Student Exchange and Medical Curriculum

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Challenges for future doctors

• The biomedical shift in paradigms
• Life-long learning
• The revolution in information technology
• The shortage of resources (prioritising)

The globalisation: a need for knowledge and awareness of cultural and epidemiological differences
International experience can be achieved in different ways:

• Clinical clerkships (electives, clinical rotations)
• Whole semester exchange
• Modules (courses)
• Project work/research
• ”Internationalization at home”
• Modules in specialist training
The 2009 EU focus in education/training:
» Mobility
» Transparency
» Quality
» Life long learning
Problems to overcome

• Language barriers
• Diversity of curricula
• Information about the possibilities
• Funding
• Formal and real acceptance of credits earned in another university
The language barriers in Europe

20 official EU languages:
Czech, Danish, Dutch, English, Estonian, Finnish, French, German, Greek, Hungarian, Italian, Latvian, Lithuanian, Maltese, Polish, Portuguese, Slovak, Slovenian, Spanish and Swedish.
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ECTS (European Credit transfer system) is a toolkit to promote openness and mobility in medical education and training in Europe.
• One of the cornerstones of the Bologna process
• Adopted by law by most Bologna countries for their higher education system
• Increasingly used by institutions in other continents (global dimension)
• Not easy to use in practice, partly due to large diversity in curricula
ECTS credits

Based on the **workload** needed by students to achieve expected **learning outcomes**

Credits are allocated to entire qualifications or study programs as well as to their educational components.

Credits awarded in one study program may be transferred into another program.
The ECTS Users’ guide include guidelines and illustrations for the faculties to implement the new ECTS (in sections 4 and 5)

The objective is to show how ECTS is best used to give maximum added value for the learners
“International ECTS schools” for administrators and academics

Arranged in conjunction with Annual meetings for updating on relevant information and practical clearing house meetings.
**ECTS 10 GOLDEN RULES  
( & CALENDAR)**

1. Choose your institutional partners and have the Bilateral Agreements DULY formalised (WELL before November).

2. Raise interest about the exchanges among the students by means of informative meetings, posters, fliers (November - March).

3. Annually edit and distribute (hard copy and internet) an up-dated Information Package. Check its contents against the manuals of good practice available from the Socrates administration (January).

4. Choose the out-going candidates with special regard to their motivation and language knowledge and help them to programme their studies abroad using your experience, the available Information Packages and contacts with your colleagues (Co-ordinators) at the hosting institution (March).

5. Send the standard ECTS forms (Application & Learning Agreement) to the hosting institution and if possible, reach an agreement before the clearing-house meeting. Do not forget to include a current TRANSCRIPT OF RECORDS of the candidate to allow your partner to know your student history (April).

6. Return a signed copy of the approved Learning Agreements to your partner institutions (May).

7. Organise language training if necessary for your out-going students (summer).

8. Receive your in-coming students personally and help them with all useful hints, including appropriate language training if needed. Introduce them to the right persons (when the students arrive).

9. Contact your colleagues (co-ordinators) at the sending institutions and change the programmes of study when necessary. Use the special part of the Learning Agreement devoted to it and sign the proposed changes. Conversely, study and use experience and flexibility to assume reasonable changes on the initial Learning Agreement & approved Plan of Studies abroad. A student should not change his or her study programme without agreement of the home and host institutions (beginning of the study period).

10. Send as soon as possible to every student’s sending institution the final Official Transcript of Records (with local grades and ECTS credits and grades (at the end of the study period).
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Interactive website for students, administrators and academics (www.med-ects.org)
Run and maintained by Charité Universitätsmedizin Berlin

- Institutional information with link to database with detailed information about exchange options and studies in the individual medical faculties
- Important documents and links
- Newsletters

Seminar on Student Exchange and Medical Education,
VUB November 3rd 2009
An interactive database in order to survey the evolution of European medical mobility

Run and maintained by Université Libre de Bruxelle
Pilot personal training group visits to selected universities to meet faculty leaders, academics, administrators and students in seminars on internationalisation and mobility in medicine.
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Choose your partner universities carefully:

- Comparable curricula for exchange
- Some flexibility is needed
- Arrange adequate catch up strategies for your own students
- Chose partners for bilateral exchange (consult the students)
- Keep close contact, academically and administratively
University of Oslo — the first and largest university in Norway (1811)

Faculty of Medicine

- ≈ 2500 students (and ≈ 560 academics)
- ≈ 1300 on MD-program (210/year – 6yrs)
- ≈ 400 on Master Programs (Nutrition; Nursing & Health Sciences; Internat.Comm. Health, Health Economics/Admin.)
- ≈ 800 students enrolled in PhD-programs (120 PhDs/yr)

Teaching in Norwegian limited bilateral student exchange
## 6 year (12 semester) curriculum in Oslo

<table>
<thead>
<tr>
<th>Semester</th>
<th>Subject integrated, thematic organisation</th>
<th>Number of subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>7*</td>
<td>Neurology and ENT (Motor and sensory systems)</td>
<td>9</td>
</tr>
<tr>
<td>8*</td>
<td>Mental functions (psychiatry) and Eye Practical period: psychiatric wards. Student thesis I</td>
<td>6</td>
</tr>
<tr>
<td>9*</td>
<td>Reproduction. Women - Children: health and disease (English taught)</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Patient and community (including family medicine) Practical periods: somatic hospitals and GPs (3 months)</td>
<td>7</td>
</tr>
<tr>
<td>11*</td>
<td>Student thesis II. Clinical medicine</td>
<td>8</td>
</tr>
<tr>
<td>12</td>
<td>Acute medicine. Clinical medicine</td>
<td>9</td>
</tr>
</tbody>
</table>

* Semesters where our students can exchange/go abroad
It really works: globalisation in practice!

Of ≈ 105 students, ≈ 35 (≈ 1/3) are non-Norwegian exchange students. They come from 10-15 different countries (1:1 exchange)

"Internationalization at home"
The quality of subject content in the exchange program is the main success criterion.

The teachers MUST be heavily involved in the planning and quality assurance of subject content.
Take home lesson

Successful mobility depend on:

• A formulated and maintained Faculty strategy

• Combined academic and administrative commitment
• Teacher involvement
• Flexibiltiy

• Quality assure good ”exchange packages”
• Carfully select partner institutions

• Information (at home and at the partner-institution)