

# HUMANITAS UNIVERSITY

## Opening Ceremony of the 2015/16 Academic Year

24 November 2015

Centro Congressi Humanitas, via Manzoni 113, Rozzano (MI)

### Marco Montorsi, Chancellor Humanitas University

Autorità, magnifici rettori, esimi colleghi, membri dell Advisory board, cari studenti, signore e signori: Welcome to all and thank you for coming.

I would like to thank Prof. Seth Berkley, CEO of GAVI, in particular for accepting to be here today to speak about an extremely topical issue – vaccinations for global health.

The end of a very important year is drawing to a close: the complete success of Expo has brought Milan, and more in general, the many excellences of our country, back into the spot light, with the significant participation of our universities and the entire higher education system.

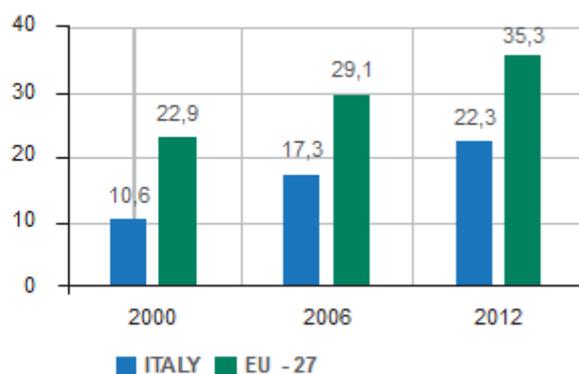
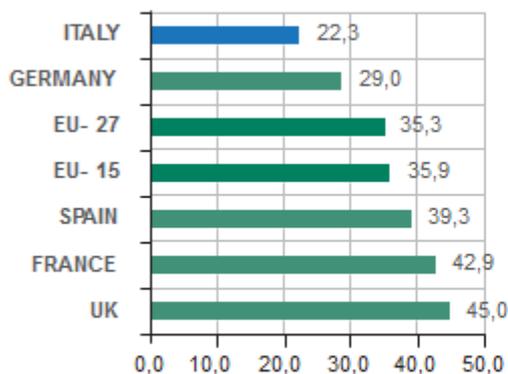
The Academia has understood the need for a profound renewal in order to adapt to a world of knowledge that changes rapidly.

Its role is shifting from that of the simple transmission of knowledge, albeit of excellence, to the impact of knowledge on society and on its dynamics and transformations. In this light, universities have the greatest and most specific responsibility for education given the large number of young people enrolled in its institutions.

The Italian university system, however, is still below European averages, for example in terms of the number of graduates.

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### The university system: % graduates international comparison



Source: ANVUR, Rapporto sullo stato del sistema universitario e della ricerca 2013

On the other hand, the quality of our researchers is nevertheless very good when we take into account the number of ERC grants, one of the most prestigious acknowledgements in science and research, won by Italian researchers, even though two-thirds of the hosting institutions are abroad.

Medical Schools have been affected less by this phenomenon of disaffection. They maintained a motivated student population over the years made up of the highest percentage of those students who graduated from secondary school with the highest marks and who are regular in their studies.

However, the percentage of foreign students enrolled in our medical schools is still too low, in part due to the fact that very few Italian universities offer degree programs in English. The need to broaden our educational horizons, however, is universally recognized, in particular by the students themselves.

In fact, the number of students enrolled in degree programs in English has been increasing over the last year, confirming that English is felt as the “lingua franca” of science.

There are numerous reasons to share the need for internationalization of our universities :

- *economics*, such as worldwide employability and recruitment;
- *political*, as a response to globalization and talent acquisition;
- *academic*, as a driver to enhance collaboration and to improve teaching and learning outcomes;
- *social*, given changes in world population and migration;
- *cultural*, for globalization and citizenship of the world.

Humanitas University is a young university though its background is solid. The Institution and most of its faculty have almost 15 years’ experience in higher education teaching in collaboration with the Università Statale di Milano , starting with the Degree Program in Nursing Sciences in 2000 up to the creation and development of the International Medical School five years ago now .

In July 2014 we received authorization from the Italian Minister of Education, Universities and Research, and from the Minister of Health to constitute a private University dedicated to the Life Sciences, to be integrated into the hospital and into the Research Institute already present and operating.

We have thus far set up two degree courses: The International Medical School, which now covers all six years thanks to an agreement recently signed with the Università Statale di Milano, and the Nursing Sciences School.

We started in October 2014 with 140 students (100 medical students and 40 nursing students); we now have 340 students, including the 120 first-year medical students and the 50 first-year nursing students. Of these, 43% are non Italian students coming from European and non European countries.

Our goal is that a steady 50% of the student population is made up of foreign students.

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## 1st year students: country of origin



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We are working hard to increase our visibility . We are paying great attention to the process of orienting students of the secondary school providing more awareness of the medical profession.

All these , albeit partial, results are reached through exceptional team work; I would therefore thank the staff of Humanitas University, who all worked extremely hard for reaching a goal in a region like Lombardy, where some of the country's major academic excellences compete.

The faculty recruitment process proceeded quickly and we have hired 23 faculty members, including full , associate and assistant professors.

To enhance the international dimension of the University, much attention has been paid to the policy of Visiting Professors, whose presence are a recognized parameter of excellence in university rankings.

An International Advisory Board has also been formed, made up of seven experts from different fields of the Life Sciences affiliated with recognized academic institutions.

The contribution of the Advisory Board members' knowledge is assisting the growth of the university by identifying and developing important strategic themes such as the interaction between clinical practice, teaching, and research, the policy of attractiveness both to the students and to the faculty, as well as economic sustainability, which is especially important for a private university that does not receive public funding.

An international dimension is essential to the education of healthcare professionals, who should be competent, in step with the times, and competitive on the international job market.

The cornerstones of this educational model is a modern, student-centered teaching methodology, as well as early exposure to clinical activities, that stimulate an independent critical thinking and develop the ability to team-working.

### **Innovative interactive teaching method based on:**



- > Problem-Based Learning
- > Case method
- > Concept maps
- > Simulated patients
- > Early exposure to clinics with strong clinical tutorship (1:2 students)

**Through the use of active learning methods, students are engaged in small groups and develop critical thinking and problem solving skills**

To achieve this and to maintain a 1:2 teacher-student ratio, a high number of tutors selected from the hospital staff must be trained. We have therefore introduced the concept of an "open faculty," with the aim of integrate the work of our professors with the specific professional competences in teaching, research, and clinical practice of the tutors population.

We are convinced that simulation as a teaching method is nowadays fundamental; we feel that the century-old apprenticeship model of "see one, do one, teach one" has given way to an objective-driven curricular model best characterized by the maxim "see one, simulate many, do one".

While simulation activities have already become commonplace for our students, these activities will be intensified and expanded in the new simulation center to be realized in the campus under construction.

The doctors and nurses we are training will have to be ready to face the challenges of medicine in the third millennium, which is characterized by:

**1. Ageing of the population**

The increase in life expectancy due to the advances in healthcare poses the challenge of an ever-older population, many over the age of 80. Italy is one of the countries with the highest average life expectancy, along with Japan.

Of all known factors, our ageing population will probably have the single biggest influence on healthcare over the next 20 years. We are living longer, but living longer with long-term conditions and disabilities that require care and support. This will inexorably change the nature of healthcare delivered by doctors.

**2. Information Technology**

Among the types of services that stand to benefit from mobile Internet technology, health care is one of the most promising. In just one application— management of chronic disease—this technology could potentially reduce costs by 10 to 20% through better disease management via the use of mobile Internet access.

Mobile computing devices and applications are evolving every day and they will be available even in our daily clinical and surgical practice in a very near future; our graduates will have to come to terms with this reality.

A nice study recently found that giving I-Pads to medical residents reduced the time it took to schedule procedures and improved the residents' ability to explain complicated diagnoses to patients using visual aids.

Our students will soon familiarize themselves with the electronic chart when entering clinical practice.

**3. Health care affordability and management**

The continuous increase in healthcare spending, especially in developed countries, along with contrasting evident and unacceptable inequalities, are issues that our students need to know about right now, so as to be able to face them once they enter in an increasingly globalized world.

Our health system is still one of the most efficient according to this recent report but great economic instability could challenge this situation. Some economic-management skills and the knowledge of the principles of sustainability as an essential element in an effective and efficient management of health care services are already part of the curricula of our degree programmes.

In this view, I am glad to present today the training program: "Next Clinical Leaders" in collaboration with the SDA Bocconi. The aim of this course is to strengthen leadership providing doctors a "toolbox" of managerial competencies, skills and tools for hybrid roles as doctor-manager.

**4. Technological advances**

Medicine will be more and more tied to advances in technology, especially in diagnostics and in biomedicine. The technology equipment of a teaching hospital therefore becomes essential not only to the effective care of the patients but also to correct and up-to-date medical education.

Among the so-called "disruptive technologies," defined as those that will have the greatest influence in the upcoming decades, some are in the Life Sciences: advanced robotics, biomaterials and nano-medicine, precision genomics. These truly do have the potential to disrupt the status quo and alter the way people live and work.

We are entering an era of "omics" (genomics, proteomics, metabolomics) with which our students will have to rapidly become familiar.

To meet these needs and possibly to increase the number of physician-researchers, we have established an International Ph.D. Program in Molecular and Experimental Medicine, developed in collaboration with the University of Palermo, the CNR – Consiglio Nazionale delle Ricerche – and the prestigious Japanese Riken Institute.

The first nine international Ph.D. candidates have been selected and they will begin their work shortly.

We must not, however, forget the tremendous risk of this diagnostic and biotechnological revolution, that is the progressive distancing and disintegration of the doctor-patient relationship, which is, instead, at the very heart of the medical and nursing arts.

In this era of biomedical revolution, we need humanities now more than ever.

To this end, we have included specific courses in the Medical Humanities, and in social skills also in collaboration with the Università Cattolica of Milano.

Let me say that the essentials of medicine – knowledge, passion and compassion, never changed over the years and they are the pillars to build and maintain our professionalism .

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## The essentials of medicine

**KNOWLEDGE** (for cutting edge care)

**PASSION** (to be a great doctor/nurse)

**COMPASSION** (for helping our patients)



**BECOMING A GOOD PHYSICIAN  
IS A LIFELONG PROCESS!**

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The future dimensions we have just described make it clear what the main development and growth directives of our University will be.

Additional programmes to train new professional figures in the fields, for example, of chronic disease and biomedicine will be required.

The development and prompt implementation of these international projects, would benefit from streamlining and simplification of some of the ministerial regulations that govern, for example, procedures for the entrance and residency of foreign students and faculty, the timeframe to obtain visas and residency permits, the accreditation procedures for both international programmes (e.g. joint and double degrees), and the access to the benefits by international students.

Also, a fundamental and natural complement to our degree courses are post graduate specialty programmes which have been already requested. Aside from being able to count on a broad, effective and valuable training network built on the hospitals of the Humanitas group, these programmes will be characterized by rigorous evaluation mechanisms of the training programmes that are in line with well established practices and experience in the rest of Europe.

What would be needed here is a coordinated action on the part of the Ministry of Health to standardize a maze of regulations that currently make extremely difficult the clinical post graduate activity in our Country.

Before leaving you, let's go *back to the future* and share the dream of one of our students in the new campus which will be ready in 2017/18 academic year.

And now, with many thanks for your attention, I officially declare the 2015/16 academic year open.