Challenges and possibilities in Medical Education

Bodø

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Toralf Hasvold
Professor MD PhD



The overall objective of the Medical Education

To educate competent doctors for now and the next 40 years



What will characterize the future health problems and the future health care systems?

Change!



Our vision

We want to develop a medical education producing doctors with knowledge, skills, attitude and professional role understanding relevant to the future challenges and the best platform to for specialization and lifelong education



Who will be the best doctors?

Abilities

- Academic capacity
- Good with people
- Mature and responsible
- Knowledge seeking
- Relationships
 - Bonds to the region
 - Ethnic groups
 - Social Class



How to select and recruit the "right" students?

- School marks
- Personal statement (application)
- Interview
- Lottery (?)
- Other methods?

We want:

- To select 50 students out of 100 by:
 - A little lower limit of school marks
 - Introduce a structural personal statement
 - Interview
 - Personality
 - Motivation
 - Maturity
 - Accomplished some outstanding?
- 60% from the region!



How to make good doctors for the future out of good students?

- Use the "new teaching arena"
 - send the students where the patients are
 - Use the outpatient departments
 - Se local hospitals
 - Use nursing homes
 - Use general practice more
- Utilize modern teaching principles
 - From teaching to learning!
 - Bridging the distances by Information technology
 - The knowledge base is not any longer in the heads of old professors
 - Case based learning in small groups



How to make good doctors for the future out of good students?

- Develop a new curriculum for the future
 - Real system based integrated learning
 - Case based learning
 - Less basic science in the beginning, more basic science integrated into the clinical subjects later in the study
 - More big volume health problems (old age health problems)
 - Longitudinal, progressive learning professionalism through all 6 years
 - Ethics, Scientific method evaluations, Critical reflection
 - · Communication skills
 - Teamwork and leadership
 - Collaboration between the levels of service
 - Use and attitude to use of technology in medicine
 - Cultural sensitivity
 - · Ability to make decisions
 - International semester (4th year?) (Obligatory?)



The curriculum development process

Deadlines

- By 1st of August 2008 the frame of the new curriculum will be finished
- By end of the year most of the 1st year courses will be ready
- Hopefully we will have the approval from the Ministry of Education to admit the first group in 2009









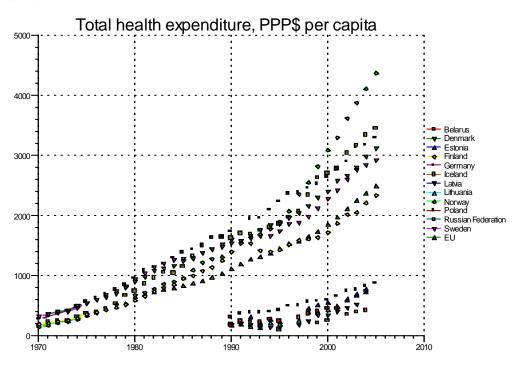
Develop a curriculum

- Demographic changes
 - Changes of health problems
- Health service challenges
 - If "more of the same" → Increasing expenditure



Galloping costs

• OECD:





The frame of our new challenges

- Demographic changes
 - Health changes
- Health service challenges
 - If "more of the same" → Increasing <u>expenditure</u>
- To meet tomorrow's needs of health care, we need a new health policy:
 - The primary health care must be developed by capacity and competence
 - Develop low cost local hospitals/advanced health centres
 - The artificial borders between the service levels must be minimized
 - Information and Communication Technology has an unused potential in developing a seamless patient journey in the health care system



The frame of the revised Medical Program in Tromsø

- The new teaching arena (where the patients are):
 - In general practice and nursing homes
 - In local hospitals
 - Policlinics (outpatient departments)
- More case based teaching in groups
- New themes longitudinal through all 6 years
 - Ethics, Scientific method evaluations, Critical reflection
 - Communication skills
 - Teamwork and leadership
 - Collaboration between the levels of service
 - Use and attitude to use of technology in medicine
 - Professionalism
- More case based teaching in 1st year basic science integrated into clinical cases in 2-4 year
- Integrated and increased clinical teaching in GP and local hospitals
- International semester (4 year?) (Obligatory?)



The frame of the revised Medical Program in Tromsø

- Integrated (not parallel) system teaching
- Spiral teaching concept: meeting the case several times with added complexity
- Following patients' journeys from PHC to Hospital and back to PHC (real meetings and virtual tracking)
 - Important to understand collaboration between the levels of care
- Continuous assessments, may be we don't need final exams(?)
- May be divide the students into autumn and spring cohorts(?)



Teaching themes

- B: Basic science
- K: Clinics included general practice
- S: Community medicine and health care/service science
- E: Ethics, personal and professional development (longitudinal themes)



The relative distribution of themes

	В	K	S	E	Total
1 st year	65	10	15	10	100
2 nd year	45	25	20	10	100
3 rd year	30	40	20	10	100
4 th year	20	45	15	10	100
5 th year	10	70	10	10	100
6 th year	10	70	10	10	100
Total	180	260	90	60	590
	30%	44%	16%	10%	100%









Our vision

- Be motivated and well prepared to work in all kind of clinical practice, especially in North Norway
- Have scientific sound knowledge, skills and attitudes at an international level, and to be able to treat individuals, and groups of patients
- Understand diseases in a bio-psycho-social perspective
- Enter a lifelong professional knowledge seeking
- Trained in critical reflecting
- Be able to prioritize in a fair and economic way
- Able to function in teams and collaborate across care levels and professional borders
- Be able to make decisions

