REVIEW ARTICLE

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Intellectual mobility in medical higher education system

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Abstract: *Intellectual mobility brings change, there is the primary factor in the way of progress and optimal premise of human being development from theoretic and practice regards. Medical Higher Education, worldwide, is generally similar in structure and consistency, but different in typology of presentation, teaching, learning and assessment. In fact, general medicine, as a subject refers to the same biological body, but presented differently depending on culture, space and under various methods of teaching and learning.*

The idiom of intellectual mobility is not new, but according to globalization, which we live at the present times, brought the mobility in the main plan of Europeanization, a new plan, with continues sustainable development and maybe of success. By institutional mobility, both for students and for academic staff, an exchange means a period of one academic year or a semester, for students and, for two days to several months for academic staff, into a foreign university. These stages of study, practice, and teaching take place most frequently within the Erasmus + framework, have been of 30 years in Europe and 20 years in Romania. Also, there are other programs that can perform intellectual mobility, but the most well-known is Erasmus program, where European Commission has allocated the biggest legal and financial budget framework. Overall activity program features has a variety of tools to be deployed and an inter-institutional framework with qualified staff to manage it.

Keywords: *medical education, recognition, higher education, mobility, Erasmus program*

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INTRODUCTION

General Medicine as an important branch of study has a special status in the conduct of mobility as importance of the field and also under emotional aspect.

Intellectual mobility takes a certain mental patterns generated by education and a native predisposition, regardless of the field. Along with this added dynamic appeal cases handled by the abstract representations. In the field of medicine is worked with a high degree of abstraction. Or spatial relocation and mobility means mental derived including concrete way of their operationalizing in the two phases of the medical profession: correct diagnosis and treatment of the patient, not the disease. Appeal to intellectual mobility, is done often in the holistic approach to the patient. The doctor represents, on the one hand a mechanic and on the other hand a sociologist. This would be the condition of being a successful doctor. There is also the assumption that both treatment and technique coordinate the doctor to a successful performing.

Casuistry with high risk requires determination,

curiosity and professional beliefs. However, it is based on a dominant personality characteristic correlated with a predominantly emotional intelligence, and then on IQ. But there is a less explored area of the mind of a physician or a future doctor, a student, how to manage frustration generated by failure in high-risk cases, but not only. Failure, in any other domain generates lessons learned that are grouped in a simple taxonomy:

1. Lessons indicating approaches "know how";
2. Lessons to refute or confirm hypotheses absolutely absurd;
3. Lessons to optimize cases generally valid but wrong managed.

Thus, intellectual mobility in general, depends of subjective perception of reality itself the objective of playfulness and cognitive operators with which man is accustomed routinely to operational abstractions. Medical education has the same topology and provides almost the same bibliographic regarding symptoms of the disease; unfortunately get to treat the disease using methods quite invasive.

Such patterns of study are known in medical education through student mobility from one education system to another. Exchange of experience, for a period from one university to another can bring new knowledge, new methods of learning, but also a personal self, psycho-emotional development.

Erasmus mobility can bring competitive doctors on the labor market and ensure a quality structure, but the real problem is the distribution on the labor market.

As it is well known Romanian doctors prefer to work in European hospitals or beyond Europe, which is not bad, on the one hand, but on the other hand it led to a destabilization of the health system in Romania. So Erasmus mobility tended by a medical mass migration.

Naturally, in this context a basis is economically and socially disadvantaged in Romanian hospitals and moral degradation of the system.

MEDICAL HIGHER EDUCATION IN DRESDEN, ROME AND BUCHAREST

A brief history

A brief history of medicine proves that it was practiced of ancient times from trained professional. History and times prove how the society have changed and it is also in a continuous changes in the approach to sickness and disorder from ancient beginnings

It is well known in the world that medical services were provided for the poor people in monastic hospitals. The care was rudimentary way and rather palliative. As we can observe also medical services and school education, in any domains started from the monastic area, in churches. As just a thin remembering it can be named that culture and civilization started around the human necessity of norms and rules issued by the spirituality.

In the 9th century there were some medical schools in Italy. The influence from other nations as: Greek, Latin, Arabic and Hebrew gave an international dimension. Students learn three years as preliminary courses and five years of medical schools. Nowadays they study five, six or seven years in Europe and in SUA more than ten years.

Italy is the place where medical universities were founded, after came France and England which developed medical schools. So we can see from the beginning the health science started in an internationally manner and mobility and migration are quit ancient and were very important in the development of it.

Today according to the progress of technology, techniques and information system mobility is very used and normal in the society.

Recognition of studies

In order to define studies in Erasmus Program we have to analyze its framework. The main problem is the recognition in making Erasmus.

Although there is a desired of full recognition of Erasmus studies, according to the Erasmus Charter, it is not possible, discussing the case by case,

depending on the curriculum and structure. Of course, that is an ideal situation that a degree program can be accepted fully recognized, but there are features that can be dealt with individually. Although Erasmus Charter directs the full recognition and, in general, universities are trying to respect this principle, even though at the end of the program, there are people involved in Agencies of Recognition and Accreditation of Studies from all over Europe, not easily accept that Erasmus has a special pattern, easily convertible by ECTS and also has all instruments and forms provided. We will see a simple case which presents two distinct situations of curricula on a few subjects of study. We'll see how a curriculum in three different states differ and how to work through the transformation to studies from a curriculum to another, by grades, ECTS obtained both from practical or clinical training and courses. Quantification of studies must be easy and in interest of students. Of course it is of great important qualitative component, especially in the field of medicine. But always should take into account the socio-cultural characteristics, adjusting the student in a new cultural space and psycholinguistics barrier.

In the context of Europeanization and for exemplifying the above situation exposes three major universities with medical schools, in Europe.

Universitatsklinikum "Carl Gustav Carus" Dresden Technische Universität of Germany, especially the ENT discipline; Universita Degli Studi di Sapienza, Rome, Italy, with examples on general surgery and internal medicine and Titu Maiorescu University in Bucharest, Romania, as a university of origin/home university, which makes recognition and equivalence studies.

Germany is a country of art, technique and study continuously, so the team from ENT created a standardized teaching maneuvers examination by a small guide, so that students can observe organized clinical examination of Otolaryngology. Consideration is made all the standardized by checking maneuvers in a form, for a period of 6 minutes of examining a patient. This calculates a score of the exam, and the form can be filled by two examiners for the compared results.

Such an experience has brought by an academic staff that has benefited of teaching stage in Dresden. Today, the ENT method was implemented in Bucharest for teaching and assessment the subject. One such example is enlightening to harmonize the methods of teaching and assessment, job shadowing lead to the development of new skills.

Regarding the Recognition of Studies facts are the discussions become slightly rigid and austere although the program is provided with all the necessary tools.

A student who chose as subjects of study maxillofacial surgeon, a course of a single module named Head has 1 ECTS, but the workload is the same as that of a course of otolaryngology at Bucharest, which has 4 ECTS. Also, the grading system is different. In Germany the scale grades are from 1 to 5, and in Italy from 18 to 30; 1 ECTS has 25 hours of workload. In Romania, at faculty of medicine 1 ECTS has approximately 14 hours of workload. Depending on the workload is denoted by ECTS, 30 for a semester and 60 per academic year, which should be equivalent between higher education systems, but they are not. Module Thorax includes the following disciplines: Cardiology, Angiology, Pulmonology, Vascular Surgery, Thoracic and Cardiac has a volume of 10 ECTS, if studied together, if it divides, then the number of ECTS is divided too, in Romania they are separate disciplines. In Italy, Internal Medicine and General Surgery is a module that measures 12 ECTS together, and in Romania internal Medicine has 6 ECTS for the first semester and for the second semester it has 5 ECTS, in the end there are 11 ECTS, just Internal Medicine. General Surgery is another subject and it has 4 ECTS for the first semester and 4 ECTS for the second semester; they are totally different from one system to other. Such recognition is based on workload and always is made in the favour of the student, or should be.

In Germany the focus is on clinical stages, more than in Italy. In Romania, specialized practice/training is done since of the first year of study, according to the students' testimony.

Although there are differences in the three systems

of teaching and learning, Erasmus has provided the tools; study contract/Learning Agreement, and students can choose their subjects to be studied and disciplines which will be equate to return. Studies are, or should be recognized, integrum, full recognition under the Erasmus Charter. If the student does not fulfill the learning agreement he/she will support additional exams from local education until completion of ECTS number needed to pass the academic year. These are predetermined patterns of procedure and related methods for classification and institutionalization of each institution. What becomes interesting is the prospect of personal development of each individual differs from person to another depending on operators and cognitive education.

There are three factors that can prevent full recognition, as following:

1. Changing subjects of study during mobility, Erasmus Learning Agreement provides that rule can be changed, only in the first 14 days of mobility. Thus, changing the curriculum content, can prevented full recognition procedure because of the time period from the moment of making the new choice of new disciplines and to the approval by the academic tutor from home institution.

2. A second factor that keeps the procedure and otherwise representing a procedural error is soliciting approvals for the recognition and equivalence studies to the professors who are tutor of the disciplines. Thus, the holder of course, may be not sufficiently informed and decide in the detriment of the student. Erasmus Rule requires the application of Charter based on acceptance of Erasmus in function. So is forbidden that a tutor can decide regarding his/her discipline.

3. Finally a third factor, which prevents full recognition, is negative influence of the party who decide subjective and would not assumes the recognition of Learning Agreement. These are isolated cases, and in recent years almost no longer exist. The procedure for recognition and equivalence is the essential characteristic of students in the decision to go in Erasmus mobility.

According to the magazine Prime 2010, only 19% of students surveyed are convinced that it will not benefit from an exchange. The rest of the students who responded to the questionnaire in the same magazine argued that regardless of the recognition of studies, mobility itself and experience are more important than the recognition of studies, thus they assuming full academic exchange activities. Of course that always the activity must be tried separately according to each case. If the student wishes on its own initiative to have examinations in the subjects of home university, it is not prevented, or if the student did not follow important disciplines for future examinations of competence, then it will have them at the return from the mobility without charge of any fee.

There is also a risk that the student take courses that are done in the near future/years of study in the home university and through full recognition, the student would be forced to repeat subject mobility in the coming years. As such, the choice of subjects, from a curriculum structured around six years can be challenging even for academic tutor. This happens because the curricula are not similar, nor how to be similar. Bologna process does not seek to standardize the Higher Education, but seek to a better harmonization of curricula, a socio-cultural and economic uniformity.

If the student is studying disciplines in the curriculum of the home university is doing in a upper year, the University, study case of this research, recognizes full program of study at the partner university and mention the time spent abroad in the Diploma Supplement, and recognizes discipline by discipline in the years that match the local program, and to promote appropriate student take exams in the subjects of study sessions legal up, and in special cases can be organized special sessions for Erasmus students. Whatever, the situation of recognition and equivalence of studies is made, only in students' favor without affect the merit place at home university.

Despite these shortcomings of procedures for recognition of studies, students wishing to repeat the experience to the extent permitted by the Erasmus program.

Most often students after followed a study program they would like to follow a clinical internship. From the experience of the university concerned, they apply after completing their studies in residency programs in the world.

University receives per few times a year, forms requesting certification of studies by agencies of recognition of medical studies in the USA and Canada.

Table 1: Example of a model of recognition studies, in Germany
(it can be observed that the students pass more than 5 ECTS at home university)

Name of the subject	ECTS	Grade in Germany	Grade in Romania
Maxillofacial Surgery	1	1,5	10
Cardiology, Angiology, Pulmonology, Vascular Surgery, Thoracic and Cardiac	10	2	9
Dermatology & Venereology	3	4	5
Rheumatology	2	attended	
Pathophysiology & Medical Biochemistry and Laboratory Diagnostics	9	4	5

It is mention were equated the subjects studied in Germany in the V th year, semester 1 of the study, under the Erasmus Charter, after the student has pass the remaining number of 5 ECTS, as follows:

Name of the subject	ECTS	Grade in Romania
Pneumology	4	7
Occupational diseases	5	8
Radiology	5	9
Gerontology		10
TOTAL	14	

Analyzing the situation of a student who was Erasmus, in the fifth year of study at the University of Dresden, after she came back home observed willingness to continue the study and mobility training, such as she obtained a period of 2 months in a hospital in Germany, combining theoretical and practical work with a clinical internship. Besides the recognition and equivalence of procedural, student mobility has made a qualitative leap in medical education, as well as psycholinguistic improving linguistic competence and went beyond customary in the sphere of national education.

CONCLUSION

Mobility in medical education can make steady progress in what is called globalization, harmonization of curricula and skills in the labor market. The main objective of globalization and mobility function is preventing and overcome poverty and habits that can hinder knowledge and human progress. The internationalization of education is a process of development and a better preparation of students for a globalized society, based on knowledge and skills. Higher education institutions have the main role to prepare graduates for the labor market in the line with international policies of globalization. Mobility brings extra value to Europe and is a sine qua non of human development in relation to the labor market, the practical problem that remains in the knowledge era is the economic and political, social and moral worldwide crisis, otherwise unmanageable. Now it is felt the effects of the global turmoil, but concrete results are likely to be known around 2050.

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