

Bologna Reform in Switzerland

Innovation or burden?

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Medical school of Bern

Switzerland

Why and how medical schools in Switzerland adopted the Bologna

Reform

medical schools

german part

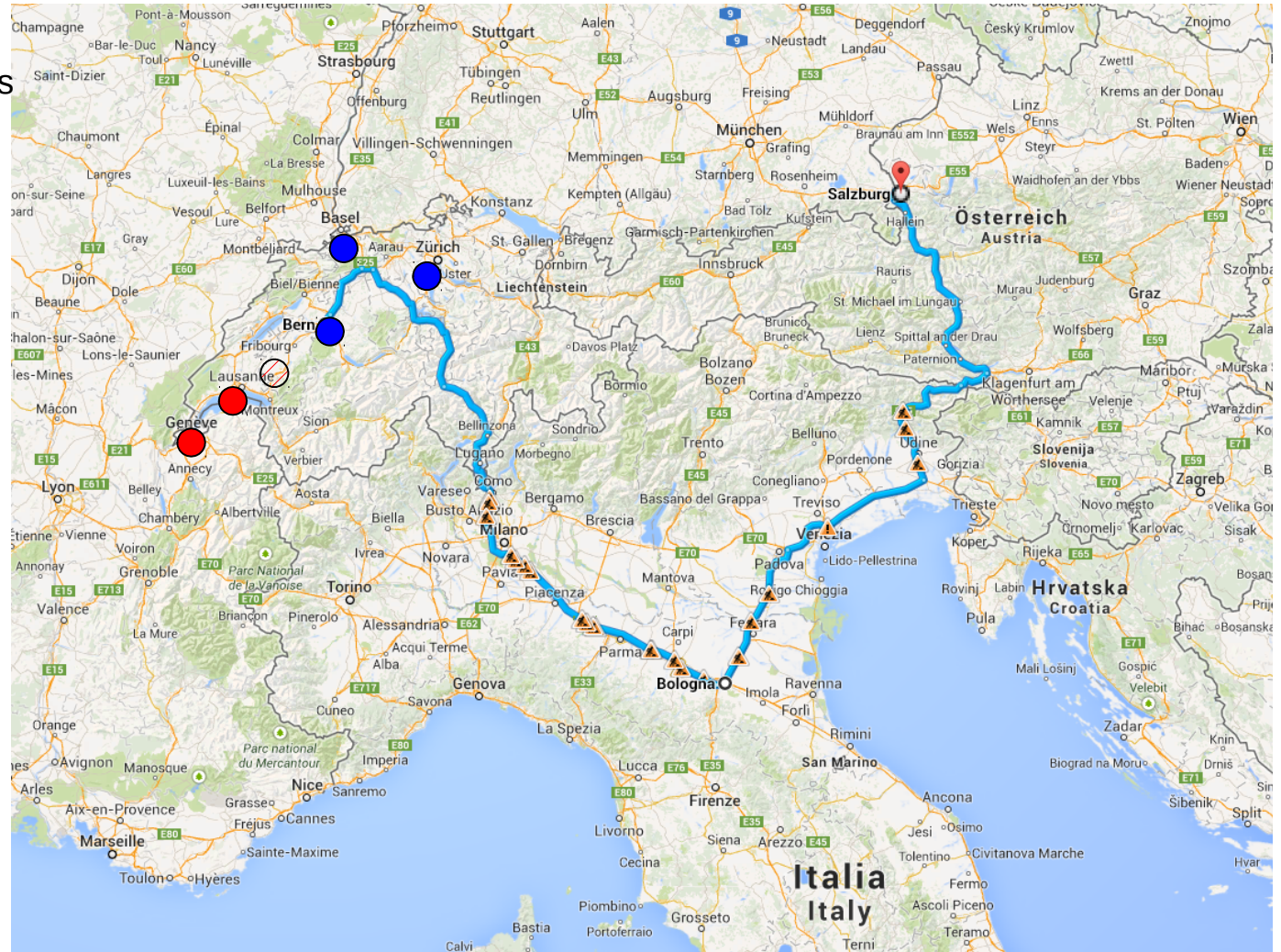
- Zürich
- Bern
- Basel

mixt part

- Fribourg

french part

- Lausanne
- Geneva



- > Bologna as a top-down implementation
- > Impact on new study curricula /degrees
- > Bologna pros in the german part of Switzerland (a survey)
- > Bologna in Bern
- > What was the burden?
- > Conclusions

Bologna as a top-down implementation

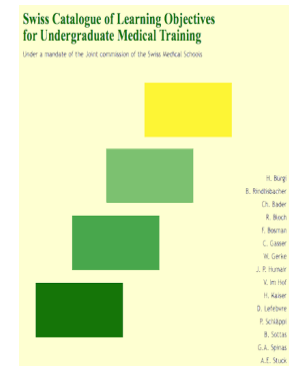
> ‚Rectors conference of the Swiss universities’
decided that all curricula at the universities had to implement the Bologna reform until the



> The medical schools started the Bologna implementation between 2005 and 2007.

> 2007 a new **federal law (Medizinalberufegesetz)**
defined the undergraduate and postgraduate training for health professions.

- Reform of the licensing exams (Staatsexamen)
- New swiss catalogue of learning objectives in human medicine (SCLO)

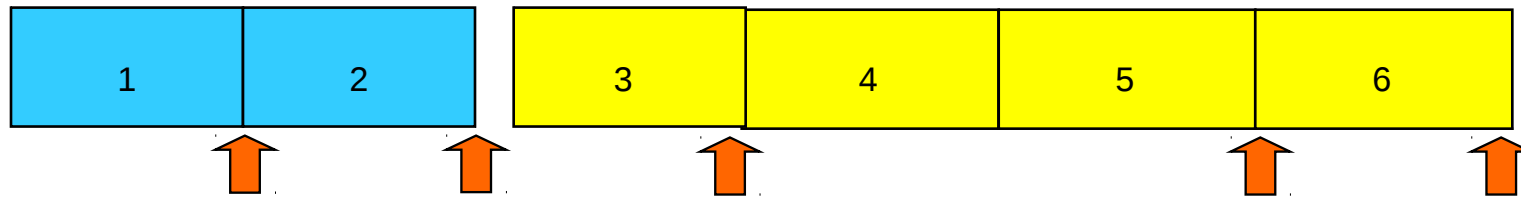


Before the Bologna Reform (2007)

University of Bern, Basel, Zurich, Lausanne, Geneva

preclinical years

clinical years



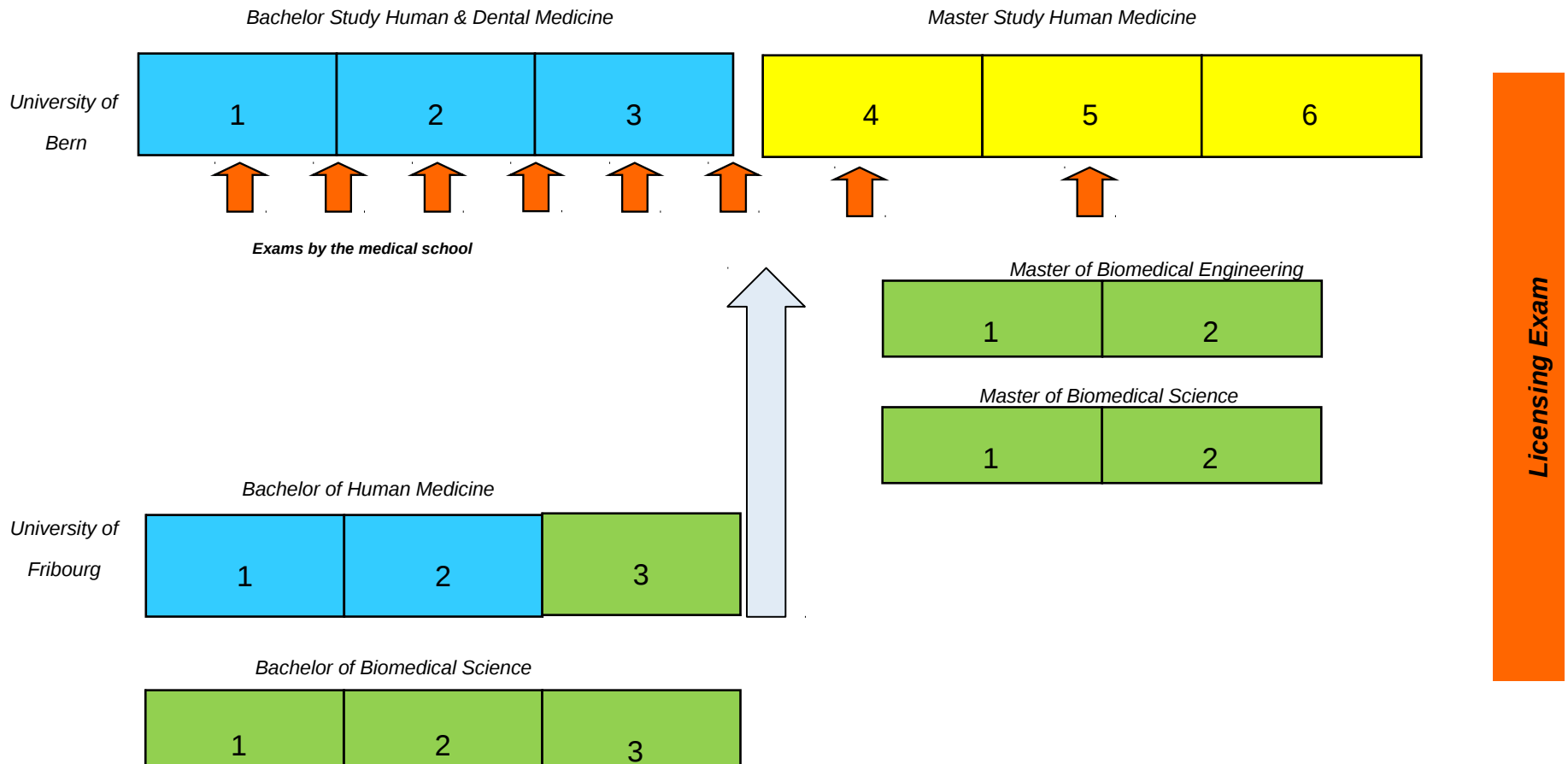
All exams were based on national law



University of Fribourg

After the Bologna Reform (2010)

New study degrees



Bologna process at the medical schools in Switzerland

- > Short consultation of 4 medical schools in Switzerland
 - Zurich: Christian Schirlo, dean's office
 - Basel: Gaby Voigt, dean's office
 - Bern: Peter Egli, dean and Andreas Stuck, vice dean
 - Lausanne: no answer

- > My questions:
 - Pros and cons in general
 - Impact on curriculum path, learning content, learning methods, formative and summative assessment or scientific training
 - How are the ECTS credits organised?
 - What about more mobility of students?

- > Zurich
 - Bologna triggered **reflections on the structure and quality** of the curriculum
 - introduction of the **master thesis** as a approach to scientific thinking

- > Basel
 - Curriculum path reformed: the elective year not at the end of the study, the introduction of a **‘scientific month’** as starting point of the master thesis
 - Master study: **‘clinical vignette’** instead of PBL, **portfolios** for clerkships
 - Bachelor study: New **thematic modules** implemented

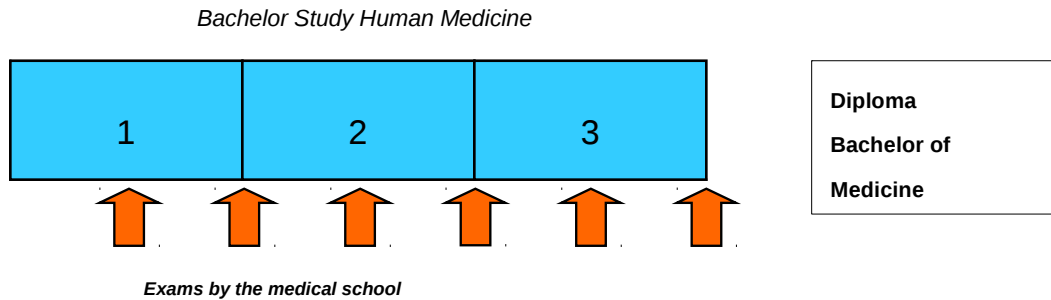
- > Bern
 - Trigger for a **deep reform** of the **master** study
 - First time well structured **study regulations** (Studienreglemente)

Impacts on ...

- > Learning content: yes, based on the SCLO
- > Learning methods: yes positive
new courses for small groups or e-learning, master thesis
- > Formative assessments: yes positive
work-based assessments, portfolios,
BE+BS: new self-assessments in the last study year
- > Summative assessment: yes positive, but
more driven by the new federal law as by the Bologna process
- > Doctor thesis: yes negative
doctor degree delayed on 1 year

Bologna in Bern

The Bachelor Cycle



Curriculum reform Y1/Y2 in 1996 before Bologna

- Reform Y3 without integration of the learning content from Y2 and Y3
- No bachelor thesis
- No catalogue of learning outcomes for the bachelor study' (planned)
- 99% of the students go directly to the master programm
- 1 % make a break (5% before Bologna!) or go to another study

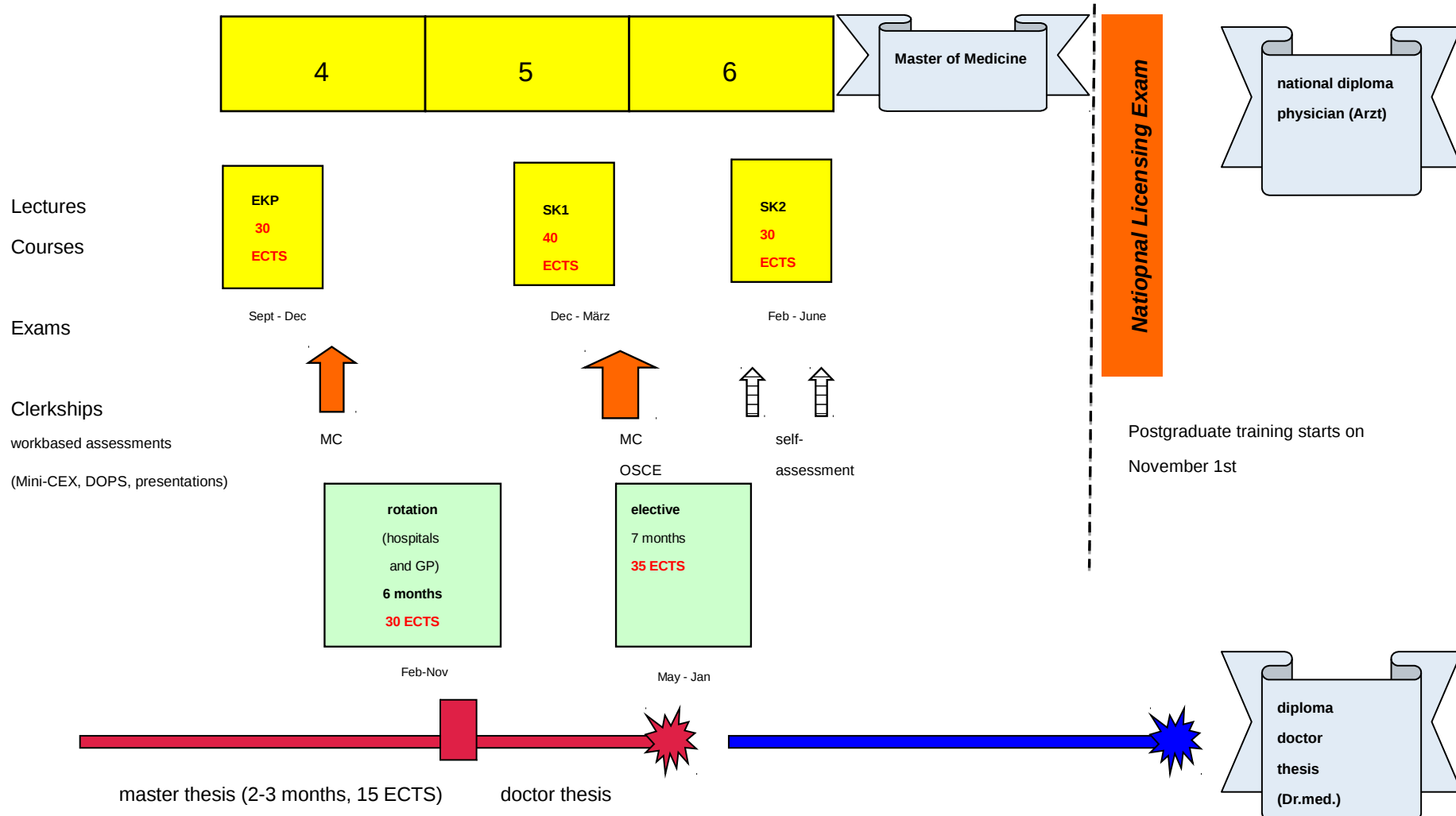
Bologna in Bern

The Master cycle



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Student support

www.studmed.unibe.ch



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BERN

Medizinische Fakultät Bern						Fr, 2. November 2012	
News	Foren	e-Learn	Timetable	Studium in Bern	Studienplanung	Infos	suchen
Bachelorstudium J1 | J2 | J3	Masterstudium J4 | J5 | J6	Biomedical Sciences	Infos für Dozenten	Fach- schaft	Books	PDF	Podcast
Studienjahr 4, Block 1, Woche 14 (ISO 51): «Diverse Themen»							
17.12.2012 - 21.12.2012		Stand 02.11.12 05:10		Liste evaluieren		Matrnr: <input type="text"/> OK / C Menü	
<<	Mo 17.12	Di 18.12	Mi 19.12	Do 20.12	Fr 21.12	>>	
8		PAE33 (MNIs) Neonatologie IV		GER5 (ASStu) Vorlesung			
9	REM1 (CJ) Rechtsmedizin I	PAE34 (JSpe) Päd. Gastroenterologie IV	PAE35 (MNIs NIR) Neonatologie V	GER6 (ASStu) Vorlesung	RAD13 (PaM) Röntgentechnik		
10	REM2 (CJ) Rechtsmedizin II	ORL7 (EbS) Mund/Rachen	PAE36 (SGal) Humangenetik II	ORL9 (EbS) Larynx	DER9 (PO) Tumore 2		
11	REM3 (CJ) Rechtsmedizin III	ORL8 (EbS) Mund/Rachen	DER7 (RHun) Infektionen 1	ORL10 (EbS) Larynx	DER10 (PO) Tumore 3		
12	REM4 (CJ) Rechtsmedizin IV	ADemo AD 1-11	Histo (AIL) HK 13-25	DER8 (RHun) Infektionen 2	ADemo AD 13-25	Histo (AIL) HK 1-12	VAR3 (CB SeMo) 12.00-12.45 Vorlesung

- Schedule, also individual, news service
- PDF and podcast of each lecture
- Management of master thesis
- <http://studmed.unibe.ch/studmed.mp4>

student's office

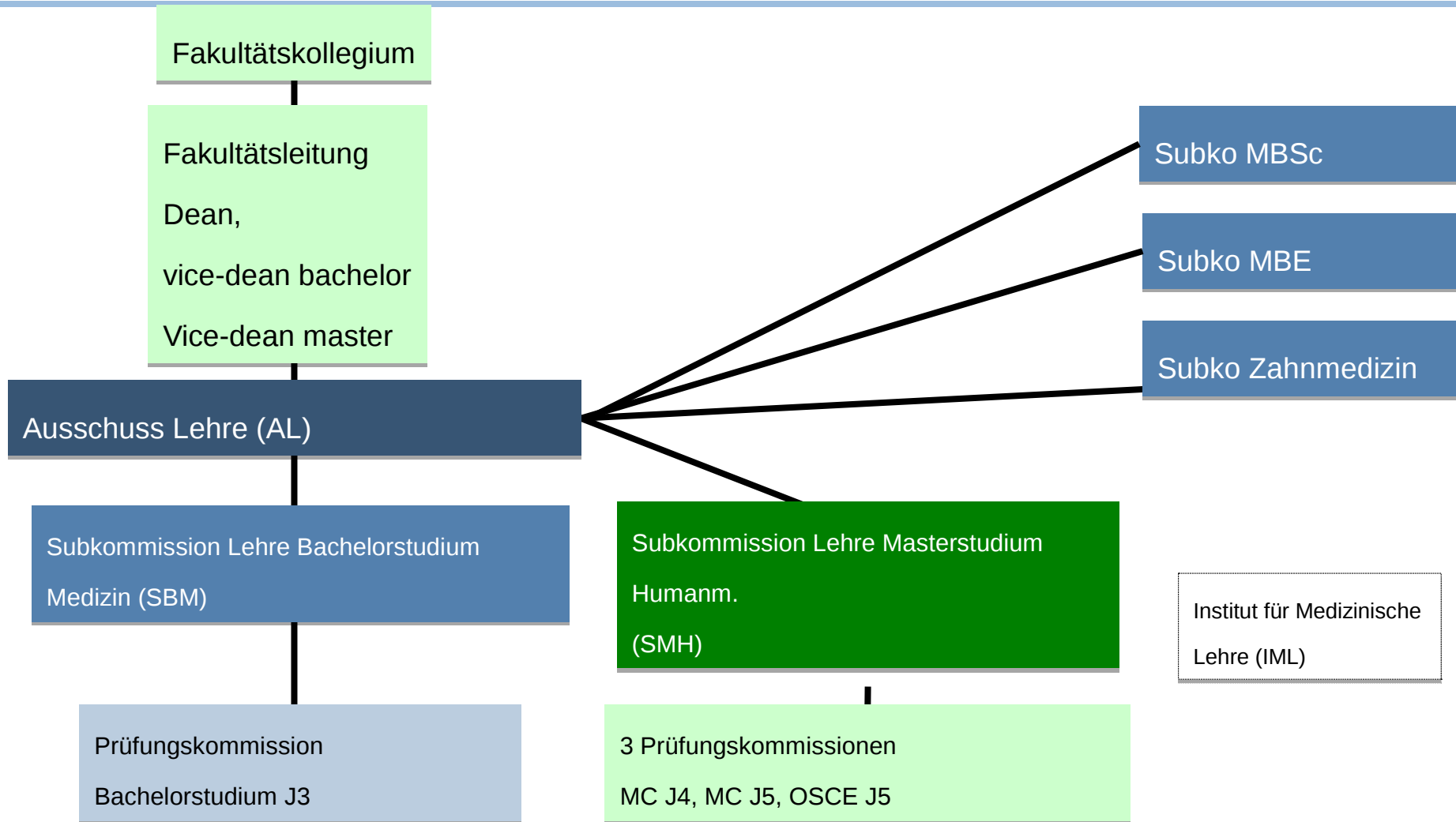
(9 part-time persons)

Change Management



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Introduction of the ECTS (european credits transfer system)

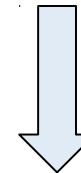
- > Bologna: each learning module + exam = ECTS points
- > ZH: in sense of Bologna (1 to 36 points per unit)
- > BS: ECTS only for assessments and portfolios
- > BE: Points for ‚packages‘ of practical courses / assessments

Testatblatt Praktika EKP 2013

Voraussetzung für die Vergabe von 30 ECTS Punkten für die Leistungseinheit EKP 2013 ist Ihre aktive Teilnahme an allen Praktika, sowie das Bestehen der MC-Prüfung.

Kurse (obligatorisch)	Präsenz	Datum	Unterschrift Kursleiter/in
Anästhesie (Simulator, 4h)	▲ ja	.....	.....
EKG (2h)	▲ ja	.....	wird elektronisch erfasst
Geriatric (2h)	▲ ja	.....	.....
KIKOM (2h)	▲ ja	.....	.....
Kommunikationstraining 1 (2h)	▲ ja	.....	wird elektronisch erfasst
Kommunikationstraining 2 (2h)	▲ ja	.....	wird elektronisch erfasst
Pathologie (2h), Makro-Kurs 1	▲ ja	.....	.....
Pathologie (2h), Makro-Kurs 2	▲ ja	.....	.....
Pathologie (2h), Makro-Kurs 3	▲ ja	.....	.....
Pathologie (2h), Makro-Kurs 4	▲ ja	.....	.....
Pathologie (2h), Makro-Kurs 5	▲ ja	.....	.....
Pathologie (2h), Makro-Kurs 6	▲ ja	.....	.....
Pathologie (2h), Makro-Kurs 7	▲ ja	.....	.....
Pharmakotherapie 1: Polypharmazie im Alter	▲ ja	.....	wird elektronisch erfasst
Pharmakotherapie 2: Rezepte schreiben	▲ ja	.....	wird elektronisch erfasst

All practical courses
have to be attended



30 ECTS points

> Zurich

- Administrative workload
- Smaller teaching modules for credit points

> Basel

- Masterthesis needs curricular time, less time for teaching
- Master study consists only of three formal structured semesters
- Mobility unchanged: Lack of curriculum harmonization between schools

> Bern

- Masterthesis needs curricular time, reform was necessary
- More evaluation required by the university rectorat
- Administrative workload

- > **Bologna initiated reforms** of the curricula with better structures, clearer regulations, more variations in teaching methods, better scientific training, better formal feedback to students, shorter study times, evaluation of the curriculum.
- > To **lead the faculty** through the changing process was a challenge!
Workload over 3 years: vice-dean 40%, coordinator 50%
- > The burden are **more administrative tasks**
e.g. controlling the ECTS-points of students.
- > The **mobility** of students became **not better**.
- > The **advantages** of the bologna reform are much more than the burden

Bologna between dean and doctors

Thank you



References

- 1: Patricio M, de Burbure C, Costa MJ, Schirlo C, ten Cate O. Bologna in Medicine Anno 2012: **experiences of European medical schools that implemented a Bologna two-cycle curriculum**--an AMEE-MEDINE2 survey. Med Teach. 2012;34(10):821-32. doi: 10.3109/0142159X.2012.716181.
- 2: Marz R, Dekker FW, Van Schravendijk C, O'Flynn S, Ross MT. **Tuning research competences for Bologna three cycles in medicine**: report of a MEDINE2 European consensus survey. Perspect Med Educ. 2013 Sep;2(4):181-95. doi: 10.1007/s40037-013-0066-z. PubMed
- 3: Ross MT, Nikolić N, Peeraer G, Murt A, Kroiča J, Elcin M, Hope D, Cumming AD. Report of the MEDINE2 Bachelor of Medicine (Bologna First Cycle) Tuning Project. Med Teach. 2014 Mar 4.