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Introduction

IMS 2020: *International Medical School 2020 - Internationalization for Tomorrow's Medical World - Turning Rhetoric into a Quality Label for the Future*

IMS 2020 stands for “**International Medical School 2020**” and is a three year Erasmus Life Long Learning project funded by the EU. The project aims to harness the ever growing momentum of internationalization in medical training and research and channel this into a vision of how a future international medical school could look. Our dream is based on a medical environment where (inter)nationality is embraced and national boundaries are redundant. Here, doctors, students, researchers and patients from across the globe would study, work and convalesce together in a modern international medical environment.

The IMS 2020 Project is coordinated by the Charité University Hospital in Berlin (Charité Universitätsmedizin Berlin) The project has nine project partners including six prominent European medical schools (*Charité Universitätsmedizin Berlin, Université Paris Descartes, University of Antwerp, Sapienza Università di Roma, Karolinska Institutet, Medical University of Warsaw*), one Australian medical school (*Monash University*) and two advisory partners (*Brussels Education Services and CHE Consult*).

Background

The term Internationalization has become an integral part of university life and yet it is a term that remains unclear. Internationalization is no longer merely a consequence of ever expanding globalization but has taken on a dynamic of its own. Yesterday we spoke of a global world without frontiers and we were slowly forced to consider questions of internationalization. Today people are no longer forced to do so, on the contrary they welcome the chance to look beyond national

horizons and learn from their neighbours. In this context internationalization entails an agenda with concrete policies and detailed strategies allowing both players and institutions to communicate and collaborate in the international sphere. This is of particular relevance in the field of medical education where mobility between different countries and health systems is already an integral and essential part of medical school life across the continent and beyond.

The Project

IMS 2020 envisages the creation of a structural network of medical schools in Europe (and beyond) that will study, learn from and act upon the impact of internationalization on the following three key issues:

- Quality Assurance
- Staff Training and Management
- Autonomy and Accountability.

Within the structural network the above issues will form three Task Forces (TFs), each with its own specific agenda and activities. The ultimate aim of these three TFs will be the creation of an „International Medical School“ label with Europe-wide recognition which medical schools will be able to apply for. The label will eventually help to identify leading international medical schools across Europe and beyond.

Progress and Developments

As our first project year draws to an end, we have already taken important steps towards achieving our ultimate project aims.

TF 1 has successfully established a framework of criteria necessary for label indicators. It will be these indicators that will determine eventual label standards and ratings. TF1 has also developed a methodology for the entire label process including peer visits, self-assessment and empowerment. Additionally TF1 has drafted a comprehensive study on quality assurance in general and more specifically quality assurance that relates to IMS 2020. In year 2 TF 1 aims to refine the methodology of the label by involving the partner universities, TF 2 and TF 3 and selected HEI networks (preferably outside Europe and North America) to enlarge the validation scope. It also aims to test the entire methodology within the group of partner universities.

TF 2 has drafted and run its first Train - The -Trainer Programme (TTTP) in Berlin. The programme consisted of a 2.5 day programme (in the form of topic modules) focusing on “Internationalization Management and Intercultural Awareness in Medical Training and Research” for an international medical school of the future. The TTTP was attended by a total of 18 representatives from the partner medical schools and received a very positive and encouraging response. In year 2 TF 2 aims to enhance these trainings and ensure similar trainings adapted to local needs are established at partner medical schools. The contents of these trainings will also feed into the label and form indicators for label ratings.

TF 3 has investigated with greater clarity the notions of 'Autonomy and Accountability'. Two important documents proved very useful in reaching this clarification: These are:

- the Report of the European University Association (EUA) on 'University Autonomy in Europe' (2009) and

- the consensus document 'Global Consensus for Social Accountability of Medical Schools' (2010) approved by an international reference group supported by the WHO.

In the course of year 2 TF 3 will determine exactly which conditions and criteria an international medical school 2020 must meet in order to act truly internationally. These criteria will feed into the IMS 2020 label and will also form indicators for label ratings.

Activity Report: Task Force Quality Assurance (1)

1.1. Task Force Composition

Member:	Institution:	Function:
Birgit Babitsch	Charité Universitätsmedizin (DE)	Member
Uwe Brandenburg Britta Morzick	CHE Consult (DE)	TF leader Member
Sophie Prima	Université Paris Descartes (FR)	Member
Marie-Madeleine Couttenye	Universiteit Antwerpen (BE)	Member
Luciano Saso Cristiano Violani	Sapienza Università di Roma (IT)	Member Member
Joanna Gajowniczek	Warszawski Uniwersytet Medyczny (PL)	Co-chair
Helena Salminen	Karolinska Institutet (SE)	Member
Ben Canny	Monash University Melbourne (AU)	Member

1.2. Main Objectives of the Task Force

At the IMS 2020 Kick-Off Workshop in January 2011, TF 1 was assigned three major tasks (for the entire project):

1. to **measure** the grade of internationalisation,
2. to **set standards and levels** for internationalisation,
3. to develop the **label methodology**.

These tasks guided the work of TF1 in the first year. Additionally, a sub group of TF1 (Birgit Babitsch from Charite, Ben Canny from Monash), under the lead of CHE Consult (Uwe Brandenburg, Britta

Morzick), was in charge of conducting a **study on quality assurance** related to the aspect of internationalisation of medical schools.

1.3. Achievements at the end of Year 1

The above mentioned TF1 sub group completed the **IMS background study** and delivered it to the steering committee and the coordinators for publication on the IMS 2020 website. The study contains a substantial overview of different quality management aspects and also focuses on the specific issue of quality assurance and management in medical schools.

While working on the paper, it became clear that although there are some world standards for medical schools (i.e. those developed by the World Federation for Medical Education), the issue of internationalisation has to date lacked attention. However, this background research forms a substantial basis for the IMS2020 project.

TF1 concentrated on the 3rd aspect of the goal list, as it is impossible to measure the grade of internationalisation, let alone set standards, without developing a coherent evaluation methodology. Therefore, the first major task for TF1 was to develop a **label methodology**. Of course, it goes without saying, that the methodology suggested by our task force will need several rounds of ratification /validation/ testing, as an integral part of the entire IMS2020 project.

Hitherto, TF1 has produced a substantial **draft paper** on an IMS2020 label methodology which considers the following major aspects:

a. Philosophical setting

The draft suggests aims and purposes of the label (such as empowerment of institutions and quality assurance), definitions of internationalisation and internationality, relations between global, national and local aspects of HEI activity, as well as possible references to other EU projects, etc.

Moreover, it defines the six goals in which the IMS2020 label wants to focus on and which were agreed upon at the steering committee meeting in June 2011. According to this suggestion, the IMS 2020 **label goals** are:

- 1) to enhance the quality of education
- 2) to enhance the quality of research
- 3) to well-prepare students for life and work in an intercultural and globalising world
- 4) to enhance the international reputation and visibility of the unit
- 5) to provide service to society and community social engagement
- 6) to advance global health

The definition of goals is an important step as it shows that IMS2020 is truly holistic in its approach and does not restrict the notion of internationalisation to the (often used) simple focus of student

mobility, but also concentrates on research , staff (academic and administrative), social dimensions and the HEI's relations with the world.

b. Structure

Furthermore, TF1 created a structure of six IMS2020 **label areas**/dimensions that should be taken into consideration while evaluating internationalisation of a HEI). The areas/dimensions include internationalisation/ internationality of:

- 1) institution
- 2) students
- 3) staff
- 4) research
- 5) curriculum
- 6) social engagement

Consequently, and according to the second task assigned to TF1 (setting standards for internationalisation *and its different levels*), we developed a methodology based on a successful label project for a network of technical universities which allows different levels of internationalisation to be taken into account (by setting different standards) and thus creates a differentiating view of the situation of internationalisation (a **3 star system**) with minimum requirements for the first level. This methodology was also submitted to the steering committee and accepted in June 2011.

Moreover, TF1 developed a matrix system to look at all six activity areas/dimensions from the perspective of the six goals, as not every area/dimension can deliver answers to each of the six goals. For each area /dimension different action and (if necessary) sub-action areas were defined to allow for a more detailed and specific labeling process. As an example, the suggested action areas in the area/dimension "institution" to date are:

1) Strategies, policies & institutional framework	
2) Organisational structure	
3) Pro-international processes	a) promotion & marketing b) international networking & cooperation c) support and information services for <ul style="list-style-type: none"> • international students • study abroad students • staff
4) Resources	a) financial resources b) people c) facilities
5) Quality Management	

c. Methodology

Based on the above mentioned structure, **indicators** were needed to measure HEI's performance. The methodology suggested by TF1 is quite different from the two classical approaches. One approach is the pure **qualitative** approach which only asks for explanations and descriptions of procedures in the sense of "how do you do it?". Although this is often the favoured approach, it is simultaneously a less valuable one, if used exclusively, as it does not look at differences in performance (or performance as such), nor does it allow for improvement, as one does not know whether improvement is needed. The second common approach is the exact opposite, the pure **quantitative** approach. This approach allows for precise comparisons of performance, if the indicators are chosen carefully, but at the same time it might carry the risk of lesser understanding of the reasons behind the performance or the "why do you perform in this way?". While the first approach is fine in a small friendly group in which all partners have the feeling that comparison is neither needed nor helpful, the second works for improvement¹ but also only in small groups of extremely homogeneous entities. As the IMS2020 label is developed for at least all European medical schools (and possibly beyond) to do both things (performance check and empowerment), qualitative as well as quantitative data is necessary. Accordingly, TF1 suggests the use of qualitative indicators (classical yes/no indicators such as "do you have an internationalisation strategy") together with quantitative indicators (numerical, always asking for absolute numbers and percentages to avoid biases towards large-scale institutions). It is a fundamental part of the concept to back up the indicators with additional information:

- for yes/no indicators we will ask for descriptions of procedures and/or supporting documents: e.g. "Do you have an internationalisation strategy?" If the answer is "yes" we will ask for the strategy paper or respective documents; if the answer is "no" we will ask for the reasons for this decision.
- for numerical indicators we will ask for self-assessment of the data: e.g. "What is the percentage of international students?" If the answer is say "30%" we will ask "how do you evaluate this result from your own perspective?"

This will allow to put the pure data into its relevant context.

Furthermore, as the IMS2020 label will also look at coherence between stated goals and actual performance, the label process needs to include data analysis by **experts, self-assessments, peer visits** and **focus group meetings** to be as comprehensive as possible, thereby following accepted standard processes such as AACSB.

In order to find appropriate indicators, TF1 used the IMPI database (www.impi-project.eu) which has compiled more than 300 indicators from more than 18 different projects world-wide trying to measure internationalisation (ranging from the USA, Colombia and Europe to Japan) in a toolbox for mapping and profiling internationalisation (while simultaneously validating the content through two

¹ while pure comparison of performance is of course possible based on solely quantitative data also for large groups.

testing phases). Additionally, given the special situation of the IMS2020 being a medical project, TF1 also developed suggestions for new indicators.

From a large list of possible indicators per area/dimension (in total more than 150 indicators), TF1 distilled a smaller set of indicators by using the competence of the partner universities involved who rated availability/reliability and relevance of the indicators, as well as suggesting prime(priority) indicators. Based on the rating, TF1 is currently in the process of developing a reduced **list of indicators** which must be run through a multiple-step validation/ratification process: first the steering committee, then the involved six partner institutions (staff outside TF1) and then we suggest feedback loops with non-European, non-G20 networks of medical schools to ensure a reduced risk of Euro-centrism and elitism.

1.4. Further Calendar of Activities

In the next year, three major tasks will be at hand. Firstly, the set of indicators, as well as the methodology suggestions, need to be discussed and finalised through the described validation/ratification channels. Secondly, standards need to be defined for each indicator for the different levels of the label and these standards need to be discussed and agreed upon again. As they (like the methodology and indicators) are only a suggestion, the second year also needs a first testing phase. Thus we will have to run a data collection among the six partners and we suggest to have two partners selected for a peer review process based on the self-assessment and the data analysis by experts.

In year 3, we would suggest a second testing phase with external stakeholders (interested institutions), preferably non-European, as well as European.

1.5. Observations by the Task Force Leaders

TF1 is an extremely active group which invested substantial time in developing different aspects of the label process. Within the group and alongside the TF lead, Warsaw took over a more than substantial workload and involvement which led to the decision by the TF1 to nominate Joanna Gajowniczek as co-lead for TF1.

Overall, TF1 is within its time frame but depends on smooth cooperation between all three task forces for the IMS2020 project to progress as necessary in the coming year.

Drafted by the Task Force Leaders:

Uwe Brandenburg (Berlin, 07/11/2011, uwe.brandenburg@che-consult.de)

Joanna Gajowniczek (Warsaw, 07/11/2011, joanna.gajowniczek@wum.edu.pl)

Activity Report: Task Force Staff Training and Management (2)

2.1. Task Force Composition

Member:	Institution:	Function:
Rachel Seeling Lutz Steiner	Charité Universitätsmedizin Berlin (DE)	TF leaders
Hannah Leichsenring	CHE Consult (DE)	CHE consultant
Sophie Prima	Université Paris Descartes (FR)	TF member
David Kums Griet Peeraer	Universiteit Antwerpen (BE)	TF member
Massimo Levrero	Sapienza Università di Roma (IT)	TF member
Lidia Przepióra Anna Urbanska	Warszawski Uniwersytet Medyczny (PL)	TF member
Lars Smedman	Karolinska Institutet (SE)	TF member

2.2. Main Objectives of the Task Force

The main aim of TF 2 has been to develop a philosophy for our eventual training centres that must be established by the end of year 3. It will be from these training centres at each university institution that we will coordinate our Train-The-Trainer Programmes. As a result the most important objective for the first year has been to concretize and draft a template Train-the-Trainer programme (TTTP) for “Internationalization Management and Intercultural Awareness in Medical Training and Research” and hold the first TTTP in Berlin for representatives of the partner universities to attend. Whilst drafting our TTTP we also had to bear in mind that aspects of the TTTP will be used as indicators for our TF 1 IMS 2020 label.

2.3. Achievements at the end of Year 1

During the course of the first year TF 2 developed a concept outlining the exact details and nature of the TTTP. After much discussion and debate we decided that the TTTP should consist of a 2.5 day programme of separate modules focusing on:

Day 1: An Introduction to the Subject

Day 2: Management in Internationalization

Day 3: Cultural Awareness Training for Medical Students/Staff and Researchers at an IMS.

Working together with experts at our partner institution CHE Consult (Hannah Leichsenring, Uwe Brandenburg) and our TF partner members we came up with a TTTP module structure and a preamble explaining the goals and method of this structure. Based on this a series of topic modules were developed which form the framework of our TTTP. We then looked for appropriate TTTP trainers to instruct participants in these modules and recruited our trainers according to relevant expertise in a particular field. The first TTTP was held in Berlin from the 2nd-4th November and was attended by 18 participants and 12 trainers. (Please see the attached module plan, agenda and TTTP Programme). The ultimate aim of the TTTP was to provide all attendees with an insight into all the relevant issues concerning internationalization management and cultural awareness trainings that we feel are relevant for an international medical school 2020. On this basis it is our hope that TF members will be able to use the feedback from TTTP participants to draft their own TTTPs adapted to local institutional needs.

The reception to the TTTP was very encouraging. We received very positive and inspiring feedback which supported the drafted TTTP framework but which also provided us with useful further information which will enable us to fine tune the TTTP for the future.

Thus in year 1 we were able to successfully and punctually complete deliverables 2.1 and 2.2 of Work Package 2 and have set the ball rolling to fulfil deliverable 2.3 on time at the partner institutions. Also all the ppt. presentations and the TTTP programme will shortly be available to download on our project website. Thus we continue to fulfil our website dissemination deliverable (WP 4, Deliverable 4.1).

2.4. Further Calendar of Activities

Once we have received all our feedback from participants and trainers on the TTTP and also the feedback on the TTTP and TF 2 progress from the IMS 2020 Annual Meeting in Dec. we aim to enhance and improve our existing TTTP so that it can be used as an efficient template for other partners to create their own TTTP. TF members will work together to advise and assist partner medical schools in drafting a programme that is suited to their home medical school. Our aim is that each partner medical school will hold its own local TTTP by project month 18 (as stipulated in deliverable 2.3).

In years 2 and 3 it will be important for TF 2 to feed results from our TTTP into TF 1 where they can serve as label indicators.

2.5. Observations by the Task Force Leader

TTTP feedback to date shows that the following TTTP modules proved particularly useful for participants and should be included in future TTTPs:

- ChIA: Best Practice Example (CHARITE: Koller, Quester, Najami)
- A Medical Curriculum for an IMS (CHARITE: Peters),
- Charité Welcome Center (CHARITE: Glowacki)

- Internationalization Funding Opportunities (KOWI: Bindhammer, SAPIENZA: Saso)

TF 2 could observe that the TTTP indeed reflects the main issues and momentum in internationalization that is influencing medical schools today. This in turn appropriately confirms and justifies our task force and its aims. The question has however been raised if the title of the course could be changed from *Train-The-Trainer Programme for “Internationalization Management and Intercultural Awareness in Medical Training and Research”* to *“International Medical School Staff Trainings”* as it is felt that we are developing training programmes rather than train-the-trainer programmes.

Drafted by the Task Force Leader: Rachel Seeling, Berlin 7.11.2011

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Activity Report: Task Force Autonomy and Accountability (3)

3.1. Task Force Composition

Member:	Institution:	Function:
Magnus Råde	Charité Universitätsmedizin (DE)	
Andrea Güttner	CHE Consult (DE)	
Claire Le Jeune	Université Paris Descartes (FR)	
Paul Van De Heyning	Universiteit Antwerpen (BE)	
Annrita Vestri	Sapienza Università di Roma (IT)	
Malgorzata Rejnik	Warszawski Uniwersytet Medyczny (PL)	
Hans Gyllenhammar	Karolinska Institutet (SE)	

3.2. Main Objectives of the Task Force

The main objectives of TF3 were originally formulated as follows:

- Year 1:- identification and comparison of actual AA strategy executed by project partners;
 - identification of key elements of AA strategy within the ‘International Medical

School' label context

- Year 2: - development of an implementation policy based on the adjusted AA strategy;
- Year 3: - evaluation and valorisation of the work accomplished in year 1 (identification of key elements identification) and year 2 (start with implementation policy); promotion of results obtained.

3.3. Achievements at the end of Year 1

The first meeting of TF3 took place in Antwerp on October 7th.

As a first approach an overview was given of the concepts of 'Autonomy and Accountability' situated in *a historical context* following the paper 'The idea of a University' written by Robert Anderson from the University of Edinburgh.

Further the important study by the European University Association (EUA) concerning '*University Autonomy in Europe*' (2009) also became relevant for this task force. In this study the four dimensions of autonomy were explained:

- Organisational structures and institutional governance
- Financial issues
- Staffing matters
- Academic matters

These four dimensions were used as a vehicle for presenting the actual situation of each partner Institution with regards to the issue of autonomy. It is no surprise that this overview shows an impressive 'patchwork' of different data and situations. Nevertheless the four dimensions are consistent enough to overcome the mentioned differences that make them useful as a basis for Label criteria. It is also a positive coincidence that it seems that the four dimensions are compatible with the goal dimensions and activity areas already formulated in TF1. However further investigation on this issue is needed.

The document '*Social Accountability in Medical Schools*' (2010) was also presented at our task force meeting. The consensus that emerged from this paper consists of ten strategic directions for medical schools to become socially accountable. This document is particularly relevant with regards to medical schools and could serve as a basis to redefine academic excellence. TF3 has expressed its opinion that it is up to the Steering Committee to decide exactly how this documents could be useful for the Label.

3.4. Further Calendar of Activities

In 2012 two meetings with TF3 members are foreseen, one in spring and another in autumn.

The suggestion has been made to plan a combined meeting with all three TFs, preferably in spring 2012

The most important tasks to be fulfilled in 2012 are:

- To provide feedback to TF1 on the proposed indicators and to suggest additional ones
- To provide TF2 with a list of competences needed for achieving internationalisation

Once the Steering Committee meeting in December 2011 has made a decision on a few crucial points regarding the Label concept it will be possible to devise a more detailed work plan for achieving the two formulated 2012tasks.

3.5. Observations by the Task Force Leaders

The following observation is made:

- Will internationalisation not be under pressure by budget constraints due to the actual difficult financial situation? And suppose this is indeed the case how can this negative influence be converted? In other words can internationalisation have a positive financial impact on Medical Schools?

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