



SPECIAL ARTICLE

Urology at the European university: Adaptations to the Bologna Plan. The model of the Autonomous University of Madrid[☆]



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Abstract The fundamental objective of the Convergence Plan of Bologna is to normalize, harmonize and standardize the teaching of medicine in European medical schools by implementing a similar curriculum. This objective assumes the presence of Urology as a university discipline in all European medical schools. At the same time, the teaching techniques and subject distributions have been modified, emphasizing practical teaching and active participation of the student in the acquisition of expertise and skills. This approach enhances the curricular presence of Urology and requires increased dedication from the teaching staff. These staff members, with limited face-to-face and classroom time, must inform and educate medical students on the broad healthcare commitment of Urology as a surgical/medical specialty. The adaptation of the numerous European medical schools to the Bologna Plan raises a number of problems that can be easily overcome, as can be seen in the plan designed by the Faculty of Medicine at the Universidad Autónoma de Madrid.

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PALABRAS CLAVE

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Urología en la universidad europea: Adaptaciones a Bolonia. El modelo de la Universidad Autónoma de Madrid

Resumen El Plan de Convergencia de Bolonia tiene como objetivo fundamental normalizar, armonizar y estandarizar la enseñanza de Medicina en las facultades médicas europeas,

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imponiendo un curriculum similar. Esto ha supuesto la presencia de la Urología como disciplina universitaria en todas las escuelas médicas europeas. Simultáneamente ha modificado las técnicas pedagógicas y las distribuciones temáticas, insistiendo en la enseñanza práctica y en la activa participación del estudiante en la adquisición de conocimientos y habilidades. Todo ello realza la presencia curricular de la Urología y obliga a una mayor dedicación del profesorado que ahora, en un tiempo limitado presencial y de aulas, tiene que informar y formar al estudiante de Medicina sobre el amplísimo compromiso asistencial de la Urología como especialidad médico-quirúrgica. La adaptación a Bolonia de las numerosas escuelas médicas europeas plantea ciertas dificultades que pueden ser fácilmente superadas, como puede verse en el plan diseñado en la Facultad de Medicina en la Universidad Autónoma de Madrid.

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Introduction

With the meeting of the European Ministers of Education in Bologna on June 19, 1999, in the framework of the European Higher Education Area (EHEA), began, in the case of medicine, the so-called Pact of Convergence of Bologna.¹ The fundamental objectives of the Convergence Pact referred to the need to normalize, harmonize, standardize the teaching of medicine in all European Medical Schools, imposing a similar curriculum to all medicine students, whether they studied in Palermo, Warsaw, Edinburgh, Seville, or Bucharest. A second objective was that medicine students finished their degree being excellent general practitioners, so practical teaching should dominate over theoretical one, just the opposite of what apparently happened in most European medical schools. Achieving these goals has required substantial changes to the curricular itinerary of the student, with greater exposure in the classroom engagement, proximity to the patient, with the greatest active participation of the faculty in tutoring, greater availability of human and educational resources, and other aspects that have been and are debated by the Conference of Deans of the different countries.²⁻⁵

The discipline of Urology has been outlined more clearly throughout the development and implementation of the Pact of Bologna:

1. The subject of Urology, as such independent discipline, was non-existent in many European Schools of Medicine. Therefore, Bologna has been of great benefit to European Urology, its teaching being incorporated in many medical schools.⁶
2. Adapting to the proposals and postulates of Bologna has not been a special effort in other European Medical Schools, which were already conducting similar programs and teaching methods to those proposed, as it was the case of the Autonomous University of Madrid (UAM) and many other Spanish and EU faculties of medicine.^{7,8}
3. The aim of training excellent doctors necessarily involves a significant increase in clinical teaching scenarios over surgical ones, so the overall teaching load of the Department of Surgery has been reduced in favor of the Department of Medicine, but the content of the subject remains intact.
4. In the surgical specialties that have their medical counterpart, this problem has been the subject of more controversy than in Urology, which has no medical

alternative, as some mistakenly might suspect, but it is an inclusive and comprehensive medical-surgical specialty.

5. Most disputes motivated by Bologna, their proposals and application, refer to structural issues that will increasingly find adaptations and solutions in the hands of the respective conferences of deans and other institutions, according to the different countries.

The Bologna teaching proposals can be summarized as follows:

1. Change in the approach and the teaching methodology, focusing teaching on student learning, based on active student participation in the acquisition of knowledge, skills, attitudes, and competences.
2. Activation and increased number of clinical scenarios of participatory learning over traditional lectures.
3. Orientation of the activity of the professor to student mentoring, increasing seminars and supervised practice, i.e. diverting the classroom teaching effort to the proximity of the patient in the company of the student.

We will analyze, then, specific aspects of the subject of Urology, along with the many motivated discussions to reach some consensus.

Content and program: what to teach?

Bologna has not changed the content of urological discipline. Therefore, any of the traditional programs that define Urology as a medical-surgical specialty remain. During the consultative process of the Pact of Bologna, specific proposals of the minimum content of the discipline were made from the European Association of Urology.^{9,10} There have been changes as to the way of stating the content, recommending the titles relating to the main syndromes.

The titles of our program of 12 lectures and 6 seminars are briefly presented in [Table 1](#), which are to be explained during the current academic year. This thematic synthesis is intended to include in a few words the entire content of Urology as medical-surgical specialty. Each lesson contains detailed specification of all processes that it treats, so that there are no omissions or mistakes. This detailed program is delivered to students at the beginning of the course.

For those who consider that this list represents a poor statement of urological issues during the curricular itinerary,

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