

# AMSE NEWSLETTER 20

## DECEMBER 1997

### Index

---

- [AMSE ANNUAL CONGRES 1998 PRAGUE - SEPTEMBER 3-5, 1998](#)
  - [ABSTRACT SUBMISSION FORM](#)
  - [ACCOMODATION FORM](#)
  - [ACCOMPANYING PROGRAMME](#)
  - [HOTEL INFORMATION](#)
  - [PROGRAMME](#)
  - [REGISTRATION FORM](#)
  
- [HEALTH REFORM THROUGH MEDICAL EDUCATION CARELIFT INTERNATIONAL EDUCATION EXCHANGE](#)
  
- [IS A CONTINUED RESEARCH PRACTICE NECESSARY FOR DELIVERING HIGH STANDARD MEDICAL EDUCATION ?](#)  
Antonio Fantoni - Roma "La Sapienza" (Italy)
  
- [IS MODERN MEDICINE STILL IN NEED OF SEMIOLOGICAL TRAINING ?](#)  
Victoria Ullmeanu, Iuliana Dimofte - Constantza (Romania)
  
- [MEDICAL RESEARCH - AN ESSENTIAL ACTIVITY FOR MEDICAL SCHOOLS: EXPERIENCE FROM OUR FACULTY](#)  
K. Horky, Prague (Czech Republic)
  
- [OVERSEAS MEDICAL INTERNS, HOW THEY COPE PSYCHOLOGICALLY AS SHOWN BY INTERVENTIONAL RESEARCH](#)  
Susana Chelquer Jaimovivh - Jerusalem (Israel)
  
- [THE IMPORTANCE OF RESEARCH ENVIRONMENT FOR MEDICAL EDUCATION](#)  
Graeme R. D. Catto- Aberdeen (UK)
  - [Introduction](#)
  - [Anticipation](#)
  - [Realisation](#)
  - [Discovery](#)
  - [Dissolution](#)
  - [But.....](#)

- o [Ideal Environment](#)
- 

*"AMSE Newsletter" is a newsletter of the Association of Medical Schools in Europe. The purpose of AMSE is to share experience between European Medical Faculties in the fields of education, research and management.*

#### **News from the AMSE General Assembly 1997.**

##### *Executive Committee.*

At the AMSE General Assembly held in Uppsala in September 1997 two members of the Executive Committee, who were at the end of their first term, were re-elected for a second term. They are Helmut Gruber (from Vienna. He is the Secretary-Treasurer of AMSE) and Henk Huisjes (from Groningen).

##### *Presidency of the Association*

The Executive Committee informed the General Assembly that it had appointed Sergio Curtoni as president of AMSE for the next three years. Sergio Curtoni was at the end of his first presidential term, started in 1994.

##### *Place of the next AMSE meetings.*

The Assembly was informed that AMSE was invited to hold the 1998 congress in Prague, for 650<sup>th</sup> anniversary of the foundation of King Václav University. The Hadassah Medical Faculty in Jerusalem invited AMSE to programme the 1999 meeting in Jerusalem, for 50<sup>th</sup> anniversary of the foundation of that university.

#### **Take note on your diary!**

**The next annual congress of AMSE will be held in Prague from Thursday 3 to Saturday 5 September 1998. The congress of AMEE (Association for Medical Education in Europe) will also take place in Prague, from Sunday 30 August to Tuesday 1 September. It is an excellent opportunity to plan a week in Prague, attending both meetings and enjoying wonderful Prague in the best period of the year!**

**Note that everybody who is interested in the programme can attend the Congress.**

**Only one representative for each Medical School can participate in the General Assembly.**

**In the last pages you will find the congress programme and the registration forms**

*Reports presented at the annual AMSE congress 1997 (Uppsala, September 4-6, 1997)*

Session on: The Importance of Research Environment for Medical Education

## 1. The Importance of Research Environment for Medical Education.

### From Anticipation through Realisation to Discovery or Disillusion

*Graeme R D Catto - Aberdeen (UK)*

#### Introduction

It is unlikely that many colleagues closely connected with medical education have seriously questioned the need for this to take place in a research environment. For us, research has always been a vital component of a vibrant medical school - and part of the excitement of

research lies in its unpredictability. That very unpredictability, however, together with the associated costs present difficulties for those involved with organising our already overstretched medical services. Furthermore, some of our clinical colleagues not closely associated with academic medicine, continue to express doubts about the value of research studies and, in recent years many members of the public have raised similar concerns.

For these reasons it is worth re-assessing the situation and the title of my talk reflects some of the stages through which our students may pass. In all that we do, we must not forget that today's students are tomorrow's doctors and may still be in clinical practice beyond the year 2040. Such is the speed of change in science and medicine that they will require the ability not only to adapt to considerable change but also to evaluate data critically. I believe that these skills are best developed in a research environment.

#### Anticipation

Our selection processes ensure that students not only have high academic standards but are strongly motivated to a career in medicine and have wide outside interests. New curricula are student-centred offer early clinical contact, are integrated and seek to stimulate learning through discovery. Widespread use of informatics, Medline and the Internet help to lessen dependence on sterile facts. Essential skills are now more clearly defined and the importance of both ethics and appropriate attitudes emphasised. The students themselves experience the anticipation of joining a profession with a distinguished tradition still held in reasonably high regard by the public.

And then they graduate.

#### Realisation

Immediately after graduation many experience the difficulties of coping with the considerable workload, undertaking routine tasks of no educational value while often deprived of sleep. At this time they start to plan their postgraduate career as well as maintaining a social and family life. Future changes to clinical practice and the organisation of healthcare make decisions difficult. Senior colleagues may no longer have the necessary knowledge skills and even attitudes to act as suitable role models for a fast changing profession. The welcome emphasis on evidence-based medicine makes experience less important and future doctors are likely to have more flexible careers than their teachers. The public better educated and also with access to the Internet will rightly insist that doctors keep fully up-to-date in their clinical practice.

#### Discovery

Graduates rapidly discover not only that clinical practice remains busy and tiring but that there are relatively few answers to the many questions. Given support, many would wish to experience the exhilaration of participating in worthwhile research studies - whether laboratory-based or involving the new epidemiological and statistical skills necessary for health services research. The important factor is the excellence of the research and the training which they will receive. Inevitably they will work in teams and must receive adequate supervision. The danger persists of a potential schism between those with research interests who are likely to lead the profession in the next century and clinicians without such interests who may actually seek to denigrate the value of research endeavours.

After the initial excitement of entering clinical practice a number of graduates acknowledge the routine and often intellectually undemanding nature of routine work. As postgraduate training becomes better organised skills are relatively easily acquired although many doctors still appear to have difficulties in working in teams - particularly multidisciplinary teams.

### **Dissolution**

Some, who do not participate actively in research programmes and who are probably still in the minority, become disillusioned and even feel threatened by the speed of change. They may become defensive, defending what they think they have or should have and impeding not only clinical progress but also, possibly, advances in patient care. Such individuals may gradually move away from mainstream medicine and seek to improve their golf handicap instead.

### **But.....**

if we as a profession fail to ensure that we are continuously striving to improve standards of clinical practice and the academic infrastructure on which these are inevitably based, others will adopt that role. Already within the UK, the higher education funding councils leave the statutory powers to assess the quality of teaching in subjects, including medicine, given public funds. Initial experience, particularly from Scotland which has now completed the first teaching quality assessment exercise in medicine, indicates that without adequate professional input the assessment may not concentrate on the standards and outcomes measures that most doctors would consider important. Instead the assessments were based on a 12 point quality framework:

- Aims and curricula
- Curriculum design and review
- Teaching and learning environment
- Staff resources
- Learning resources
- Course organisation
- Teaching and learning practice
- Student support
- Assessment and monitoring
- Students' work

- Output, outcomes
- Quality control
- Student placement

### **Ideal Environment**

Taking all these factors into consideration I personally believe that -

1. Undergraduate medical education should take place within a multi-facultied university whenever possible
2. A research environment is essential if we are to produce a thoughtful, flexible and professional work force capable of meeting future challenges and the needs of society into the middle of the next century. Without close exposure to active research studies I believe it is not possible to evaluate critically the evidence on which clinical practice must be based
- 3 Links between undergraduate medical education and postgraduate training must be robust if career development is to be rationally planned - and, of course, the necessary clinical resources to meet the expectations of society must be available.

## **2. IS A CONTINUED RESEARCH PRACTICE NECESSARY FOR DELIVERING HIGH STANDARD MEDICAL EDUCATION?**

*Antonio Fantoni - Roma "La Sapienza" (Italy)*

The question asked in the title of the paper seems to have an obvious answer: yes, it is necessary. However, the title may be rephrased provocatively as follows: "is there a clear-cut dichotomy between being a Teacher and being a Scientist?". Whoever teaches in the Faculty of Medicine may feel puzzled in giving a clear cut reply. Then, a good way to introduce the topic would be answering a few other questions that represent long time standing quarrels in the academic environment. Answers need to be based on factual experience, not on principles on which everybody would easily agree.

*Are Teachers the dropouts of science?* It is a policy stemming from north American universities that professors refused by the granting system are politely asked to devote large portions of their working hours to teaching. Because research funding constitutes everywhere the rationale of academic judgement, it follows that professors fond of teaching are burdened by the heavy suspicion of inefficiency. Successful scientists are considered as the main cause responsible for this suspicion.

*Are Scientists the self-centred, success-oriented individuals that consider teaching as a boring, unrewarding loss of time?* Vice versa, active teachers are considered the main speakers for this common belief. Indeed, in up-to-date Medical Faculties, the career progression of professors, based on criteria spelled out in the next sentence, is accompanied by a progressive loss of teaching responsibilities. Indeed, the most successful of them only gives five formal lectures per year.

*Why is recruitment and promotion of Faculty Members based solely on Impact Factor?* The reason for this is the funding policy of universities, where incoming grants are expected only from applications supported by high impact factors. Though, being universities in charge of higher education, it is hard to understand why teaching skills are plainly disregarded among criteria for recruitment and promotion.

*Why in advanced universities is bulk teaching left to inexperienced young people?* Again, this is a dangerous trend imported from the USA and progressively invading "efficient" European universities. PhD students and low ranking postdocs are given salaries in change of long hours spent tutoring and even lecturing students, without any specific training in medical education. Most of these teaching jobs never reach the stage of a tenure position.

*Why in traditional European universities are old age and academic titles considered preferential for teaching?* This seems contradictory to the previous assertion, but it is not. The key to understand the contradiction is the advanced/traditional issue. It is common in those European medical faculties, where professors are experienced exclusively in patient care, that one reaches in mature age the position of having "his/her own" teaching course, being very proud and jealous of it. Unfortunately, the quality of this teaching is far from good.

The overall picture summoned from these observations is that very seldom teaching endeavour and scientific activity are met in the same professor. The reason for this seems to be that values active in the university system do not sustain both qualities as equally important. Interestingly, as stated by Geffen et al. (1991) the success of the Flinders medical curriculum in South Australia seems to rely on competition-free management of the faculty, as follows: "*The Flinders curriculum has been able to adapt to the changing needs of medical education because its organization is relatively free from the constraints of departmental rivalry over resources*".

In order to explore the previous literature on the subject of teaching and experimental activities in medical faculties, I have gone through the Medline, years 1990-1997, cross referencing: "*scientist*", "*science*", "*research*" with either "*medical education*" or "*teacher*". Out of 66 papers selected by these items, many dealt with the enrolment of medical students in a scientific environment for experimental training, quite a few dissected teaching hospitals from university hospitals, but none explored the scientific preparation of medical educators, except for PhD student curricula. Also, none was interested at exploring the issue of the quality of teachers leading bio-medical research projects in a scientific environment.

I will now review the reasons that should convince university officials to introduce the continued scientific practice of teachers as the key of success for medical education. To this aim, it may be agreeable that the personal attitudes and the background necessary to be a good teacher include the following: (a) being fond of teaching and feeling gratified by the teaching hours, (b) having been trained in the methodology of advanced medical education, (c) having practised lecturing and tutoring, (d) being experienced in course management and, eventually, (e) having acquired a wide and deep knowledge of the specific topic, (f) being driven by cultural and scientific curiosity, (g) with a constant attention to the logic of facts.

Most of these items (a - d) refer to teaching capabilities, not to research activities. One would believe that item (e) is the one pertinent to the subject of this paper, assuming that teachers should be aware of the up to date literature in the field of the course, which is expected for scientists. Conversely, no particular need is envisaged of the specialised, up-to-date, deep knowledge typical of active research work, because modern medical education does not require the transfer of any detailed knowledge from teacher to pupil, but is rather based on the student-driven active process of learning in which the teacher participates in a multi-disciplinary enterprise, addressing mainly core topics and key medical concepts, driving the student through problem-oriented learning and assessing his/her learning progression.

On the other side, teachers do have a cultural, active role in medical education. This role consists in transferring to students both the profound meaning of biomedical and clinical

scientific disciplines and the value of their methodologies. For this educational function, the better teachers are the ones acquainted with the everyday practice of research.

Among all professional activities, the medical practice mostly needs a constant updating of know-how. Advances of biological knowledge in the fields of cellular biology, molecular genetics and immunology turn very rapidly into new interpretations of pathogenic events, into diagnostic technologies and therapeutic protocols of which doctors must be aware, not only for a successful career, but simply to be ethically sound. This is where item (f) presented above, "being driven by cultural and scientific curiosity" becomes necessary and again, who better than teachers deeply involved with research can provide students with this important educational achievement?

The last item (g) is a continuation of the previous and spells "with a constant attention to the logic of facts". The reason for bringing this in deals again with the new trends of medicine where the traditional qualities of doctors (intuitive diagnosis, personal experience) become less important face to modern evidence-based medicine, featuring internationally conducted clinical trials constantly adjourning diagnostic and therapeutic protocols. Only recently large numbers of cases, epidemiological studies and careful in vitro experiments, together with the internationally based confrontation of experimental results have given medicine the complete features of a science. When I was trained as a MD, more than thirty years ago, this was not possible and my clinical teachers taught their personal experience and clinical intuitions not differently from an artist with his pupils, and because of this they were given the name of "Maestro". Tomorrow's medical doctors cannot help giving "a constant attention to the logic of facts" and being trained to this scientific attitude. For this a Maestro is not needed, but a skilful scientific investigator with a good training as a medical educator is preferred.

### **3. Medical Research - An Essential Activity for Medical Schools: Experience from Our Faculty**

*K. Horky, Prague (Czech Republic)*

Undergraduate education of medical students is the main obligation of medical faculties. It consists of a theoretical and pre-clinical part and of clinical practice. The quality of all these activities is conditioned by both basic science and clinical research practised by the teachers. Medical science and research enrich the theoretical knowledge and ameliorate diagnostic and therapeutic procedures.

The progress in medicine and in medical education is unthinkable without medical research as an essential activity of all medical schools and their teachers. Medical research and science are the activities which differentiate the university type of education from that of other types of schools.

Only the teacher who participates actively and personally in medical research is able to explain the matter of lessons in detail and in up-to-date manner, as well as to bring medical students to the future research work. Therefore medical research should be favoured not only among the teachers but also among undergraduate as well as postgraduate students.

Medical faculties together with teaching university or faculty hospitals represent the only entity with the ideal combination of possibilities for complex research activities.

It allows a tight collaboration of theoretical institutes directed to basic research with the possibility to apply the results of basic research into clinical practice.

Medical research realised by the medical faculties represents also an economical advantage, because it can take full advantage of institutional staff and technical equipment of the educational institution for research.

I hold these premises as sufficient arguments for the support and development of medical research at medical faculties. After the general introduction, allow me to demonstrate on the example of the 1st Medical Faculty of Charles University in Prague how we try to realize these purposes in everyday practice.

The history of our medical faculty goes back to the year 1348, when emperor Charles IV founded Charles University in Prague. The medical research during the medieval period was historically limited by the low level of knowledge and technical development. Modern Czech medical research in the past century is associated with names like Gregor Mendel, and/or J.E. Purkyne and B. Eiselt - promoters of the first Czech scientific journal "Journal of Czech Physicians" (1862).

The dominating position of medical faculties in biomedical research in Czechoslovakia was broken during the communist era by the foundation of the Czechoslovak Academy of Science (for basic science) and research institutes of the Ministry of Health (for applied research), both supported and favoured by the governmental officials. Medical faculties had to fight for the title to serve not only as an educational but also as scientific and research centres. Establishment of research laboratories attached to the clinical departments led to the amelioration of this unfavourable situation.

After the velvet revolution in 1989 the situation for research work became better, especially following the constitution of grant agencies, supporting research by financial means distributed according the free competitions and objective evaluation of individual projects.

The bulk of the faculty research activity has been, for a long time, of the applied type, oriented mostly to the broad field of clinical sciences. Nowadays a great effort is being made to create an original basic science program based on molecular and cell biology and its exertion even in clinical research.

However, the present economical situation of our country leads our government to the restriction of budgets for scientific and research work and we have again to face the tendency to narrow the activity of medical faculties down to the educational institutions and faculty hospitals to the institutions delivering specialised medical care only.

In spite of that situation our faculty tries to support research in all possible ways (Table 1) among the staff of the faculty as well as among undergraduate and graduate students:

**1. Granting of medical research by grant agencies:** Medical Research in CR is granted by several grant agencies. The most important agencies from the point of view of our faculty are the Internal Grant Agency of the Ministry of Health, the Grant Agency of Czech Republic, the Grant Agency of the Ministry of Education, the Internal Grant Agency of Charles University and the Fund for Development of University Schools.

When we put together all projects granted to the 1st Medical Faculty and associated General Faculty Hospital we can demonstrate a substantial increase in both - the number of particular projects and the sum of money granted by these agencies.

Besides the direct financial support of individual research workers and teams by grant agencies the faculty profits from the research activities also as an institution. The research work of individual faculties of Charles University is evaluated every year and the annual institutional budget of the faculties is enhanced according the results of their research and publication activities. We can see from the next table (Table 2) that the substantial part of our institutional budget is conditioned by the scientific activity. The percentage contribution of this part of our budget (30% for this year) exceeds the average percentage of the whole Charles University.

Five medical faculties, belonging to the Charles University participate substantially in the numbers of projects and sum of money granted to the Charles University (Table 3).

If we take into consideration the total figures for all medical faculties of Charles University and compare the individual Faculties according their contribution to the whole budget, the next figure (Fig 2) clearly demonstrates the leading position of the 1st Medical Faculty among the other medical schools. Both number of accepted projects and sum of grants of the 1st Medical Faculty reach more than 56% of the total figure for all medical faculties.

**2. The yearly evaluation of publication activity** of the 1st Medical Faculty demonstrates the absolute and percentage increase of total number of publications between 1991 and 1995.

The detailed analysis of individual categories of publications (Table 4) demonstrates uneven evolution - clear cut increase in original papers in journals without impact factor (IF), review articles and abstracts in Czech and foreign languages on one side, but the stagnation or decrease in other categories. The substantial enlargement of the number of review articles is caused by increasing number of new medical journals in Czech Republic. The high number of abstracts, apparent in both Czech and foreign languages, but especially of abstracts from international conferences reflects the facilitation of travelling possibilities of Czech researchers after the abolition of the iron curtain on one side, but also the higher acceptance of their lectures at international congresses and conferences on the other.

Percentage frequency of particular types of medical publications by the staff of our faculty is given in Table 5. The first 4 places are reached by original papers in medical journals and by abstracts - that means by the categories demonstrating the scientific and research activity.

The publication activity is evaluated not only in toto for the whole faculty but it is also calculated for individual institutes and clinical departments, as well as for individual staff members. The annual review of these results leads to competition among the institutes, departments and researchers as well.

Comparison of publication activity in prestigious journals (with IF) together with international scientific acceptance according quotation in SCI allows us to arrange the order (rank) of the top 40 researchers of our faculty every year.

**3. Individual financial premium for scientific work and publications activity:** According to the above mentioned criteria the scientific and publication activities of individual staff members have been evaluated and successful researchers were granted by a special annual salary premium according to the gained results.

**4. Scientific criteria required for nomination of professors:** The importance of active research work for the teachers of our faculty arises also from the criteria required for nomination of associated and full time professors. Besides the professional and pedagogic activities scientific and research qualification is required for this academic career. Its specification is summarised in tables 6 and 7.

**5. Official medical journal of the 1st Medical Faculty:** the First Medical Faculty of Charles University edits its own multidisciplinary biomedical journal "Sbornik lékaišký" with 4 issues per year. This journal has had a long tradition since 1887 . The articles are published in Czech or English.

#### **6. Education of young researchers:**

*A) Participation of undergraduate students in research* is realised in the form of active sharing in the work on individual grant projects with the most experienced researchers and teachers of the faculty. The most successful students can at the end of their studies present their results in the form of publication and defence of this publication as a "Diploma Thesis".

The student's fellowships and exchange programs with many foreign universities are another form of research support, very popular among undergraduate as well as graduate students.

*B) Postgraduate scientific training (PhD programme):* Charles University, in co-operation with the Czech Academy of Sciences and with research Institutes of the Ministry of Health has established a new system of postgraduate studies in biomedicine. The training lasts 3 years and consists of core courses in science methodology, advances in molecular biology, cell biology, physiology and neurosciences. In addition to optional courses, lectures and seminars on various aspects of life science are also offered. The studies are terminated by final examination, defence of the Dissertation Thesis and granting the scientific degree of PhD. In general the educational program is very close to the usual practice in the USA or another western countries.

This basic educational program can be extended for students working in clinical departments to the combined PhD-MD program. This form of program usually lasts 5-6 years and allows not only to reach a scientific degree of PhD, but also a professional specialisation in a particular clinical discipline. For the present time the total number of our postgraduate students reached 240.

#### **Conclusions:**

We can conclude from the discussed general premises and from the concrete examples and experience from the 1st Medical Faculty of Charles University in Prague, that the research and scientific work is, besides the educational and professional activities, an inevitable constituent of the medical school's function and that this activity should be intensively supported and extended even in the future.

Table 1:

Complex support of medical research at the 1st Medical Faculty

1. Granting of medical research by grant agencies
2. Evaluation of publication activity every year
3. Individual financial bonuses for successful research
4. Scientific criteria required for nomination of professors
5. Official biomedical journal of the Faculty
6. Education of young researchers

Table 2:

Percentage of institutional budget dependent on scientific activity :

Year	Charles University average	1st Medical Faculty
1996	16%	21%
1997	18.4%	30.4%

Table 3:

Contribution of Medical Faculties on research projects granted to Charles University (18 Faculties) in 1997

Faculty	Number of Projects	Sum of grants
Ch. U. total	600 (100%)	100, 750.000 CzK
1st MF	86 (14%)	18,429.660 (18%)
2nd MF	24 (4%)	4,101.000 (4.1%)
3rd MF	16 (2.6%)	4,387.000 (4.3%)
MF Pilsen	14 (2.3%)	3,436.000 (3.4%)
MF Hradec Králové	12 (2%)	2,143.000 (2.1%)
All Medical Faculties	152 (25.3%)	32,495.660 (32.3%)
Contribution of 1st MF	86 (56.5%)	18,429.660 (56.7%)

Table 4:

Overview of main publication activity at 1st MF in the period 1991-1995:

	1991	1992	1993	1994	1995
1. Original papers (IF-)	315	294	268	351	348
2. Original papers (IF+)	162	173	144	104	104
3. Review articles (IF-)	39	21	209	227	212
4. Review articles (IF+)	2	3	7	18	7
5. Proceedings (Czech)	58	43	36	69	66
6. Proceedings (foreign I.)	44	53	30	48	55
7. Abstracts (Czech)	57	111	125	268	326
8. Abstracts (foreign I.)	109	298	250	389	492
9. Chapters in books (Czech)	21	34	34	89	42
10. Chapters in books (for. I.)	14	10	10	12	15
11. Monographs (Czech)			23	35	24
12. Monographs (foreign I.)			5	2	0
13. Textbooks	33	28	25	23	63
14. Other			134	238	48
Total	854	1068	1300	1873	2069
Percentage increase	100	125	152	219	242

Table 5:

Frequency of publications at 1<sup>st</sup> MF in years 1991-1995 according to individual categories.

Category	Annual average (%)

1. Original papers (IF-)	24.2
2. Abstracts in foreign languages	20.8
3. Abstracts in Czech	11.5
4. Original papers (IF~)	11,3
5. Popular articles and varia	10.7
6. Review articles (IF-)	8.9
7. Proceedings in Czech	4.9
8. Proceedings in foreign languages	3.6
9. Chapters in books	3.0
10. Textbooks in Czech	2.4
11. Monographs	1.6
12. Others	4.3

Table 6:

Scientific and research qualification required for nomination of associate professors (docents) at our Medical Faculty:

- Scientific degree of CSc or PhD
- Original scientific publications:  
15 for clinicians (3 in journals with IF)  
25 for theoretical and pre-clinical departments  
(6 in journals with IF)
- Citation in SCI 10 (clinicians), resp. 20 (pre-clinical)
- Participation in granted research projects
- Scientific lectures in CR and abroad
- Participation in scientific training of pre- and post-gradual students

Table 7;

Scientific and research qualification required for nomination of professors at our Medical Faculty:

- Scientific degree of DSc
- Original scientific publications:

30 for clinicians (7 in journals with IF)

50 for theoretical and pre-clinical departments

(15 in journals with IF)

- Citation in SCI 20 (clinicians), resp. 40 (pre-clinical)

- Leading participation in granted research projects

- Scientific lectures in CR and abroad

- Participation in scientific training of pre- and

post-gradual students

- International scientific activity

### **OVERSEAS MEDICAL INTERNS. HOW THEY COPE PSYCHOLOGICALLY AS SHOWN BY INTERVENTIONAL RESEARCH**

*Susana Chelquer Jaimovich - Jerusalem (Israel)*

I would like to briefly share with you an on-going experience with medical interns - what led us to plan it, what unexpected development occurred and how it changed our views. Finally, and stemming from this experience, I would like to raise a more general question which deals with the possible purpose served and the advantages that could be achieved if young physicians were perceived as collaborators in medical education research while being its objects at the same time.

It may be hard to be an inexperienced physician. It may be very hard to be a medical intern. It may be hard to be a foreigner. And it may be very hard to be an immigrant. For all these reasons, it may be very, very hard to be an immigrant medical intern, who possesses a different technical level from the local one, and even more so finds himself confronting basic differences in the approach to ethics, doctor-patient relationships and basic values. This was the reasoning behind the decision of the SHAAREY TZEDEK HOSPITAL, one of the main medical centres in Jerusalem, with a very good reputation for investing in the human factor no less than in science, to plan and carry out a counselling and educational intervention with 10 overseas physicians, almost all of them immigrants, who spent their year of internship there.

We had little knowledge about immigrant interns, either theoretical or research-based. But the literature and experience, as well as much testimony by and about medical interns in general, pointed to a high incidence of psychological distress and cognitive impairment through the internship years. We also know that when compared with native physicians, the foreign ones showed severe deficits. It seems that coping mechanisms to overcome the widespread experience of culture shock and culture fatigue on the part of those who are immersed in an unfamiliar culture do not necessarily overlap with good intellectual or professional qualifications.

Since the importance of personal support to mitigate the stress of adjustment is generally acknowledged, a program in personal and professional counselling was developed in order to reduce the maladaptive responses of overseas interns. By means of regular individual sessions that were to run throughout their whole internship, medical interns could discuss their concerns,

examine difficult situations, deepen their self-understanding, and develop better coping strategies.

During the first group meeting, it became dramatically clear how threatening it was to feel like a stranger among your supposed peers, even to the point of feeling that you hardly identified with them, and to feel like a stranger in regard to the patients you were treating, whom you were not only not able to fully understand verbally, but when facing them you felt like a blind person groping in the darkness, trying to capture the meaning of every item of their behaviour. Further, you felt that patients perceived you as a marginal professional or as supplying an inferior quality of care. Meanwhile, you felt like a stranger in the presence of nurses and senior doctors as well, who approached you with patterns of behaviour you didn't know how to decode and, as a consequence, you didn't know how to react without being hurt.

While talking in their first expressions of distress, I felt distressed too as they revealed their anxiety over the incidence of suicides among immigrant physicians, their loneliness and related homesickness, their constantly threatened self-esteem. I could only hope that by someone being there for each of them, they could feel somewhat "contained" and at least partially comforted.

After the first individual meeting, it became clear that while all of them had a common need to be listened to and understood, each one oriented his sessions to very different focuses: the professional, the vocational, the interpersonal or the purely personal. But what was striking was an unexpected pattern that appeared in our meetings. While our shared main aim was clearly a counselling and educational one, and some of the interns reached their sessions as "conventional" subjects of counselling, opening their hearts and focusing only on themselves, the others expressed in very different ways their need to "stretch out" and "soften" the framing of our encounters. It seemed they preferred to approach them at least partially as a forum for a specific research study (theirs and mine) and to perceive themselves as active contributors to the search for knowledge about medical education. I was a little confused and embarrassed by this attitude which is far from the traditional view that the person helped must accept him/herself as such. Yet, I "went along with" them. Nevertheless, I was not at all sure what would happen, how our sessions would run and even more important, what their affects would be.

So the meetings went on in this way. Young medical interns opened themselves up and almost simultaneously, with a still trembling voice because of emotional personal content, they could "take distance" and look at themselves from outside, return again and sink into their inner core, emerging from it again while envisaging what they could learn from it.

It became evident that introspection and openness started to stream fluently when they could see how their personal insights might in some way be translated into helpful suggestions for more effective training programs for the next group of immigrant interns. They felt less vulnerable while exposing their difficulties as if the picture were more balanced by their also feeling in some way powerful and influential. So, besides our counsellor-counselee roles, we were also partners striving to learn and expand our knowledge of the issues under study.

How can this process be understood in light of our knowledge of basic personality traits, needs and motives in medical students and in young physicians? The literature stresses a great intolerance of ambiguity and uncertainty and a great need to be in control, and to feel invulnerable and even omnipotent. All these needs which are reinforced by society at large and its expectations of doctors may be even more prominent and pressing among those professionals whose identity, confusion and vulnerability have been particularly awakened,

whose self-esteem has been painfully shaken and for whom uncertainty is the most certain feeling.

So it may be that although being an immigrant medical intern means feeling quite threatened, it may be even more threatening for him to have to accept himself fully as needy and dependent, while at almost the same time and in the same place, he is required to be as competent and trustworthy as his native peers. If this is the case, when his/her defences are respected and not attacked, his/her confidence, in the counselling framework and in him/herself as well, may increase. Thus, by accepting his/her defences, these defences are needed less.

What reflections can we draw from this specific and limited experience for an improved approach to medical education in general, and as far as education for a healthier doctor-patient relationship is concerned, more specifically?

Perhaps the patient-centred model that modern medicine tries to develop in young doctors and have them internalise, may be well moulded and reinforced by a parallel process. It may be easier for inexperienced physicians to approach patients from an open and flexible stance without feeling that their own self-esteem or dignity is being undermined if they have been approached from a similar posture by their own medical educators. In a way similar to the doctor-patient encounter in which the doctor may reach a more accurate diagnosis and decision on treatment through listening carefully to patients as if they were in some way partners with shared aims, medical educators too may achieve greater success in their task; by approaching their young students as collaborators -- at least partially. To feel like an active participant in a research environment on medical training even when you are "merely" the student may fulfil scientific and didactic purposes more fully and successfully because this approach responds no less to learners deep and socially reinforced personal needs --and accepts these needs no less.

## IS MODERN MEDICINE STILL IN NEED OF SEMIOLOGICAL TRAINING?

*Victoria Ulmeanu, Iuliana Dimofte - Constantza (Romania)*

**Semiology- a fundamental specialization in medical education. The need of change with the purpose of training the 21st century physicians.**

Why the need of change? It is a change for the better. Messages of speeding up the change are arising both from society as a whole and from the medical and academic spheres. So far the changes have been mostly "cosmetic" rather than factual.

We are still running a traditional system of education characterised by:

*Purpose:* training physicians for patient care.

*Educational objectives:* accumulation of an ever greater amount of factual information.

*Pedagogic methods:* attending classes, memorisation of information, fulfilling the program needs.

*Structuring of plans (curricula):* disciplines (pedagogic autonomy of departments), specialisation of clinical specialities.

*Equipment:* laboratories of biomedical sciences and the clinical departments of hospitals.

*Study*: mostly based on testing memorisation.

### **What are the urgent needs of educational system determined by?**

Developing pedagogic sciences and their putting into practice in medical education.

- students' discontentment as regards the educational process.
- rapid growth of biomedical sciences and of technology.
- the rising costs of medical care paid for by the tax-payer and ensuring companies.
- the new and complex problems of ethics generated by the rights of man, by the new technologies used at the beginning and the end of life cycle and by the increasing the costs of medical care.

### **What are the new asserted models?**

- *purpose*: training students not only for patient care but also for monitoring the epidemiological and socio-economic aspects of diseases and of health and for promoting prophylaxy and sanitary education.
- *educational objectives*: storing of knowledge, methods, values and attitudes the physician must possess.
- *pedagogic means*: emphasis laid on experiment which stimulates active participation of students, independent activities, self-educational, solving of problems (mathematical accuracy of activities).
- *structuring of programs*: inter and transdiscipline solutions stressing major clinical questions and rapid contact with the issue of medical care and of experiments (semiology specialisation of transition between preclinical and clinical stages).
- *equipment*: home assistance included, community health center and private medical offices.
- *study*: not only of knowledge but also of experiments (information collected from patients and from medical literature, self-teaching, critical thinking, identificational problems, the clinical examination etc., that is the very "instruments" of semiology) and attitudes implying responsibility of the individual and society and ethical experiments (which can and must be taken out of semiology).

### **In the light of these new prospects, why and how can semiology influence physician training? Can semiology contribute to attaining the educational objectives of physician training?**

As science, semiology may and must be described as a multifaceted subject, the classical ones being well know to which new ones (such as endoscopy, imaging) are to be added. The outcome is that not only those who practice it but the others also have admit the pluridisciplinary status of semiology.

Within the framework of educational curricula. Semiology may be likened to a symphonic orchestra made up of groups of musicians (semiology chaptered the composer and the conductor being the teaching staff while the music played is semiology itself. This orchestral description of semiology signifies that its guiding line in selecting the contents, methods and

objectives is responsible for the knowledge, abilities, values and attitudes of students at graduating level.

There are **three grounds** on the strength of which semiology is able to contribute to attaining these educational targets:

(1 ) the study of the human body as a whole;

(2) semiology is the foundation of clinical examination of positive diagnosis and of differential diagnosis;

(3) it makes use of the patient as professor, educator, questionnaire and experimentation - patient.

(1) Nowadays there is a prevailing concept unanimously agreed upon all over the world regarding the need of training physicians. Who look to the patient as a whole this comes about both for biological and economic reasons, due to the intriguing rise of costs for health care.

Of all clinical specialisation, by far the best answers to these demands are offered by semiology as it does consider the body as a whole at the requested level of interest both structurally, functionally, spatially and developmentally and from the view point of interrelations of organs and systems as well.

Furthermore, this multiple concord - the semiological orchestra - evidences that

no segment of semiology can be understood without the contribution of the others and compels us to admit that no physician is able to cure a disease without considering the whole of the human being.

(2) Semiology teaches students that in the clinical examination the structural model of the human body must be considered; from the surface in depth, from inspection to palpation, percussion and auscultation, in static and dynamics, then further on into the structural and functional intimacy by imaging, endoscopic and paraclinical means of examination, thus performing a genuine "dissection" of the patient. It is a patient who acts as the educator of the values and attitudes of the physician, who is the basis of the caring profession, in the service of life and of its quality.

(3) In semiological testing the patient offers himself as a true "present" to the students in order to be examined - a fact which heightens his worth, his examination turning into a privilege. The patient is a real questionnaire on the meaning and reactions between normal and pathologic, between life and death ultimately.

This is how semiology is the corner stone in medical practice.

How can this be put into practice? By means of the art of pedagogy its actors, the professors.

In the analysis of the pedagogical components we discern the existence of traditional scenarios (lectures, practical lessons, demonstrations) alongside with newer ones (group discussions, problem analysis, critical evaluation of medical literature on disputed issues) which undertake to channel the students toward an active independent and self-educational attitude. This is a great opportunity for the professors to continue and make use of active educational means.

Accordingly the need is felt for good professors. But what does being a good professor mean? About 20 years back George R. Pakuson jr. of Duke University (USA) provided the following

answer: a good professor is that person who is efficient as professor, demonstrator and facilitator - the three R's of education. A professor who offers, a demonstrator who shows and a facilitator who stimulates.

The formula of a good professor has three main components: study, training and devotion.

By study and research the professor acquires knowledge about what has to be learned and how that must be done.

By his training (auto- and hetero-feedback) the professor secures the "tools" he need. By devotion he touches upon the source which gives life to creativity, stimulates the uninterrupted improvement of performance and feeds the art being and doing which is the very soul of the educator.

On these grounds the ever wider acknowledgement is justified of the necessity of high level professors.

In other words, unless there are capable professors, semiology cannot take upon itself the role of training physicians for the 21st century.

## HEALTH REFORM THROUGH MEDICAL EDUCATION

### CARELIFT INTERNATIONAL EDUCATION EXCHANGE

#### Towards Managing the Health of the Population

*Alton I Sutnick, Joseph P Welsh, Theodore R Kantner, William E Welton, Liviu Vedrasco, Victor Vovc, Dmitrii Maximenco - Carelift International, Moldova State Medical and Pharmaceutical University, and Allegheny University of the Health Sciences*

In August 1992, the Republic of Moldova declared its independence from the then Soviet Union initiating a period of economic instability, which has had an impact on the health status of the population. It is generally agreed that there is a need to concentrate effort on the education, training and distribution of primary care physicians, and to strengthen education in public health systems. The government has undertaken a major political and economic reform process directed at establishing a market economy for the country. Part of this process is reform of the over centralised health and social services. In 1993 the Ministry of Health appointed a Reform Commission which was directed to design a new model of health protection. As a consequence of the widespread consensus in support of this model, a new Law on Health Protection was adopted by the Parliament. This legislation allowed for 1) the improvement of medical education, 2) reorganisation of health service administration and financing, 3) enhanced family planning services: 4) the prioritisation of primary health care with a central role for the general practitioner/family physician. 5) private sector development, and 6) the introduction of health insurance. The Ministry has already taken steps to address the reform process to enhance health care delivery and to improve the health status of the population. More than 200 family physicians have been prepared and are operating in pilot areas. Additional expertise and support is needed in health care planning and management to expedite development in key areas including, primary health care, decentralisation and management of health care delivery systems, and pharmaceutical services.

In an attempt to at least partially address some of these critical problems, Carelift International has established a medical education program as an outgrowth and extension of its basic program to provide equipment and supplies to developing countries. This new program has a

mission to strengthen medical education in the country, particularly directed towards managing the health of the population. It will primarily focus on education in primary care and public health, spanning the undergraduate, graduate and continuing medical education levels. The program will be open to educational development in other disciplines when the need is identified. It will also include components of health care organisation and financing, health insurance, and technology in health care delivery. It is expected to serve as a model for other countries, and will be particularly applicable to other newly independent states.

The goals and objectives of the program are as follows.

### **Goals**

1. Strengthen the education program of the State Medical and Pharmaceutical University of the Republic of Moldova, principally in the fields of primary care and public health.
2. Promote health care reform.
3. Strengthen public health system.

### **Objectives**

1. Support the establishment of a Department and curriculum in Family Medicine, and effect modifications in the curricula of other primary care disciplines.
2. Assist in the development of a residency program in Family Medicine.
3. Promote the concept of Family Medicine as a medical specialty, with the establishment of a non-governmental organisation devoted to professional development, residency accreditation and family physician certification.
4. Assist in the establishment of a School of Public Health of high quality and standards.
5. Encourage the development of a health care delivery system that is both individual and population-based, efficient and effective.
6. Develop affiliations between the University and schools of medicine and public health in the United States.

### **Programme for Faculty, Ministry of Health and Practitioners**

Faculty development offers the most favourable approach to influence change in the Moldova medical education system. The faculty would be the ones to actually implement primary care and public health programs at the University upon their return. Medical practitioners, particularly those active in the Moldova Medical Society, would be in a position to influence their colleagues to adapt to new systems and implement new programmes in practice. Senior officials of the Ministry of Health could support the programmes at the highest level and implement public health measures where indicated. We plan to develop an educational program for senior and mid-level faculty, a senior official of the Ministry of Health and an appropriate medical practitioner, directed towards establishing and strengthening family medicine and public health programmes at the University, and emphasising primary care aspects of other specialities. One faculty member should be at the Dean/Department Chair level who has the status to influence policy at the University. One should be at mid-career level and be carefully selected for the interest and ability to develop teaching programmes in primary care and public health. A senior official of the Ministry of Health and an appropriate medical

practitioner complete the visiting team These four leaders will be invited to spend 3 months in the United States to acquire the skills necessary to develop the programmes to meet the goals They must be fluent in English in order to gain the most from the experience

The programme will comprise structured activities at three medical schools (Allegheny University of the Health Sciences, Thomas Jefferson University, and University of California San Francisco), a dental school (University of Pennsylvania) and three schools of public health (Allegheny University of the Health Sciences, Johns Hopkins University, and University of California Berkeley) It is planned to include visits to the Society of Teachers of Family Medicine, the American Academy of Family Practice and the Accreditation Council for Graduate Medical Education. They will also learn about and visit a managed care organisation (Aetna-US Healthcare) and a medical technology corporation (Mediq-PRN) They will be sent a reading list in advance with copies of the most salient articles

The programme in Family Medicine will include meetings with Department Chairs, and Directors of undergraduate and graduate medical education programs to gain an understanding of the structure of departments of family medicine and their teaching programs. They will attend meetings of the departments during the time they are here They will follow the student clerkships, electives and preceptorships, including rotations on other relevant services (internal medicine, paediatrics, obstetrics/gynaecology) They will become familiar with curriculum planning and residency accreditation. They will learn all the elements about how to start a department.

The programme in public health is designed with the goal of establishing a highly regarded school of public health at the University, and to strengthen the public health system in the country. A new school directed towards community health can serve as a model for administrative structure, new faculty development, establishment of a community-based curriculum, and relevant research programs. Activities will principally center around academic development and systems management Some time will be devoted to curriculum development for a degree of Master of

Public Health and Master of Health Sciences: including distant learning. Major issues to be addressed include environmental health, maternal/neonatal mortality immunisation programmes, community public health (including nutrition and preventive cardiology) and emergency medicine The participants will gain an understanding of the structure of the schools and attend their administrative and teaching conferences They will have experience at city, county and state departments of public health as well as university schools of environmental sciences Sessions will be conducted in preventive dentistry and community dentistry for potential incorporation into the Moldova Stomatology Department teaching program.

There will be a visit to Kansas City at the Society of Teachers of Family Medicine and the American Academy of Family Practice. A stop will be made in Chicago at the Accreditation Council for Graduate Medical Education to gain an understanding of accreditation of residency programs, and at the American Medical Association to see how family medicine is included in the structure of organised medicine We will also arrange a meeting with a member of the Residency Review Committee for Family Medicine and a representative of the American Board of Family Medicine which is responsible for certification

The final week in Philadelphia will include a session on technology in medicine and medical education conducted by Mediq-PRN and Emergency Care Research Institute, and several days at Aetna-US Healthcare to gain an understanding of some elements of health systems

management and financing in the United States and various approaches to organising health care delivery including managed care.

### **Implementation of Programme in Moldova**

Planning has already begun with the creation of a work group which will implement the family medicine programme and plan the school of public health in the Republic of Moldova. They will review available materials, and begin to draft a curriculum for family medicine. After the three month program in the United States, and allowing a period of time for the group to return to Moldova and review the results of their experience, an American team will go to Moldova to spend 2 weeks working with the Moldova faculty, Ministry and medical practice community to help develop the structure of the new programs they will be introducing.

During 1998-1999, the Department of Family Medicine will be organized with the creation of a Chair of Family Medicine at the Moldova State Medical and Pharmaceutical University. Standard operations and procedures will be established for a University Center of Family Medicine. Residency training of selected graduates of the University will be initiated. Standards for accreditation of the residency program will be developed, as will be procedures for certification of family physicians. An Association of Family Physicians of the Republic of Moldova will be organized. Recommendations will be provided to the Minister of Health concerning the establishment of primary health care centres in village districts of the Republic of Moldova. Curricula will be developed in various public health disciplines to grant degrees in Master of Public Health and Master of Health Sciences and faculty will be recruited and organised for a new School (Faculty) of Public Health.

### **Evaluation**

The outcome measures for formal evaluation will include: assessment of the programme by the Moldovan participants, progress reports at regular intervals on programme development, and a subsequent visit by a team of experts to report on the changes that have been accomplished. A questionnaire will be developed for the participants to complete regarding their assessment of the program. A timeline will be developed with the Moldovan participants which they are realistically able to achieve. This will include the following accomplishments: the formation of a curriculum in family medicine for medical students, the use of appropriate pedagogical techniques in the teaching and learning activities, a date for the entry of a medical class into the curriculum, the structure of a family medicine residency program with a defined curriculum, accreditation process and certification examination, establishment of continuing medical education programmes for existing practitioners, the development of a certifying board in Family Medicine, the formation of a Society of Family Medicine either in or separate from the Moldovan Medical Association, the distribution of family practitioners throughout the country, the establishment of a school or department of public health at the University to address issues relevant to Moldova health needs, a relation of graduates of the program to the Ministry of Health, a Society of Public Health or a section of public health of the Medical Association. It would be expected that an approach to funding the new programmes would be accomplished in one year, with implementation to begin in three years. At some appropriate time in the future there will be a site visit to evaluate the educational content of the programs, the success in implementing the programmes, changes introduced in the medical school curriculum, steps taken to develop a residency program, and the emerging perception of family medicine as a specialty. An assessment will be made of the number of graduates entering family medicine and public health, how well they are trained, and whether they are meeting the needs of the population.

## Conclusion

This programme is intended to produce major changes in the health status of the population of the Republic of Moldova through modifications in the education program of the Moldova State Medical and Pharmaceutical University. A new medical speciality of Family Medicine will be established with a professional society, accreditation and certification procedures. A new School of Public Health will be created with programs and affiliations that will meet high standards and produce highly qualified graduates. Advanced pedagogical methods will be introduced and incorporated into these and other programs of the University. Graduates of these programmes will enter the health care delivery system as well as health policy and planning positions to address the major issues affecting the health status of the population. International affiliations will be established and maintained to allow frequent interaction, consultation and collaboration to benefit all parties.

## AMSE ANNUAL CONGRESS 1998 - Prague - September 3-5, 1998

### PROGRAMME

---

#### THURSDAY, SEPTEMBER 3, 1998

11.00 - 15.30 **Meeting of the AMSE Executive Committee.**

1(st) Faculty of Medicine, Charles University  
Katerinská 32, Prague 2

12.00 - 19.00 **Registration of participants.**

Hotel KRISTAL (The Centre of Postgraduate and Management Studies of the Charles University, Czech Technical University and School of Economy) - José Martího 2/407, Praha 6

18.00 - 19.00 **Lecture on the The History of Charles University and its Faculty of Medicine**

Lecture Hall of the "Purkyne Institute"  
1(st) Faculty of Medicine, Charles University  
Albertov 4, Praha 2

19.00 - 22.00 **Welcome reception** (for all participants)

"Purkyne Institute"  
Albertov 4, Praha 2

Transfer to hotels by bus

#### FRIDAY, SEPTEMBER 4, 1998

**9.00 - 10.30 Opening ceremony**

Welcoming addresses by authorities

AMSE Annual Conference is organised as a part of the Celebration of 650th anniversary of the Charles University foundation.

Deans (or representatives of faculties) are invited to wear the robes of their home University (gown, hat, chain).

Aula Magna, Carolinum

Ovocný trh 3, Prague 1

**Sightseeing of Carolinum**

**11.00 - 12.30 Session I. Relationship between University and the University Hospital**

The Blue lecture hall of Carolinum

Discussion

Transfer to Hotel Krystal by bus

**14.00 - 15.00 Lunch - hotel Krystal**

**15.00 - 18.00 Session II: How to encourage staff members towards excellence in teaching and how to assess educational qualification of teaching**

Hotel Krystal

**16.30 - 17.00 Coffe break**

Discussion

**19.00 - 23.00 AMSE Dinner**

Restaurant Vikárka, Prague Castle, very famous place mentioned in Czech historical literature

**SATURDAY, SEPTEMBER 5, 1998**

**9.00 - 12.30 Session III: When researchers in a Faculty of Medicine are not medically trained - is this a problem ?**

**10.30 - 11.00 Coffee break**

Discussion

**12.30 - 14.00 Lunch**

**14.00 - 15.00 Presentation of Faculties of Medicine**

**15.00 - 15.30 Coffee break**

**15.30 - 16.30 General Assembly AMSE**

**Closing ceremony**

**SUNDAY, SEPTEMBER 6, 1998**

**9.30 - 12.00 Meeting of the Executive Committee of AMSE**

Hotel Krystal  
José Martího 2/407, Prague 6

**AMSE ANNUAL CONGRESS 1998 - Prague - September 3-5, 1998**

**AMSE ANNUAL CONGRESS 1998 - Prague - September 3-5, 1998**

**REGISTRATION FORM**

---

Please complete and return to Conference Secretariat:

Czech Medical Association J.E.Purkyne

Mrs.Jana Dohnalová - Sokolská 31, 120 26 Prague 2 - Phone: +420-2-297271, Fax: +420-2-294610

Family name: \_\_\_\_\_ First name: \_\_\_\_\_

University of: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

—

\_\_\_\_\_ Country: \_\_\_\_\_ Code \_\_\_\_\_

—

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Accompanying person(s) \_\_\_\_\_

***Registration fees before May 31, 1997 after May 31, 1997***

USD 350 AMSE Members USD 300

USD 400 Non Members USD 350

USD 100 Accompanying person USD 100

AMSE membership fee (one per Medical School) UK£ 100

We will attend the **Welcome reception** in "Purkyne Institute"

Thursday, September 3, 1998 .....person(s)

We will attend the **Dinner** in the restaurant "Vikárka"

Friday, September 4, 1998 .....person(s)

I will attend the **Opening ceremony** wearing the robe of my University (gown, hat, chain)

**Payment:**

Payment of the registration fees should be made in one of these ways:

- preferably by the bank transfer to the account of the Czech Medical Association J.E.Purkyne **No. 01-61761000/0300**, Congress **No. 980 409** with the Ceskoslovenská obchodní banka, Na Příkope 14, 115 20 Prague 1 (one copy should be enclosed to the registration form)
- by cheque payable to the Czech Medical Association J.E.Purkyne (mailed together with the registration form)
- by credit card

I authorise you to debit my credit card for the total amount of USD .....

Euro/Mastercard American Express VISA

Name on Credit Card: .....

Credit Card number: ..... Expiration date: .....

Date: ..... Signature: .....

**AMSE ANNUAL CONGRESS 1998 - Prague - September 3-5, 1998**

**ABSTRACT SUBMISSION FORM**

---

To be mailed **before April 30, 1998** to AMSE 1998 to: Secretariat, Czech Medical Association  
J.E.Purkyne - P.O.Box 88, Sokolská 31, CS-120 26 Prague 2 - CZECH REPUBLIC

**TYPING INSTRUCTIONS**

Abstracts are reproduced in the abstract book as submitted by the authors. Type size should neither be smaller than 10 point nor larger than 12 point, a high quality printer must be used. Do not write beyond the frame, the text must fit into the space provided. Under no circumstances should letters or lines be squeezed together to fit the material into the frame. There is space for approximately 200 words of text in Courier 12 point. Do not use a dot matrix printer!

**Please note:**

**1) Do not copy abstract forms:** Either write on a plain white sheet of paper, respecting the margins or ask the Congress Office to mail new forms.

2) Faxed abstracts are not acceptable, originals only will be processed.

3) No proof reading or retyping will be done. Abstracts not suitable for reproduction will not be considered.

**PERSONAL DATA OF PRESENTING AUTHORS**

Full name: ..... Address:

.....

Phone: ..... Fax: ..... E-mail:

.....

I wish to present:    paper    poster



**AMSE ANNUAL CONGRESS 1998 - Prague - September 3-5, 1998**

**ACCOMODATION FORM**

---

This Accommodation Form is to be completed and returned **BEFORE JULY 31, 1998** to the following address:

**CBT TRAVEL AGENCY Ltd. - Staromestské nám. 17 - 110 00 Praha 1 - Czech Republic**

FAX: 00420 2 24810809 - 00420 2 24224724 - TEL: 00420 2 232 5918 - 00420 2 232 5319

E-Mail: cbttravl@mbox.vol.cz

*Please fill in your name in block letters or use the typewriter .*

FAMILY NAME: \_\_\_\_\_ FIRST  
NAME: \_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_

\_\_\_\_\_ COUNTRY:

\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL:

\_\_\_\_\_

ACCOMPANYING PERSON /S/:

\_\_\_\_\_

ARRIVAL: \_\_\_\_\_

DEPARTURE: \_\_\_\_\_

Accommodation has been reserved at hotels of several categories. Please note that all capacities are limited and all requests will be considered in order of receipt. Requests received AFTER JULY 31, 1998 will be confirmed only within possibilities left. Please indicate also your second choice. Prices are in USD per room and night including breakfast /in case of a drop in the rate of USD by more than 5% CBT Travel Agency Ltd. Reserves the right to increase the prices accordingly.

hotel KRYSTAL \*\*\* /conference venue/

single room 45 USD No of rooms ..... double room 60 USD No of rooms .....

hotel DIPLOMAT \*\*\*\*

single room 140 USD No of rooms ..... double room 165 USD No of rooms .....

hotel HOLIDAY- INN \*\*\*\*

single room 120 USD No of rooms ..... double room 130 USD No of rooms .....

pension SUNSHINE

single room 18 USD No of rooms ..... double room 28 USD No of rooms .....

*AMSE ANNUAL CONGRESS 1998 - Prague - September 3-5, 1998*

*HOTEL INFORMATION*

---

Krystal \*\*\* (conference venue)

- the Centre of Postgraduate and Management Studies is designed to serve to Charles University as an accommodation, conference and teaching facility. The rooms with WC and shower are furnished with a radio set, refrigerator and telephone. A stylish restaurant and Lobby Bar provide pleasant surroundings for meals and social contacts. Meals are also served in a spacious dining room. The reception desk provides the exchange services, hiring of taxicabs, confirmation of the air-tickets etc. There is a glassware shop in the central lobby.

Diplomat \*\*\*\*

*- the luxury hotel situated within 10 min. by bus or by tram from the conference venue. All rooms with bathroom and WC, TV with satellite, minibar, phone and aircondition. Relax centre and disco free for hotel guests.*

Holiday-Inn \*\*\*\*

*- former hotel International completely reconstructed and preserving the typical architectural style of the fifties (socialist realism) in this area. Re-opening at the beginning of 1997. All rooms newly equipped with bathroom and WC, TV with satellite, minibar and telephone. Distance from the conference venue - about 15 min. by tram.*

pension Sunshine (Student hostel) \*\*

*- rooms with shower and WC on the floo., Hostel is easily reached by public transport - by tram approx. 10 minutes.*

AMSE ANNUAL CONGRESS 1998 - Prague - September 3-5, 1998

## ACCOMPANYING PROGRAMME

---

September 4, 1998 City Tour of Prague USD 14,- No of tickets.....

September 5, 1998 Trip to Konopište + Niebor incl. Lunch USD 46,- No of tickets.....

for registered accompanying persons - free No of tickets.....

Please note that we cannot guarantee any accommodation and tourist program without the full pre-payment.

After receiving your request we will send you the confirmation with the address of the respective hotel and your seat reservation together with all payment and cancellation conditions.

Date: ..... Signature: .....

September 4, 1998 CITY TOUR OF PRAGUE - 2 hours (14.00 - 16.00)

-This short tour introduces you the most important sights of the "Golden City". Starting from the hotel „Krystal" we will show you the Hradcany District with Prague Castle, Old Royal Palace and magnificent St. Vitus Cathedral. After the visit to the Castle Area (with no entrance due to short time limit) we will continue through medieval streets with numerous churches and palaces to Wenceslas Square and than back to the „Krystal" hotel. *Price per person: 14 USD*

September 5, 1998 TRIP TO CHATEAU KONOPIŠTE and NIEBOR MANUFACTORY

incl. Lunch (9.00 - 16.00)

- A trip to the imposing chateau originated in 13<sup>th</sup>-14<sup>th</sup> century. The sumptuous interior of the chateau, including the works of art in the museum devoted to St. George, dates from the time of Archduke Francis Ferdinand. The large collection of arms and armour is one of the finest in Europe with almost 5000 exhibits. Lunch will be served in a nearby restaurant. Then the excursion follows to Niebor Glass Manufactory where famous "Bohemian Crystal" is made. There is a possibility of shopping. *Price: 46 USD incl lunch* (for registered accompanying persons free)

*All tours will be operated by minimum participation of 15 persons.*

*Prices are per person in USD and include bus transportation (if not otherwise indicated), English speaking guide, visits incl. entrance fees and refreshments/lunches as per the respective programme.*

*All tours will depart from / return to "Hotel Krystal"*