Table 1. PRECEDE model for health science teaching in the DRC

**Educational diagnosis**

*Predisposing factors*
- **Knowledge:** Existing (experience); multidisciplinary (learning theories); pertinence (theoretical and practical needs); professional techniques; evidence-based education/information…
- **Attitude:** Ready for a radical move in concept (changing paradigm); favourable to appropriate and adapted technologies
- **Perception:** of one's role (pedagogic, medical, professional…)
- **Believes:** representations of health problems

*Capacitating factors*
- Individual access to ongoing training; individual access to databases; ability in techniques of care; ability in learning techniques; individual adaptation of methods and tools; capacity and competence in situation of multiple common problems; critical analysis; analysis of one's practices; research capacities; capacity in

*Reinforcing factors*
- Teaching follow-up and mechanisms of individual and collective feedback
- Teamwork
- Life experience
- Network of schools in nursing sciences

**Behavioural diagnosis: Behavior of the actors**

*Population:*
- Participate in the management of its health system
- Adopts democratic behaviour

*Teachers, tutors:*
- Link theory and practice to field reality
- Update their course content and methods
- Do not update knowledge in their lectures

*Tutors:*
- Propose a rigorous framing

*School directors:*
- Support sufficiently the continuing education of teachers

*Health personnel:*
- Involve the population

*Schools / students:*
- Pupils often absent
- Pupils do not learn autonomously

*Central administration:*
- Does not collaborate well

*Donors, NGO:*
- Work independently from political circumstances
- Work coherently with global objectives and not only for their own priorities

**Environmental diagnosis**

- Health staff salaries, teachers' salaries…
- Quality of the infrastructure (medical, training, housing…)
- Lack of teaching and medical equipment
- Collective access to ongoing training and databases
- High number of pupils
- War and political instability

**Institutional diagnosis**

- School project – Percentage of budget assigned to health – Strategic orientations of the health policy and operational planning – Coherence of programs and evaluation with the expected capacities of human resources – Existing legal body, such as a nursing council, to ensure quality control – Institutional transparency between professionals: doctors, nurses, teachers – Norms coherent with the expected change – Career scheme in relation to job descriptions and required qualifications – Existing mechanisms for intersectorality or multidisciplinary approach – Lack of data bases on human resources