Project number: 2018-1-ES01-KA203-050606

FOCUS GROUP IN ROMANIA

Number of participants	6-8
Participants Typologies	Historical lectures, medical education researchers, medical history researchers and graduate medical students
Topics	1. Clinical practice (evidence based medicine) 2. Medical ethics (health expectations and experiences in term of values and ethical principles change through the time) 3. Medical social sciences (lifestyle, environment, global health) 4. Communication skills (doctor – patience relationship)
Duration	45/60 minutes

Transcription of the full text of the focus group

Introduction of the Participants

1. I am Richard Constantinescu and I am from Tecuci. I have been at UMF since 2003. Personally, I try to improve or look at the History of Medicine from different angles.

2. I am Croitoru Irina, I teach German and Romanian language to Francophone and Anglophone students.

3. My name is Madalina Tvardochlib, I teach English to General Medicine students.

4. My name is Ichim Vlad, I teach Medical Sociology to foreign students and to Romanian students.

5. I am Diana Moraru, I teach Medical Psychology. I am quite new, this is my second year of teaching.

6. I am Magda Iorga, I teach Medical Psychology as my colleague Diana does, I have been here longer.

7. I am Beatrice Ioan, I am a lecturer of Legal Medicine, but beyond Legal Medicine, which surely is my basic profession, I had the chance in 2003 to study Bioethics in the USA at one of the largest bioethics centers there.

8. I am Claudia Dinu, I teach French and Romanian languages to Francophone students at the Faculty of Medicine.

9. Anca Colibaba: I am the programme director of the Modern Language Department and I have been working at this university since 1990.

10. Hello, I am Ana Magdalena Petraru, I teach English here to general medicine students as an associate teacher.

11. I am Radu Cozmei, I teach English to medical Bioengineering and Balneo-physio-kinetotherapy.

12. My name is Ioana Lionte and I teach medical English to General Medicine and nursing, 1st year Romanian language students.

13. I am Cristian Arhip. I teach Romanian to foreign students, first year, General Medicine, using the English language as an interface. I have also taught aesthetics at the Faculty of Theater of the `George Enescu` Art University.

Co-funded by the Erasmus+ Programme of the European Union

14. I am Bianca Hanganu from Legal Medicine.

General discussion (15mins)

Aim: to explore professionals' understanding of what the main topic is

- *Collectively: give an overview of the topic for discussion and ask for any initial thoughts*
- *Individually: ask whether they experienced some difficulty to the teaching medical history in the medical humanities course or if they have any concern about the teaching of medical history*

Richard Constantinescu: And just as someone has recently told me, the effort made by those in this area of humanistic disciplines is a response that is often somehow covered by discouragement of the technical side (on student motivation and innovation in approach), and that is why we need a common effort, a common voice that we can find, in order to understand, from the level of the other disciplines, the importance of a holistic and integrated approach of medicine.

Irina Croitoru: Students are from different cultures, so even if they are from the French world some come from France, others come from the islands and it is sometimes difficult to find the same approach for them. It is very difficult because they come from different cultures, they were educated differently, and yet we have to find a common denominator. Medicine is the main branch, but for example in German they are beginners and I have to present a basic language for them to be able to address the medical world. It is easy for those who study the Romanian language because they have a similar vocabulary in a Latin language, but the culture they come from creates perceptual problems.

Cristian Arhip: I have problems with the students coming from Israel, not to mention that they sometimes have certain difficulties with English.

Anca Colibaba: Cultural differences are a problem if they are not valued in teaching by encouraging their identification and then by an approach that permanently values them or reduces them. For example, I find that an effective solution is to continually encourage the participation of representatives from different countries and then to include specific contributions to the learning act.

Ichim Vlad: Teaching Medical Sociology is very difficult, I mean Medical Sociology itself is a very recent discipline. Sociology itself is a very young science in fact, and medical sociology may be even younger; so you do not have materials and knowledge anyway, they have to be individually built by student and professor, so generally, even if time does not allow much, I recommend my students to read books apart from those I teach, more recent books, not necessarily just what we are discussing in class.

Co-funded by the Erasmus+ Programme of the European Union

Ask to mention whether they consider appropriated the integration of medical history in the medical humanities course and what approach they prefer

Richard Constantinescu: Even today we discussed with students: Why should we come with a 20 years old Power Point presentation, give a 2-3 seconds and let them go home. Why copy from a manual in the notebook and have the notebook controlled in the 21st century. Why use 19th century teaching and interaction methods with the students and not think that everyone is a phone and internet user and people's time is spent on social networks; that is, people who are looking at a permanent screen, and then it would be good to bring together this routine of theirs with their education and use an approach that can also interest them. Not `fear, constraint, mandatory attendance` type of methods. In the sense of differently presenting this medical area, whether it comes from legal medicine or from psychology or sociology, or from the history of medicine, but with tools adapted to the reality in which they live; let's take into account that, moreover, we do not know how the medicine will look like in 2030 when they will work, that is, we do not know how it would look like in five years, when a virtual reality- based medicine will be made; to give up training them for a provincial type of medicine like in Tecuci or Barlad.

Anca Colibaba: Teachers from the Modern Languages Department, work a lot on the medical communication component; When I think of my profession, ever since I started to teach at UMF, I realize that I am a teacher who teaches communication and that all the linguistic components, grammar, language functions are just a tool for students to identify. I think that at the level of communication, the main themes that we have at our fingertips as modern language teachers are those in the field that has just been discussed, in the field of bioethics or history of medicine, and which are well suited to the situation of a beginner student such as year 1 students, who can express a personal line but not a professional opinion. A personal opinion on topics such as euthanasia, abortion, organ transplantation, cloning, exciting themes for anyone living in the 21st century and that can create highly mobilizing communication contexts for participants. From this perspective we undoubtedly align with the important themes that you teach and perhaps we can offer a wide range of interactive strategies that lead to the co-creation of knowledge, positioning, sharing of opinions and also an understanding of the legislative component that has just been mentioned, because without a doubt, all of these things go first and foremost through the particularities of legislation in a particular country or geographical area, and it sensitizes our students to have a professional attitude when acquiring the professional knowledge for the field.

Magdalena Petraru: One of my passions is the teaching of literature and film, and I encouraged students and I also brought fragments of literature, fragments of films relevant to these themes. And, of course, if the film *Moartea domnului Lazarescu* was analyzed in Madrid, we could also teach it, for a conclusive purpose, related to the epilepsy theme; although it is more controversial, the book of Tatiana Nicolescu Bran, *Spovedania la Tanacu*, with relevant fragments, can be a starting point in a discussion; as well as Mungiu's *Dupa Dealuri* film; I also inserted elements from pop culture that may be more familiar to our students' generation if they watch The Good Doctor on Netflix. A philologist could talk to the students

Co-funded by the Erasmus+ Programme of the European Union

about autism choosing, as a starting point, the book *Portretul lui M,* Matei Calinescu's son who was an autistic, a book also translated in English, because Matei Calinescu taught in the USA for many years, I am talking here about the book *Mathew's Enigma*. I could continue with examples from pop culture again for morbid obesity; I use this series: *Life at 300kg* and for such a theme it is interesting to approach the difficulties of the medical staff who had to deal with people with big problems. Other issues of bioethics: plastic operations in *Botched* (TV series on the channel Entertainment Culture), these are just some of the examples. As for theater, I thought about cancer, as it is seen in Tennessee Williams' work: *Cat on a hot tin roof*, the more so as I experienced a similar case in my family. Students were also invited to talk about their personal experience, about hiding a certain affliction in front of a family member, because in the book, the *pater familiae* is not told he has cancer, he is somehow protected in a glass bottle. For the areas of psychiatry and psychotherapy, I have found Irvin Yalom's books very interesting, an emeritus psychiatrist from the USA. For the more advanced English students, I suggested the beginning of the book *The Schopenhauer Cure*, which is very relevant to doctor-patient communication, in which a patient finds out from a doctor, from another colleague, that he has cancer. Another theme may be that of STDs, such as AIDS, and here we can refer to Freddie Mercury's case; I've also thought about the *Dallas Buyers Club* movie and at the reaction of a character in a sort of 1980's classic society, when this disease was barely known. So, in my classes, besides literature and film, of course, there were simulations, role-plays and I tried to encourage students in their presentations to include bits from literature and films that they are familiar with, both in the medical communication segment of my classes as well for a broader subject, such as the History of Medicine or Bioethics. This mix of medical themes and their artistic approach permits us, humanities professors who work with medical students, to expand the range of approaches to the issues students face in their everyday lives and as people not just as specialists. In addition, this interdependence also includes elements the students like, and that they encounter in their spare time (film, literature, entertainment) and the harmony between free time -that is so little - and their profession enriches the person.

Cristian Arhip: Every year, on the occasion of the *Night of the Iasi Museums*, I go with the students through the city, take them to the museums. It is a rich arsenal of information about recent or contemporary medical culture. Sometimes, I do extracurricular activities with them, like taking them to visit the important monuments in Iasi, including monuments of religious worship, which for us are important. Of course I do not forget that after all my mission is, in the two semesters of the first year, to bring them to a level of A1-A2 linguistic competence in Romanian, to teach them to speak and write in Romanian, not in an oral style, but as correctly as possible. There are very big differences of mentality, I am referring to all these students coming from Israel. I noticed with some amusement that some of them, event until the end of the second semester, although I repeat to them time and again, do not remember that the Romanian equivalent of `book` is `carte`. If I ask about the car, they immediately associate it with its Romanian equivalent, `mașină`, from the first seminar. They do not, however, do the same thing with `pen` and `creion`, though. After 5-6 seminars, they do not remember that the pen is `creion`. So their written culture is not as well represented as their oral culture. In addition, it is clear that what is part of their area of interest and motivation is much quicker to remember. This is their space. It's an oral culture. That's why they talk a lot during seminars.

Co-funded by the Erasmus+ Programme of the European Union

Bianca Hanganu*:* In the assignments I do with my students, there is, one the one hand, the patient-doctor communication, because legal medicine also entails discussions on malpractice and malpractice has to do with doctor-patient communication, especially taking into consideration that there are interviews or studies with patients that showed their dissent regarding the way in which they were approached by medical professionals rather than the fact that a mistake had been made, meaning that patients would have more easily overlooked the mistake were it not for the doctors' approach, so doctor-patient communication has a decisive importance. I also believe that legal medicine is very well suited for the history of medicine because there is a history of the discipline, extremely relevant, and many published materials, books about the discoveries that took place gradually in legal medicine revealed by means of case studies, for instance how we started differentiating between blood drops and paint, then, after realizing that it was blood, not paint, the next step was differentiating between animal and human blood. For the legal medicine cases, such as murders that took place, the next step was to identify whose blood it was as well as the type, then there is the discovery of DNA, tox screens. You remember the black widows that killed their husbands by giving them arsenic. Well, a lot of murders took place before they discovered how to identify an intoxication with arsenic. Therefore, we can say that a part of medical history fits beautifully in legal medicine, in the sense that we can regard the evolution of legal medicine as part of the history of medicine. What I'm saying about legal medicine also stands for any other specific medical component, each medical subfield, its evolution revolves around famous national and international specialists that contributed to the steps it has made. Another interesting connection is with art. There was an interesting presentation at one of our conferences, made by doctors that analyzed paintings, works of art such as the death of Cleopatra. The analysis of that painting was especially created to reveal the cause of death for Cleopatra and her female servants. I remember a female servant from that painting that led to unexpected medial conclusions. So all sorts of unexpected connections can be useful and cultivate the divergent reasoning of students. I tell these things to my students during the practical classes, and last year I encouraged them to make presentations during the semester about a case, to present a legal medicine case or subject and I was surprised in two occasions, when two groups presented the cases of celebrities (a part of the autopsies are public) that died because of gunshot wounds. On that occasion, the students revealed that they enjoyed this activity, because they got to combine information from different areas, all relevant for the legal medicine part. I think we are lucky in this regard, because it is easier to integrate the history of medicine component, to rely on a certain approach of cases, to encourage problem-solving, associative thinking and teamwork all at once. These are the relevant topics that I have found so far, for this discussion.

Ask to mention whether they experienced a lack of interest in medical students in order to participate in the medical history module and what they think about the reasons of this phenomenon

Ichim Vlad*:* A documentary, a movie such as *The death of Mr. Lazarescu* or any other unconventional materials were recommended to the students in order to awake expectations and interest in the students.

Co-funded by the Erasmus+ Programme of the European Union

If the information is presented in the appropriate way, the students will be taken an interest. The student's interest depends on their main field of study, for instance those, who study General Medicine, have shown great interest in all of the humanities related courses. Although some of the students are not so keen on some of the topics, one can still have great results during the courses and seminars.

Magda Iorga*:* I am still thinking about what you said at the beginning of the talk with regard to a demise in the student's interest in humanities related courses. I, however, see things rather differently. I can only speak about the disciplines I teach such as Medical Sociology or Medical Psychology, or in broader terms Behavioural Sciences. The main difficulty we face comes not from our students, but from the institution. There are just not enough courses or support, for that matter.

Cristian Arhip*:* One needs special pedagogical talent to get the students interested in learning Romanian. It is clear that the medical topics help in this effort.

Ask what kind of curriculum available for medical students they consider more appropriated to the teaching of medical history and why

Magda Iorga*:* The sheer fact that a course is awarded one credit and five meetings means that the institution itself considers it not to be important. One simply cannot teach Medical Psychology in five courses and, just the same goes for any other type of psychology, which cannot be taught in 14 courses unless, of course, the students do extra work. Due to this our main aim has become to shock out audience into being so curious about different topics that they start researching them on their own. There is another issue at stake: this course is not a good fit with the students at this point in their life in the sense that they are not prepared to deal with the topics as the nor the age or their knowledge level is appropriate. For instance a student, who studies Psychology in the first year, only needs psychology to deal with their personal issues. As the student has not yet had any clinical experience, he or she has no need for knowledge regarding the interaction with patients, colleagues or relating to crisis situations etc. This leads to their tendency to ask questions and retain only the information that relates to them personally or their personal growth. As such meeting both the demands of the student's areas of interest and those of the curriculum is hardly possible. Another important aspect is the fact that they start by working on mannequins, which leads to a lack of the need to build a relationship with patients. This is leads to instrumentalisation, which is still noticeable years later.

Beatrice Ioan*:* It is also very important that the students discover all new concepts in relation to what they do on a daily basis. In this case I am in complete agreement with Magda Iorga, who stressed the importance of the year of studies in which you teach a particular course. Take Bioethics as an example, which is taught in the first year. It is very hard at that point to convince a student of the importance of the field. It is impossible. The only thing you can do is teach them the basic concepts and then discuss the particularities of each medical field starting the third year. Another concept we threw around was that of

Co-funded by the Erasmus+ Programme of the European Union

having the psychology team organize a debriefing session for the students after they finish the course in Forensic Medicine because a lot of them show specific symptoms of burn out. This is just to give a clear example of how a humanistic course can complete the knowledge gained in specifically medical courses. I would like to tackle another aspect, which relates to medical communication, a matter in which many colleagues seem to have taken an interest: it is clear that in a couple of years this a course in medical communication will become mandatory. In this case it is of paramount importance that the students be actively involved by doing problem solving or role play exercises. The ideal would be an integrated curriculum in which case the student would study specific modules, learning everything that has to do with an organ.

Colibaba Anca*:* We are all clearly interested in a modular approach. Those of us who teach foreign languages always tackle aspects of medical communication, with emphasis on the patient-doctor relationship, ethics, the history of medicine, as well as medicine from the perspective of the arts. The interdisciplinary approach is beneficial for the student's interest level. Just in the case of the topic of the communication between doctor and patient, one can discuss ethics, the patient's rights, as well as specific personal professional skills such as empathy, teamwork, decision-making. All of these can be taught using various films or YouTube clips. Let's also not forget the importance of a ludic approach.

Magdalena Petrariu*:* My courses follow this pattern: I suggest a text, which is relevant for their studies, say *One Flew Over the Cuckoo's Nest* and let them read, relax and observe. After that we debate that passage and anlayse the medical references and interactions. What psychological aspects lie behind that doctor-patient interaction? Of course they do not have the time to read entire books, but only passages will do. Another example of a book we have used is *Middlesex* by Jeffrey Eugenides. Having a starting point that is familiar to them makes it easier for them to open up and sincerely debate. They even give presentations on topics, using PowerPoint presentations. The aim here is that we are able to get past a traditional student-professor dynamic and have an open conversation, where they freely express their thoughts. Sometimes we take things even further in which case they write articles on the topics previously debated. The main topics of interest will be bioethics.

General Discussion (30mins)

Aim: to explore experts views about how to innovate the teaching of medical history in medical education

What do you think about e-learning as support to teach medical history?

- *Barriers*
- *Facilitators*

Richard Constantinescu*:* E-learning is a very interesting topic in medicine and, of course, there are controvercies regarding its use in both medicine and education. However, this does not mean to discourage reading or to have only entertainment and social media in mind. I think that the usage of

Co-funded by the Erasmus+ Programme of the European Union

digital medial encourgages the student to learn more. One has to, as a teacher, be at least as proficient with technology as the students. I plead for an approach of technology, which starts from the simple realisation that medicine is and should be a disciplene of the humanities. Let's take the example of the U.S., which lost in the XXth Century the contact with the patient, but has now started to go back. They now teach courses of Medicine and Viedeo at the universities there, hoping to regain this connection. I am happy to say that we still have this unique doctor-patient connection. We should thus strive to find interdisciplinary courses that will encourage both sides.

Anca Colibaba*:* My personal teaching experience integrating digital platformes or mobile apps has only been positive. The students nowadays are nativly digitalized and the only issue I could see, would be the teacher's attitude towards technology as we have to leave our comfort zone and go into unexplored territory. I am sure that the future of learning is entirely digital and that the younger generation of teachers will have a more relaxed approach towards technology, incorporating it effortlessly into their courses. What I see in the future is a curious student, who will do research on their own, and will use the time together to clarify and debate aspects of what they have learnt on their own.

What do you think about the support of a digital museum in order to learn and perform research in medical history?

- *Barriers*
- *Facilitators*

Colibaba Anca*:* Our simple everyday smartphones are a great digital tool, which can record testimonies, interviews and can be extremely important to our work. Just a while back, not more than 5 or 6 years, we had a project here in which we recorded videos with prestigious doctors. Within these projects we now have an archive with doctors who had just retired with an exceptional professional past. These doctors can be valuable role models for the students and I have used them successfully in class. This shows their clear need for role models, which the mass-media simply cannot provide them with. Such an archive would be an invaluable tool which we can use in all our classes with a great impact on students. Another type of video would be those of real medical cases and doctor-patient interactions and real-life examples of ethical questions or global medicine.

What do you think about the use of object-based learning in the teaching of medical history?

- *Barriers*
- *Facilitator*

Richard Constantinescu*:* I am totally against teaching by reading a PowerPoint presentation or reading something to students. We have to give the students an example of authentical medical writing. Our students already know of a book written by a lady doctor, who is also a journalist in the U.S., although the book is not yet to be found in libraries in Romania. This book is fundamental and already a classic of medical history. *Aroused: The History of Hormones and How They Control Just about Everything* is one

Co-funded by the Erasmus+ Programme of the European Union

example of such a book. It speaks convinvingly on how they control just about everything. It gives an example of modern medical writing as it is written in literary, jornalistic, style thus making dry scrientific language accessible to the students. An excerpt of such a book can constitute a learning object.

Madalina Tvardochlib: In this sense we are also exploring and experimenting with transferable learning objects. In a broad sese a movie such as The Death of Mr. Lazarescu can lead the students to gain better insight. In the first semester we aimed to reevaluete some of our basic skills, which are in their nature transferable, such as learning, academic reading, information summarisation or the influence of latin on terminology. All of these schemes can become an independent learning object. The basic skills, which we have polished up in the first semester, will now be used in the second semester to tackle topics of bioethics. The first step is to have the students give a presentation on the medical facts and then possible ethical implications are discussed. The aim of the first part is to prepare students to give presentations in an academic setting. The aim of the second is to help them analyse the pressures and prejudices that the mass-media puts on medical issues.

Diana Moraru: The students are involved and that might be attributed to the nature of psychology as a subject. But as soon as they learn something new, they come to me for details and means to practice further: we talk about communication, emotional intelligence, so by the end they come up to me and ask: “but what if we find ourselves in this or that situation?” So I thought to myself “let’s see how we can make things even more interesting and better”, so we looked for online resources, as well as resources that can function as learning objects. At one point I came across the site of a university which offered a variety of online resources. For instance, in what kind of experiments you can involve the students, or what to present to the students so that they may study independently. Naturally, these were not medical psychology resources, the site was not meant for medical students or psychology students, but they offered tutorials in how to work with SPSS, the software used for statistics and data analysis in social sciences. And so this software made me think that it could be interesting if I had had something similar and could have used something similar with my own students. A digital method, a tutorial, a scheme that could be used for studying and that could be transferable.

Magda Iorga: We combine a wide variety of methods as much as we can, for instance for courses on psychotherapy, we had them sing themselves. Medical students have a wide range of abilities, are very competitive, even in terms of their psychological structure they are highly competitive, but they’re also stimulated along the six years of university to become ever more competitive. They’re not only competing against themselves, but also with all of their peers. And so during our practical activities and our seminars we try to use all of their abilities: musical, athletic, because we have a wide variety of students very well equipped for multiple domains, and we combine all of these things. Regarding our foreign students, I am referring to our own discipline now, it is the most fascinating discipline offered by UMF when working with international students. Psychology is absolutely wonderful when you are looking at 20-30 nationalities, with an extraordinary cultural merge, and they learn a great deal from each other, when it comes to identity clashes, cultural clashes. As a conclusion, I would posit that the intercultural learning method and that of

Co-funded by the Erasmus+ Programme of the European Union

harmoniously combining and utilizing all competences have, in my case, the best results, superior to any learning object.

Beatrice Ioan: Richard mentioned watching those films, this was an initiative started years ago by professor Astarastoaie in his bioethics meetings. I think for years we all met, teachers and students, every Saturday, watched films and then discussed them, well into the afternoon, we'd still be talking about films and in general an array of subjects identified by the students; this activity was very well received. And why not, I think we should keep it in mind in this form, or perhaps more elaborate, but the general idea can remain the same. I was saying that all of these medical humanities disciplines must be integrated in their context. My colleagues in the Communications department mentioned multiculturalism, as did our Psychology colleagues; it is tremendously important that we make students aware of the current context for medical practice. These people need to be aware of the context in which they will get to practice medicine. Richard, you were saying that we don't know what medicine will look like in five years' time; we will certainly be advancing towards a multicultural type of medicine, evidently even now there are patients coming from different cultures, and we don't have to look too far, patients come from Asia, America; and we cannot overlook the Roma patients whom we come across in different contexts and who represent an extremely interesting ethnic group, which we, as medical professionals, need to be familiar with. Then we mustn't overlook the fact that patients have changed, our patients are more and more informed. Of course, there are two types of being informed: real, profitable information, useful both to the medic as well as the patient, and the "Doctor Google" type of information. This is where the mastery of the medic resides, and we have to teach our students how to intervene and demolish myths the patients have come up with while visiting these resources, on the internet, resources which are not always the most valuable and which might lead one astray.

Dinu Claudia: I believe that the points of intersection are the most important and therefore it is important that we subordinate each of the identities belonging to these points, and since we have made the point of an integrated approach, I believe we could consider a concept already working in other places, namely the plural approach, as an approach for this project. Thinking about what the plural approach is, then, we can integrate, as previously mentioned, a variety of components. Concerning what is closer to me personally, namely languages, I believe that starting with languages we can bring forth a kind of multiplication of points of view within the entire plural approach on certain directions. One would be the transversality of competencies we have already discussed, another would be the experience we've already acquired in a great deal of projects, and Professor Colibaba was our driving force in this sense, and has united us a great deal. Another component could be the methodological one, since I am convinced that each discipline has its own specific methodologies, whereas in an approach which aims at unifying, they could each contribute and exchange things with the others. Last, but not least, and this has already been mentioned in a sense, this multiplication of points view could resonate especially well with the culture of the practice of the medical act component, which is represented within our discipline through linguistic mediation, but which can be represented otherwise as well. Therefore, taking everything into account, I believe that all of us here working together as a team can bring about a generalized improvement in the university, in partnership,

Co-funded by the Erasmus+ Programme of the European Union

and even as you've stated, we would put out a unifying message on a European level. In the sense of the unifying approach, it must be said that an inexhaustible source of possible learning objects for all the disciplines present in this focus group is YouTube, and within it, Ted Talks. As far as using learning objects available on YouTube, such as talks from Ted Talks, for instance, which can be transferable from the anglophone to the francophone spaces, and vice-versa, or documentaries, or films, with transferable messages, I normally draw attention to the above during my communication classes and I do recommend them to my other colleagues from the Modern Languages and Romanian as Foreign Language discipline.

Colibaba Anca: These methods that would encourage and motivate students in what the aforementioned disciplines are concerned, sociology, psychology, medical deontology, bioethics and communication, are of great value for our students and I would rally behind those who are firm believers that the students can be motivated to practice these components, particularly in non-formal formulas. And the non-formal formulas we have suggested and successfully put into action, I believe, in different areas of our educational activity, are role-playing, simulation, case studies, interviews, reflection. I have no doubt that you yourselves have employed them in various situations, but we consider them as being part of the normal work palette in modern languages, and in approaching medical themes during our communication classes.

Radu Cozmei: As far as I am concerned, I teach English starting with important concepts, such as communication, pain, death, survival, bioethical matters, but rather than telling them things they would learn anyway during their hard science classes, I try to present these concepts with all of their social and cultural ramifications. I don't know whether this is the best method, it might not work with everyone, but my starting point is that in any case our minds are based on these concept networks when we develop an ability to understand the world, and to interpret and change it. Therefore it is only natural that when you teach a foreign language you apply and activate this component. In other words, the concept networks encountered in our way of thinking and understanding the world.

Ioana Lionte: I was extremely glad to find out that this semester offers more thematic flexibility which would allow us to approach certain subjects, to step out of the traditional way of teaching, and just like Madalina and Alina, my colleagues, I too opted for approaching bioethical subjects which would enable me to then discuss with my students what medicine is and how it is transposed in literature, and film. However, through the format of courses, and especially seminars, I aim at touching upon a number of elements. Alongside the actual theoretical side, the students have to deliver powerpoint presentations, but they can use any materials they want, I encourage them to bring film extracts to illustrate their ideas, real life examples, images. As such, I focus on making them responsible in terms of gathering and selecting information (before the actual presentation, and not simply copy pasting things from the internet), what an informed selection implies and I insist on the way this information is then presented to their colleagues. I couldn't help but notice that this seems to be a recurring issue with students, namely that they are not accustomed to appropriate the initial information, internalizing and filtering the message are a long process. I want to see the way my students think, not how this or that doctor did, who then went on to write an important article. I am effectively interested in the way my students actually think and I encourage

Co-funded by the Erasmus+ Programme of the European Union

their experimenting with independent thought. I also encourage them to take on a list of further references. That means that any presentation needs to come with a mandatory bibliography, and we also deal with concepts, the concepts associated with the theme at hand, for instance, in the case of abortion, discussing the concept of personhood from a philosophical, religious standpoint, and not just a medical one. I aim at creating an environment where they can speak freely. I have noticed that, even though General Medicine students are generally very adept in terms of linguistic abilities, they are timid when it comes to interacting with the teacher and presenting an individual point of view.

Bianca Hanganu: Films can oftentimes be learning objects. But nowadays we also have numerous documentaries presenting real cases, while films are mostly fiction. I was thinking about movies from the past, presenting fiction and science fiction. What used to be science fiction is now the current reality; if we want to know what the reality of the future will look like, we need only look at current Sci-Fi films. In other words, we have made little progress in this direction.

Magda Iorga*:* For us, equipment comes first, since our classrooms are in need of modernizing. With the exception of the ones we used last semester, here at Center for Languages and International Integration, the classrooms we work in are small, without proper equipment.

Diana Hanganu*:* Not even the jack works for current laptops.

Richard Constantinescu: Yes, they don't work for video, or audio. .

Beatrice Ioan*:* Yes, and there are classrooms without this equipment.

Magda Iorga: Yes, imagine if for instance you'd have access to minimal equipment. There are students who wanted to add pictures, a film, audio materials in their presentation, but had no way to actually present these things. For instance, what the Asperger Syndrome is. They came prepared with short clips… and had no way to play them. They brought their own tablets to show the clips. It was fortunate that the class was small and they could all see despite the small screen, but talking about films and all of these things implies having access to these resources, in order to be able to play the film, or to show a tutorial, if that's the case.

Beatrice Ioan: That's the issue with medical communication as well, we explore medical communication on a basic level; medical communication is normally done with actors, acting out certain situations, whom you need to know how to talk with, then analyze, debrief what was good, what was not, what could be improved, things along those lines. But hopefully when they inaugurate the Center for Simulation there will be a place for us to teach medical communication, as well.

Irina Croitoru: For Dental Medicine, the issue is the very few hours we have for class, with breaks and modules. Students forget everything from one module to the next and I always have to take it from the top; at least, that's my problem when teaching German; if I schedule my classes for the first four weeks, by the

Co-funded by the Erasmus+ Programme of the European Union

time the second semester comes, they've already forgotten to even say what their names are, which means that the first class in the second semester needs to be a recap, then two more classes follow and then the exam, and then it's back from the top. There's very little time for subtle subjects that would call for reflection.

Magda Iorga*:* There are very few class hours for Dental for all other disciplines. We only have three weeks and a half, too. It's determination that sees us through.

Beatrice Ioan*:* Precisely. And the fact that there are people who preoccupy themselves with these aspects. And the human factor we work with.

Anca Colibaba: Therefore, 2 components, the human factor, very important.

Anca Colibaba*:* Yes, so the human factor from all points of view.

Magda Iorga: Yes, the human factor is extraordinary, and what's more we see beyond the science we teach, by which I mean that we enter the souls of the students to great extent, sometimes unwillingly, and I would like to mention that we know our students from many points of view, so we have extraordinary students. Ah, and since we were on the subject, last semester, a future graduate this year of the Paris Conservatory would commute between Med School in Romania and the Conservatory in Paris; there is a student who is also part of the French American Football team, another one who plays the piano, the saxophone, so they are multilaterally gifted. They come with tremendous culture, and we tend to flatten them in the University of Medicine. I think they are far too focused on these medical disciplines, and less on medical humanities, and the students feel the need for diversity, for the possibility of recharging their batteries. And why not, if they play any sports, or any instruments, if some bring with them a base in humanities, we should encourage and cultivate these abilities; they will become better doctors and better people.

Anca Colibaba : The cultural component is extremely valuable as well and could be used much more.

Magda Iorga: There are first year students who speak four foreign languages; four foreign languages, it is a marvel to work with them. A treasure, they communicate so effortlessly.

Conclusion /Debrief (10mins)

Aim: resume the discussion, stress opinions and perspective differences if not proceeds

- *Individually: ask each participant in turn if they agree or not with the resume perspectives and if there is anything they wish to add.*

Co-funded by the Erasmus+ Programme of the European Union

Beatrice Ioanl*:* So to sum up, I would conclude with emphasizing the importance of these disciplines, all of them, regardless of their name. Also tremendously important is the way in which we teach these disciplines and how we persuade these young people that this side is also needed in medicine, and then, of course, also very important is the year and age we address.

Colibaba Anca*:* I believe the project can generate numerous good ideas, to make use of the vast experience you have to offer, and for us to learn from each other for the benefit of our students this year and the years to come. And then to leave behind something useful for our colleagues around the country who preoccupy themselves with such matters as the ones we have discussed here, through the digital resource bank the project will create with all of our help.

Co-funded by the Erasmus+ Programme of the European Union