STUDENT EXCHANGE AND MEDICAL EDUCATION

Faculty of Medicine and ECTS-MA

Ljubljana, March 8th 2010
Programme

13:30-13:45
Welcome remarks.
Prof. Dr. Dušan Šuput - Dean of the Faculty of Medicine, University of Ljubljana

13:45-14:15
The history of ECTS.
Mr. Karel Van Liempt, Vice-President of MEDINE II and Director of the Faculty of Medicine, University of Antwerp

14:15-14:45
Student Exchange and Medical Curriculum.
Prof. Dr. Borghild Roald - President of the ECTS Medicine Association and Senior Head Physician with the Department of Pathological Anatomy, Faculty of Medicine, University of Oslo

14:45-15:00 Coffee Break

15:00-15:30
The statistics of medical student exchange in Europe.
Prof. Dr. Sylvain Meuris, Dean of the Faculty of Medicine of the Université Libre de Bruxelles

15:30-16:00
Experiences from clinical rotations of English speaking exchange students at the University of Copenhagen.
Prof. Dr. Jorgen Hedemark Poulsen, Institute of Medical Physiology, University of Copenhagen

16:00-16:30
Discussion
Moderated by Dr. Tomaž Marš, Faculty of Medicine, University of Ljubljana

16:30-16:40
Closing remarks.
Prof. Dr. Borghild Roald - President of the ECTS Medicine Association
European Credit Transfer System
ECTS
1989 - 2010
History & evolutions

Seminar “Student Exchange and Medical Education”
Karel Van Liempt
Ljubljana, 7th March 2010
• History of ECTS

• Origin of ECTS Medicine Association

• Evolutions / perspectives of ECTS
History of ECTS
History of ECTS

- The major aim of ECTS was to promote academic recognition to allow students to circulate freely between member states of the EU.
- ECTS was established in 1989 by the European Commission in order to:
  - Introduce ECTS academic credits
  - Promote the harmonization of the curricula
  - Promote the mutual agreement among partner institutions and students
- A reaction against “academic tourism”
History of ECTS

• Pilot phase within ERASMUS 1989 – 1995
• 5 disciplines - medicine
  - mechanical engineering
  - business administration
  - history
  - chemistry
• 2 disciplinary meetings and 1 interdisciplinary meeting a year
History of ECTS

• **ECTS ICMG: ECTS Inner Circle Medicine Group**
  – About 25 medical faculties
  – ECTS Information Package/Course Catalogue
  – Test of ECTS documents
  – Provide assistance to the ECTS student to prepare his/her study period abroad
  – Ensure transfer of credits from one participating institution to another
Origin of ECTS Medicine Association
Origin of ECTS MA

• After the ECTS pilot phase, the EC introduced from 1996 on a new way for collaboration amongst European Higher Education Institutions

Socrates Program

• Thematic Networks, mainly based on former Interuniversity Cooperation Programs (ICPs) that ran in parallel to ECTS ICMG

• For the medical discipline an important meeting took place in Cagliari, Sardinia,
Origin of ECTS MA

• The following TN’s were funded by the EC:

  - 1997-1998, MEDNET I, Jan De Koning, Nijmegen
    Sjoerd Willemstein, Rotterdam


  - 2004-2007, MEDINE, Gareth Williams, Bristol

  - 2009-2012, MEDINE II, Allan Cumming,
The general aim of the thematic networks is
• to survey and present the actual status of educational systems and structures in the EC member states
• to improve medical education in Europe by providing fora for discussion on medical curricula, innovations and quality development, professionalization of teachers, etc
Origin of ECTS MA

- ECTS Inner Circle Medicine Group grew gradually to a group consisting of about 45 members.
- Survived without ECTS funding from 1996 till present.
- Came together once a year, mainly as a clearing house meeting for student exchange during the annual meetings of the thematic networks.

- ECTS ICMG in Heraklion, Crete 2004 discussed the future of the group.
Heraklion, 8 May 2004
Clearing House Session
Creation of ECTS-Medicine Association
ECTS-MA Executive Board
2004-2007

Prof. Manuel Vijande (Oviedo, Spain President )
Dr Claire Menzel-Dowling (Saarlandes, Germany, Vice President)
Mr Sverre Bjerkeset (Oslo, Norway, Secretary)
Dr. Karel Van Liempt (Antwerpen, Belgium, Treasurer)
Prof Michael Halaska (Prague, Member)
Prof Kiki Thermos (Heraklion, Greece, Member)

ECTS-MA Executive Board
2007 -2010

Prof. **Borghild Roald** (Oslo, Norway, President)
Mr. **Karel Van Liempt** (Antwerpen, Holland, Treasurer)
Mr. **Sverre Bjerkeset** (Oslo, Norway, Secretary)
Prof. **Sylvain Meuris** (Brussels, Belgium,
Dr. **Jorgen Hedemark Poulsen** (Copenhagen, Denmark Member)
Prof. **Kiki Thermos** (Heraklion, Greece, Member)
Evolutions / perspectives of ECTS
Evolutions / perspectives of ECTS

- ECTS Users’ Guide, 6 February 2009
- Guidelines for implementation of ECTS
Evolutions / perspectives of ECTS

Since 2009 is ECTS one of the cornerstones of the BOLOGNA PROCESS

• a key element of the Framework for Qualifications

• helps to Implement Quality Assurance

• is increasingly used in other continents
ECTS key features

• a learner-centred system
• learning outcomes
• workload
ECTS key documents

• Course Catalogue
• Student Application Form
• Learning Agreement
• Transcript of Records
Bologna Ministerial conferences

- Prague 2001
- Berlin 2003
- Bergen 2005
- London 2007
- Leuven/Louvain 2009
- Budapest/Vienna 2010
• London Conference 2007
  
  *Efforts should concentrate on proper implementation of ECTS based on learning outcomes and student workload*

• ECTS label reintroduced

• Stocktaking exercise each two years
<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>Degree System</th>
<th>Quality Assurance</th>
<th>Recognition</th>
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SLOVENIA

DEGREE SYSTEM
1. Stage of implementation of the first and second cycle
2. Access to the next cycle
3. Implementation of national qualifications framework

QUALITY ASSURANCE, ESG
4. Stage of development of external quality assurance system
5. Level of student participation in quality assurance
6. Level of international participation in quality assurance

RECOGNITION
7. Stage of implementation of diploma supplement
8. National implementation of the principles of the Lisbon Recognition Convention
9. Stage of implementation of ECTS
10. Recognition of prior learning
Conclusion

• After several years ECTS is now well established and is declared being the credit system in the European Higher Education Area

• The implementation of ECTS is still ongoing

• Proper use of ECTS is an indication of quality and is becoming more and more a distinguishing factor.
Student Exchange and Medical Curriculum

Borghild Roald
President ECTS-MA
Professor in Medicine (Pathology) MD PhD

Seminar on Student Exchange and Medical Education,
Ljubljana March 8th 2010
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.
Problems to overcome

• Language barriers
• Diversity of curricula
• Information about the possibilities
• Funding
• Formal and real acceptance of credits earned in another university
• ECTS (European Credit transfer system)
• is a toolkit to promote openness and mobility in medical education and training in Europe.
ECTS by 2009

- 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.
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).
Problems to overcome

• Language barriers
• Diversity of curricula
• Information about the possibilities
• Funding
• Formal and real acceptance of credits earned in another university
Interactive website for students, administrators and academics ([www.medects.org](http://www.medects.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
• 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.
Problems to overcome

- Language barriers
- Diversity of curricula
- Information about the possibilities
- Funding
- Formal and real acceptance of credits earned in another university
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
### Exchange options for Oslo Medical students

#### 6 year (12 semester) curriculum in Oslo

<table>
<thead>
<tr>
<th>Semester</th>
<th>Subject integrated, thematic organisation</th>
<th>Number of subjects</th>
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<tbody>
<tr>
<td>7*</td>
<td>Neurology and ENT (Motor and sensory systems)</td>
<td>9</td>
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<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>
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<tr>
<td>12</td>
<td>Acute medicine: Clinical medicine</td>
<td>9</td>
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</tbody>
</table>

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

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

"Internationalization at home"
# 1 criterium for sustainable student exchange

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
  - Flexibilitly
  - Quality assure good ”exchange packages”
  - Carfully select partner institutions
  - Information (at home and at the partner-institution)
The statistics of medical student exchange in Europe

Pr Sylvain Meuris
Mrs Monique Léonard
Faculté de Médecine
Université Libre de Bruxelles
Why to promote mobility?

• Missions of a Faculty of Medicine???

• To produce physicians able to understand, communicate, relieve and cure patients

• To locally educate and train local students to become physicians available for local patients...

• But ...
Mission: To fulfill quantitative and qualitative objectives

- **Geographic missions?**
  - Local, => local physician
  - National, => public health
  - European, => quality standards
  - International => research

- **Equal competences?**
  - Adequate curriculum
  - Evidence based medicine
  - University attractiveness & ranking
World Production of Physicians

Total Number - 7’500’000

(WHO stats, 2007)
Geographical distribution
History of student mobility
From Middle Age to XIXth century

- Universities independent from political authorities
- *Jus ubique docendi*
  - Mobility of
    - students
    - teachers
    - ideas (printing)
- Common language
- Scientific Societies
- Common rules for diplomacy
- Mutual confidence
Industrialized Revolution Evolution?

- Birth of
  - modern nations and taxes
- National rules in all domains
- Mobility barriers
  - Passeports, identity cards, frontiers, national currencies
    => no recognition of diploma, defiance between states
- Hand of the nation in all domains
  - Strategical economical activity
  - Competition, struggle and wars
Emergence of nations: Consequences for the Universities

- Directly subsidized by the state
- => Control by the state => loss of autonomy
- Designation of teacher by the State
- Direct control of legal programs
- Research domain:
  - Money from the state
  - Official topics
  - Prestige, secrets & patents
- Complex regulation for diploma recognition...
Academic track

- Complex way
  - not easily comprehensible
  - not legible
- Rigid way
  - Precocious choice
  - Inhability to shift
- International mobility
  - reduced
  - quite impossible mobility
European Union
Back to the future

• Mobility of goods
  – Single Market
  – Borders abolition

• Mobility of citizens
  – Common passport
  – Schengen area

• Mobility of wealth,
  – Single currency
  – Direct tax harmonisation (VAT)
EU : Mobility of citizens

• Open private sector
• Closed public sector
  – No automatic diploma recognition
• Exception
  – Regulated professions
    • physicians, pharmacists, dentists, veterinary, nurses,...
  – Principle of mutual recognition of professional ability (1975)
  – Punishable obstruction => Condemned States
Bologna declaration (1999)

Adopted by 29 countries

- Harmonization of diploma (Ba-Ma-Do or LMD)
- System of transferable credits (ECTS)
- Promotion of mobility
- Quality assurance of qualifications (Annexe diploma)
- European Recognition
- => European Space for Higher Education
Similar diploma structure…

Objective: diploma recognized everywhere in Europe
UE : promotion of student mobility in Medicine

- 1987 - Pilot Phase
  - Initiated by the Commission
  - Limited number of Faculties
- 1989 - Program launched in medicine
- Consortium 20 Faculties of medicine - AU, BE, CH, DE, DK, ES, FR, GR, IR, PT, SE, UK
## ECTS-MA Mobility

6868 étudiants 2004-2008

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<tr>
<td>48 ECTS-MA MEMBERS</td>
<td>2743</td>
<td>80 %</td>
<td>2691</td>
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<tr>
<td>160 NON ECTS-MA MEMBERS</td>
<td>691</td>
<td>20 %</td>
<td>743</td>
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Number of participating Universities by country
IN - OUT /million citizens
Benefits of training harmonization

- MOBILITY of students and teachers
- Automatic RECOGNITION of diploma
- EMPLOYABILITY across the EU
- ATTRACTIVENESS of the european education system
- Disseminate quality standards and transfer of know-how for the benefits of patients and the society
European Student Mobility:

2002: 1 million
2010: 3 millions (= 5% of student population)
Erasmus in medicine: 2003-2004 - 7000 étudiants

Future:
Cumulative ECTS, Life Long Learning, Mobility
Experiences based on English speaking exchange students' clinical rotations at the University of Copenhagen

Jørgen Hedemark Poulsen, Chief Consultant, MD, DrMedSci, Academic Erasmus Coordinator for Medicine, Evaluation Unit, SSC, Faculty
Background 1

• A basic condition is that Danish is a ‘small language’ spoken exclusively by 5 million Danes (However it can understood with some effort by Swedes and Norwegians)

• The Danish Government, the Rector of University of Copenhagen and the Dean of
About 520 medical students are admitted at the FHS each year: 260 by September and 260 by February.

The Medical Curriculum at the FHS includes 6 years/12 semesters:

- Semesters 1 – 5 are largely devoted to biomedical sciences but include some elements of clinical as well as social and behavioral sciences. Most courses are integrated.
### Annual exchange of medical students

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<th>Academic year</th>
<th>Incoming students</th>
<th>Outgoing students</th>
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<td>2006-2007</td>
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<td>2007-2008</td>
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<td>2008-2009</td>
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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 semester one*
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
How to establish clinical courses in English 2?

• The original idea was to establish mixed groups of international and Danish students. However, 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 periods.
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)
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
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.
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.
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 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 S i t 2008
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