outcomes [6,7]. Also, hiring clinicians for teaching roles does not guarantee expertise in curriculum design or assessment. Studies reveal gaps in research and educational capacity at teaching hospitals, signalling systemic weaknesses [12].

Without systemic integration of HPE into the 4×4 framework, Rwanda risks a quantity–quality gap, producing more workers without ensuring competence and retention [3]. To address this challenge, this study aims to explore the design and implementation of the University of Global Health Equity's (UGHE's) stepladder-based postgraduate HPE model and assess how lessons from this case can strengthen the education pillar of the 4×4 initiative.

This study draws on complementary theories to design and evaluate the Integrated Postgraduate Model for HPE. Experiential Learning Theory [13]. provides the foundation, framing learning as a cycle of experience, reflection, conceptualization, and experimentation. Communities of Practice [14]. emphasizes collaborative learning and the formation of professional identity (PIF). Adult learning principles [15] and reflective practice theories [16] further guide structured reflection, enabling the transformation of experience into professional growth. Together, these insights underpin the model's transformative learning design.

METHODS

Study Design

This study employed an exploratory case study design, which is well-suited for investigating complex, real-world phenomena within their contextual settings [17]. Given the program's novelty, this flexible design enabled the identification of emergent themes [18], and facilitated triangulation through multiple evidence sources [19]. To ensure rigor and transparency, reporting adhered to the Standards for Reporting Qualitative Research (SRQR) guidelines, which provide a structured framework for comprehensive qualitative reporting [20].

Stakeholders Involved in the Process

This exploratory case study engaged key stakeholders: postgraduate HPE students (n=48), reflecting on learning and practice [21], module directors and facilitators (n=8), designing and delivering curriculum [22]; and program leaders (n=2) providing strategic oversight [23]. Their reflections, alongside document analysis, provided interpretive insights aligned with the principles of practice-based research.

Setting and context

This case is situated in UGHE's blended postgraduate HPE program (certificate, diploma, master's),

which employs a stepladder model to advance competencies from foundational knowledge to educational leadership and scholarship, delivered through the CANVAS LMS and face-to-face (F2F) sessions.

Data Sources

Four main data sources informed this study. Curricular documents and artifacts included curricula, module syllabi, meeting minutes, policy statements, accreditation reports, and educational resources. These were analysed for relevance and credibility, providing evidence of program design and implementation through critical review and thematic coding [24-26].

Reflections were gathered through end-of-module workshops, which employed collaborative approaches such as the World Café and ORID [27], as well as end-of-session activities that linked content to practice. These reflections, purposively selected, facilitated collective meaning-making consistent with the principles of qualitative inquiry [19,28].

Facilitators' weekly review meeting summaries from Zoom meetings offered context-specific examples of practices, challenges, and outcomes. While not primary data, these summaries provided sufficient insights into best practices and barriers, with consistent formatting supporting systematic comparison [29].

Finally, the authors' insider observations during program design and delivery provided a firsthand understanding of implementation and interactions. Together, these sources enabled triangulation and enriched the interpretation of findings within the integrated postgraduate HPE program context.

Data Collection Process

Data were generated through iterative review of program documents and artifacts, synthesis of reflections from workshops and sessions, and analysis of facilitators' weekly summaries. The authors also conducted an insider observation during program implementation. This retrospective qualitative study received UGHE's IRB approval (Reference No.: UGHE-IRB/2025/437), with authorized access to anonymized student work and reflections for the purpose of educational quality improvement [30].

Reflexivity was maintained throughout the study process to minimize bias and enhance the credibility of the results. The research team critically examined their professional roles and potential influences on data interpretation. Reflective notes were documented during data collection and analysis, and team discussions were held to acknowledge assumptions and positionality. This iterative reflexive practice supported the trustworthiness of findings and ensured alignment with qualitative research standards [31].

Data Analysis

The analytical process integrates Stake [18] contextual approach and with Tisdell, et al. [32] framework, to provide a comprehensive insight using participant reflections as both data and analytical lens to ensure rigor and sensitivity to practice. Document and artifact analysis examined institutional and program resources, including curricula, storyboards, meeting summaries, policy statements, accreditation reports, and educational artifacts [24,25]. These sources provided tangible evidence of program design and implementation and were systematically reviewed through skimming, detailed examination, and thematic coding [26], enabling triangulation with reflections and observations [19].

Thematic analysis [33] involved six steps: familiarization, coding, theme generation, review, definition, and reporting. Analysis was exploratory and meaning-oriented, focusing on how design and delivery shaped competencies and emergent outcomes. Reflexive interpretation identified patterns and context-specific insights, while triangulation ensured credibility by cross-referencing themes across data sources.

RESULTS

Analysis of the generated data revealed six overarching themes that reflect the program's design and implementation. Each theme is presented with authentic insights to capture the richness and depth of the data. Table 1 summarizes the emerging themes and their descriptions.

Progressive and Equitable Competency Development

Evidence of progression appeared mainly through the curriculum design rather than student reflections. For example, curricular documents, particularly a competency map (Appendix 1), demonstrated a clear, stepwise framework for progression from foundational to advanced levels

Table 1: Emerging Themes and Descriptions

Theme	Description
1. Progressive and Equitable Competency Development	Structured progression of competencies with deliberate strategies to ensure equity and inclusive achievement.
2. Integrated Learning and Practice	Intentional linkage of theory and practice through blended and experiential learning approaches.
3. Professional Identity Formation (PIF)	Cultivation of educator identity and leadership through reflective and collaborative engagement.
4. Implementation Factors	Contextual enablers and constraints influencing program delivery and sustainability.
5. Curricular Alignment	Systematic alignment within and across modules to maintain coherence and competency progression.
6. Emerging Outcomes	Unanticipated benefits in teaching practices and professional growth observed toward program completion.

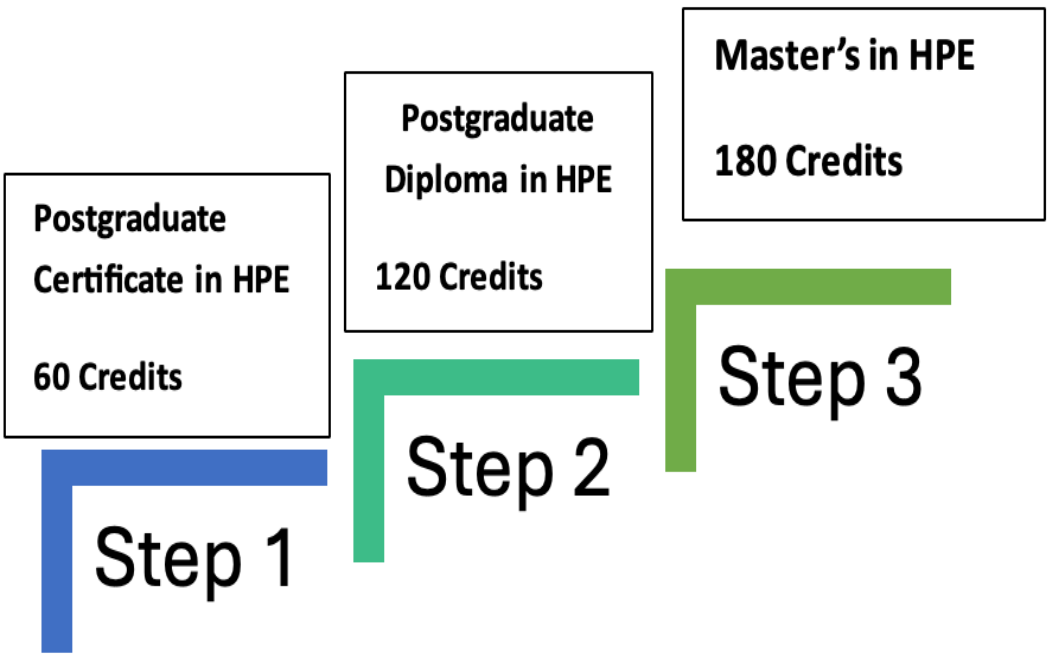

Figure 1: Stepladder Model, Source: UGHE [34 p. 11]

of competency. Figure 1 illustrates the general structure and components of the stepladder model, comprising the certificate, diploma, and master's in HPE.

The curriculum mapped learning outcomes to a sequence of modules and organized learning activities to progressively scaffold learners' skills. The program used a blended online and face-to-face format, with participatory strategies such as reflective sessions, collaborative workshops, and peer learning to support connections between theory and practice and the development of shared knowledge. Figure 2 illustrates a snapshot of the module dashboard.

As illustrated in Figure 2, the four icons represent key components of the module's CANVAS page: Announcements (megaphone), Assignments (document), Discussions (speech bubble), and Files (folder). Together, they depict an integrated learning environment that combines communication, tasks, collaboration, and resource management. The subsequent navigation options provide access to detailed features within each

Figure 2: CANVAS page dashboards

module. Figure 3 illustrates the key learning activities of Module 2, Session 7.

The navigation options, illustrated in Figure 3, highlight the key learning activities. These include graded tasks—such as participation in discussion forums and completion of reflective activities with clear deadlines- and mastery-focused tasks, including reading self-directed materials, attending lectures, and participating in weekly review meeting sessions. This structure helps learners distinguish assessments from activities aimed at reinforcing understanding.

Gender equity was prioritized through admissions and support processes, promoting women's leadership pathways. Recruitment targeted diverse institutions, professions, and regions to strengthen capacity at both individual and institutional levels. Ensuring representation across institutional clusters sustained educator flow and enhanced professional diversity, thereby promoting interprofessional education. The inaugural cohort of UGHE's postgraduate Certificate in HPE comprised 48 participants from 14 MoH-affiliated institutions, including regulatory bodies. The representation included Nursing/Midwifery (50%),

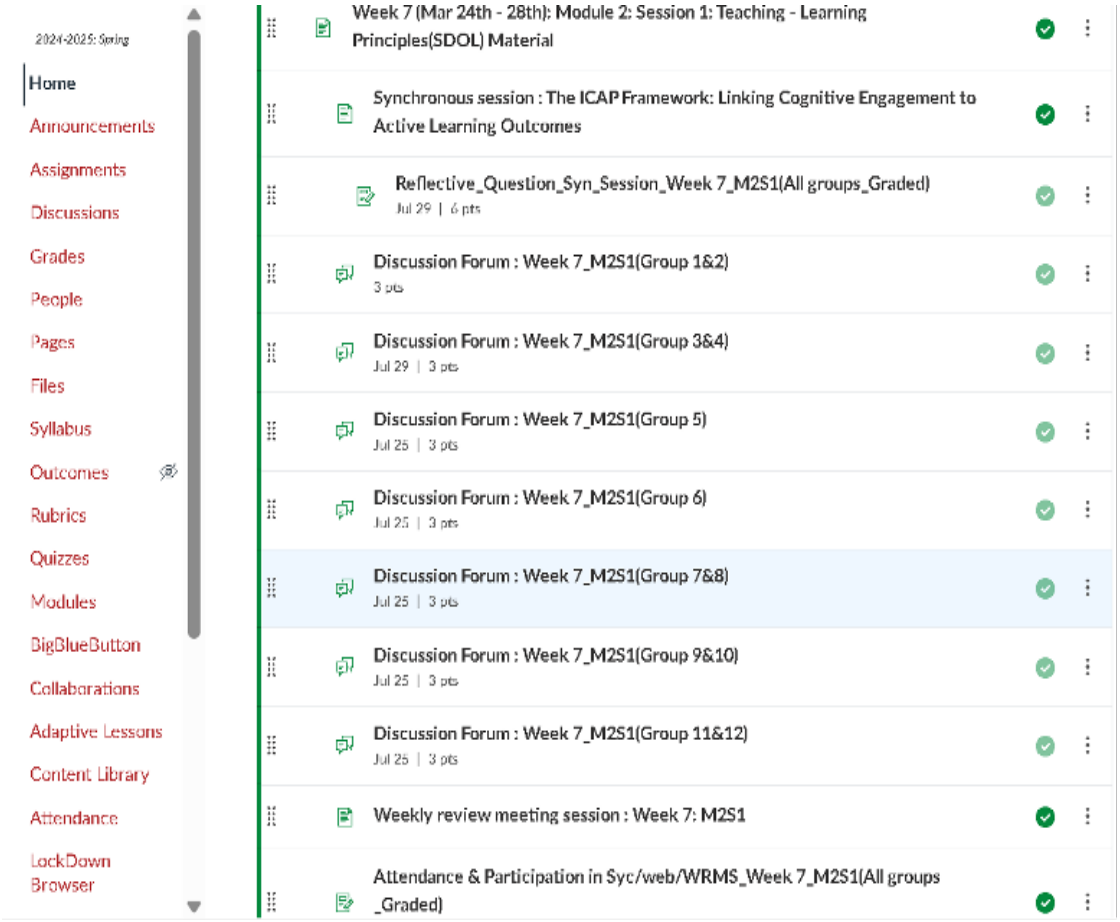

Figure 3: The elements of the CANVAS Page for a single week activity

Medicine (16%), Public Health (16%), Allied Health (10%), and Policy Professionals (8%), with a near gender balance (48% female, 52% male). The program achieved a major milestone with its first graduating cohort on July 31, 2025 [35].

Integrated Learning and Practice

Integration was the central strategy for creating cohesive learning, linking theory and practice across online and F2F modalities. Program documents and artifacts revealed deliberate alignment of content, activities, and assessments. CANVAS pages embedded professional tasks alongside scholarly assignments. By aligning competencies with core content areas (Appendix 1), the curriculum ensures coherence between intended outcomes and enabling knowledge, creating a clear pathway from theory to practice.

Learners reported strong alignment between F2F and online sessions, noting that practical strategies introduced in person were reinforced online through reflective tasks, case studies, and multimedia resources. Week 7 activities exemplified active engagement, moving beyond content delivery to purposeful application through discussions on adult learning, lesson plan design, and webinar presentations. Structured reflection deepened understanding and promoted PIF, operationalizing andragogy, and aligning with the ICAP framework (see Appendix 2). Discussion forums and reflective assignments bridged theory and practice. Facilitator observations confirmed improved engagement and retention, supported by CANVAS features such as quizzes, forums, and feedback. Overall, integration functioned as both a pedagogical and organizational process, ensuring continuity across modalities, reinforcing learning, and promoting interprofessional collaboration.

Learners reported improved comprehension and engagement, while facilitators noted simplified workflows.

Professional Identity Formation (PIF)

Analysis of participants' experiences in the postgraduate Certificate in HPE showed that professional identity formation emerged as a central theme. Students described identity development as an evolving journey influenced by curriculum, socialization, role modelling, and participation in learning communities. Group activities and learning teams promoted a sense of belonging, while informal peer interactions contributed to socialization. Reflections highlighted the adoption of professional standards, growing commitment to learner centred practices, and increased awareness of equity, including shifts in thinking prompted by discussions on pedagogy and andragogy. For instance, discussions on pedagogy versus andragogy prompted learners to question rigid models and adopt adaptive approaches,

Reflection activities helped learners deepen their metacognitive awareness and encouraged them to critique teacher centered practices within their institutions. Through guided reflection, they also explored more equity conscious approaches to instructional design. Students described using reflection to navigate tensions between personal expectations and professional responsibilities, and several indicators of identity development became evident, including the adoption of more professional discourse and a greater appreciation for interprofessional collaboration. Overall, the program appeared to support identity formation through opportunities for reflection, role modelling, and engagement in community based learning environments.

Implementation Factors

The implementation of the postgraduate certificate program in HPE revealed the facilitators and barriers that shaped its trajectory. Analysis of program documents, reflective accounts, and observations revealed that flexibility, curriculum relevance, and faculty diversity were major enablers, while a heavy workload, technological challenges such as unreliable internet and limited familiarity with the LMS, and difficulties balancing work, study, and personal life.

A key facilitator was the blended design, which enabled health professionals to learn while maintaining their clinical duties. Combining synchronous and asynchronous sessions supported reflection and minimized time away from work. The curriculum's relevance, integrating global perspectives with locally tailored content, was another strength. Visiting faculty offered breadth and expertise, while home faculty ensured contextual grounding. Faculty engagement and diverse expertise further supported implementation. Visiting faculty contributed resources and networking opportunities. Structured tools such as marking rubrics and standardized review meetings streamlined online sessions and assessments. Internal collaborations across UGHE departments and external partnerships expanded resources and expertise, including simulation-based education and tailored content for nursing and midwifery learners. Learners' strong motivation and peer support, including a WhatsApp group that promotes collaboration and sustains engagement.

Curricular Alignment

In our postgraduate HPE program, where learners are both clinicians and educators, alignment ensures that knowledge acquisition is linked to authentic practice and the formation of professional identity. Evidence from curricular documents, digital artifacts, and reflections indicates alignment operates at two levels: within modules (micro) and across modules (meso). The F2F sessions introduced core concepts and launched projects aligned with ILOs, enabling the application of theory to practice. Online phases followed a structured sequence: pre-readings, synchronous lectures, webinars, and review meetings, scaffolding learning and maintaining coherence. Final projects served as summative assessments directly tied to ILOs. At the meso-level, vertical alignment was evident in scaffolding interprofessional education (IPE) competencies. For example, the ITL module introduced teamwork principles, which were applied in Clinical Teaching. However, redundancy emerged between the Clinical Teaching and Assessment and Feedback modules, with topics such as 'performance assessment' reappearing without added complexity.

Emerging Outcomes

Reflective workshop outputs revealed unexpected benefits, including interdisciplinary collaboration,

faculty-led research, and peer mentoring networks. Faculty and HPE students formed a research team that is now drafting manuscripts for publication. Transfer-of-learning projects yielded actionable plans, including revising the scope of practice for health professionals and integrating clinical practice with academic curricula through structured workshops. Another significant outcome was the launch of the Rwandan Health Professions Educators Society, which created a sustained platform for collaboration and advanced educational scholarship nationwide, an achievement that exceeded the initial program goals.

DISCUSSION

This case study explores how curricular documents, workshop outputs, and digital artifacts align with Rwanda's 4×4 health workforce reform pillars. The intentional sequencing in the HPE curriculum aligns with Miller's clinical competence framework [35] and competency-based education principles [2], helping learners progress from foundational understanding to more advanced application in a coherent, scaffolded progression. The use of a blended format aligns with research showing its value in strengthening engagement and deepening learning [27]. Likewise, incorporating reflective, collaborative, and peer-based activities aligns with research demonstrating that these strategies promote theory-to-practice integration and collaborative knowledge construction in HPE [36].

Also, equity was embedded through curriculum design, teaching, and assessment practices. A dedicated module, Principles of Global Health Equity, provided foundational knowledge, while inclusive strategies across other modules operationalized equity [37,38]. Reflections revealed an alignment between structural intentions and learner experiences, underscoring the role of equity in shaping learning environments and professional values [39-41]. The graduation of the first cohort further illustrates how the program contributes to Rwanda's 4×4 initiative to expand the health workforce [42] and exemplifies UGHE's role in advancing collaborative capacity building aligned with national workforce goals.

The patterns observed in participants' accounts of their learning experiences reflect established understandings of PIF as a process [43] shaped by curriculum, socialization, role modelling, and participation in communities of practice [44,45]. The sense of belonging described by learners aligns with Wenger's framework on communities of practice [14], while peer interactions as socializing mechanisms are well supported in the literature [46,47]. The development of professional standards, learner centered commitments, and equity awareness mirrors prior work emphasizing that identity evolves through critical reflection and the negotiation of underlying assumptions [48,49].

The emphasis on reflection is congruent with the literature that structured reflective frameworks, such as Gibbs's cycle, deepen metacognitive awareness and support transformative learning processes [50,51]. Learners' critiques of teacher-centered practices and their movement toward equity-oriented instructional design mirror Cruess's emphasis on integrating personal and professional values within the identity-formation process [43,52]. The way students used reflection to negotiate tensions between personal expectations and institutional demands reflects identity as a dynamic, continuously reconstructed process [45,53]. Additionally, students' adoption of professional discourse and increased valuing of interprofessional collaboration further illustrate how identity evolves through participation, role modelling, and supportive learning communities. Taken together, these findings reinforce arguments that intentional curriculum design, especially the integration of structured reflection and community participation, is essential for promoting belonging, professional growth, and identity development in HPE [43,54].

The blended format appears to have supported participation, consistent with evidence highlighting its accessibility [55-57]. The combination of global expertise with locally grounded content reflects best practice in aligning international standards with national needs [2,52]. Faculty engagement, structured tools, and institutional partnerships further strengthened implementation, while peer support networks echo findings on the role of such communities in reducing isolation and sustaining engagement [58]. The barriers identified in this study, such as infrastructure gaps, workload pressures, and internet access, reflect common challenges reported elsewhere [59,60], and mitigating them requires adaptive strategies that highlight the value of iterative learning [61].

Curricular alignment refers to coherence between

intended learning outcomes (ILOs), teaching and learning activities (TLAs), and assessment tasks [62]. Modules exemplify constructive alignment [63,64], for example, the observed vertical alignment reflects practical consideration that alignment must balance reinforcement with progressive depth [65]. The alignment of content, activities, and assessments demonstrates intentional curriculum design, with the integration of professional tasks into CANVAS, reinforcing application level learning outcomes [66]. These alignments and integrations promote progressive skill development, transparency, and equity while meeting professional and accreditation standards. Rather than a collection of topics, the design becomes an intentional framework for cultivating reflective, adaptive, and scholarly health professions educators. The combined use of discussion forums, reflective assignments, and CANVAS features such as quizzes, forums, and feedback supports active meaning making and real world problem solving, aligning with constructivist learning principles [13,67] Overall, alignment was strong but requires refinement to ensure consistent integration across modules.

The unexpected outcomes, for example, faculty-led research, highlight the importance of collaboration in enhancing research rigor and impact by sharing expertise and providing mutual support [68]. Such partnerships promote mentorship and knowledge exchange, inspiring broader scholarly networks and collaborations [69,70].

The integrated postgraduate HPE model presented in this study reframes education as a strategic lever for enhancing health system performance, embedding competency-based pathways that align with service-delivery realities, from community health centres to referral hospitals. This ensures workforce expansion is accompanied by contextual relevance and sustained competence, reinforcing the 4×4 agenda's focus on quality and equity [71].

Key features of the model include an emphasis on competency based education that responds to national priorities and local needs, ensuring that training remains relevant and aligned with workforce expectations. The establishment of faculty development hubs strengthens pedagogical and assessment capacity across institutions, supporting more consistent and effective teaching practices. The use of distributed training networks across both urban and rural sites promotes equitable access to high quality learning experiences and broadens opportunities for learners at different levels. An integrated assessment approach links formative, progressive, and summative evaluations, creating a coherent system that supports learner development over time. Finally, the inclusion of research and innovation pathways encourages continuous improvement and provides a mechanism for generating local evidence to inform HPE policy and practice.

The model supports the 4×4 pillars by ensuring quality at scale, embedding competency-based regulation, producing context-ready graduates, and linking training to population health needs. Feedback loops between education and service provision inform curriculum refinement with real-world data.

UGHE's HPE model complements Rwanda's goal to quadruple the number of health professionals in four years, reaching the WHO's 4 per 1,000 benchmark [4,11]. Rapid workforce expansion is underpinned by quality and sustainability [8]. Phase one emphasized participatory curriculum design, structured mentorship, and collaborative learning, fostering ownership and adaptability in resource-constrained contexts [2]. Co-creation proved critical for contextual responsiveness and innovation.

As per the current initiative, Rwanda's student population grew from 1,600 to nearly 6,000 [72], necessitating a proportional expansion of faculty. By 2028, 32,973 health professionals are expected to be added under the 4×4 initiative [73]. Meeting this demand requires 460 educators, assuming a 1:15 undergraduate-to-educator ratio and a 1:10 postgraduate-to-educator ratio. All faculty members will complete postgraduate HPE certification within 4 years, with staged training to ensure the quality of teaching and sustainable CPD capacity. By embedding HPE within the 4×4 reform, Rwanda transforms workforce scaling into a sustainable engine for quality, retention, and adaptability, thereby helping to establish future-proof health systems and translate reform ambitions into lasting health gains.

As a single-institution case study, the findings may not be widely generalizable [17]. Data relied on program artifacts and reflections, lacking longitudinal outcomes and detailed performance metrics [24]. Self-reporting biases and group dynamics may influence reflections [74]. Focusing

on one program cycle limits insight into long-term impacts.

CONCLUSION

This study demonstrates the potential of a stepladder-based postgraduate HPE model to develop educator competencies progressively. By integrating theory, applied practice, and structured reflection across foundational, intermediate, and advanced stages, the model strengthens educator competencies, leadership capacity, and scholarly engagement. Evidence from curricular documents and reflections suggests that intentional scaffolding cultivates adaptive, reflective change agents who can drive educational innovation and system-level improvements. The model is transformative in resource-limited contexts, shifting from mere content delivery to empowering educators, educator-leaders, and scholars.

The implications of this work point toward meaningful opportunities for program strengthening, national alignment, and broader application in LMIC contexts. For UGHE, the stepladder model offers a structured way to link conceptual learning with progressively deeper skill application, fostering autonomy, reflective capacity, and more intentional professional identity formation. Drawing on program documents, artifacts, reflective narratives, and observations enables embedded evaluation that supports authentic, continuous improvement. At the national level, aligning postgraduate HPE programs with Rwanda's workforce development priorities and international accreditation expectations helps build a stronger health professions education system and enhances leadership capacity and service quality.

Beyond Rwanda, further comparative and longitudinal research in other LMIC settings could shed light on which elements of the model are transferable and what cultural or contextual adaptations are necessary. Additional inquiry into digital learning analytics, the contribution of structured reflection to identity development, and the cost-effectiveness of such approaches would also support the scalability and sustainability of similar initiatives in resource-limited settings.

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Appendix 1: Curriculum Map for the Postgraduate Certificate in HPE Program, Source: [34, p. 25]

Competencies/EPAs	Core Content Areas for Programs in this HPE Program			
	Innovative T & L	Clinical Teaching	Assessment & Feedback	Curriculum Design
Understand and apply the principles of several teaching methods.	X	X		
Understand and apply curricular intervention	X	X	X	X
Understand and use learning outcomes and appropriate assessment methods			X	X
Understand and use the principles and models of instructional design and educational resources		X		X
Demonstrate innovative teaching methods in practice	X	X		X
Design and implement a curricular intervention.				X
Design and implement an assessment and feedback	X	X	X	X
Design a learner assessment blueprint	X	X	X	
Select and implement standard-setting method	X	X	X	
Create innovative ideas and present			X	X
Critique a curricular change			X	X
Lead and maintain program accreditation			X	X
Conduct a trainee assessment	X	X	X	
Support and mentor trainees or learners	X	X	X	
Develop and strengthen faculty	X	X	X	
Solicit feedback on leadership and teaching	X	X	X	X
Promote a positive T and L environment	X	X		
Work as a team member in a healthcare setting			X	X
Manage program evaluations and reports				X
Analyse determinants of health				
Examine global health disparities				
Evaluate global health policies and interventions				

Appendix 2: Excerpt from Discussion Forum and Reflection Prompt

Week7_M2S1_TL activity # 3_Discussion Forum_Week7_M2S1

Q1. Discuss the significant, identifiable differences between the concept of andragogy, meaning "the art and science of helping adults learn," and pedagogy, the art and science of helping children learn."

Q2. Discuss how to apply the principles of adult learning in your teaching-learning process

Reflective_Question_Syn_Session_Week 7_M2S1

Question

1. Which mode of engagement will be demonstrated when HPE students participate in the following activities?
   - Discussing learning theories in the discussion forum
   - Developing and submitting a lesson plan based on ID models.
   - Listing a 45-minute webinar session.
   - Taking verbatim notes during a synchronized session
2. Write ONE specific learning objective that you intend to achieve and give at least one active learning strategy that facilitates the achievement of the intended learning objective and indicate their mode of engagement (ICAP)