



Faculty of Health Sciences



Experiences based on English speaking exchange students' clinical rotations at the University of Copenhagen

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Background 1

A basic condition is that Danish is a 'small language' spoken exclusively by 5 million Danes (even though it can be understood with some effort by Swedes and Norwegians)

The Danish Government, the Rector of University of Copenhagen and the Dean of the Faculty of Health Sciences (FHS) give a high priority to internationalisation. The **vision** is:

- At the least 25% of the students are supposed to study abroad for at the least 1 semester during their studies
- The number of courses given in English must be increased
- All students at FHS must have an international perspective included in their studies (internationalisation at home)



Background 2

About 480 medical students are accepted at the FHS each year: 240 by September and 240 by February

The Medical Curriculum at the FHS includes 12 semesters:

- Semester 1 – 5 are largely devoted to biomedical sciences but includes some elements of clinical as well as social and behavioral sciences. *Most courses are integrated.*
- Semesters 6 – 12 are devoted mainly to clinical sciences including practical clinical rotations. In addition some elements of 'paraclinical sciences' (e.g. pharmacology, microbiology and pathology) as well as social and behavioral sciences are included. *Some courses are integrated.*
- A diploma: Bachelor of Biomedical Sciences is obtained after the 6th semester
- A diploma: Master of Medical Sciences ('Cand.med.', 'MD') is obtained after the 12th semester



Annual exchange of medical students

Academic year	Incoming students	Outgoing students
2006-2007	48	73
2007-2008	45	69
2008-2009	66	71



What do the incoming students do?

Since it is next to impossible to find partner faculties with matching, integrated preclinical courses, incoming students normally attend the clinical courses of semesters 6 – 12.

The main possibilities include:

- 11th semester's clinical courses in the 'sensory specialties': ophthalmology, ENT and dermatology. Each one group of 15 students is taught in English in the 3 specialties.
- 12th semester's clinical courses in gynecology and obstetrics as well as pediatrics. One group at 6 students in gynecology and obstetrics and of 12 students i pediatrics are taught in English each semester.
- In addition a limited number of students follow 7th (and 9th) semesters clinical rotations in internal medicine and surgery.



How to establish clinical courses in English 1?

A main challenge has been to establish English versions of 12th semester's clinical courses in gynecology & obstetrics and pediatrics.

The initiative was taken by a former head of the administration at the FHS, who contacted the medical director of the Hvidovre Hospital (HH). They agreed about the basic idea and established a task force to do the detailed planning:

- The academic Erasmus/ECTS coordinator (chairman)
- The professor of gynecology and obstetrics
- The professor of pediatrics
- The administrative ECTS coordinator of the FHS
- An experienced administrative assistant of the HH



How to establish clinical courses in English 2?

Even though the original idea was to establish mixed groups of international and Danish students, it was decided to implement ***pilot courses*** in June and July 2006 for *international students exclusively*, because interference between two medical curricula caused substantial problems concerning the departments' capacity for accepting medical students during the regular semester period.

- During the courses bedside teaching, formal teaching sessions (classes) and medical conferences should all be conducted in English.
- The students' communication with patients should be facilitated by:
 - Selecting patients carefully (when possible)
 - Doctors, nurses and midwives acted as translators (when necessary)



How to establish clinical courses in English 3?

Even though it was of the utmost importance that the two professors were strongly committed to the implementation of courses in English, it was realised that additional 'extrinsic motivation' would be beneficial.

Accordingly 'seeding money' for the project was obtained from 2 sources:

- The international Committee of FHS (and eventually the Dean's Office)
- The medical director of the HH, who channeled the financial support for clinical courses from the FHS directly into the departments' budgets during the periods courses were given in English

The amount of money was limited, but the psychological impact was considerable.



How did the pilot project work 1?

The short answer: Very well!

The pilot project was evaluated by web-based questionnaires send to the students and to all the doctors involved.

The decisive question: *"Would you recommend a fellow student to attend the course in English at University of Copenhagen?"* was answered confirmatory by the 7 exchange students attending the project.

The 'global' question: *"How do you assess the department as a place to educate medical students?"* obtained a mean value at one department of 7.0 and at the other department of 6.75. The ascending Likert-scale was defined as: "1 = Poor, 4 = Acceptable og 7 = Excellent"



How did the pilot project work 2?

Students' comments on the project:

- Denmark is just the right place to go for medical students given the English skills of the people and the extremely good way of teaching and working, more than UK.
- I am very grateful to the time the doctors have dedicated to our training. We had a good time and we learnt at the same time. Prof. XX was especially nice and relaxed all the way through, which was a nice new thing
- Excellent atmosphere between doctors, nurses and students.



How did the pilot project work 3?

The doctors evaluation:

The question: *"Can you support the continuation of courses in English at your department in order to promote internationalization and to strengthen the profile of Hvidovre Hospital?"* was answered confirmatory by 94% of the responding doctors.

The question:

- *"How do you evaluate the commitment of the students to the course?"* obtained a mean value of 5.6 (7-step Likert-scale)
- *"How do you rate the international students' ability to communicate with patients/relatives?"* obtained a mean value of 3.5



How did the pilot project work 4?

Examples of doctors' comments:

- We worked as translators in connection with the students communication with patients/relatives when necessary. We also wrote medical records as dictated by the students – including corrections. It requires more time but is interesting and rewarding to deal with the international students, and because the language within the department largely is English.
- It is positive to receive input from international students. It is educational for young as well as senior doctors to learn about medical education elsewhere in the World.



The continuation of the project

Due to continuing capacity problems and a cautious attitude of the decision makers the pilot project was repeated in the summer of 2007.

Eventually teaching in English for one group of students in gynecology and obstetrics and an (partially overlapping) group in pediatrics has been a permanent feature of each semester beginning the Spring semester 2008.

It has now been possible to establish mixed groups of international and Danish students, which has been useful to both parties.



Conclusion

It is possible to establish and maintain courses in English in Danish clinical departments. However, it is not a simple task, but can be achieved according to the following prescription:

- Support from faculty and hospital leaders is essential
- Careful planning involving clinical departments and the faculty from an early phase is important
- It requires a considerable extra effort for the part of the doctors and the departments' non-medical staff to be successful
- Financial incentives are desirable



