Challenges and possible changes in Norwegian curriculums 2009-2015 Perspectives from Bergen

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Medicine 2005

- A new curriculum introduced in 2005, completed in 2011.
- Introduced while the old curriculum is brought to a close (2010)
- In the period 2005-2010 students recruited before 2005 will follow the old curriculum and students recruited since 2005 will follow the new curriculum.

The medical curriculum University of Bergen

"A traditional" curriculum

Preclinical part2 yearsClinical part4 years

Medicine 2005: what is new in the pre-clinical part?

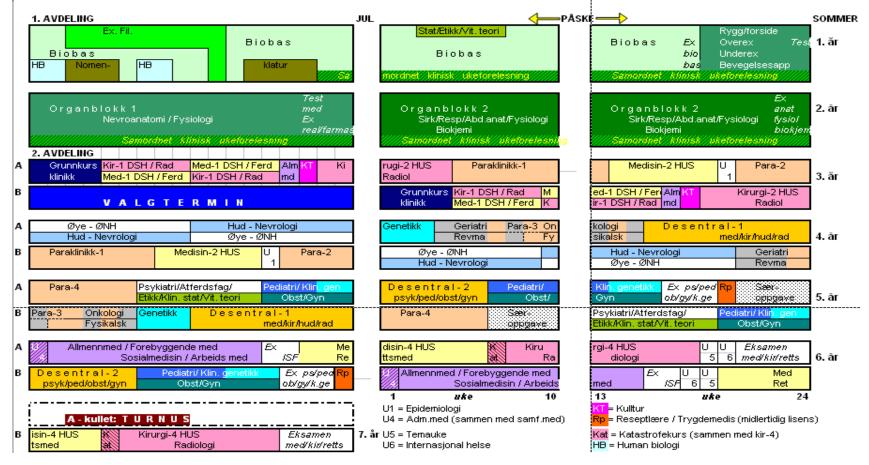
- The pre-clinical part reduced by ½ year
- Anatomy, physiology and biochemistry integrated in basal blocks and organ blocks
- Weekly clinical lectures are coordinated with the block-teaching:
 - when learning about the anatomy and physiology of the heart, a clinical presentation is also given by a colleague from the clinical department

Medicine 2005; what is new in the clinical part?

- The clinical part increased by 1/2 year
- Global health is introduced in the elective period (theoretical introduction in Bergen, practical teaching in India and Botswana)
- General medicine, preventive medicine and community medicine in one separate block, taken away from internal medicine and surgery
- Decentral teaching in psychiatry, pediatrics and gyn/obst in Uganda

Studieplan

MEDISIN - 2005



Further adaptations

- Making a "Mother and Child" term
- All teaching in the M&C term in English?
- Expanding the psychiatric term and introducing more "light" psychiatry
- Introducing "a free subject week"
- Introducing communication skills in each clinical term?

Possible changes 2009-2015

- No major changes planned
- BUT:
- Medicine is developing
- The society is changing
- We can't predict the demands of the future

Challenges in the future

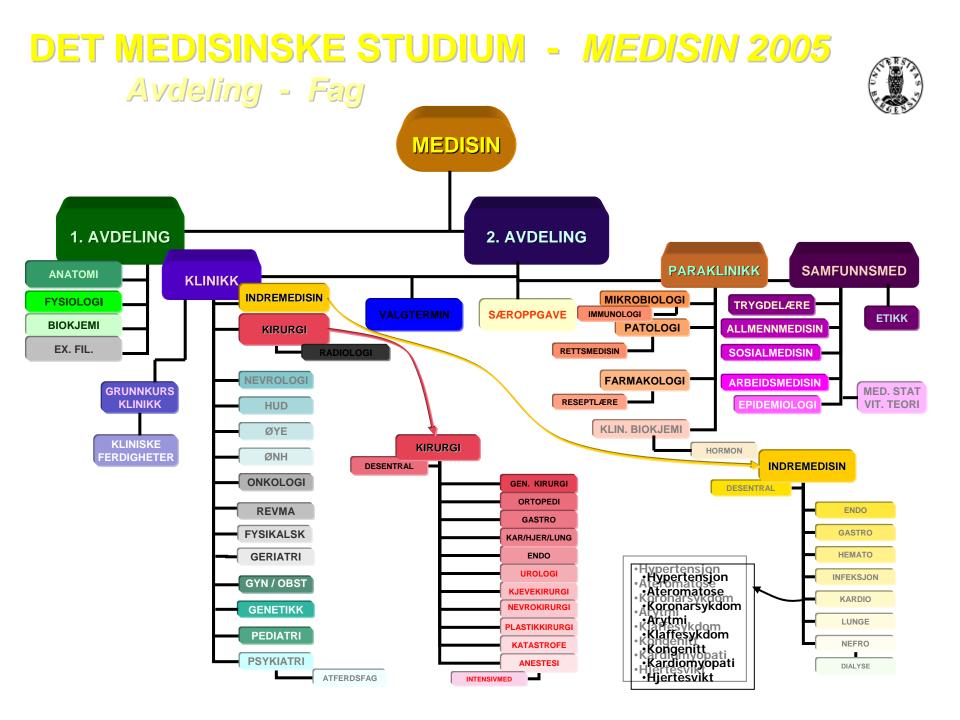
• Global health will be more important

• An older population needs more interdiciplinary treatment

• Treatment of mental disorders must be given even more priority

Challenges in the future

- Geriatrics, general practice, psychiatry, community medicine and preventive medicine should be "first choice" for more young doctors
- Health economy will be more important for all doctors



Teacher exchange?

- Should every university have a complete staff of teachers?
 - Dermatology
 - Social medicine
 - Ethics
 - International health

Recruiting problems at the university

- University teachers are growing older
 - -40% > 60 years of age
 - -23% > 65 years of age
 - Few young Norwegian doctors are going for a university-career
 - More PhD-students at the medical faculty are not MD, and increasing numbers are coming from low-income countries (India, Mexico etc)

A challenge!

- If the best colleagues are not looking for a career at the university, medicine has a big problem
- If teaching young doctors is not given high priority, medicine as a whole will lose
- Only the best doctors should be teachers!
- Only the best doctors should bring academic medicine further.....