Bologna Reform in Switzerland

Innovation or burden?

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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
Topics

> 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

1 2 3 4 5 6

All exams were based on national law

University of Fribourg
After the Bologna Reform (2010)
New study degrees

Bachelor Study Human & Dental Medicine

Master Study Human Medicine

Exams by the medical school

Bachelor of Human Medicine

Bachelor of Biomedical Science

Master of Biomedical Engineering

Master of Biomedical Science
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 Eggli, 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?
Pros: curriculum reforms

> 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
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

Lectures
- EKP
  - 30 ECTS
  - Sept - Dec

Courses
- SK1
  - 40 ECTS
  - Dec - März
- SK2
  - 30 ECTS
  - Feb - June

Exams
- MC
  - May - Jan
- OSCE
  - May - Jan

Clerkships
- rotation
  - 6 months
  - 30 ECTS
  - Feb - Nov
- elective
  - 7 months
  - 35 ECTS

Postgraduate training starts on November 1st

National Licensing Exam
- national diploma physician (Arzt)

Diploma
- doctor thesis (Dr.med.)

Master thesis
- 2-3 months
- 15 ECTS

Doctor thesis

Masterstudium Humanmedizin Universität Bern
### Student support

**www.studmed.unibe.ch**

| Schedule, also individual, news service | student's office |
|PDF and podcast of each lecture | (9 part-time persons) |
|Management of master thesis |  

**http://studmed.unibe.ch/studmed.mp4**
Fakultätskollegium

Fakultätsleitung
Dean, vice-dean bachelor
Vice-dean master

Subkommission Lehre Bachelorstudium Medizin (SBM)

Prüfungskommission
Bachelorstudium J3

Subkommission Lehre Masterstudium Humanm. (SMH)

3 Prüfungskommissionen
MC J4, MC J5, OSCE J5

Institut für Medizinische Lehre (IML)

Subkommission Lehre Bachelorstudium Medizin (SBM)

Subko MBE

Subko MBSc

Subko Zahnmedizin

Ausschuss Lehre (AL)
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**

<table>
<thead>
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<th>Präsenz</th>
<th>Datum</th>
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All practical courses have to be attended

30 ECTS points
Cons and burden

> 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
Conclusions

> **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 then the burden
Bologna between dean and doctors

Thank you

References

