

Post-its from the first exercise at the BPW'08

- ECTS & Diploma Supplement:

- ECTS points do not work.
- Transparent standardised information system (includes info about: educational system, ECTS, learning objectives).
- ECTS should be combined with learning outcomes.

- Quality & Assessment:

- Central assessment.
- European Qualifications Framework.
- Assessment methods in general.
- Strengthening research in medical education to achieve an evidence based medical education.
- Evaluation and consideration of the mobile students' feedback.
- Evaluation of clinical skills.
- Stronger European regulations.
- Achieving mobility by working together in improving medical education.
- Patient safety / patient communication.
- Students should be flexible and take in mind possible differences in systems.
- Control of:
 - § Who is teaching.
 - § Their qualification.
 - § Quality of hospital.
- Self-arranged clinical rotations.
- Limited mobility because of patient safety and communication skills.
- It's important for the students' process of self-development to organise the studies abroad by themselves (shouldn't be too easy).
- Increase patient safety / decrease patient safety communication.

- Patient safety quality must be our primary focus.
- Pan-European quality assurance program to establish exchange networks.
- Quality control - universities must check the practical realisation of exchanges and if the courses are really compatible.
- Pan-European quality assurance of medical education programme to be set up must have teeth.
- Evaluations of current situation and systems.
- Quality assurance.
- More mobility, no less quality.

- Finances:

- Not unified finance system.
- Financial barriers - tuition fees.
- Should the EU fund exchanges to compensate the universities?
- More money from EU available to develop and improve exchange programs.
- Who will pay tuition fees?
- Who will pay research mobility?

- Language:

- Language courses for all students - no financial barriers.
- Achieving a certain standard in a language before going into a certain country.
- International semester medical education in English (or other widespread languages).
- Minimum language requirements for all.
- Creating English exchange programs for students who can't speak the foreign language.
- Language mixed exams.

- Curricula:

- Electives abroad to learn about sth you're interested in.

- Establish clinical parts in curricula where students can easily go abroad.
- Ensure diversity / academic way of studying.
- Specific needs for preclinical and clinical studies.
- Increasing mobility in research.
- Comparable structures.
- To ensure quality information not only for teaching methods but also about assessment.
- Information about curriculum, learning outcomes, assessment methods made public and available in other languages (English, French...).
- Comparing curricula to match medical schools agreement between certain medical schools.
- Not unified educational system.
- Clear including and excluding criteria per course/semester, what students need to know before starting it and what goals need to be achieved by the end of the course.
- Curricula database.
- Mobility database (practical and academic info).
- Basic minimum requirements (core curricula, requirement of medical schools).
- Different curricula at faculties.
- Quality level of study/per faculty comparability and mobility after 6 years - master of medicine ?
- Special and specific lectures for incoming students to take them to the same level as the original students of that faculty.
- Lack of comparability between courses.
- Ba/Ma.
- Obligatory part of studies abroad?
- Free period where the students can study what they want abroad or at home.
- Responsibility for the students - self-directed learning (transparency needed).
- Division of curricula into learning outcomes and having a clear and specific correspondence between learning outcomes and courses.
- University not as an owner of students but as a provider of medical education.
- Basic curriculum at the home faculty - extra competences that complete the curriculum + exchange in a specific period total liberty.
- Diverse curricula - a good thing.
- Core curricula that includes higher learning outcomes.
- Common core curricula - common outcomes.
- Transparent readable information about the curriculum of each faculty.
- Matching by learning outcomes.
- Lack of knowledge of other curricula.
- Core curriculum should be implemented.
- Obligated+optional parts of curricula (at least these can be absolved abroad).
- Balance between mobility and innovation in education.
- Flexible curricula that allows students to choose their areas of interest even if their own faculty doesn't provide such education opportunities.
- Transparent information about curriculum: clinical & pre-clinical parts also.
- Flexibility of courses - postponing and pre-poning courses to match another universities courses.

- Faculty - University:

- National opposition to mobility due to demographic reasons.
- Selection process of students participating in exchange programmes.
- Advertisement of mobility to students.
- Students' ranking on universities based on how good universities are at mobility.
- "Peer-to-peer" reviews of the universities by the outgoing students by the end of their Erasmus year - practical experience (local, national and international level).
- Lack of trust between universities.
- Gaining trust between universities.
- Encourage to trust between faculties.
- Mobility for academic staff and teachers.
- National mobility one way mobility signing agreements but nothing happens.
- Nationwide mobility.
- Recognition of time of studies abroad should not be up to the professor at the home university.
- Recognition.
- Faculty autonomy is important.
- Encouraging faculties to improve mobility.
- Europass mobility - European recognition of mobility.
- Diploma supplement with competences - students' responsibility to achieve?
- Home universities to make use of experience of outgoing students in issues of curricula structure teaching, etc.
- Networks for faculties (Cooperation)
- Old professors don't accept the change.
- More flexible application procedure - more than one country.
- Comparable/standardised application form at faculty level.
- Application system to different universities in different countries should be unified (same quality standards, etc.).
- Faculties developing curricula together.
- Faculties should be mobility friendly.
- One person at each faculty who is in charge of mobility.
- Creation of more exchange programmes.
- Motivate students to do mobility.
- Mobility as an option for everyone.
- More mobility in the clinical field - in clinical stages students can really learn from mobility.
- Focusing medical exchanges on clinical experience, clerkships, rotations...
- Faculties should be more flexible concerning an individual students' flow through curricula to increase mobility.
- Different types of mobility:
 - § Clerkships.
 - § Lectures.
 - § Research Who's paying for this?
- Quantitative target for students exchanges as a tool to push mobility.

Preamble including general comments on mobility.

Solution oriented.

Write down every idea - also those that you may not agree upon unanimously.

Don't go into large explanations of where problems are coming from.

You can look at the comments located under other topics as well.