



Exchange options for international medical students in the bachelor program (G2020) at the University of Groningen

Brief outline of G2020

Developments within healthcare and in the field of medical education warrant a new Groningen Medical Education curriculum: G2020. This will address the role of future doctors who will have to deal with an increasingly complex and changing healthcare system accompanied by rapidly expanding knowledge, technology and globalization. Newly graduated doctors must be able to find relevant, up-to-date and correct information quickly, put this into context and apply it.

Ambitions

G2020 is an ambitious, patient-centered curriculum in which everyone involved (lecturers and students) is a co-owner of the degree program and an active attitude is the norm. In G2020 there is quick communication and close interaction between the lecturers and students, which increases ties and intrinsic motivation. G2020 wishes to equip students in the Bachelor's degree program with the required medical competences (CanMeds), with a focus on developing academic skills and an academic attitude.



Learning Communities

In G2020 a cohort of some 400 students will be divided into four communities known as Learning Communities (LCs), each with its own focus, profile dean and teaching staff: Global Health (English spoken), Sustainable Healthcare (Dutch), Intramural Care (Dutch) and Molecular Medicine (English).

The LC provides the academic medical context in which the ambitions mentioned above are realized. During the selection process for the degree programme, students choose one of the LCs. Once they have been admitted, they will complete their Bachelor's degree programme within that LC, with the profile, the small-scale nature of the teaching and the direct contact with a limited group of lecturers creating ties amongst students and within the community.

Basic knowledge

All LCs result in the same Bachelor's degree certificate which meets the learning outcomes of the Framework for Undergraduate Medical Education in the Netherlands 2009 ('2009 Framework'). A core programme has been developed to ensure that uniform knowledge development is guaranteed.

This programme is identical for all the LCs and is based on medical conditions, which allows cooperation and interaction between LCs and further in-depth study conducted in collaboration. Students are largely personally responsible for acquiring the necessary basic knowledge. They are aided by tutor group vignettes, e-learning and assessment. Senior students will assist them in their endeavours.

Applying knowledge

Knowledge is instilled and competences acquired in the various LCs. The interaction between students and lecturers, who have all specifically chosen a certain LC, plays a central role. Students are challenged by lecturers to immerse themselves in relevant, current medical issues. This allows students to acquire generic and specific competences, supported by frequent feedback and assessment. The exchange of knowledge between the LCs further strengthens the academic component of the degree programme. The lecturer's role thus will become that of a coaching expert. They will gain autonomy since they will determine the manner and content of teaching and assessment to a greater degree. Lecturers will therefore be able to spot talent early on and strengthen ties with talented students by involving them in their work.

Two options

For selected international exchange students there are a few full semester options to participate in G2020. For the Autumn semester (Sept-Jan) they can apply (at least 6 months in advance) for semester 3.1, located in the 3rd year, in the Spring semester (February-July) for semester 2.2. (Other semesters are not open for exchange students.)

Core and LC part, and credits

Each semester consists of 18 ECTS (1 ECTS = 28 hours workload) basic curriculum: Causes of Diseases. This part is the same for all LCs. Within the LC the students address related topics, within CanMeds competency framework. This part equals 10 ECTS. So in total 28 ECTS can be awarded to international students. (Home student acquire 4 more ECTS per year for the quarterly taken Progress Test, which is not possible for exchange students.)

Theme's and weeks

Every week starts with a plenary session, a (real!) patient lecture, having some kind of medical problem, which is analyzed and studied during the rest of the week. Planning of self study, task division, assignments and reporting, all is done in tutor sessions, so small group learning and self-directed learning is central to our educational philosophy and practice, in which individual work contributes to the group learning. That it is why it is important to establish the knowledge level and study skills explicitly and a little more in detail, as exchange students will take part in what is at least partly a collective effort.

The 20 week subjects per semester are clustered in about 4 to 5 theme's. At the end there is a summative assessment, in between there are formative and ones that contribute to formative assessment.

In the LC part deepening and/or widening aspects around these subjects and themes are addressed.

Consequence and contrast

This means that there are no regular/traditional discipline based courses in the (basic) sciences; all relevant aspects of a certain medical problem are integrally addressed. Depending on themes, and within themes the specific cases, the pathology, histology, physiology, anatomy, pharmacology and other involved aspects are simultaneously addressed.

Medical Content

As explained above, the core curriculum (18 ECTS) is the same for all students in medicine, but the Learning Community part is different. Students choose either for *Global Health* or *Molecular Medicine* (10 ECTS both).¹

The medical content of the two semester options is briefly outlined below².

Semester 2.2 (February-July)

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Core curriculum				Learning Community / Competency development part	
18 ECTS (1 ECTS = 28 hours)				10 ECTS	
Causes of diseases 2.2					
Week	Theme	Case	Disease	LC Global Health 2.2	LC Molecular Medicine 2.2
21	Hormones	Obesity	Diabetes type II	2.6a Hospital familiarisation	2.8 thyroid, the adrenal and the pituitary
22		Shoes don't fit	Acromegalia		
23		Disturbed cycle	Amenorrhoea, blood loss	2.6b abortus	
24	Reproduction	Pregnancy	Subfertility and contraception		
25		Seks	Dyspareunia, STDs,		
26		Normal pregnancy	Normal pregnancy and delivery	2.7. reproductive health PICO-CAT	2.9 Healthy Reproduction
27	Foetus too small	Foetal anomalies			
28	Sick child	Delivery	Abnormal pregnancy and delivery	2.8a Consultation skills	1st meeting task 2.13 Communication II
29		Yellow child	Neonatal icterus		
30		Blue child	Cardiac murmur		
31	Child with fever	Febrile seizure			
32	Growth and development	Child with choke	Astma and atopia	2.9. ADHD child development	2nd meeting task 2.13 Communication II
33		About life-style	Cachexia		
34		Growth issue	Hip dysplasia		
35	Slow development	Underdevelopment	Statistics and Epidemiology II		
36	The small pelvis	Behavioral problems	ADHD/autism	2.10. Prostate cancer	3rd meeting task 2.13 Communication II
37		Swollen testis	Inguinal hernia and retentio		
38		Pollakiuria	Prostate cancer		
39		Incontinence	Prolaps sfincterproblemen		4th meeting task 2.13 Communication II
					Assessment task 2.13 Communication II

Semester 3.1 (September-February)

Semester 3.1 (Sep - Feb)					
Core curriculum				Learning Community / Competency development part	
18 ECTS (1 ECTS = 28 hours)				10 ECTS	
Causes of diseases 3.1					
Week	Theme	Case	Disease	LC Global Health 3.1	LC Molecular Medicine 3.1
1	Immediate life threatening conditions	Torso injury	Hypovolemische shock	3.1 Evidence based triage in medical	3.1 After out-of-hospital cardiac arrest 3.6 BLS + ABCDE
2		Acute choke	Astma bronchial vs cardial		
3		Chest pain	Acuet Coronairy Syndrome		
4		Acute pain back and abdomen	Aneurysma aorta	3.2 Early warning signs in potentially	
5	Potential life threatening conditions	Acute pain abdomen	Acute abdomen		
6		Ileus	Ileus	3.2 Transplantology	
7		Fractures	Fractures		
8	Nervous system	Unconsciousness	(near)collaps e.c.i.	3.3 Stroke: Treatment and care	3.3 Neurodegenerative diseases
9		Consciousness	Consciousness pathology		
10		Headache	Migraine		
11	Cognitive and psychiatric disorders	Paralysis one side	CVA	3.4 Consultation skills	3.4 Molecules for Mental Health
12		Movement dysfunction	Huntington		
13		Forgetfulness	Dementia		
14	1	Confusion	Delirium	3.5.a Depression and Global Mental	Statistics Year 3
15		Extreme anxiety and fear	Anxiety and panic disorder		
16	2	Depression	Depression	3.5b. Global Health Symposium	3.5 MCS task
17		Addiction	Addiction		
18		Sudden paralysis	Somatization/Conversion		
19		Delusions	Psychosis ans Schizofrenia		

¹ There are also two Dutch spoken learning communities, *Intramural Care* and *Sustainable Care*, but they require proficiency in Dutch (see for further information under **Admission and Selection**).

² The programme is being revised and cases/week themes might be subject to change. On theme level there will be little to none differences.

Equivalence and home accreditation

Important note: medical curricula are very different all over the world. The content equivalence of curriculum ingredients is therefore very hard to assess. Sending institutions and their students should be aware of that, and should therefore accept that the added value of participation in our programme is about the educational experience as a whole. Apart from ECTS transcript we will be unable to provide detailed information on the content aspects, and the accreditation of these ECTS at the home institution is the sole responsibility of the latter and the student.

Admission and selection

- Eligible are students from strategic and other partner institutions, with whom there is an exchange or Erasmus agreement on medical faculty-level;
- Students need to have completed at least 2 full years of (pre-clinical/basic medical sciences) study, with good results (at least amongst the best 25% of cohort);
- Student applicants also need to match our educational approach, meaning that they are required to provide evidence that they are self-directed, creative and collaborative learners;
- Applicants to be well-motivated and well-prepared, provide a knowledge portfolio, including a transcript of records and other verifiable information on skills and competencies;
- Student applicants from non-English speaking countries applicants need to prove appropriate language level (IELTS or TOEFL certificate);
- A (Skype) interview and other steps can be added to the selection procedure;
- There are no formal criteria or formats for all the above aspects (except the language requirements) and there is no address for further information, which does not only fit our educational philosophy, but also to create a level playing field for applicants;
- The programme is competitive and if there are too many candidates that meet the criteria in principle the best matching candidates selected; placements cannot be guaranteed;
- Complete applications need to be filed not earlier than 9 and no later than 6 months in advance, to owi-international@umcg.nl

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N.B. Voor Nederlandssprekende internationale studenten gelden dezelfde mogelijkheden (en voorwaarden/regels), maar zij kunnen ook kiezen voor één van de twee Nederlandssprekende learning communities, te weten *Intramurale Zorg* of *Duurzame Zorg*. Basisprogramma is inhoudelijk identiek met hierboven, maar het learning community deel krijgt hier een wat andere invulling, in het eerste geval richting ziekenhuiszorg, en in het tweede geval richting de consequenties van een verouderende samenleving.