

TEACHING MEDICINE – CURRENT EXPERIENCE FROM THE SCHOOL OF MEDICINE IN KATOWICE, MEDICAL UNIVERSITY OF SILESIA, POLAND

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Until 2012 teaching medicine in Poland was strictly regulated by universal curriculum that defined duration (12 semesters) and number of hours (5700) divided into traditional subjects, for which the contents was defined in detail (i.e. Anatomy, Medical Biology, Biochemistry, Physiology ... Internal Diseases, Surgery, Pediatrics, Family Medicine ...). In 2012, in response to the directive of the European Parliament all Polish universities adopted new law introducing National Qualifications Framework (focus on learning outcomes, transfer of students, universal standards, equal employment opportunities within EU). As a result teaching in medicine was revised and a new curriculum introduces a need to modify both the contents and methods of teaching. New curriculum is structured according to the several categories defined by general and specific outcomes. The former category includes general medical knowledge, skills and social competence. Specific categories include a) morphological sciences, b) scientific basis of medicine, c) preclinical subjects, d) behavioural and social aspects, e) clinical nonsurgical sciences, f) clinical surgical sciences and g) legal/organizational aspects of medicine. Each category is described in detail in terms of specific knowledge and skills, but the methods to achieve the goals depend on the decisions of the medical universities. Another important factor is related to the move of clinical internship (1 year) from post-graduate training to the sixth year of study. Both decisions impose a difficult period ahead. Medical universities in Poland are entering a complex organizational and financial environment with limited means to meet the criteria (for example the average estimated annual cost of training will double from current ~ 30000 zl/year).

An important challenge resulting from the reform of teaching medicine in Poland is related to increasing demand on clinical infrastructure to meet the requirements of proper clinical training of the students (supervisor/student ratio, monitoring of the quality of teaching). A currently discussed solutions concerns the placement of

some undergraduate teaching activities at general hospitals outside of the university that are not always prepared to absorb new tasks, particularly in the light of organizational and financial constraints developed within national health care system. These and other circumstances are likely to affect so important student-patient interaction and contact under the direct supervision from experienced physicians. New challenges require new solutions and among those simulation techniques can offer interesting contribution to practical teaching (skills). In 2012 Medical University of Silesia opened the Education and Medical Simulation Centre, the biggest and most advanced facility of this kind in Poland. The Centre was built within the framework of EU Operational Programme (cost: 30000000 zl) and provides ‘hands-on’ education, the use of simulation techniques and ICT technologies. Available facilities include six fully equipped simulation rooms (operating hall, intensive care unit, four ER workstations, pediatric room and labour room) as well as a ‘real-life’ area designated for simulation of pre-hospital emergencies with an ambulance simulator. Students have direct access to ten high fidelity patient simulators (adult, child, infant, newborn, labour) and task-specific workstations (diagnostic and treatment equipment, CPR equipment, manikins, models). The teaching sessions allow a wide spectrum of simulations and on-line monitoring of activities with objective feed-back from instructors. Other facilities include multimedia rooms (3D), modern seminar rooms and lecture halls as well as library facilities. A short activity of the Education and Medical Simulation Centre has already shown a high demand for the use of the Centre both from students and teachers.

A reformed curriculum of medical training and a modified flow of study call for new initiatives and exchange of experience between medical universities, with the ultimate goal to preserve ‘a good’ and take advantage of new possibilities in order to keep undergraduate medical training at the top level.