

# Change Management in Medical University Education in Romania in the Context of National and European Development Policies

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## *Abstract*

*Innovation was also involved in the definition and types of medical systems, which have proven over time viability. The fundamental elements of any efficient system, as a part of system management, like human resource, material resource, financial resource and not least, temporal resource, must be the principles on which it is founded.*

*According to contemporary theories, priority is human resource and in this paper, we propose to analyze human resource training from this field, following analysis of change management in medical university education, coming up with a series of conclusions with the title of recommendations, for just such a future approach toward efficiency.*

**Keywords:** *change management, medical system, university education, educational policies.*

**JEL classification:** M10, M14, M16

## **Introduction**

### **1. Conceptual approach. Romanian medical university educational system**

Any education system has the human, as its object, and the "cultural training" of him, as an objective. Education, as a human's training, involves a (re) shaping its psychological.

Historic development involves a continuous change, either by evolutionary order, or the retrograde order of any human. Changing conditions of existence lead, inevitably, to changes in the system of values and, implicitly, in the cultural models, with direct effects in behavior, level of aspirations, actions, sensitivity, etc. In educational process, we must see the continuous interaction between the human

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potentialities (actions, creations, means of subsistence, communication systems) and their effects, both on the humans as well as on the city. It has to be noted that between the above models and human models there must be a balance of structural - parametric value.

However, this is not respected, since history, as the life of the city, shows during its evolution "braking moments", manifested by revolutions, wars, crises, that directly influence human nature and social institutions. The consequences are represented by value crises, which always have, as a result, changing people. In this situation, instead of the old models are models that quickly succeed. Such a "critical moment" is the current state of post-modernism.

The post-modernism involves new and solid solutions that come to restore balance, but, in the same time, to provide its technical means. For that purpose, new models of open education, broad communicative, are born. They are also due to the demographic explosion and the social "transformation of individuals into a mass of anonymous".

The "old system" are renew with modern technologies of communication: radio, telephone, television, computer, internet, trade and free communication between populations, in short, everything that promotes openness to a uniform globalisation of humanity.

Any medical system is based on two main components, which can ensure the educational component: evolution and research component. Both are interlocked at the University level but its assume different perspectives in terms of methodologically and finalities.

Of course, the medical field is a space in which we see a permanent dynamics as a natural response to concerns of contemporary society, medical system next to education and defense systems becoming strategic areas for each developed or developing country.

In this sense, it have been formulated clear policies of support, financing, development and innovation at both European and world level. Our membership in the European space conclusively justify our concern, mainly in terms of the development of educational policies and the evolution of medical education system.

As it is natural and the formative-educational answers demand for specialists in the field of socially and professionally. We accept the fact that there is a visible and observable diversity of geographic, social and economic in terms of educational organizations. However, the medical school has a tradition of more than 150 years in our country, the first institution of medical education was founded in 1857 by doctor Carol Davila, together with Nicolae Kretzulescu.

## **2. The circumstances for the development of the educational system in medical University**

Medical education has experienced a drop from 10 in 1990 to 4 in 2004-2005, returning in 2011 at a rate of 9 (Transformations in the system of

higher education in Romania after 1990-Assistant Professor PhD student. R. Danny, Romanian Statistical Review nr. 3/2013). Of course, the educational system in the medical field is regulated like any other area of the same educational system, the only legislative amendments, from an organizational perspective, ributes, being with regard to organisational post-graduate media attributes being academics attributes that can introduce some curricula, methodologies, courses, etc. thanks university autonomy.

In the past 15 years occurred, in education in Romania, a number of changes that were aimed at the same time, a series of actions that have been applied (or should have been applied) in practice. Among them, including the followings:

- compatibility of national curriculum with the European one;
- curriculum reform;
- adaptation for training to the needs of the labor market;
- rehabilitation/modernization/development of educational infrastructure;
- implementation of a strategy on quality management in education.

Implementing a Quality Management in Education;

- decentralization and the creation of institutional autonomy;
- development of human resources;
- implementation of quality management strategies in education.

Elaboration of educational development programs is a necessity for further reforms in the University's medical school. They clearly and rigorously defines the priorities and options. In the educational approach, addressing programs and projects to develop education encourages competition, entrepreneurial spirit, focusing on promoting quality and equity.

In order to harmonize with the European systems, Romania must follow more directions for action. Thus, the necessity of decentralization of decision-making at the level of the educational units arises. Therefore, it is necessary to apply measures that aim to:

- develop a culture of quality education to start from initial concrete data and to track progress and/or performance;
- introducing through partnership with international institutions in the field of a high professionalism in education;
- introduction of didactic career paths;
- completion of permanent professional retraining programmes;
- avoid any kind of abuse by introducing ethical methodologies for evaluation of all components of the medical education process;
- educational programmes through decentralisation offering curricula and professional training in accordance with supply and demand in health;
- conditioning of the level of funding depending on the level of progress and/or performance;

- the establishment of parallel lines of funding through partnerships bringing income;
- the involvement of the non-governmental and the students organizations in educational policy development in health;
- create a competitive real framework in terms of educational offerings, including programs etc.;
- broadening the spectrum of educational programs that meet market needs;
- development and implementation of a upgraded core-curriculum, as directions and adjustment to that international ones, through internal growth or cooperation with specialized international units;
- setting up of expert bodies to take over the specialized programs;
- the introduction of ethical methodologies to assess all components of medical education process;
- nonlinear ranking of educational units based on performance.

### **3. The circumstances of development in relation to European trends**

Our country is currently facing a major problem in terms of educational systems. It refers to how resources are allocated, the investment remaining a priority for the development and progress of every nation. From this, a conflict between educational ideals and factual reality arises. The limitations, in terms of resources, demographic fluctuations and declines, the high level of effort in terms of medical training, professional stress, the low level of satisfaction contributes to a low level of performance in comparison to the projected expectations. However, there is an evolution as a result of competitive entrepreneurial involvement space, which accepted the need for educational system from the medical field, through active involvement in research projects and other initiatives. Human resource involved in the educational act is essentially motivated and supported through the educational act, having in the same time, the international recognition in terms of value, perhaps, even paradoxical, for an ongoing training system.

Knowing the strengths, in terms of human resource development involved, obviously considered as the positive involvement of decisional nature may follow and actively implement European policies in this field for the construction of a dynamic and efficient system to meet the demand the permanent forces of specialists.

The limitations of normative and especially financial resources are currently the most important barrier towards achieving educational ideals in this area. Precisely, because of this, many problems arise because the way it manages the allocated funds, human and material resources, both locally and centrally, being quite difficult.

Decentralization of decision-making power, increased financial autonomy and last but not least an institutional education management responsible and efficient it would be just a few of the solutions found for this situation. University

medical education in our country is concentrated in renowned universities, where they developed and enforced in clinics which is present both the therapeutic and educational.

Thus, it is confirmed the tradition of Romanian School of medicine that imposed rigor and proven quality by building true specialists in various fields of medical approach.

Today, we are witnessing a diversification of methods to access new technologies and a complex approach to medical care, which requires a translation from a traditional educational model to modern, futuristic one. This approach, much more as the Romanian educational system is essentially traditionalist hits the first barrier that resistance to change.

This limit is still largely overcome when competing young specialists, introduce new educational values, both in terms of contents and teaching and operational.

### **Conclusions and recommendations**

In conclusion, European education policies, in medical field, promotes lifelong learning, advanced a European dimension in the Bologna system. Knowledge triangle of education, research and innovation is addressed in order to produce better educated and trained doctors at European level to develop competitiveness, employability and entrepreneurship (especially on research in medical education). By promoting mobility and development resources allocated to medical education it aims, also, to build a mobile network communications and development at the European level as a learning experience throughout life. This dimension is enhanced by harmonization and convergence of educational principles and practices.

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