



INTERVIEW

Making a Difference: An Interview with Bernard Groosjohan

G Majoor

Associate Secretary General The Network: TUFH, Netherlands

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Majoor G

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From 2000-2007 Bernard Groosjohan MSc was Dean of the Faculty of Medicine of the Universidade Católica de Moçambique (UCM). Led by Bernard Groosjohan, this medical school in Beira - in the central part of Mozambique - established a problem-based and community-oriented medical programme. In 2008 Bernard became advisor to the Rector at Eduardo Mondlane University in Maputo, the capital of Mozambique, situated in the south of the country. My interview with Bernard, which follows, took place on 23 March, 2009. The interview is only slightly edited.

Gerard Majoor

Associate Secretary General The Network: TUFH



Dear Bernard, thank you for giving your time. My first question is: Your home of origin is Amsterdam, The Netherlands. How did you end up in medical education in Mozambique?

It was by accident. I was asked by the Rector of the Catholic University of Mozambique [UCM] who was looking for somebody to start up a medical school in his university. It was difficult for him to find somebody to take on that challenge. People were ready to support his plan and to help him, but nobody was ready to be present on the spot, full time. The Rector had met some people who knew I had already lived for six years in Mozambique. The fact that I had stayed in his country for quite some time was to him a sign that I might be useful to assist him with the start of a medical school at UCM.

What did you do in Mozambique the six years before you joined the Medical Faculty in Beira?

I was teaching in the Faculty of Science of Eduardo Mondlane University in Maputo. I devoted half of my time to teaching in a 'bridging course', that is a programme in which the knowledge level of secondary school graduates is upgraded to match the level required for academic studies. This bridging course constituted the first part of the first year for the Faculty of Engineering, Agriculture and Geology. For the other half of my time I was working in the biology department to develop a basic course in biology in which I tried to introduce innovative learning methods. Not yet by applying problem-based learning (PBL), but with attempting to deal with students in a slightly different way that would enable them to better learn basic sciences.

What was the biggest challenge introducing problem-based learning in the medical programme in Beira?

The biggest challenge was in the beginning for myself, because I didn't know anything about PBL. But next it was also a challenge to get all staff interested and motivated to consider education in a way very different from what they were used to.

You say you didn't know in advance about PBL. After some time, what did you consider to be the major advantage of PBL for medical education in Mozambique?

I had worked as a teacher in Africa (in Zimbabwe) for a long time in the eighties. I always felt that students were learning in a sort of isolation. The students did not link what they learned to the real world, so the things they learned remained isolated packages of information which they could not apply to actual problems.

At the end of the nineties, I visited Maastricht Medical School with a delegation from Eduardo Mondlane University in Mozambique to seek assistance with teaching in their medical school, in particular in Physiology. I became very enthusiastic about Maastricht's PBL approach. Introducing this new educational approach in Beira was what I had in mind when, in 2000, the Rector of UCM asked me to help him build this medical school. I felt PBL would enable students to learn in a different way, which would enable them to apply what they had learned, so it would really make sense.

Your school in Beira has delivered two batches of graduates now. Are you satisfied with the first medical graduates the school produced?

Yes, I am satisfied with the quality of the first graduates we delivered. I am somewhat less satisfied with the quantity, because out of the 34 students we started with in 2000, only 16 graduated in 2007. Although some students from that first batch graduated later, the efficiency is a bit disappointing. But I know that those who graduated from the Beira medical programme are highly



appreciated by the institutes in which they work. Beira graduates are different from students educated in the traditional way, especially in the sense that they have a different attitude towards patients. Their motivation is also different. In general, the Beira medical graduates are more optimistic and more enthusiastic about their work than their peers educated in the traditional way.

Beira is only a spot on the world map. Could what you've learned be useful to other schools?

Yes, I think so. There are always people who contend that PBL cannot be applied in sub-Saharan Africa because of the way African people are accustomed to learning. As a consequence of the sub-Sahara African culture, their education is very hierarchically structured, and, as a consequence, students' learning is very passive. Therefore educators state it will be very difficult to make African students learn actively, to make them benefit from the possibility to participate actively in their learning process. But I noticed that it is very well possible to use active learning methods because, like everywhere in the world, students are curious. Students like to know and understand, and if you stimulate them in the right way, they pick up the relevant information and digest it in an effective way.

Is it a theoretical story?

No, it's a practical story. I can see that, I feel that.

Can you give examples of other places where this feeling came true?

In Beira I have seen the enthusiasm of students. In Tamale, Ghana, an existing medical school wanted to introduce a new, problem-based curriculum. They took the Beira curriculum as their example because of a visit made by a delegation of their staff to Beira. They became very enthusiastic about the dynamics observed in tutorial group sessions. They interviewed many students in Beira, and they became convinced that this kind of learning approach would also be suitable for Ghana. And in spite of the many logistical and infrastructural difficulties also existing there, students do like the new curriculum, and therefore the staff feels they have to continue developing that programme. Now even Eduardo Mondlane University in Maputo, the oldest medical school in Mozambique has become infected by Beira and last year started introducing PBL. There as well the students are reacting in a very positive way. There are even students in the traditional curriculum who want to change to this innovative PBL programme.

Do you have a dream for the future, for your own future?

Yes, I wish to continue promoting this way of learning, not only for the health professions education but for learning in any discipline. I want to share this positive experience with all students. Students feel that they grow intellectually by this approach, and in fact become life-long learners. I really think that's possible!

My dream for Mozambique is that this new approach to education will improve health care, thanks to the production of physicians that see patients in a different way, doctors who really care about patients. I am confident that's possible, because with PBL you can create a different type of physician.

Thank you very much. I hope you will see your dreams come true!

Post scriptum



I interviewed Bernard for the first time during the Kampala Network: TUFH conference in 2007. I stored the digital recording on the hard disk of my computer. Unfortunately, that recording was lost when my department's computer managers felt the time had come to replace my computer. We sat down to repeat the interview in 2008 in Bogotá. After ten minutes the wonderful digital recorder made a beep which we elected to ignore. Only back home in Maastricht I discovered I had only recorded the first ten minutes of a half-hour interview. The third interview was recorded right away in English in Maastricht on 23 March 2009, typed verbatim by Marie-Louise Panis and only slightly edited before printing. After this series of interviews I know Bernard like the back of my hand, and I will gladly share with anyone interested all details accumulated in this three-year process.

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