

# Bologna in Medicine: the situation in Switzerland

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## Introduction

Switzerland was among the 29 countries that signed the Bologna Declaration in 1999. Several years went by before finally, in 2006, Basel was among the first universities to implement the Bologna reforms in its medical curriculum, an example that was followed by the other Swiss universities. Unfortunately, each university is free to decide 'how' to implement the Bologna reforms. As a result, different universities started with the implementation at different times and proceeded in different ways.

## The student perspective

The discrepancies between the universities in the way in which the Bologna reforms are implemented explain why student endorsement of Bologna varies so strongly. It very much depends on the local model.

In Zürich, for example, the Bologna reforms made study programmes even more rigid and practically ruled out student mobility, because most of the courses and the exams have to be taken at the home university if they are to be recognised. Students are very discerning and are under the impression that the reform was introduced for its own sake only.

Today, as a result of the reforms, many universities have tightly structured curricula and academic freedom seems to have been lost completely. Many students feel

as if they are back at school: lectures are scheduled in fixed order and have to be attended in that order if students are to be able to take the exams at the end of a semester. These requirements have become even more binding with the introduction of Bologna and the credits system.

However, students do acknowledge that the reforms have some good points as well. The modular system, for example, is generally appreciated. Nevertheless, the whole Bologna process invariably raises questions.

## The Basel model

The medical curriculum at Basel is based on the spiral model of the Murrhardter circle, which was first described 1989.<sup>1</sup> Luckily the reform towards the organization in organ-related modules had already been completed before the Bologna renewal. So all that remained to be done was to rearrange the modules and decide which content was to be included in the bachelor programme and which content in the master programme.

The Faculty of Medicine at Basel agreed on the following model: each organ-related module is taught twice: during the bachelor programme the focus is on anatomy, physiology and pathophysiology, while during the master programme the focus is on clinical training, diagnostics, therapy and differential diagnosis. Additionally, there are various areas of competencies, such as emergency medi-

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\* Schweizerische Gesellschaft für Notfall- und Rettungsmedizin (*Swiss Society for Emergency Medicine and Rescue*).

cine (leading to the SGNOR\*-certificate of *Dienstarzt*), the humanities, scientific work, communication, clinical skills, etc.

With regard to student involvement, I can only applaud the University of Basel. Students are represented on all the important boards and committees. Unfortunately, students are not yet making full use of these opportunities that are offered to them. This is probably largely due to lack of information about and insight into the organization of the university.

### The student perspective

The universities of Basel and Zürich conducted a survey to investigate the student perspective on the Bologna reforms.<sup>2</sup> The preliminary results revealed a devastating verdict: the students were very much dissatisfied with the Bologna model and its implementation at their universities.

But why should they be so unhappy? I am convinced that the biggest problem is lack of background information. The students only see the outward manifestations of reform. They see problems like late publication of timetables, professors complaining that they have less time for their lecture than they did last year, etc. So there is a huge gap between what the average student notices and what is actually taking place within the faculty. It is only understandable that this should lead to misunderstandings and discontent.

It took me some six months and several hours of reading, attending meetings and talking to the people involved before I even partly understood the Bologna process. That is too much to ask of every student. But in fact that is what it would take for students to be able to make an appropriate judgement of the Bologna reforms.

Let's go into some detail now. What exactly is it that students are complaining about?

I already mentioned timetables. But it is an even bigger strain not knowing what your next semester is going to be like. It feels as if you are running full speed into a dark tunnel, not knowing when the next curve is coming or if there will be any light. And worse still, it basically reduces student mobility to zero. How do you decide in which courses to enrol at your host university, when you do not know which content will be taught at your home university? Even moving to another university within Switzerland has become difficult, because every university has developed its own curriculum structure. As a consequence the second-year students at Basel do not necessarily follow the same programme as the second-year students at Zürich.

A very good idea, in principle, is the integration of clinical subjects into the bachelor programme. However, since everything has to be reorganized and no-one is used to the new system yet, it happens that pathophysiology is taught before anatomy and physiology or that students are supposed to learn how to examine an eye before they even know its basic structures.

The last important topic I would like to touch on is the master's thesis and the doctorate. In Switzerland the title of "Dr. med." represents much more than just a scientific degree: it is an occupational title – one with which doctors identify very strongly indeed. Therefore the majority of students are very keen to receive their doctor's degree. In this context it is only understandable that fierce opposition should be aroused when students are made to wait for one year after their final exam before they can hand in their doctorate.

So, how do we solve these problems? The keyword seems to be information!

Students need to know what the Bologna declaration is about, what it im-

plies, why it is implemented and what the local model looks like. Also it is crucial to involve students in the development of reformed curricula, which by the way is one of the aims of the Bologna declaration. The results of the student survey mentioned earlier showed that agreement with the implementation of the Bologna model was stronger among students who felt they had been involved in the development process.

To conclude, I would like to highlight the main points and make some recommendations:

- Students must be informed properly, this helps prevent rejection and discontent.
- Integration of clinical subjects into the bachelor programme is important but careful attention to the sequencing of lectures is of the essence.
- Universities should adhere to the same model! Mobility is torpedoed if every university implements its own curriculum.
- Involve students in the development process.

And finally: I think Bologna is achievable, also for medicine. Most of the problems are related to the implementation process and inadequate information for students.

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