

Looking Forward to the New Medical School in Croatia

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Received: 10 July 2018

Accepted: 13 September 2018

Key words: New Medical School

▪ Distributed Medical Education ▪

Transformative Learning.

Dear Editor,

I was happy to read about the opening of a new medical school in Croatia, at the Catholic University of Croatia (CUC) (1). I applaud the concept of the school and wish to comment on it. Of all models of medical education that I have encountered so far, this one fulfils my expectations and wishes for an excellent, relevant and responsible clinical education. Of the four pillars of the CUC Medical School (1) multi-centred medical education that involves health institutions outside major medical centres, 2) the concept of transformative learning, 3) teaching and practicing evidence-based medicine, and 4) implementation of quality management principles supported by information technology), the one I appreciate most is the multi-centred medical education. Medical education at leading university departments has several setbacks: the busy professors lack time for students, and there is a case selec-

tion bias towards high-tech medicine, rare and heavy diseases, and this often results in lower student attendance and interest. I expect that the education of CUC students in small towns and hospitals will bring the students closer and more regularly to everyday cases of the kind they will encounter after graduation, and will open them to the social and economic aspects of patients' life. This will, in turn, facilitate the concept of patient-centred care and shared decision making. The quality of the supervision of this field work is very considerable, on the basis of planned comprehensive two weekly "virtual" reports to professors at CUC. This scheme allows spontaneous and concrete transformational learning (2). Separated from other students in small hospitals, the students will have more time and opportunities to concentrate on their patients, especially because they will be following them until they are discharged from hospital. I especially like the idea of students writing a comprehensible report for the patient on their release. At our School in Split, we have used that model, and patients appreciate it (3).

IT technology applied to quality management is also an original and potentially efficient strategy (4), and, again based on our experience from School of Medicine in Split, an online schedule makes the teachers' administration significantly easier and less-time consuming (5). I was pleased to learn from the report (1) that our colleagues from Split have assisted their colleagues

from CUC to build their educational philosophy, the curriculum and organizational scheme, insofar as the aspects built into the CUC Medical School have proved effective in Split. The key difference, to the advantage of the CUC, is the multi-centred medical education, involving health institutions outside major medical centres. To conclude, I see this concept as highly appropriate in terms of producing the main final products of Medical Schools, which are general practitioners trained to provide general medical care on the front line of the health care system.

Conflict of interest: The author declares that he has no conflict of interest.

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