

<https://www.youtube.com/watch?v=M-W07eNRPr8>

Transcribed by Alison Oppenheim

Date: September 9, 2012

Edits from Dr. Hakim, December 6, 2012

Professor James Gita Hakim

MEPI Principal Investigator

Professor of Medicine at the Department of Medicine, University of Zimbabwe, Zimbabwe

The MEPI program in Zimbabwe started at exactly the same time as the other twelve MEPI programs, which was in October 2010. We had of course planned a comprehensive program while writing the competing application for the award. We had written what we thought was meritorious. When it was announced that we had won the grant, the immediate task was to translate all the activities that we had planned into practice. That is not always easy, especially with a program as complex as the MEPI program.

So the main challenge that I and my team, and indeed the whole college, faced at the beginning was to now put together a program that works. This included hiring staff and addressing our internet challenges which we thought was critical to the implementation of the program. The other big task was to put committees together, since our program was going to be implemented through committees to achieve our goals. That was indeed one of the biggest challenges.

I can't say that we were able to go through this overnight, but there was such a tremendous atmosphere at the college when we got the grant. This was something that everybody felt they could identify with, so it was possible to get most of these steps in place within a short period of time.

The period running into the announcement of the grant was obviously a period of anxiety. We had a big team that consisted of University of Zimbabwe faculty and

our partners, the University of Colorado, Denver, and Stanford University, in the USA. In addition we were also in partnership with the University of Cape Town, University College, London, Kings College, London, and Bristol University. So you can see from this spread of partners that we had a fairly large number of stakeholders.

The first thing that we did was obviously to inform all our stakeholders that we had obtained the grant and to get people now to think of how to plan to move forward. There was frantic communication via email, telephone, face to face meetings, etc; we needed office space, furniture, office equipment and several other items for the program. So those were the really first steps that we took.

I think one can identify a number of milestones and successes that I feel we have achieved. But I must say that the most important milestone, the most important success that we have had is getting every key player within the college to recognize the benefits and potential value of the MEPI program and getting everybody involved in one way or another. Students are involved, faculty members are involved, the support staff is involved, but even more importantly, the university leadership is now convinced of the importance of the program, and they are extremely supportive. The Ministry of Health, the Ministry of Higher and Tertiary Education are all on board. I must say that even though this sort of support is not quantifiable, that is really the most important success of the program thus far.

When we put together the program during the application period, we obviously had monitoring and evaluation planned with certain outcomes in mind. Some in measurable and others in qualitative terms. This is now the end of the second year of MEPI and of course we have been changing and improving and refining some of these outcome expectations. What I see, really, is something far beyond what we had anticipated during our M & E plan. There is such a tremendous desire by faculty members to train in medical or what you may call health education, and so many people have enrolled in the programs that we have put together which we think will produce a very strong faculty, much stronger than

any of us had imagined, by the end of the program. That's number one. Number two, the curricular change that is taking place will definitely result in better quality of medical education, and I think that we will also have a much stronger research team. And those are things that as we near the midterm of the program, we realize are achievable. These are some of the initial milestones that I can see, but there are certainly quite a lot of others that we expect to achieve by the end of the program.

Right from my student days, and I guess everybody who has gone through medical school will realize that the library is a very important institution within the medical school. However when we were putting together our MEPI program, we did not have any clear plans for the improvement of the library. That was I guess just an oversight on our part. But we were lucky at the College. We had a group of medical librarians who were really switched on and as soon as they learned of the award, they approached us and said, 'We are crucial players in the education of medical students and in the training of specialists, what role do you see for us?' We of course apologized for not having really prioritized them. And from then on we started engaging them very closely. They put together programs for students, for faculty, and they participated in our general workshops. They conducted training programs to improve information retrieval, and exposed all of us to a variety of resources. Free resources, cheap resources, etc. Resources that could enhance many of our activities that we had absolutely no idea existed.

Right now, various constituencies, various departments, various groups, work through us with the library collaboratively to arrange for training programs either on site or in their departments. So the library has become an exceedingly important component of our program.

We hold, initially it was weekly, but now monthly, management meetings, lasting an hour, with the coordinators just to make sure that the program is on course and to troubleshoot and plan activities. We invited Masimba, our medical librarian, to attend a couple of these meetings and he has ever since attended these meetings regularly and makes extremely useful contributions. I think we

have a tradition of very strong medical librarians. The person who comes to mind is Mrs. Helga Petrikios, whom I met when I joined the college as a young faculty. She was always there. She assisted students and faculty and made the library a very desirable resource. She went really beyond just sitting behind a desk answering technical questions. She really wanted you to get an appreciation that the library was a place that you could get much more than simply picking up a book or going to a desktop and running through a program. That was a very rich history. And from then on, all the librarians at the medical school library have, in a sense, I guess, been strongly mentored by her and emulated whatever she instilled into them.

When a doctor joins faculty in most of our institutions, they do so without any special training in medical education. The assumption is having qualified from medical school you had all the ingredients to be able to impart your knowledge to others. And we sort of bumbled along. It is only in recent years that we realized that medical education is a whole profession by itself. Putting together curricula, choosing appropriate methods of instruction for different groups and different purposes, and working through the correct type of assessments for students was a whole discipline by itself. There is so much that goes into it. So clearly that became, one would say, the elephant in the room. We had no way of getting this into our program. We did not have a medical education department. We didn't have champions. But when MEPI came along we seized this opportunity to link with our partners who had very strong medical education departments, namely the University of Colorado and Stanford University. So it is simply later that it became possible for me and others to get this very important discipline into our own teaching practice.

So I really feel glad that we are pushing along with the establishment of a medical education unit. And indeed many people have come to appreciate the discipline and there is a lot of passion to at least acquire the basics of medical education, and indeed there are a few who would like to take this up as an additional subspecialty to the specialty they are already practicing.

MEPI has been a game changer. It has been a game changer at the University of Zimbabwe, there is vibrancy in scholarship, in academics, in the way of life that people now see their role as educators, as students and as training specialists. So to me, I think, that has got to be the biggest story. That is a tremendous transformation at the University of Zimbabwe.

The other twelve medical schools I am sure have similar stories with a different flavor, and I feel privileged that I am part of this very strong, vibrant team that has got stories which will impact medical education and research capacity in Africa. I must hasten to really thank the US government and its agencies for putting together the MEPI program and funding it. I think this has been something wonderful and it is a program that, unlike many other US funded programs which run through US institutions, is run by the African institutions. So the African institutions have been empowered, not just administratively, but financially, the funds come directly to the African institutions, which is a very unusual situation. This is indeed a paradigm shift. It shows confidence in African leadership and management, including financial accountability. I'm sure that this didn't happen overnight. We have been working at it, we have been able to gain capacity to be able to put ourselves in this position of trust. So while thanking the US government agencies that have brought about this funding, I also feel proud that we as African leaders, and here specifically African leaders in medical education, I think we have arrived.

I happen to be lucky as a PI of one of the MEPI grants in that I have a fairly close association with four of the thirteen medical schools either directly because I was a student there, or connected through other networks. And together with most of the PIs of the other MEPI schools we belong to other research or programmatic networks. So we already knew each other, and we have other opportunities to interact outside the MEPI network. So it has been a very fortunate and vibrant group that has come together, and we are able to do a lot more simply because we know each other, we understand each other and we are able to create a community of PIs that is able to push the envelope forward.

African nDigital Health Library (ADHL)

ADHL

<https://library.adhl.africa>

The Network of African Medical Librarians

Voices of Change

2012-09-18

**Prof. James Gita Hakim: MEPI
Principal Investigator Professor of
Medicine at the Department of
Medicine, University of Zimbabwe, Zimbabwe**

<https://www.youtube.com/watch?v=M-W07eNRPr8>

Downloaded from African Digital Health Library (ADHL)