

MAKING A DIFFERENCE

An Interview of Pedro Gordan



Pedro Gordan, MD, PhD, is (Acting) President of the State University of Londrina in the state of Paraná in Brazil. He was dean of the Health Sciences Center from 1994 through 2001. I spoke to him during the annual meeting of the Network in Londrina in October 2001, which he and his institution hosted. We also spoke by phone and corresponded by e-mail. This is an edited, abridged summary of our conversations.

Jane Westberg, PhD
Associate Editor,
Education for Health

Thanks for agreeing to be interviewed, especially at this busy time. What led you into your career in medicine?

I am the only son of an immigrant family from Central Europe. Before I was born, my parents wanted me to be a doctor. I agreed with that idea. When I was 18, I took the big exam for entry into medical school. There were 28 candidates for each student position. I was admitted to the medical school in Curitiba, Brazil in 1962.

After I entered medical school, I lost my parents in an interval of three years. They wanted me to be a doctor, but they weren't able to see me graduate.

How sad.

This is life. After graduation I did a two-year residency in internal medicine and nephrology. I finished and came to Londrina in 1970 as an assistant professor in internal medicine. This medical school was just beginning. In the 1960s we had a *coup d'etat*. The middle class who supported this *coup d'etat*

wanted a lot of medical schools, so a lot were created. One was in the University of Londrina.

I was here for 2 years. Then I needed to specialize. My wife, Orides, our two children, and I moved to France where for 2 years I specialized in nephrology. (Later we had one more child.) I returned to Londrina in 1974 where I worked on my doctorate in nephrology, which I received in 1976.

From 1976 to 1994 I was an adjunct professor in nephrology. I was in kidney transplantation. We built a wonderful team. We did the first kidney transplant in our state. I was responsible also for all of the dialysis units here in Londrina. But even though I could earn a lot of money, I wasn't very satisfied with my life.

During this period I was engaged in every political and educational movement here at the university. We have elections here for the deanship. In 1990 I ran for vice-dean as a representative of the clinicians and lost against a community-health professor, Marcio Almeida (MD, PhD). This very smart guy was the first one of our graduates to be elected dean. In 1992, with his leadership, the Health Sciences Center was awarded a grant from the W.K. Kellogg Foundation enabling us to have one of the six Brazilian UNI Projects for the education of health professionals. (UNI in Spanish is Una Nueva Iniciativa.) This international program was meant to integrate academe, health services, and the community in a concerted and comprehensive form of interaction.

By the end of 1992 Dean Almeida presented a plan for curricular change that involved the Health Sciences Center of the State University of Londrina, the health services, and the community of the Southern Region of Londrina. He promoted active student learning methods and the creation of a new multi-professional approach to integrate all five health professions programs (medicine, nursing, physiotherapy, pharmacy, and dentistry) in the Health Sciences Center.

The resistance to change was very strong, particularly among surgeons and highly specialized clinicians who claimed that Dr. Almeida wanted to transform our medical school curriculum into a public health curriculum. The resisters said we had produced good doctors for years and no change was needed.

Dr. Almeida prepared our school for the change process, but since he was not a clinician, he had political difficulties. So in the next term he supported my candidacy for dean. In October 1994, with the help of a coalition that included all department heads, faculty, and students, I was elected dean of the Health Sciences Center. And so my life began as an educator. At that time, though, I was a teacher but not really an educator.

Those of us who were front-liners from our medical school wanted to change things. A group of faculty, mainly founding members, were frustrated because they had not yet achieved their original dream of creating an innovative medical education curriculum. Our children, including my three children, were in medical school. They were very angry about our medical school.

What in particular were they upset about?

The system, especially the big classes. They didn't like the fact that the curriculum was mainly theoretical with no integration between the basic sciences and clinical care.

For Brazil, we had a good medical school. We grew good doctors, but it wasn't ideal. We had a lot of problems with evaluation and with faculty development. We still have those problems, but they were bigger then.

At that time other schools in the world were changing because of the international outcry for health care and medical education reform. That was another influence for change. We also had a national movement for change in Brazil. A nationwide initiative to evaluate medical education in Brazil uncovered many deficiencies.

So in addition to internal forces that supported change, it sounds like there were also several external forces supporting change.

Yes. Also, Kellogg money enabled us to have training opportunities and to develop relationships that were crucial for developing leadership and creating a critical mass of between 30 and 50 educators at our school who wanted to provide better health professions education. We learned from McMaster University and the programs at Sherbrooke and Maastricht. We also had support from the Network and WHO.

When I became a dean I didn't have the slightest idea about what it meant to be an administrator and an educator, so I tried to learn a lot. In October 1994 I met Pauline Vluggen and Henk Schmidt at the Network meeting in Monterey, Mexico. This was the beginning of my Network life.

At our school the term for dean is 4 years. Usually deans don't have two terms, but in 1998 I was re-elected dean. In 1998, I wanted to shift my career into education, so I began my master's degree in health professions education at UIC [University of Illinois, Chicago]. This changed my life a little more. (I just finished my degree in April 2001.)

I shifted to being full-time in education, but I never left my clinical practice. I still work in the intensive care unit once a week. I don't want to lose my skills. I want all the people who work with me to keep their links to their original careers in medicine, nursing, physical therapy, or whatever work they are doing.

How would you describe your program?

In medicine we are on a straight, orthodox, problem-based approach. I used to say that we are a Maastricht clone with Brazilian spice. Now we are differentiating. We're using "the Londrina approach". The framework of the curriculum is the same but we have much more community interaction. We have different kinds of electives. All the problems are not only translated but they are rewritten for our conditions here. We've also changed our evaluation system.

What about the nursing students?

The nurses didn't like PBL. Here in Brazil we are hugely influenced by Paulo Freire, so before there was PBL there was *problematization*. This is like inquiry-based learning. You have a problem in the community or with the patient. You must inquire about it. You must get information. And then you must have an action. Like PBL, it's a process of reflection. It's usually linked to social and epidemiological problems. Rather than working with paper-based problems, the nursing students usually deal with a real problem from their day-to-day work in the community or hospital. The nursing educators use medium-sized groups of about 18 students. Sometimes they join all of the students (about 60) together.

To what extent are your students in medicine, nursing, physiotherapy, pharmacy, and dentistry learning together?

When Marcio became dean and Ana Ito (a pharmacist by background) became the UNI academic coordinator, Ana started a program called PEEPIN that is still continuing. One afternoon a week throughout Year 1, students from all five professions come together in multi-professional student groups of about 15 people each led by a tutor. The groups learn the scientific method and how to work in the community. Each group identifies problems in the community that they study. Some groups work directly with community groups on projects. At the end of the year, the groups share what they've learned with the community.

In Year 2 medical students and nursing students are in separate groups one afternoon a week. The medical students were the first ones to have groups that focus on research, services, or other community work. When the nursing students started this course, we tried to put them together with the medical students, but this was not a big success. There are problems with schedules and other things. We also have not had success in getting the other three professions involved. But we keep trying.

Each year the medical curriculum is more complex. By the fourth year, the students are working in the communities in health care centers in Londrina and near by cities. They also have electives where they can go all around the country.

Community integration is very complicated. We're not very successful yet. The community and the services have different cultures. We have trouble getting instructors. The people who work in the community are from the municipality, not from the university. Having students makes more work for them. The students don't like the program. Only the people from the community like it. We are problem-based and inquiry-based but not yet really community-based. The students are still mostly in the hospital.

We've been trying for 9 years to put the community, the services, and the university together. We have had some success, but we won't get the Nobel Prize. The people from the services are not trained to teach. They aren't paid to teach.

Do you have any way of rewarding community clinicians for their teaching?

Now we are coming closer in our understanding with them. They can come to the library. We have faculty development and service development (CME). The UNI project is paying for them to go to conferences. We are progressing.

Do community teachers have university appointments?

This is an enormous problem. The university isn't prepared to give them university titles. But I think it will be possible in the coming years.

Within the school there is also resistance to change. There's a continuous fight between the innovators and the resisters. Many of the resisters are specialists and surgeons. We have trained our teachers in PBL. Everyone is a tutor doing PBL, but it's not clear that we've changed their minds.

It can be hard for specialists and surgeons to give up power.

We must put ourselves in their place and see how hard it is for them. We want to improve our faculty development program.

Do you have nurses and physicians together when you do faculty development?

Yes. This is one of our cornerstones. My vice-dean, Olga Takahashi, was a nurse. She now has become the dean of the Health Sciences Center. She's doing a good job. She's very respected. She is a nurse who got her MHPE in Dundee.

Where is your school in the change process?

We think our reform cycle will take about 20 years. We have had 8 years, and we need another 12. We have to keep reforming the reform. The other three professions are coming along. We hope that soon the students will be learning together.

It's very complicated to change people's mentalities. I think it's the next generation of doctors who will really change the school. They will have been trained in the system. Until this first generation comes back, it will be hard to say that change is consolidated.

We aren't just changing our school. We are part of a big movement in Brazil to change our whole health care system and make it more primary care focused. The changes in health care and education must be done in synchrony. We have to prepare physicians and other health professionals to work in the new health care system. Also they should have a social conscience.

What are some lessons that you're learning?

We must live with and respect our differences. And we must work out some differences. For a long time we tried to reform things without talking to people. We've learned that negotiation is the main instrument. We must negotiate every subject, every detail in a very horizontal way. Doctors' reasoning has

been vertical *vis-à-vis* other professions. Now we are learning to work together. This isn't very easy. We have to come up with new strategies to overcome resistance. We use every strategy from Machiavellian to "buying people". We've done everything we can to overcome resistance, but, as you probably know, about 15–20% of the resistance you'll never overthrow.

Until they pass on.

We're waiting. But there is new resistance also. We just made an inquiry and between 60 and 70% of the faculty is pro change.

Another lesson is that we did some things without knowing what we were doing. We observed other people using new strategies, but we didn't study the literature before trying new strategies ourselves. So we reinvented the wheel more than once. Now four years later we're ready to have a comprehensive faculty development program. We should have done that before.

It sounds like you as a faculty are doing your own problem-based learning. As you encounter problems, the issues come more alive. Then you're more ready to read and learn.

We have done it the hardest way we could. We didn't know what to learn because we hadn't yet encountered the problems. We are learning through problems and by problems. We now know exactly what we should do. We are even selling our experience to others. They do it better than we do. We learn from them.

I understand that you are helping three new schools here in Brazil.

The school that just opened in our capital, Brasilia, has a problem-based curriculum. The idea for this medical school was born in Londrina and the University of Marilia. We did training and faculty development with them. Another school is in Bahia (Ilhéus–Itabuna) where our great writer Jorge Armado lived and wrote before he died recently. It was interesting to build this school from the bottom up without the problems we have here. Starting fresh is easier than going through the painful change process.

Yes, it can be difficult to change well-established mindsets and habits. Has your school also been involved in preparing the faculty at the new school in Bahia?

Yes. We're going through the same process that we did with the school in Brasilia. We are also working with the University of New Mexico in helping a new school in Roraima, in one of the northern states in Brazil where there are several Indian nations.

What are your dreams for the future here in Londrina?

I have a dream, and it will come true. In the next 10 years we will be developing the best center for health professions education in the country. For that we are

preparing a critical mass of nurses, physicians, physiotherapists, pharmacists, and dentists. They are studying health professions education and getting graduate degrees in Britain, the US and elsewhere. These well-educated health professionals will be the core of our health professions education center.

We'll put together in one center all the people who are working on health professions education reform. We are all full-time teachers, but we will continue to work in our basic fields so we don't lose our clinical roots. We will learn together, plan together, and multiply our experience outside Londrina by going to other schools and by bringing people here.

The Education Ministry in Brazil has directed our more than 100 medical schools to become more primary care and community oriented. We want to be a place where health professionals can prepare themselves to make those changes in their schools. We want to put Londrina in the center of educating health professions in Brazil.

What are your dreams for yourself?

I think it was the best thing in my life that I changed my paradigm. I don't know what I'm going to do after my presidency, but for sure, I will be working in the field of education.

As I step back I realize how many things we have achieved at Londrina. I'm optimistic about our future.

As I've been meeting your faculty and students and learning about your program, I think you have good reason to be optimistic. Thank you for sharing your thoughts.