MEDINE2

EUROPEAN ACADEMIC NETWORK IN MEDICAL EDUCATION

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Medical MEDucation IN2 Europe

Education and Culture DG

Background

- Funded by the EC's Lifelong Learning Programme
- Erasmus Academic Network
- Continues from MEDINE (2004-2007)
- Chaired and co-ordinated by Allan Cumming, Edinburgh
- Started 1st Oct 2009 for 3 (3,5) years
- Grant of €600k, value €800k

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Project Setup

- 93 project partners
- 6 Associated Partners
- Local Steering Group
- Executive Board
- Student Involvement

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Structure

- 11 Work Packages; of those:
- 7 Development work packages
- Network management
- Dissemination of outputs
- Exploitation of outputs

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Work packages – WP1

- MEDINElingua
- Led by Charite, Berlin (Ulrike Arnold)
- Language resources for EU medical students
- http://medine2.com/Public/medinelingua.html

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Work packages – WP2

- Toolkit to promote openness and mobility in medical education and training in Europe
- Led by Université libre de Bruxelles (Sylvain Meuris)
- Online guide for students moving around Europe

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Work packages – WP3

- Tuning Process for Medical Education
- Led by University of Edinburgh (Helen Cameron)
- Based on the Tuning work previously done
- Package of materials & support to those who want to carry out tuning in their organisations

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Work packages – WP4

- Tuning 1st cycle degrees in medicine
- Led by University of Edinburgh (Michael Ross)
- Reaching consensus and publishing learning outcomes for 1st cycle

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Work packages – WP5

- Curriculum trends in medical education in Europe in the 21st Century
- Led by AMEE (Ron Harden)
- On-line survey of curriculum trends

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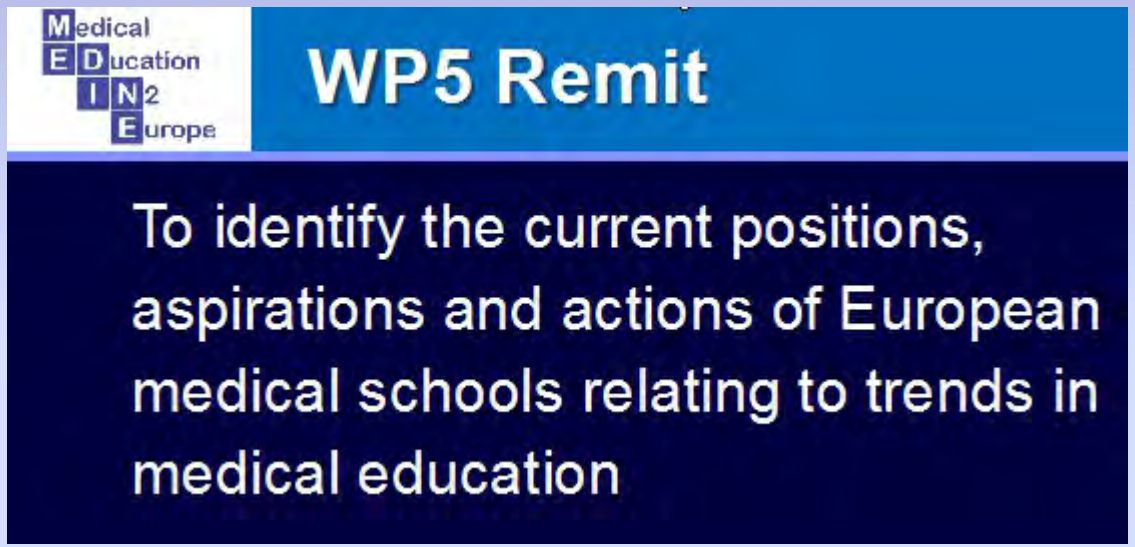
WP5: Curriculum Trends



Survey

Respondents asked:

- Current position on the trends in their institution
- Vision as to the desirable developments in medical schools over next 3-5 years

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WP5: Curriculum Trends

Medical EDucation IN2 Europe	Score
Not a trend/development	0
Minor trend/development	1
Major trend/development	2

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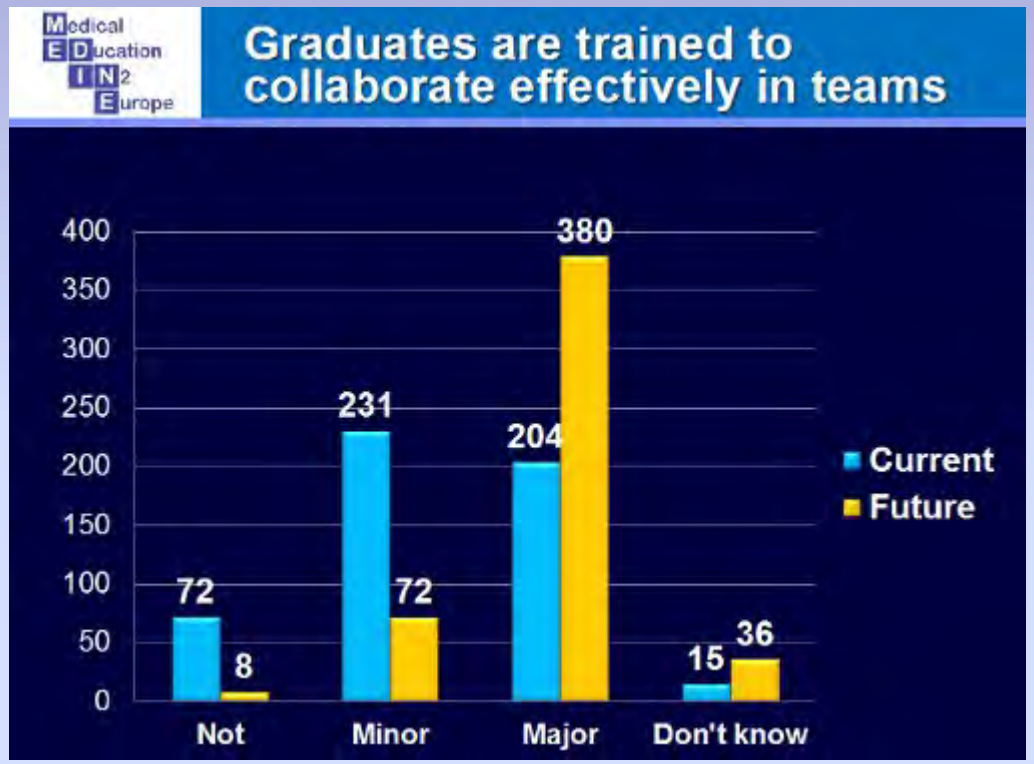
WP5: Curriculum Trends



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Work packages – WP6

- Integration of the Bologna Process within Medical Schools in Bologna Countries
- Led by AMEE (Madalena Patricio)
- On-line survey of Bologna implementation in medical education

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Work packages – WP7

- Integration of the research component in European Medical Education
- Led by Vrije Universiteit Brussel and Medical University of Vienna (Chris van Schravendijk & Richard Marz)
- Tuning of 3rd cycle Bologna
- Promoting best practice research models

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Third cycle of Med Education: List of 60 relevant terms for research-related concepts

41	PhD
42	Dr. Med.
43	Supervisor
44	Supervision culture
45	Doctoral School
46	QC-Survey
47	Collaborative doctoral programmes
48	Co-tutelle
49	Joint degrees
50	Internatioinal joint doctoral programmes

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2. RESEARCH-BASED PhD THESIS

- The PhD thesis in medical sciences is normally research-based. The research is not undertaken as an objective in itself, but rather as a means in most cases of testing the validity of a hypothesis. Therefore, a research-based PhD thesis is also hypothesis-based. These properties will directly be visible in the PhD thesis; after the introduction, a clearly phrased research aim is formulated, either as the central question behind the work, or as a hypothesis, i.e. a possible answer to that question. In either case, the research behind the thesis is undertaken to investigate the question or test the hypothesis, and the outcome, i.e. the results, is critically discussed.
- An alternative to the hypothesis-based PhD is the PhD thesis structured and conceptualized as a monograph, a book in which knowledge of the topic is brought under a thematic structure without a central question or hypothesis. In this format, a central hypothesis or set of hypotheses may not be apparent. However, according to the Salzburg principles, a PhD thesis should always contain new knowledge produced by original research.

Work packages – WP8 - 11

- Management, dissemination, exploitation and QA
- Led by University of Edinburgh (Allan Cumming, Carol Telford and Michael Begg)
- Events
- Website www.medine2.com

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Integrating research skills and competences in the Medical Curriculum
A workshop on finding the right balance

Chris Van Schravendijk
Brussels Free University, Brussels, Belgium

Richard Marz
Medical University of Vienna, Austria

Josanne Vassallo
University of Malta Medical School, Guardamangia, Malta

Herbert Plass
Medical University of Vienna, Austria

Workshop 5S – 30.08.11

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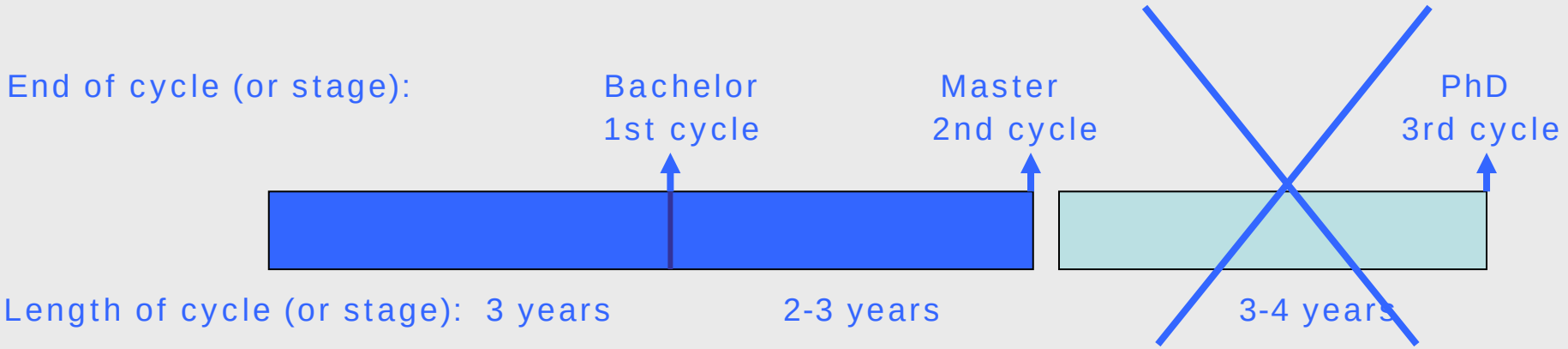
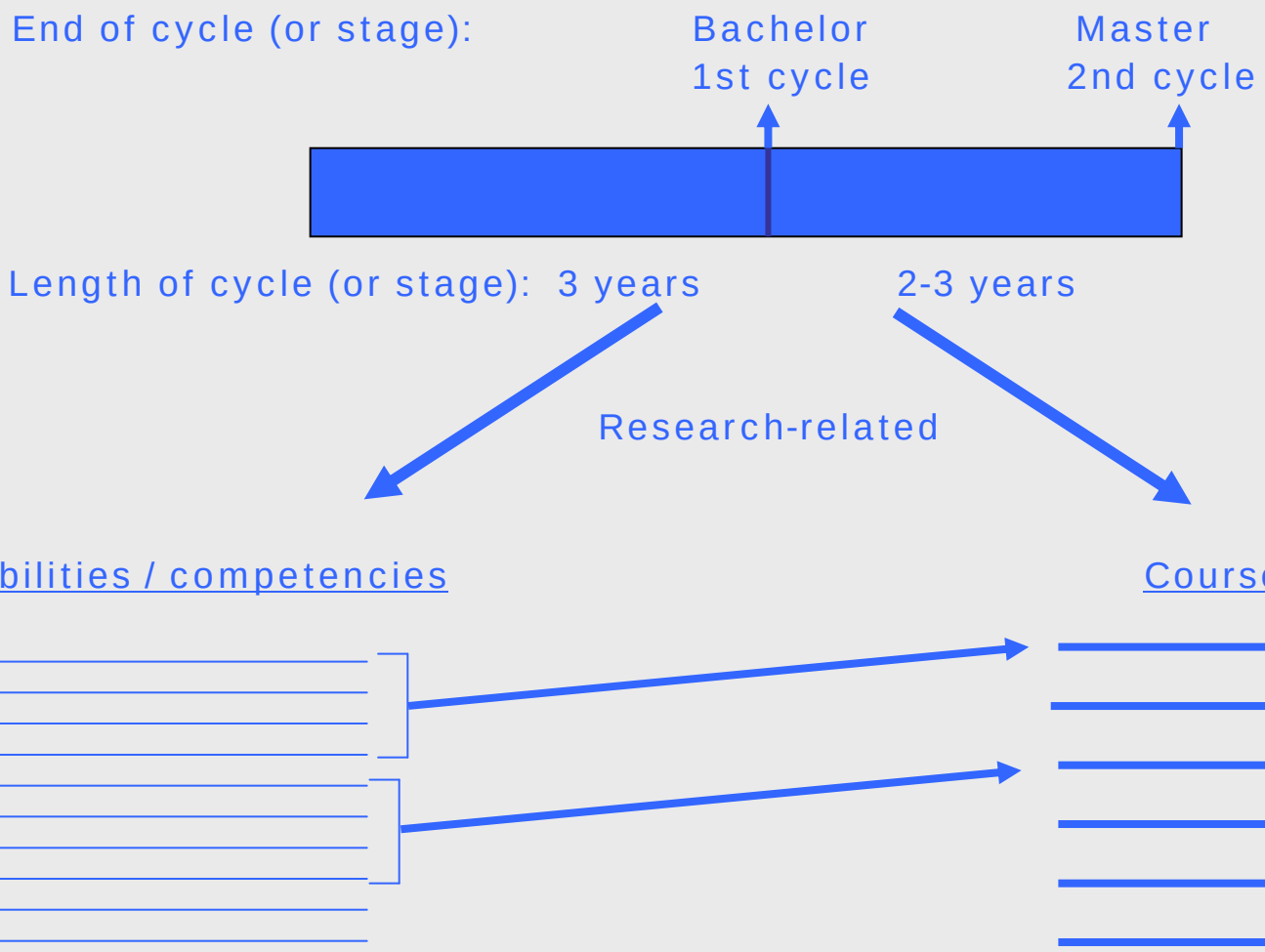
As of March 23rd, 404 colleagues have completed the online survey for WP7 (IRCOMED)
Are you one of them?

1. Yes
2. No


End of cycle (or stage):
Bachelor
1st cycle
Master
2nd cycle
PhD
3rd cycle
Length of cycle (or stage): 3 years
2-3 years
3-4 years


End of cycle (or stage):
Bachelor
1st cycle
Master
2nd cycle
Length of cycle (or stage): 3 years
2-3 years
Research-related
Abilities / competencies
Courses

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Work Packages

01 MEDINElingua
02 Mobility Toolkit
03 Tuning Process
04 Bologna First Cycle
05 Curriculum Trends
06 Progressing Bologna
07 Research
08 Network management
09 Dissemination of MEDINE2 outputs

Surveys

WP7 Survey: What extent research competences should be integrated into the medical curriculum?

Please find below the link to our survey which asks your opinion to what extent research competences should be integrated into the medical curriculum.

You will probably agree that medical research is important for the development of better patient treatment. But finding the right balance in a tight core curriculum in what research competences every medical student needs is still a major challenge for those building a medical curriculum.

The enclosed Tuning survey has been developed by the MEDINE2 workpackage 7 (D26) group and other members of the MEDINE2 project. The survey is meant as a tool to bring us a step closer in finding a European consensus to an optimal integration of this research component into the medical curriculum.

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MEDINE2 - Tuning of Research Competencies in Europe

Again, please focus on which outcomes you think should be achieved by graduates at the END of each of the 3 cycles of study.

SINCE IT IS EXPECTED THAT GRADUATES WILL ACCUMULATE COMPETENCES PROGRESSIVELY AS THEY MOVE THROUGH THE CYCLES OF STUDY, IT IS LOGICAL THAT FOR EACH OF THE OUTCOMES, THE RATING FOR SECOND CYCLE SHOULD BE EQUAL TO, OR GREATER THAN, THAT FOR FIRST CYCLE - NOT LESS.

SIMILARLY, FOR EACH OUTCOME, THE RESPONSE FOR THIRD CYCLE SHOULD BE EQUAL TO OR GREATER THAN THAT FOR SECOND CYCLE.

1. Ability to formulate a research question as a hypothesis and design experiments to test it

	Not important	Important	Very important	Essential
First Cycle	○	○	○	○
Second Cycle	○	○	○	○
Third Cycle	○	○	○	○

Link of abilities to research-related courses

Introduction of research-related courses

16 exemplary courses

- Medical informatics
- Principles of evidence-based medicine
- Introduction to scientific thought
- Principles of med stat and epidemiology
- Biomedical laboratory technology
- Scientific communication
- Development of a scientific hypothesis
- Experimental animal handling & care
- Critical reading & writing of sci papers
- Handling databases in the biomed sci
- Basics of clinical investigation
- Applied medical epidemiology
- Master thesis (3 variants)
- Intellectual property, tech & biosafety
- Medical research rotation
- Ethics in medical practice & research

Introduction of research-related courses

exemplary course

- Principles of med stat and epidemiology

Abilities to:
Choose the appropriate qualitative and quantitative research method (7)
Analyse research findings (qualitative or quantitative data (14)
Select and carry out appropriate statistical tests and interpret results (15)

7. Choose the appropriate qualitative and quantitative research method

First Cycle (years 1 – 3)

7. Ability to choose the appropriate qualitative or quantitative research method

	Not important	Important	Very important	Essential	Rating Average	Response Count
First Cycle	**48.2% (185)**	40.1% (154)	9.4% (36)	2.3% (9)	1.66	384

1. Not important 5,5%
2. Important 16,5%
3. Very important 4,7%
4. essential 3,9%

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7. Choose the appropriate qualitative and quantitative research method

Second Cycle (years 4 – 6)

7. Ability to choose the appropriate qualitative or quantitative research method

	Not important	Important	Very important	Essential	Rating Average	Response Count
Second Cycle	10.1% (39)	36.3% (140)	**42.7% (165)**	10.9% (42)	2.54	386

1. Not important 1,3%
2. Important 28,2%
3. Very important 43,6%
4. essential 26,9%

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14. Analyse research findings (qualitative or quantitative data)

First Cycle (years 1 – 3)

14. Ability to analyse research findings (qualitative or quantitative data)

	Not important	Important	Very important	Essential	Rating Average	Response Count
First Cycle	24.0% (90)	**58.7% (220)**	14.1% (53)	3.2% (12)	1.97	375

1. Not important 4,5%
2. Important 36,4%
3. Very important 40,9%
4. essential 18,2%

14. Analyse research findings (qualitative or quantitative data)

First Cycle (years 1 – 3)

14. Ability to analyse research findings (qualitative or quantitative data)

	Not important	Important	Very important	Essential	Rating Average	Response Count
First Cycle	24.0% (90)	**58.7% (220)**	14.1% (53)	3.2% (12)	1.97	375

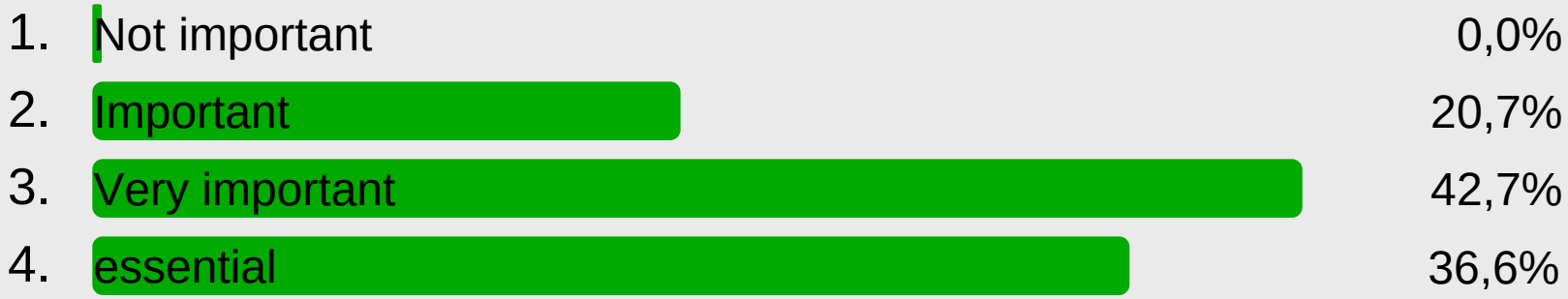
1. Not important 21,8%
2. Important 51,3%
3. Very important 21,8%
4. essential 5,1%

14. Analyse research findings (qualitative or quantitative data)

Second Cycle (years 4 – 6)

14. Ability to analyse research findings (qualitative or quantitative data)

	Not important	Important	Very important	Essential	Rating Average	Response Count
Second Cycle	4.5% (17)	22.9% (86)	**51.1% (192)**	21.5% (81)	2.90	376



15. Select and carry out appropriate statistical tests and interpret results

First Cycle (years 1 – 3)

15. Ability to select and carry out appropriate statistical tests and interpret the results

	Not important	Important	Very important	Essential	Rating Average	Response Count
First Cycle	32.0% (120)	**49.6% (186)**	14.4% (54)	4.0% (15)	1.90	375

1. Not important 27,2%
2. Important 55,6%
3. Very important 13,6%
4. essential 3,7%

15. Select and carry out appropriate statistical tests and interpret results

Second Cycle (years 4 – 6)

15. Ability to select and carry out appropriate statistical tests and interpret the results

	Not important	Important	Very important	Essential	Rating Average	Response Count
Second Cycle	5.9% (22)	29.3% (110)	**46.0% (173)**	18.9% (71)	2.78	376

1. Not important 2,5%
2. Important 30,4%
3. Very important 39,2%
4. essential 27,8%

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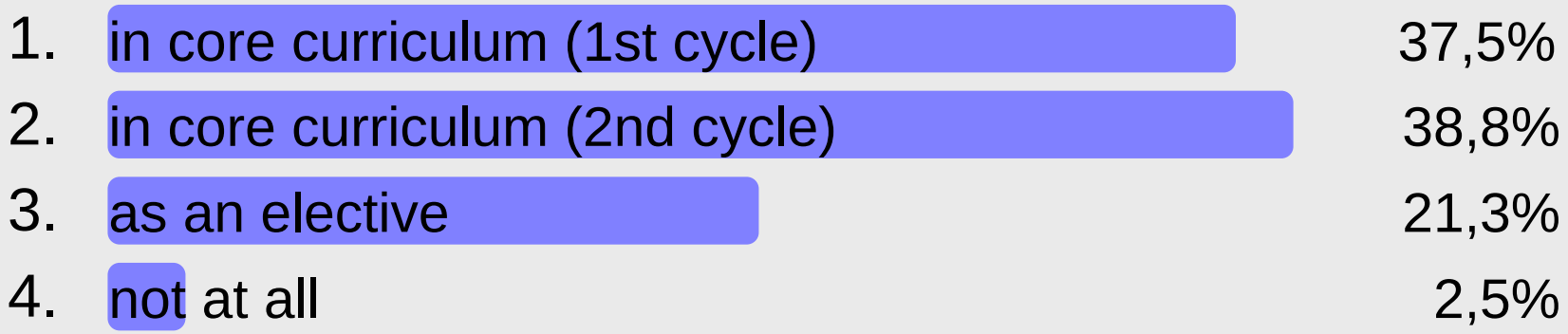
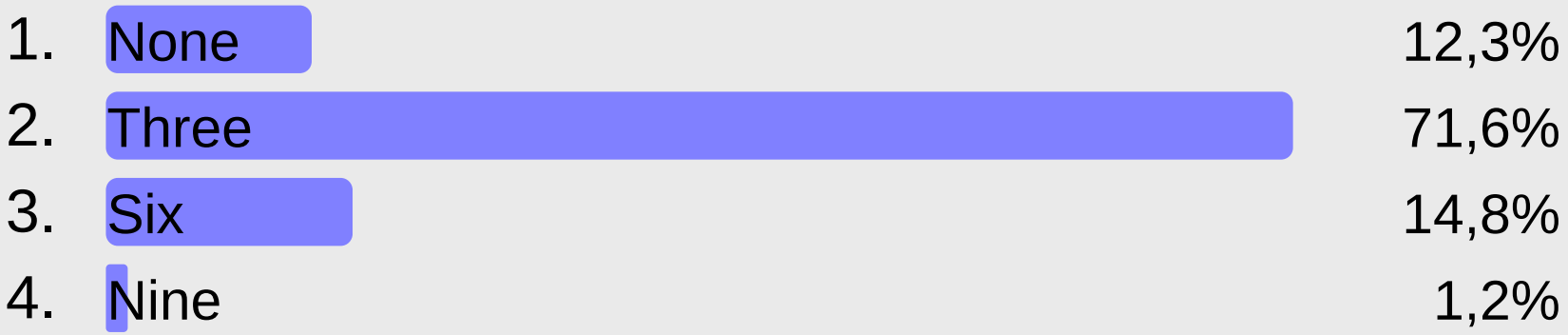
Your Vote:

"Principles of med stat and epidemiology" should be offered



How many ETCS credits should be given for "Principles of med stat and epidemiology"? (out of 60 per year)

Your answer:



Introduction of research-related courses

16 exemplary courses

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- Master thesis (3 variants)
- Intellectual property, tech & biosafety
- Medical research rotation
- Ethics in medical practice & research

Introduction of research-related courses

exemplary course

- Master thesis

  Should it be required?

  How long should students work on it?

Vote:
Should a master thesis be required?

1. Only as elective
2. research carried out in an equivalent of time of 3 months
3. research carried out in an equivalent of time of 6 months
4. research carried out in an equivalent of time of 9 months and based on original observations

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Your Vote

Should a master thesis be required?

1.	Only as elective	12,3%
2.	research carried out in an equivalent of time of 3 months	71,6%
3.	research carried out in an equivalent of time of 6 months	14,8%
4.	research carried out in an equivalent of time of 9 months and based on original observations	1,2%

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Thank you for your participation

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