

NEWS FROM THE NETWORK: TUFH

The 2003 Network: TUFH Conference in Newcastle, Australia – Some Observations and Reflections

Question: What do you get when some 300 academic and practicing health professionals from 32 countries gather in one place for four days of meetings?

Answer: Well, it depends! If that gathering is bringing together members of almost any health professions organization, the experience may be interesting but it is unlikely to be much more than that. If, however, it is one of the annual meetings of The Network: TUFH, you should get yourself ready for something special. Be prepared to join in an uplifting, enriching, even inspiring experience, which just happens to also be lots of fun.

Those other gatherings of academics and clinicians are often of mixed interest to those who show up. The hours tend to be filled with people reading prepared papers on fairly esoteric topics to audiences who may or may not be paying close attention. (I guess we shouldn't complain. At least some folk are repairing their accumulated sleep deprivation.) And, typically, the audiences at many of those meetings are smaller than the registration numbers would suggest. A fair proportion of registrants are in the swimming pool, at a sightseeing location, at the golf course, or doing something else. Of course, those other meetings may have an especially captivating speaker or a particularly good party. But never in my nearly 50 years of attending the meetings of many academic and clinical organizations have I experienced the spirit, the sense of camaraderie, or the deep concern for the health and general welfare of others that I consistently find at Network (now, Network: TUFH) meetings. This latest conference was no exception.

As usual, a member medical school hosted this year's main conference; in this case, it was one of the Network's founding medical schools, the University of Newcastle. Until recently, this was Australia's youngest medical school and a place where several of that country's current educational trends were first tested and implemented.

So what kind of meeting was it? As at all the other Network: TUFH meetings, I've felt privileged to be in the company of academics and clinicians who radiate a sense of caring for people, especially for those who are

dependent or vulnerable, as is often the case for those who are sick and for those who are students in schools of the health professions. Beyond those few words, a full review of the process and the products of this gathering would require far more space than I have available. Instead, I will suggest two perspectives that might provide something of a clue to understanding this conference.

Two keys to quickly “diagnosing” professional/educational conferences: You can tell a lot about a conference if you have access to two categories of information.

First, you can form a quick impression of the kinds of meetings an organization holds by glimpsing the ways in which their meeting rooms are arranged. If you weren't at the meeting and haven't yet reviewed photos from the event (or just weren't paying attention to this dimension of the sessions), I invite you to visit a web site I created that presents photographs taken at nearly every session held during our time in Newcastle. Please go to: < homepage.mac.com/hjason > . Once at the site, scroll down to one of the links for one of the meeting days. Click on that link and then click on the “Start slideshow” link on the right, just above the slides. You can then quickly page through images from all of the meetings held on that day.

Second, let's calculate the “Conference Character Index”. This is a small, new invention of mine, prompted by this assignment. I propose it for your consideration. (Fair warning: if you consider yourself mathematically challenged, you might want to skip to the middle of the third paragraph, below.) You begin calculating this index by adding up two totals: the number of hours in the overall conference (usually 7–8 hours for each full meeting day), and the number of hours of actual meeting events that were available during that time. You then note the ratio between those two numbers. If the only type of activity offered throughout a conference were plenary sessions, the number of choices available at any given time would always be one, so the total hours of choices would be the same as the total number of clock hours, so the ratio would simply be 1:1.

At our conference, during $4\frac{1}{2}$ days of scheduled meetings, we had $34\frac{1}{2}$ clock hours of scheduled time. During those hours there were pre-conference workshops, invited addresses, didactic sessions, mini workshops, thematic poster sessions, discussion sessions, lunchtime presentations/discussions and community site visits. (I didn't include the opening ceremony and reception or the annual dinner in the total, even though some productive, if unplanned, exchanges undoubtedly took place during those times.) There were a total of 173 hours of active learning sessions available during the $34\frac{1}{2}$ conference hours. So, the ratio is 173:34.5, or, roughly, 5:1. In other words, on average, at any given time throughout the conference attendees could choose among five different, simultaneous events.

The numerator of this ratio (5, in our case) next needs to be adjusted for the number of attendees, since a much larger conference (say, one with 3000

attendees, which isn't unusual in the clinical world) would, at times, certainly have many more breakout sessions than a small conference would, even if most of the rest of that conference's time was spent in plenary sessions. So, divide the total number of registrants by the numerator. For our Newcastle conference we divide 300 by 5, giving us a Conference Character Index of 60. This number provides a quick, somewhat quantified, description of our conference's character. It tells us that even though there were 300 people at the meeting the average session size was 60. Knowing that there were daily plenary sessions (for all 300 people) you can quickly recognize that the non-plenary sessions averaged well below 60 people each, meaning that a high level of interactivity was possible. I think you will find that most other national or international conferences have a considerably higher Conference Character Index.¹

What is your diagnosis? Have you formed an impression from a quick scan of the photos? As you may have noticed, there were very few breakout sessions in which the chairs were arranged in typical classroom style, in straight rows. Also, did you see how alert and involved virtually everyone in every photo appears to be? (No meeting photos were posed or even taken with an eye for anything other than capturing a totally typical moment.) I trust that your diagnosis, based on putting that information together with the low "Conference Character Index" agrees with mine: this was a highly interactive, highly engaging set of experiences, with a level of participatory enthusiasm we can only wish were commonplace among students in our schools of the health professions and in the other professional meetings that we need to attend. (And we even have visual and mathematical validation for our meeting!)

What makes these meetings so special? Good question. I can only give you some personal opinions. For me, there are at least three key ingredients that help explain why the Network: TUFH meetings are wonderful events. First and foremost: a key factor in making these meetings special is the people who attend. Mainly, they are from member and associate member schools of The Network: TUFH. As I see it, these institutions and the people who represent them are exceptional. They don't just mouth the values that our professions like to proclaim (such as being caring, dedicated, selfless), they live these values. They don't just say that their primary obligation is to serve the people in their communities, they really do it. They don't just announce that they want to provide constructive learning experiences for their students, they are usually ready to question and reshape what they do in a continuing search for ways to serve their students well. In other words, these people come to the annual meetings both eager to share what they've been learning and ready to learn from the experiences of others. Combine all that with the glorious diversity in ethnic, cultural, geographic and racial backgrounds among the attendees at these conferences and you begin to understand why many of us consider these gatherings to be one of the highlights of each year.

Second: the organizers, presenters, facilitators and many of the participants understand a good deal about meeting design and the learning process. They

realize that uninterrupted, didactic presentations rarely provide good opportunities for real learning. They recognize that the more the furniture arrangements favor the front of the room, the more inclined both presenters and audiences tend to be toward allowing sessions to remain speaker-centered, rather than being group-centered. They know that meaningful learning is most likely to happen when everyone in the room is actively involved and participating. They do what is needed to prepare in advance, they bring care to their decisions about the pace of the schedule and the variety of meeting types, and they arrange the room setups, all with an eye to helping maximize the chances that authentic interactions and lasting learning happen.

Third: as is now a routine at Network: TUFH meetings, a full day in Newcastle was devoted to “community site visits” which are a favorite element of most meetings for most participants, and a factor that sets these conferences apart from most other conferences in the health professions. By choosing a site visit of personal interest, each delegate is brought into direct contact with the front-line educational and clinical efforts in the host school’s surrounding communities. As usual at our conferences, site visit topics this time included opportunities to focus on some of the most challenging issues being faced in that locale. Quite appropriately, many of us feel, considerable attention was given at the main conference presentations and discussions, as well as in several site visits, and again at the subsequent, smaller conference (see below), to health problems being faced by Indigenous People, as well as to the steps being taken to redress the mistakes of the past.

This year’s bonus event. After the Newcastle conference, in a first for The Network, as far as I know, about one-third of the attendees moved on to a post-conference meeting in a separate location. Roughly 100 of us travelled north about 2400 km to Townsville, where we learned about the characteristics of Australia’s now youngest functioning medical school at the James Cook University. We also visited local community sites and the following day travelled to one of this school’s distant community-based endeavours in Mt. Isa, an old mining town in the interior of the country, some 890 km west of Townsville. During these two days we gave particular attention to the terrible health consequences for the Aboriginal and Torres Strait People of their treatment by the colonizers (as, sadly, has been true for Indigenous People virtually everywhere). We also learned something of the constructive steps that Indigenous People and others are now taking to improve their health and life circumstances. Most of us who attended this post-conference had an opportunity for an extra, added attraction: a third day spent visiting the Great Barrier Reef, which some describe as the world’s largest living organism. Some of us can now testify that it is certainly one of the world’s most beautiful places (if you remember to look down or get into the water). I told you these meetings are good fun.

Were you there? If you are among the fortunate people who were at this year’s Network: TUFH meeting in Newcastle, I hope you came away with the

same sense of exhilaration and encouragement that I felt and that I've tried to convey here. If you missed this year's meeting, and especially if you've never been to a Network: TUFH meeting, I hope you will succeed in assembling the time and resources needed for making your way to one of this special organization's future meetings. I can tell you that I will do all I can to be there. I look forward, hopefully, to seeing you at the Atlanta, USA-based meeting next October. (And now that you know how to calculate a Conference Character Index you at least have something constructive to do during all those other conferences you are forced to attend.)

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Notes

1. I've done some rough calculations on a handful of other meetings that I have information about and the Index for them ranged from about 100 to well over 200.

Tuning Medical Education in Europe

Medical education must continuously adapt to changes in the relevant environment. In Europe some of the most important changes to be addressed include: (1) population health (e.g., smoking, traffic accidents); (2) the increasing aging of the population; and (3) the consequences of the increasing impact of the European Union (EU) on higher education. These issues were among those discussed at a recent joint meeting of Mednet2, an EU-sponsored 'Socrates Thematic Network' of European medical schools (Majoor, 1998) and ECTS/ICMG, a network of approximately 40 medical schools that were requested by the EU to develop and test a standardised European course credit transfer system (ECTS) (www.med-ects.org). The meeting was held on 9 and 10 May, 2003 and was hosted by the Medical Faculty of the University of Oviedo, Spain.

The first day of the meeting was organised by Mednet2. In the first plenary address Dr. Charles Boelen emphasized the role of medical education in meeting societal needs. He made a plea for establishing partnerships between academic institutions and society to initiate collaboration with stakeholders outside the university campus and for medical schools to take a more pro-active role in promoting the health of the society by “educating doctors to meet people’s needs”. As he phrased it: “Medical schools have the obligation to direct education, research and service activities towards addressing the priority health concerns of the community, region or nation they have a mandate to serve”. To do this, Dr. Boelen strongly advocated The Network: TUFH’s stakeholders pentagram: policymakers, health managers, health professions, communities, and academic institutions (Boelen, 2000).

As the next speaker, Dr. Vincenzo Costigliola, Chair of the European Medical Association (EMA) stated, his talk was more to address the needs of doctors than those of patients. For doctors there are several needs to which they must respond. Among these he specified: the changing management of the health system in Europe, requirements for quality assurance, participation in multicentric clinical trials and the need to respond to bioethics. EMA intends to assist doctors in meeting these challenges by improving postgraduate medical education, partly by organizing courses itself but also by attempting to streamline the domain. For instance, EMA found in a survey of 15 European countries that 280 different levels of postgraduate training exist—certainly a problem to be addressed in the EU!

The third speaker was Dr. Jan de Maeseneer, Chair of the Department of General Practice at Ghent University, Belgium. He listed the same societal changes as referred to by an earlier speaker, and added changes related to patients’ attitudes. For example, they are better informed, expect shared decision-making, expect full service and strive for ideal health status. His school had adopted the five-star doctor profile mentioned by Dr. Boelen (WHO, 1996) for the design of a new medical curriculum and followed Kotter’s ‘eight-stage process of creating major change’ (Kotter, 1996). He described progress and problems encountered when introducing this new curriculum in Ghent.

Later in the day Mr. Ad Emmen of the Lecturing Institute for Information Engineering in Almere, The Netherlands, shared the experiences of GridSET, a project in the domain of e-learning (www.hoise.com:8081/exchange/vmp/articles/contentstandard.html). The project’s aim is to develop 3-D virtual reality software for training in surgical procedures. Thus far, they have done ventricular catheterization, lumbar puncture and laparoscopy. Preliminary research has indicated the effectiveness of these programmes in preparing surgeons for performing these procedures.

The second day’s programme was arranged by the ECTS-ICMG group. Dr. Steve Adams (University of Westminster) elaborated on the implications of the 1999 Bologna Declaration (the European agreement to align continental higher education with the Anglosaxon Bachelor/Master format) for medical education

(europa.eu.int/comm/education/socrates/erasmus/bologna.pdf). Adherence by universities to that declaration does not just imply adoption of a Bachelor/Master structure but also includes changing degrees and diplomas, the adoption of a European Credits Accumulation and Transfer System (CATS), and the convergence of quality assurance systems. In some domains of higher education (but not yet in medicine) EU-sponsored 'Tuning' projects have been launched to promote these processes (europa.eu.int/comm/education/tuning.html). The consequences of the implementation of the Bologna Declaration may come as a surprise to universities that fail to keep up. The expectation is that competition among higher education institutions all over Europe will strongly increase and the tradition of students preferring to study at the university closest to their parents' home will soon become part of history. These developments will soon also greatly affect medical education in Europe.

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References

- BOELEN, C. (2000). *Towards Unity for Health. Challenges and Opportunities for Partnership in Health Development*. Geneva: World Health Organization.
- KOTTER, J.P. (1996). *Leading Change*. Boston: Harvard Business School Press.
- MAJOOR, G.D. (1998). MEDNET: A European Network of Medical Schools. *Education for Health, 11*, 110–111.
- WHO (1996). *Doctors for Health. A WHO Global Strategy for Changing Medical Education and Medical Practice for Health for All*. Geneva: World Health Organization.