

1 Invited Speaker Presentation

## 2 Teaching in an Integrated Curriculum – The Perspective

3 of a Reluctant Faculty Member

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8 Abstract: The objective of the study: The main focus of the medical degree program in human 9 medicine is the acquisition of practical skills necessary for the practice of the medical profession, its 10 theoretical and scientific foundation and the examination of diagnostic procedures with the aid of 11 technical and communicative means. The mediation of these medical contents should generate a broad 12 and lasting knowledge among the students, taking into account the current scientific knowledge, coupled 13 with a cosmopolitan, critical and patient-oriented attitude. Students will be prepared for their aspired 14 profession with a problem-solving orientation and enabled to lifelong learning. The concept of this 15 curriculum is based on the flexible acquisition of new forms of teaching and learning on the parallel 16 acquisition of medical knowledge and scientific, communicative and psychosocial competences. 17 Material and methods: For the development of the curriculum at the SFU Medical Faculty we used 18 and consulted the reform Curricula of the Universities of Freiburg, Basel, Bern, Maastricht and the Berlin 19 Charité and the RWTH Aachen. The medical degree program is structured according to the Bologna 20 architecture into a bachelor's and a master's degree, each of which can be completed individually. It is a 21 modular system that organizes the recognition and therapy of disease-related problems of the human 22 organism in interdisciplinary topics. **Results:** The SFU decided to adopt in his curriculum the CanMEDS 23 model, so the graduates should be trained optimally for their medical profession. The degree program is 24 divided into a Bachelor and a Master's degree program shared by six semesters each. The teaching is 25 modular interdisciplinary organ- and system-centered. The basic concept is - following the example of 26 German and Swiss Reform curricula - the unit of preclinical and clinical teaching. The goal here to develop 27 students with a responsible medical attitude. The former "classic" concept "first theory, then practice" is 28 dissolved. The curriculum focuses more on individual body parts and organ systems which are taught in 29 blocks ("modules"). Conclusions: This new way in teaching is called "organ-centered learning". The 30 medical curriculum is designed as a learning spiral. Starting from the first semester students are confront 31 with clinical disease pattern. Until the end of the sixth semester of the bachelor program each organ system 32 is discussed in a preclinical and clinical unit. In the Master program the entire organ systems are taught at 33 a higher level, including in the last year a clinical year. One of the greatest challenges of teaching in a new 34 curriculum is the teaching staff. Most of medical teacher have undergone a "classic" teaching career and 35 therefore there must be flexibility in approaching a new teaching concept. Anatomy is one of the classic 36 disciplines suffering reorganization in a modular teaching curriculum. As an anatomy teacher the author 37 describes the challenges that occur when restructuring didactical concepts.

- 38 Keywords: teaching, curriculum, CanMEDS, SFU
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