

The Swiss Master in Chiropractic Medicine Curriculum: Preparing Graduates to Work Together With Medicine to Improve Patient Care



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ABSTRACT

Objective: In 2007, chiropractic became 1 of the 5 medical professions in Switzerland. This required a new chiropractic program that was fully integrated within a Swiss medical school. The purpose of this article was to discuss the Master in Chiropractic Medicine (MChiroMed) program at the University of Zürich, including advantages, opportunities, and challenges.

Discussion: In 2008, the MChiroMed program began with its first student cohort. The MChiroMed program is a 6-year Bologna model 2-cycle (bachelor and master) “spiral curriculum,” with the first 4 years being fully integrated within the medical curriculum. A review of the main features of the curriculum revealed the advantages, opportunities, and challenges of this program in comparison with other contemporary chiropractic educational programs. Advantages and opportunities include an integrated curriculum within a university, medical school, and musculoskeletal hospital, with their associated human and physical resources. Many opportunities exist for high-level research collaborations. The rigorous entrance qualifications and small student cohorts result in bright, motivated, and enthusiastic students; appropriate assessments; and timely feedback on academic and clinical subjects. Early patient contact in hospitals and clinical facilities encourages the integration of academic theory and clinical practice. The main challenges faced by this program include difficulty recruiting a sufficient number of students because of the rigorous entrance requirements and curriculum overload resulting from undertaking a full medical curriculum and chiropractic modules.

Conclusions: The MChiroMed program is a unique chiropractic curriculum that integrates medical and chiropractic education within a spiral curriculum at a world-class Swiss university medical school. The expectation is that graduates, with their expanded diagnostic and therapeutic knowledge, skills, and experience, will become future experts in primary spine care in Switzerland. It is hoped that this curriculum model will be adopted by other countries and jurisdictions seeking to enhance the role of chiropractic in health care. (*J Chiropr Humanit* 2016;23:53-60)

Key Indexing Terms: *Chiropractic; Curriculum; Education; Profession; Interdisciplinary Studies*

INTRODUCTION

The history of the chiropractic profession in Switzerland is a compelling story of strong opposition from the medical community and considerable adversity overcome by the excellent organization and dogged determination of chiropractors, patients, and later the general public.¹ This tenacity resulted in Switzerland becoming the first country in Europe to regulate chiropractic.¹

In 2007, a new law was passed to make chiropractic 1 of the 5 recognized medical professions, which also include human medicine, dental medicine, veterinary medicine, and pharmacology.² Chiropractic, which was severely persecuted by organized medicine in its beginnings in Switzerland, became included by law as “chiropractic medicine.”¹ The new status of chiropractic mandated a Swiss chiropractic program within a medical faculty at a Swiss university. In 2008, the first chair for chiropractic medicine was appointed at the Faculty of Medicine at the University of Zürich, and the first cohort of chiropractic medicine students began their studies at the university.³

The Swiss university program follows on the success of the Danish chiropractic program at the University of Southern Denmark. Chiropractic in Denmark has a similar story of opposition, negativity, and refusal by the medical profession to cooperate and collaborate with the “unscientific health care cult” of chiropractic. Myburgh and Mouton provided an interesting account of the development of

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chiropractic education in Denmark that parallels the Swiss experience.⁴

Chiropractic's new status comes with increased privileges and responsibilities. Chiropractors are now responsible for a level of patient diagnosis and clinical workup similar to that provided by medical doctors. Consequently, chiropractors' scope of practice includes the right to order all diagnostic imaging and most laboratory testing. Chiropractors now have limited prescription privileges, which include non-narcotic analgesic, anti-inflammatory, and muscle relaxant medications.^{2,3}

We hope that the chiropractic medicine graduates in Switzerland will be a new breed of chiropractor, being educated in a curriculum that integrates the best of chiropractic with the best of human medicine. Chiropractic graduates' advanced clinical knowledge, skills, and experience will allow them to collaborate (ie, work closely together in care delivery) and integrate (ie, be part of an organized structure) within medical and health care teams in a variety of multidisciplinary settings and, importantly, manage a wide variety of spinal pain conditions.⁵

In North America, a growing movement advocates that chiropractors become the "primary spine care specialists."^{6,7} Since 2008, the chiropractic medicine program at the University of Zürich has positioned itself to be the model curriculum for chiropractors to become the primary spine (and extremity) care specialists. The purpose of this article was to discuss the Master in Chiropractic Medicine (MChiroMed) program at the University of Zürich and its advantages, opportunities, and challenges.

DISCUSSION

Master of Chiropractic Medicine Program

The purpose of the 6-year MChiroMed program is to enable students to acquire the knowledge, skills, and attitudes necessary for entry into the 2-year mandatory postgraduate program; engage in safe, competent, and effective supervised practice; and prepare to function in an integrated manner with all other specialties of medicine.

The 6-year chiropractic medicine program is integrated within the human medicine curriculum at the University of Zürich. The University of Zürich medical curriculum follows the Bologna model, consisting of 2 cycles (bachelor and master) of 3 years each. As part of the medical school and its curriculum, chiropractic medicine students must be accepted into the medical school at the same level as other medical students. The main qualification for entrance is passing the rigorous 9-hour written medical aptitude examination at a sufficient level, which is determined each year by the number of applicants compared with the available openings to study medicine. The competition to study medicine at the University of Zürich is fierce, and this presents a substantial challenge to recruitment of prospec-

tive chiropractic medicine students who successfully pass the examination at a level high enough to enter the medical faculty. Generally, only 1 in 4 prospective students is accepted into the first year of human medicine. Of the 300 available places to study medicine, 20 to 24 have been allocated to chiropractic medicine.

The chiropractic medicine curriculum teaches students science-based the medical and chiropractic knowledge and skills that form the foundation of the practice of chiropractic medicine. Chiropractic students study the full 4 years of the human medicine program. In addition, they are taught the knowledge and skills specific to chiropractic medicine in mandatory modules (Mantelstudium) in each of the 4 years. During the last 2 years of the 6-year program, the curriculum is heavily focused on subjects related to chiropractic medicine. At the end of year 3, successful chiropractic students earn the Bachelor of Medicine (BMed; Schwerpunkt Chiropraktik) degree; at the end of year 6, they earn the MChiroMed degree.

The professor of chiropractic medicine was responsible for designing and developing the chiropractic medicine curriculum. As of September 2008, the official start of the program, he was also the program's only employee. Fortunately, his doctoral degree was in medical education, and he had over 20 years of experience in chiropractic education, including over 10 years designing and developing numerous chiropractic programs and having them accredited/validated.

The major educational challenge facing the MChiroMed program was integration of the chiropractic curriculum within the first 4 years of the existing master of medicine (MMed) curriculum. Chiropractic students were required to take 4 full years of medicine courses, and chiropractic courses needed to be added and integrated into the curriculum. The MMed program contained "core" and "optional" courses for years 1 to 4. For chiropractic students, the "optional" subjects were, in fact, mandatory chiropractic courses. The chiropractic-specific teaching hours per week are 2, 4, 6, and 7 hours, respectively, for years 1 to 4, and each class contains a mini-introductory lecture followed by a practical class. A revision of the medical curriculum took place in 2014. Since that time, the number of hours of lectures has been reduced in favor of active learning, such as practical classes and clinical placements. Generally, 40% of the MMed program consists of lectures, and 60% comprises more active learning. The curriculum of the MChiroMed program varies from 60% to 80% practical classes, with classes increasing in the later years of the program. The details of these chiropractic courses will be discussed later.

The MChiroMed curriculum used a reverse-engineering design whereby the core competencies and expected learning outcomes of a graduate were identified and articulated. The main purpose of the MChiroMed program is to enable graduates to successfully pass the Federal Examination and

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