

Evaluation of the "Licence, Master, Doctorate" reform at the Health Sciences faculty of the University of Lomé: strengths and weaknesses

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Research article

Keywords: License-Master-Doctorate; Health-Sciences-Faculty; Togo

Posted Date: September 24th, 2019

DOI: <https://doi.org/10.21203/rs.2.14821/v1>

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Version of Record: A version of this preprint was published at BMC Medical Education on March 31st, 2020. See the published version at <https://doi.org/10.1186/s12909-020-02010-x>.

Abstract

Objective

The aim of this study was to evaluate the strengths and weaknesses of the License, Master, and Doctorate (LMD) reform since its introduction to the Faculty of Health Sciences of the University of Lomé.

Methods

It was an opinion poll conducted from August 1 to November 1, 2018 among teachers of the Faculty of Health Sciences of the University of Lomé. We have studied the general data, the strengths and weaknesses, the problems generated and not yet solved by the LMD.

Results

Seventy-six of the 113 teachers answered the questionnaires. The median age of teachers was 41 years and M / F sex ratio of = 11.7. More than half (64.5%) of the teachers had not received training on the implementation of the LMD reform at the Health Sciences Faculty (HSF).

The course explanation (100%) associated with the delivery of lessons as a mimeograph (89.5%) was the first method of instruction. The main strengths of the LMD were a better system of student evaluation (homework organization, limitation of frauds) (27.6%) and the organization of lessons in teaching unit with teaching unit capitalization (26.3%). The weak points were the lack of human and material resources (27.6%), the plethoric number of students (22.4%) and the fact that the LMD reform is not adapted to the FSS (22.4%). The bloated number of students was the problem caused by the LMD according to 40.8% of the teachers and the problem not yet solved by the LMD was the absence of intermediate degrees actually delivered during the training according to 34.2% of the teachers.

Conclusion

The entry of Togo's public universities into the LMD reform is justified by a subregional integration objective. However, it is necessary to adapt this reform to local realities in order to ensure proper training and facilitate the task for the various actors.

Introduction

Since the Bologna Declaration [1] of 1999 which structured graduate studies in three cycles; the License, Master, and Doctorate (LMD) reform has become the norm for almost all the universities in the world [2]. Africa has not remained on the sidelines of this globalization process even though the entry of African universities has been multifaceted [3]. In Togo, the LMD system was instituted in public universities in 2009 [4]. The application of this reform in the faculties of medicine remains variable from one university to another, especially as the Bologna Declaration does not specify any specificity.

The old system of training of general practitioners in Togo was organized in 3 cycles without any diploma or intermediate opening. In order to gather and create bridges between medical and paramedical studies, the LMD reform was introduced at the Health Sciences Faculty (HSF) of Lomé with the idea of orienting students in the various fields according to their merit at the end of the License's degree: orientation in research master's degree for medical students and professional for students of paramedical schools. Thus at the Health Sciences Faculty of Lomé, the LMD system organizes the course of training of general medicine in 16 successive semesters: 6 first for the license, followed by 4 in master and the last 6 in doctorate. Apprenticeships are structured in a teaching unit to which capitalizable credits are allocated. Theoretical teaching unit are supplemented by a practical training based on skills from the third semester of the license: laboratory, hospital and pharmacy internships.

The objective of our study was to evaluate the strengths and weaknesses of the LMD reform at the Health Sciences Faculty of the University of Lomé since its introduction.

Method

This was an opinion poll conducted prospectively and transversally for a period of 3 months: from August 1 to November 1, 2018. The Health Sciences Faculty of the University of Lomé served as a framework for our study. The study population consisted of A-level teachers (full professor, associate lecturer) and B assistant clinical leaders, assistant professors) from the Health Sciences Faculty of the University of Lomé with a seniority of at least 2 years at the FSS. Honorary, non-resident, faculty, and other faculty at the university but intervening at the FSS were excluded from the study. A self-administered questionnaire on pre-established survey form was sent by email to the teachers. The questionnaire was accompanied by a note explaining the purpose of the survey to teachers. Participation in the survey was voluntary and anonymous. The parameters studied were the general data (age, sex, rank in teaching, subject (s) taught and teaching cycle). The strengths of the LMD reform (training on LMD reform and information and communication technologies (ICT), organization and delivery of courses, TD / TP and exams, the strengths of the LMD reform). Weaknesses and appreciation of LMD (management of students, weak points of the LMD reform), problems generated and problems not yet solved by the LMD reform.

The data analysis was carried out using epi-info software 7.

Results

Of the 113 resident teachers of The Health Sciences Faculty, 76 had completed the questionnaires, giving a response rate of 67.2%. The median age of teachers was 41 years old. Of the 76 teachers who completed the questionnaires, 6 (7.9%) were female, with an M / F sex ratio of = 11.7. Grade -A teachers accounted for 43.4%.

The departments of medicine and medical specialties (35.4%) and surgery and surgical specialties (34.2%) had the highest number of teachers. Fifteen (19.7%) teachers were in the Department of Basic and Biological Sciences; 7.9% in pediatrics and 1.3% in obstetrics and gynecology and public health. Each teacher was involved in one or more courses. Most of the teachers took part in the master 58 course (76.3%) followed by the doctorate (56.6%) and the license (47.4%).

More than half (64.5%) of the teachers had not received training on the implementation of the LMD reform at the FSS. However, 56.6% had at least one ICT training (Table I). Of the 43 teachers who received ICT training, 68.6% said they were not trained by the health science faculty.

Most (90.8%) of the teachers reported that the health science faculty had provided them with video projectors.

The course explanation was made by everyone. It was mainly associated with the delivery of courses in the form of mimeographed support (89.5%) and projection of the power-point course (82.9%). All teachers reported that the courses they taught at the FSS were not posted (Table I). In comparison with the old FSS education system, the majority of teachers (85.5%) thought that the introduction of the LMD reform at the FSS made it difficult to organize their teaching. For 23.7% of teachers, the LMD made their relationship with students difficult (Table I).

According to the teachers, the main strengths of the LMD at the FSS were a better system of student evaluation (homework organization, limitation of frauds) (27.6%) and the organization of teaching unit lessons with teaching unit capitalization (26.3%) (Table II). The main weaknesses of the LMD reform were the lack of human and material resources (27.6%), the plethoric number of students (22.4%) and the fact that the LMD reform is not adapted to the FSS (22.4%) (Table II). The resources mentioned were the small number of teachers, support staff (secretaries, computer specialists); the material resources of which lecture theaters / classrooms, libraries, computers for students, internet connection, hospital structure to accommodate students during training courses.

About half of the teachers (40.8%) mentioned the large number of students as a problem caused by the LMD reform at the FSS (Table III). Problems not yet solved by the LMD reform were the lack of intermediate degrees actually delivered during training (34.2%), the lack of guidance in the various streams 32.4% and courses that are not put online (19.7%) (Table III). One teacher spoke of the fact that the LMD reform does not care about the competence of the trained students, but focuses only on theoretical teaching.

Discussion

The main difficulty of our study was related to the filling of the questionnaires by the teachers. Indeed, the response rate was 67.2%. This rate is low compared to a similar Algerian study in the French department with 100% return [5]. This low response rate may be due to the data collection method used for our questionnaire (mail); knowing that the response rate of online surveys without financial incentives is

generally between 6% and 15% lower than those of other so-called traditional methods [6,7]. In addition, it is not excluded a distrust on the part of teachers to decide on the reform LMD.

The majority (64.5%) of the health science faculty's teachers had received no training on LMD reform. This could limit the understanding of the LMD by the teachers responsible for applying it. The lack of teacher training prior to the introduction of the LMD reform in African universities was raised by HUGON and collaborators [8]. In Algeria [5] several university partners (teachers, students, and administrative staff) claimed that the LMD reform was hasty and specifically raised the problem of lack of training.

In our study 56.6% of teachers had received computer and communication technology (CCT) training. Our results are higher than those of Fomba and collaborators in 2011 in Mali, who found that 22% of teachers had sufficient mastery of computer tools for dispensing the course [9]. Regarding the method of delivery of courses, the observation of our results shows that the explanation of the mimeographs (89.5%) or power-points (82.9%) were the methods most used by teachers of the faculty. Only 60.5% of teachers provided students with a digital version of their courses. In a previous study of several faculties at the University of Lomé, the health science faculty's teachers sent out the few teachers who used digital media to run classes [4]. Our results are also close to those of Bachir and collaborators in Algeria [10] or the course using a digital medium, the reading and the commentary of the texts or the mimeographs emerged as teaching methods. Because CCT education is one of the objectives of the LMD reform, although nearly half of the FSS teachers have not received CCT training, we have seen commendable efforts by their teachers to adapt to the requirements of the LMD.

No courses provided at the health science faculty of Lomé were put online, tutorials and practical works were organized in respectively 59.2% and 38.2% of cases. In a previous study in Lomé, no teacher from the different faculties of the University of Lomé put the courses online [4]. Although we did not interview teachers about the reasons for not organizing their tutorials and practical works, the lack of material resources (labs) and / or human resources (teachers) can explain this. The weakness of material resources in the implementation of the LMD was also reported in Algeria [5].

One of the strong points of the LMD reform at the Health Science Faculty was, according to the teachers, the best system of evaluation with limitation of fraud (27, 6%). The evaluation in the LMD reform requires two examinations organized by the institution at the end of each semester. This same type of evaluation was found by Bachir in Algeria [10]. The organization of education by teaching units and capitalization would also be a strong point of the LMD according to 26.3% of teachers. The organization of education in the teaching units has been the basis of the LMD reform in several African universities [9–11].

The lack of both human and material resources was the first weak point raised by teachers (27.6%) in the LMD reform. This is a general finding in several African universities [4, 9, 12].

The lack of an intermediate diploma and orientation was mentioned by 34.2% of teachers as an unresolved problem by the LMD reform. Indeed, in accordance with the principles of the LMD system, the idea of introducing this reform in the universities of Togo in general and the medical school in particular

was among other things to combine the license of all branches of health sciences. The different streams were to be individualized only from the Master: research master for medical students and professional for students of paramedical schools according to a numerus clausus. Its attempt to apply met with the ambition of all the students having validated the license of continued in the medical sector whereas in principle some had to be oriented in the paramedical schools. This situation is responsible for the plethoric number of students and has forced to reintroduce the numerus clausus in first year. Finally, there is still no intermediate diploma and transhumance students as desired by the LMD system. This shows the lack of preparation of African universities for this reform; leading 22.4% of teachers to say that the LMD would not be suitable for the Health Science Faculty.

The LMD reform would also be responsible for the absenteeism of students in the course (according to 17.1% of teachers) and internships (14.5% of teachers). The hospital internship is an integral part of medical training, a large number of students could be responsible for a drop in the quality of student training mentioned by 5.3% of teachers. Despite these difficulties, the integration of the LMD system no longer becomes a choice, but a necessity [13].

Limitation

the main limitation of our study is related to the reluctance of some teachers to give their opinion on the LMD reform to the FSS of Lomé.

Conclusion

The entry of Public Works of Togo in the LMD reform is justified by a willingness of regional harmonization. This study is to highlight the strength and low points of this reform. It is therefore necessary to rehabilitate it to local realities to ensure students with good training in compliance with international standards.

Declarations

Ethics approval and consent to participate

This study was approved by the faculty of health sciences, University of Lomé. We obtained the approval from the participants. The participants gave their consent, after the verbal explanation was delivered. The survey was anonymous and confidential.

Consent to publish

The faculty of health sciences, University of Lomé authorized the publication of this manuscript.

Availability of data and materials

Extracted data are with the authors and available for sharing on request.

Competing interest

The authors declare that they have no competing interests.

Funding

None

Authors' contribution

JNT, EK, BS: participated in data collection, wrote the manuscript, revised and finalized the manuscript. All the authors had read and approved the final manuscript to be submitted for publication.

List Of Abbreviations

FHS: Faculty of Health Sciences

LMD: License, Master, and Doctorate

CCT: computer and communication technology

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Tables

Table I: Teachers training on reforms, distribution methods and LMD influence on teachers and students relationships

| | Yes N | (%) | No N | (%) |
|---|----------|------|---------|------|
| Training on implementation of LMD system | 27 | 35,5 | 49 | 64,5 |
| Training on ICT | 43 | 56,6 | 33 | 43,4 |
| Methods of dispensing courses | | | | |
| Course's Explanation | 76 | 100 | 0 | 0 |
| Handout Supports | 68 | 89,5 | 8 | 10,5 |
| power-point Projection | 63 | 82,9 | 13 | 17,1 |
| Numeric Version of courses | 46 | 60,5 | 30 | 39,5 |
| Illustration by iconography | 43 | 56,6 | 33 | 43,4 |
| cours dictation | 2 | 2,6 | 74 | 97,4 |
| Teaching organization | | | | |
| Online courses | 0 | 0 | 76 | 100 |
| tutorial Organization | 45 | 59,2 | 31 | 40,8 |
| practical works Organization | 29 | 38,2 | 47 | 61,8 |
| Tutoring system training | 0 | 0 | 76 | 100 |
| LMD influence on teachers and students relationships | | | | |
| The LMD made difficult your teaching's organization * | 65 | 85,5 | 11 | 14,5 |
| The LMD improved your relationship with medical students | 5 | 6,6 | 71 | 93,4 |
| The LMD made difficult your relationship with medical students | 18 | 23,7 | 58 | 76,3 |
| Le LMD made any change on your relationship with medical students | 54 | 71,0 | 22 | 28,9 |

Table II: Strengths and weaknesses of LMD reform at the Health Science Faculty of Lomé, generated problem and resolved problems by the reform

| | n | % |
|--|----|------|
| Strengths of LMD reform | | |
| The best r evaluation's system, little fraud | 21 | 27,6 |
| Organization of education into teaching units and capitalization | 20 | 26,3 |
| personal Research and involvement of the student in his training | 15 | 19,7 |
| Teaching by ICT | 11 | 14,5 |
| fluidity of teaching | 5 | 6,6 |
| Semestrialization of the year | 4 | 5,3 |
| program Harmonized among universities | 3 | 3,9 |
| Others | 6 | |
| Weaknesses of LMD reform | | |
| lack of resources (human being et material) | 21 | 27,6 |
| Plethoor Number of students | 17 | 22,4 |
| Unsuitable reform | 17 | 22,4 |
| Lack of training and information of teachers | 13 | 17,1 |
| Lack of ICT materials (network, ...) | 10 | 13,2 |
| Difficulty of application the reform | 7 | 9,2 |
| No intermediable diplomas, | 5 | 6,6 |
| I don't know | 5 | 6,6 |
| Poor practical training (stage) | 4 | 5,3 |
| Courses not put online | 3 | 3,9 |
| Too much workload for the teacher | 2 | 2,6 |
| Difficulty of organizing exams | 2 | 2,6 |
| Dummy multiplication of exams | 2 | 2,6 |
| Unsuitable hospital structures | 2 | 2,6 |
| Each discipline considered as teaching units | 2 | 2,6 |
| Others | 7 | |

Tableau III: generated problem and unsolved problems by the reform at the health science faculty of Lomé

| | | |
|--|----|------|
| unsolved problems by LMD | | |
| Lack of intermediabile diploma | 26 | 34,2 |
| Lack of orientation Absence d'orientation | 26 | 34,2 |
| Courses not online | 15 | 19,7 |
| Lack of resources | 11 | 14,5 |
| Plethoric number of students, | 8 | 10,5 |
| I don't know | 8 | 10,5 |
| No bridge between the different domains | 4 | 5,3 |
| Lack of ICT | 4 | 5,3 |
| Difficulty of organizing exams | 3 | 3,9 |
| Teachers training for the implementing the reform | 3 | 3,9 |
| Harmonisation of the education | 3 | 3,9 |
| Unsuitable hospital structures | 2 | 2,6 |
| Others | 3 | 3,9 |
| Genereted problems by LMD | | |
| Plethoric number | 31 | 40,8 |
| Absenteeism during courses | 13 | 17,1 |
| Absenteeism during internship | 11 | 14,5 |
| Lower level of knowlege of students | 11 | 14,5 |
| Increased need for teachers | 4 | 5,3 |
| Too much workload for teachers | 4 | 5,3 |
| Difficulty in managing exam marks | 5 | 6,6 |
| Illusion given to students about the possibility of bridge | 3 | 3,9 |
| I don'tknow | 2 | 2,6 |
| No intermediabile diplomas | 2 | 2,6 |
| Difficulty of organizing internship | 2 | 2,6 |
| The infrastructures de la faculty are no more under the control of the faculty | 2 | 2,6 |
| Misunderstanding between teachers and students | 2 | 2,6 |
| Others | 5 | 6,6 |