

MAKING A DIFFERENCE

An Interview of Ron Richards



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Jane Westberg, PhD
Associate Editor,
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Early in your career I believe you taught social sciences in high school and earned a master's degree in social science education at Michigan State University (MSU). Then you began working on your PhD in Administration and Higher Education—Organization Theory at MSU. What drew you into the health professions?

I was interested in how technology influenced the work of health professionals in organizations. That led me to be interested in the development of health professions education curriculum and the evaluation of students and programs. Then I went on the faculty of the new College of Human Medicine. I provided assistance to teachers about curriculum development and the improvement of their instruction.

In 1971 you became Associate Director of OMERAD (the Office of Medical Education Research and Development) at MSU. The next year, when Hill Jason,

the founding director of OMERAD, stepped down, you became the director. What do you remember about that period?

The fundamental reason for the existence of a unit of medical education and, therefore, the reason that the then Dean of MSU's College of Human Medicine, Andrew Hunt, created OMERAD was to reform the way in which medical student training occurred. When I took over from Hill, I remember using all of the tools that were in our bag to try and reform medical education—evaluation, instructional technology, curriculum, faculty development, etc. Hill had emphasized the need to reform medical student education, especially, but not only, in the area of communicating with patients. He had gathered very capable people around him to do that task. It was my job to continue what he started.

I remember putting PBL to work very soon. (MSU called them “focal problems”.) We had a faculty retreat on admissions in which faculty worked together on focal problems and made admission decisions about hypothetical candidates. Then they discussed what they did.

In 1974 Don Weston enlisted me to help with the planning of the Upper Peninsula Medical Education Program of MSU. I became the founding assistant dean of the program, and my family and I lived in the Upper Peninsula of Michigan for 4 years.

This program was innovative in two ways. We were educating health professionals so that communities would benefit from the graduates. In order to do that we had to share power between the university and the communities. Power over how budgets were expended. Power over who was admitted. Power over what the curriculum would be and so on.

This pilot project involved about 10 or 15 students. The first two years were problem-based. The last two years were primary care oriented. Most of their clerkships were outside the hospital. Typically students only went to the hospital to track patients. For pediatric in-patient work they had to travel out of the area to larger hospitals.

My responsibilities included just about everything—admissions, curriculum development, evaluation, instruction, performance, relationships with the community, and relationships with the university.

In 1978 I went back to the main campus of Michigan State for a year. There I provided educational development assistance to medical school departments and affiliated residency programs, and I conducted faculty development workshops for the College of Osteopathic Medicine.

Then in 1979 I became Director of the Center for Educational Development (CED) at the University of Illinois. It was the largest and oldest organization of its kind and offered a master's degree in health professions education. We did research, development, and teaching in clinical education, medical decision analysis, ethics and humanities and other areas. CED provided consultative services to the Health Sciences Center's College of Medicine, Nursing, Pharmacy, Dentistry, Allied Health, and the School of Public Health. I was director for 10 years.

When did you first interact with The Network?

In 1979 Tamas Fülöp, who was then Director of WHO's Human Resources Division, invited me to be one of the founding members of The Network. He brought together in Kingston, Jamaica a group from the various regions of the world, including David Maddison, who was the Founding Dean at Newcastle [University of New Castle, New South Wales, Australia] and Moshe Prywes who was the Founding Dean of Ben-Gurion University in Beersheva, Israel. Also at the meeting were Florentino Herrera from the College of the Philippines in Manila, Ramon Villarreal from Mexico [Metropolitan University in Xochimilco], John Jack Sibley from Canada, and Cosme Ordonos from Cuba. Tamas, with help from Fred Katz, pulled all of us together, and The Network was formed. David Maddison took the lead.

I wasn't very involved in The Network in the early years. However, when I went to CED our interest was to renew our international reputation. Tamas Fülöp was contemplating ending our World Health designation as a collaborating center. We turned that around. We recruited people like Arthur Elstein to be concerned about the education of physicians.

We also developed a masters program with USAID funding for the Suez Canal Medical School back in the 1980s. Many of the leaders of the program at Ismailia, Egypt now are graduates of the masters program at Illinois. We sent faculty over there to teach 2-week blocks in curriculum and instruction, evaluation, and leadership. To increase the relevance of what was taught, two faculty from the States were paired up with one of their faculty. Then faculty from the Suez Canal Medical School came to the States for three months and shaped up their theses either with data they collected before they came or after they were here.

Did you become more involved with The Network?

A little bit. I attended the international meetings, but I wasn't particularly involved until I went to the Kellogg Foundation. Kellogg provided The Network with funding for the development of some books. Vic Neufeld was the first author on two books: one on leadership for reform in health professions education and one on how to design the curriculum around highest priority health problems.

Kellogg had Project UNI in Latin America. The fundamental purpose of Project UNI was to graduate health professionals—doctors, nurses, and public health workers. The health care needs of communities was the top priority. To address these needs, the people involved in Project UNI established linkages with their communities, and they strengthened the interest of Latin American faculty in educational issues.

Project UNI was patterned after a project in the States I started at Kellogg called Community Partnership with Health Professions Education. It goes back to my continuing interest in involving communities with health

professions education. I urged Marcos Kisil, who was head of Project UNI, to put some financial support behind The Network and to try to make it more relevant to the needs of Latin America, mainly through the translation of things into Spanish. Even though the main language of the annual Network conference is English, some of the keynote addresses were simultaneously translated into Spanish.

Pedro Gordan (at the Universidade Estadual de Londrina) in Londrina, Brazil got involved in The Network through Project UNI. So did Benjamin Stockins (at the Universidad de la Frontera) in Temuco, Chile. The Project UNI people were told that The Network was important and they should get involved in it. They did, and they now continue to be involved even though the financial support from Kellogg is gone. This was a strengthening of The Network through the Latin American involvement.

The Community Partnerships Program in the US, which included seven health professions education programs, was the catalyst for the UNI program in Latin America that included 22 schools in the health professions and the Community Partnerships for Health Personnel Education in South Africa that included seven schools in the health professions.

How did you get the Community Partnerships Program started?

In 1984 Russ [Russell] Mawby, then CEO of the Kellogg Foundation, wrote a piece called “Our health care system out of sync”. The article grew out of his frustrating experiences with not being able to get anyone in the health care system to really talk with him during the illness and death of his brother.

I began working at the Kellogg Foundation in 1988. About 1990 Mawby came into my office and said, “Is there anything we can do about graduating physicians who are more responsive to the needs of people? Can’t we do something to improve their communication skills?” I said, “It will take a lot of money.” He asked, “How much?” I replied, “About 50 million.” He said, “Okay.”

We started the Community Partnership with Health Professions Education. We said it ought to be multidisciplinary, be linked with communities, and out of hospital (primary care). These three factors are also the basis for another Kellogg program called the Graduate Medical and Nursing Education Program. Both programs were trying to achieve the same purposes.

Who did you first work with to get it started?

We selected 13 health professions education programs on the basis of proposals they had submitted. We saw this as a major kind of reform that can’t be done over night, so we brought these people together and told them what we wanted. We site visited all 13 programs and then winnowed the number down to seven.

How was Project UNI developed?

Marcos had heard about the Community Partnership Program. He contacted me. Marcos brought it up with Kellogg and took it from there. There was a lot of overlap between what we did in the US and what Marcos did in Latin America. He had his people come to several of our meetings, and he brought us down to Latin America.

The local departments of health in Latin America had been involved in medical education for a long time. Students were already out in communities in a variety of ways. So Marcos had less of a challenge involving public health than we did in the States.

There are two steps in involving communities. The first step is to be of service. In Latin America the schools were already doing this. The second step is to involve community representatives so that the education of health professionals is responsive to the various cultures and needs of communities. Doing this was their challenge. They were forced to create a series of linking organizational structures. Some of them were advisory committees. Others were incorporated bodies and thus legal bodies.

The Network started out mostly in medical education. The programs in Latin America and South Africa, which included nursing education, were all encouraged to be part of The Network. When they got involved, The Network expanded and became more about health professions education.

What activities have you undertaken lately?

I have been primarily interested in preparing leaders to build bridges between universities and communities. First I did this as Director of the International Center for Health Leadership Development. Now I'm Professor of Health Policy and Administration. Along the way I have provided leadership to several network sessions on leadership development. The next one, "Leading Curriculum Reform", will be held one day prior to the Londrina Conference.

What directions would you like to see The Network take in the next few years?

I would like to see it continue to emphasize the primary care orientation. I'd like to see it become more multiprofessional. And I would like to see more community involvement, not just institutional involvement.

What form would you like community involvement to take?

I would think that an institution like The Network that is concerned about community involvement ought to regularly have community representatives at its annual meetings.

You will soon be the new editor of Education for Health. What are your visions for the journal?

The journal should emphasize the quality of the submissions. We should encourage, as we have, the involvement of developing countries. We should

emphasize qualitative research methodology. Like the *Health Affairs Journal*, we should emphasize what they call “narrative matters”. Stories about people should be written up with the assistance of an editor. The journal should reflect the direction of The Network, so if we’re involving community there should be more stories from community people.

We should involve more community people in a variety of ways. In so doing I think you end up changing the very nature of health professions education.

Involving the community in health professions education seems to have been an important theme in your career. What led to your conviction that this is important?

It’s a philosophy. Health care should be for everyone on his or her terms. It shouldn’t be a commodity that people make money on. That philosophy has driven me throughout most of my career.

Did you have any personal experiences with health care that helped shape your thinking?

No. I think it’s a personal belief in the worth of human beings. I was very much shaped by Andy Hunt’s view of the College of Human Medicine. [Andrew Hunt was the Founding Dean of the College of Human Medicine at Michigan State University.] It’s almost a college of *humane* medicine. I also thought that Hill’s [Jason] emphasis on teaching communication skills to medical students at Michigan State was central.

Human beings should matter, and everyone ought to have health care.

Thanks very much. And all the best with your new responsibilities as journal editor.