



MEDINE meets PHARMINE: MEDINE initiative in LLL and internationalisation

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- Review of MEDINE (oct03-Sept07)
- MEDINE2 application of March09
- Internationalisation strategies at the Faculty of Medicine, University of Oslo

MEDINE

Oct04-Sept07

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The Thematic Network on Medical Education in Europe (**MEDINE**) addressed
educational, institutional and quality issues in European medical education

Within the framework of European initiatives

(the Bologna Declaration, European Credit Transfer System (ECTS), Diploma Supplement, the Tuning project, and previous work in medicine by the European Commission, AMEE, AMSE, and WFME.)

Target groups were students, educators, patients, healthcare providers, professional bodies, the public, the European Commission and Ministers of Health and Education.

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AIMS:

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The principal aims were assigned to Five Task Forces:

TF1: Agree on **core competences/learning outcomes** for medical education in Europe (**TUNING**)

TF2: Develop a **framework for international recognition** of qualifications, in the context of medical education and links with other professions (**ACADEMIC RECOGNITION OF QUALIFICATIONS**)

TF3: Develop **quality assurance standards** for the process of medical education for application in Europe (**QUALITY ASSURANCE**)

TF4: Enhance the **transparency** and understanding of medical education - undergraduate, postgraduate and continuing - and its outcomes (**TRANSPARENCY**)

TF5: Explore and develop links between **medical education and research** (**RESEARCH**)

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Outcomes Dec 2007

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TF1: Tuning produced a learning outcomes/competence framework for medical degrees in Europe, with generic and discipline-specific outcomes.

TF2: Academic Recognition of Qualifications conducted a survey of current implementation of ECTS (European Credit Transfer System), resulting in a web-based manual of good practice of ECTS.

TF3: Quality Assurance published Standards for Quality Improvement in Medical Education (the whole continuum) and conducted a survey among European Authorities about existing quality assurance, including accreditation of medical education programmes.

TF4: Transparency developed The MedEdCentral online international database for medical education, an arena for debate as well as information and survey activity.

TF5: Research developed a tool for benchmarking of medical schools to against peer institutions to establish research environments to students.

TF5: Undergraduate Research Commitment Group Classification

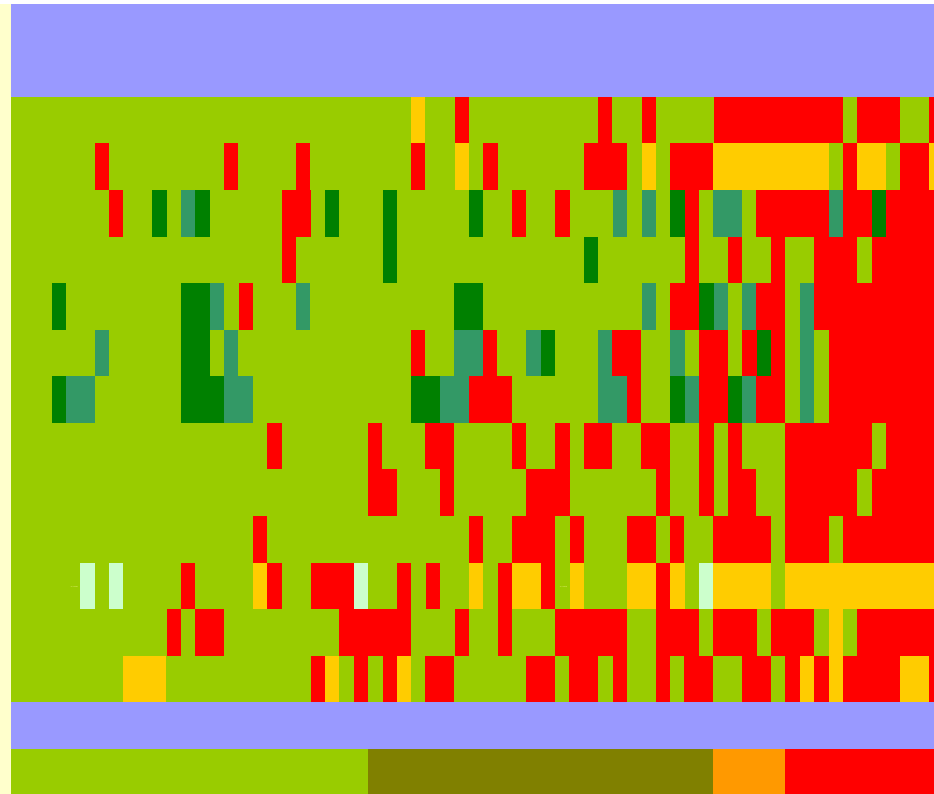
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Institutional profile

QUESTIONNAIRE Part A1 Undergraduate education

- 2. Curriculum contain explicit well-defined RRT, subjects, disciplines, courses
- 4. Curriculum contain RRTs among compulsory courses for all students
- 8. Faculty/M.S. has topics in the curriculum related to computer science
- 10. F./M.S. ITR to experimental, Clinical/epidemiological investigation design, statistics.
- 12. F./M.S. ITR search for lit. references, surveys, bibliography, databases..
- 14. F./M.S. require the preparation of a scientific work in a written form?
- 16. Faculty/M.S. require the presentation of the results of a scientific work
- 20. Undergraduate(BSc/basic-preclinical)students are involved in research
- 22. Are undergraduate (MSc/clinical) students involved in research?
- 24. Are specific structures/org. established for students involved in research?
- 26. Student research-org. has its own scientific meeting for students
- 29. Is the student workload of study programmes in "ECTS credits"?
- 34. Does your Faculty/M.S. issue "Diploma Supplement"?



Yes
No
Other, please specify
Empty.
Yes, for all students
Yes, for a part of students..
Yes, only voluntary

TF5: PhD and Speciality training Questionnaire Comprehensive Colour Chart.

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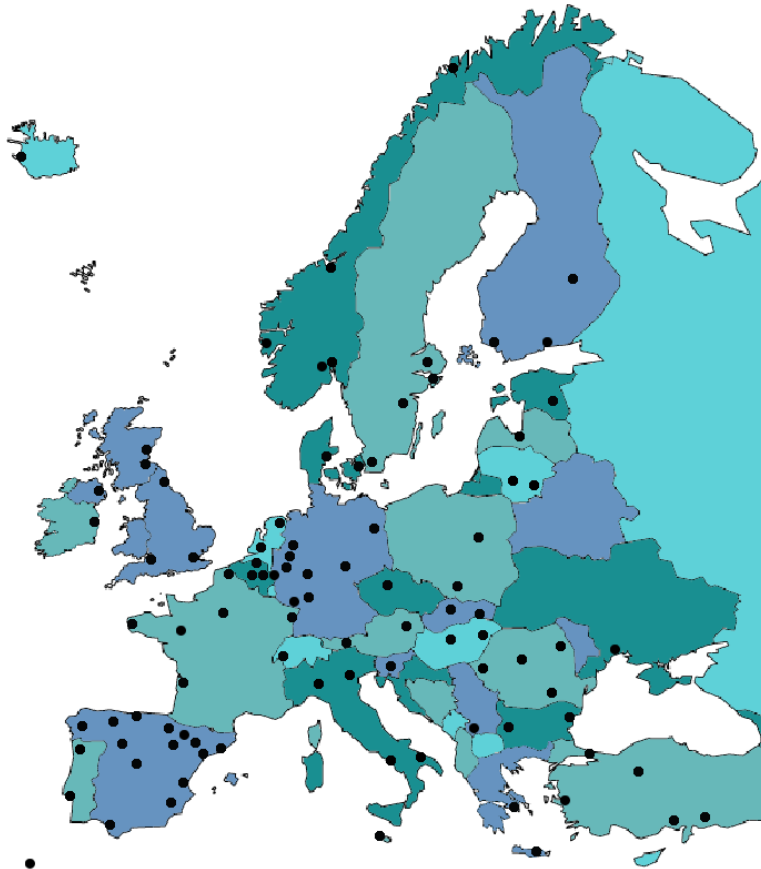
Institutional profile		Yes
Part A2 PhD training		No
35. Is postgraduate/PhD/ doctoral training the responsibility of the Faculty/M.S.?		Yes, it is partly the responsibility
37. At what level is the PhD training organized and supervised:		University
38. Who is personally responsible for doctoral programmes:		Faculty
39. Is your PhD training divided into different parts according to branches of sciences		Department / Research Group
41. How many students did you have in the PhD Programs in 2005/2006?		
42. % of the graduated students of your Faculty/M.S. entered into the PhD prog.in 2005/2006?		
43. Does your PhD School limit the admission?		
44. Do you have an entrance examination/test?		
47. How many tutors work in PhD programs at your university?		
48. % of the Faculty/M.S. members involved as tutors in the PhD training		
49. Do you have any requirements (achievements) to become a tutor?		
51. Average of the PhD period in years (from admission until def. thesis)		
52. PhD programs financially support PhD students (salaries or ..)		
54. Number of articles in papers required prior to application for PhD		
55. Articles in international peer reviewed journals prior to applicate for PhD		
56. Articles required as a first author prior to application for PhD degree		
57. PhD Programs have a minimum impact factor requirement		
Part A3 Specialty training		
59. Specialty training of medical grad. Is responsibility of the Faculty/M.S.		Yes, it is partly the responsibility
63. Faculty/M.S. Specialty Training Program contain explicit RRT		Yes
65. Requirement to publish scientific papers (training period)		No
Order as in Selection		
Blogs		

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Partners and history

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MEDINE: 94 + 23 partners

Effort was made for a follow-up application in 2008

MEDINE2 application submitted March09:

89 partners



MEDINE2

Application of
March 2009

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11 workpackages:

MEDINElingua, Toolkit to promote openness and mobility in medical education and training in Europe, Tuning Process for Medical Education, Tuning 1st cycle degrees in medicine, Curriculum Trends in Medical Education in Europe in the 21st Century, Integration of the Bologna Process within Medical Schools in Bologna Countries, Integration of Research Component in European Medical Education (IRCOMED), Network management, Dissemination of MEDINE2 outputs, Exploitation of MEDINE2 outputs, Quality Assurance of the Network.

MEDINE2

Application

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Workpackage 2: Toolkit to promote openness and mobility in medical education in Europe

1. Identical ECTS/mobility posters in all EU languages
2. Interactive website (for students, administrators and academics)
3. Pilot personal training group visits to selected universities
4. Annual meetings
5. International ECTS schools (organized at the annual meetings)
6. Interactive database to survey the evolution of European medical mobility



University of Oslo –
the first and largest university in Norway (1811)

Faculty of Medicine

≈ 2000 students (and ≈ 560 academics)

≈ 1300 on MD-program (105x2/year – 6yrs)

≈ 700 on Master Programs (Nutrition; Nursing
& Health Sciences; Internat.Comm.
Health, Health Economics/Admin.)

≈ 960 enrolled in our PhD-programs
≈ 140 PhDs/yr



Principles



1. Solidarity:

1. Help establishing universities in third world countries to reduce the dramatic gap of competence and health care deliveries between rich and poor countries

2. Diversity and multiplicity:

2. Internationalisation shall be an integral part of ALL parts of the Faculty, in research and in education (complementary strategies)

3. Competence:

3. Recruit top students and researchers to our Faculty and systematically, strategically increase the collaboration with academic strong foreign research teams and universities.

Faculty educational strategy:

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**International
experience shall be an
integral part of all of
our study programs**

*English taught
master programs
and study modules*

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Master Programs:

- Health Economics, Policy, and Management*
- International Community Health*

Modules in master programs in nutrition:

- Molecular, cellular and clinical nutrition*
- Molecular Nutrition*
- The World Nutrition Situation*
- Nutrition, Globalisation and Governance*
- Nutrition and Human Rights*

English taught semester in the medical curriculum

Status in 1999

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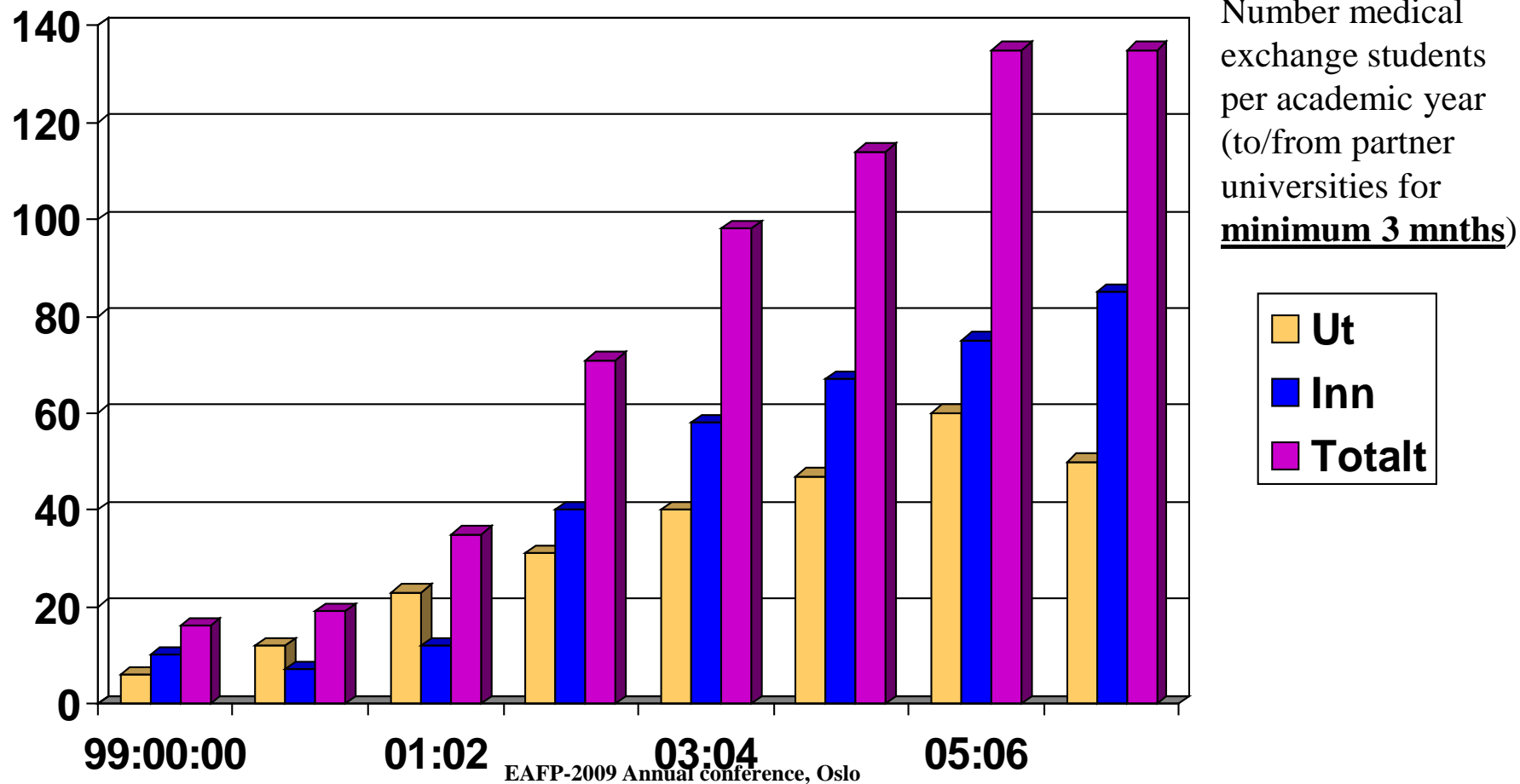
- Formulated national -, University - and Faculty strategy:
Increased internationalisation
- Teaching in Norwegian limited bilateral student exchange

Faculty Board unanimous decision (1999):

**One semester in the MD-curriculum
shall be taught in English as a three
year pilot project**

Student- mobility

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Choose the "best" semester

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6 yrs subject-integrated
curriculum with 12
thematically organized
semesters

(One sem = 19 w teaching + 1 w assessment)

9th sem. (in 5th year) was
chosen as English taught:
**Reproduction. Women's
and children's health and
diseases.**

Exchange options

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Semester	Subject integrated, thematic organisation	Number of subjects
7*	Motor and sensory systems	9
8*	Nervesystemet og mentale funksjoner Practical period: psychiatric wards. Student thesis I	6
9*	Reproduction. Women - Children: health and disease (English taught)	9
10	Patient and community (including family medicine) Practical periods: somatic hospitals and GPs (3 months)	7
11*	Student thesis II. <u>Clinical medicine</u>	8
12	Acute medicine. <u>Clinical medicine</u>	9

*** Semesters where our students can exchange/go abroad**

English taught 9th semester

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- The semester is compulsory for all medical students at UiO
- All plenary teaching is in English
- All teaching material is in English

- The Norwegian students can choose between Norwegian and English small group teaching (PBL and clinical small group)

**9th semester is
English taught
since 2001**

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**It really works:
globalisation in
practice!**

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

”Internationalization at home”

Challenges in the preparatory phase (1999-01)

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Lobbying/preparing for the Faculty Board decision and funding
Finding the right semester/course

- **Preparing for the English taught semester**
 - ✓ Special intensive courses in verbal English for teachers
 - ✓ Translation and updating of teaching material to English
 - ✓ Study tour for academics (teachers) to universities and hospitals in native English speaking countries
 - ✓ Teachers visits to/from partner universities
- **Establishing bilateral exchange agreements with high quality universities in native English speaking countries**



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



Practicalities

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**Collaborate close with the
central international office:**

**Do not do anything
that they can do**

**Concentrate on the things that
HAS to be done on study program
level**



Take home lesson

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- Formulate and maintain a **Faculty strategy**
- Carefully choose semester/term/course to be English taught
- Combined teacher and administrative commitment
- Adequate funding
- Carefully select **partner education institutions**
- Quality assure good "exchange packages"
- Encourage teacher exchange for better teacher involvement
- **Information** (at home and in the partner-institution)