

Christofer Lundqvist

University of Oslo

Co-author: Leiv Arne Rosseland, University of Oslo

Practice paper: PhD supervision training in Akershus University Hospital and Oslo University Hospital, Norway

Christofer Lundqvist¹, Leiv Arne Rosseland²,
Jo Kramer-Johansen³, Hilde Lurås¹

¹Health Services Research, University of Oslo,
Campus Akershus University Hospital

²Institute of Clinical Medicine, University of Oslo and
Critical Care, Oslo University Hospital

³Institute of Clinical Medicine, University of Oslo,
Department of Prehospital services, Oslo University
Hospital

Background:

Akershus University Hospital (Ahus) and Oslo University Hospital (OUS) represent two different sections of the Medical Faculty of the University of Oslo which has 2200 students and 1400 PhD candidates at any one time. 200 PhDs are awarded per year. There are 1700 scientific staff, with a most having part-time scientific positions. Full professorships are less common. The faculty is split between different locations and units which have different academic traditions and history. Most PhD candidates of the faculty are recruited from clinical settings and return to clinical work after their PhD period. There have been no coordinated PhD tutorship programs at the faculty.

Challenge/Aim:

To achieve coordinated structures for PhD candidates, including support and training for supervisors considering that most have two employers with different tasks and outcome measures.

Supervision training should be based on previous experiences and academic structures of the

different units and must accommodate cooperative and communication-based learning principals.

Methods:

Tutorship training groups were established at Ahus and at OUS in two different formats. At Ahus voluntary groups were established aiming for 6-10 participants in each group with a meeting frequency of 1-2 per term. At OUS, which already had an established yearly one-week meeting forum for PhD candidates and their tutors and co-tutors ("Writing week"), we introduced a series of small group tutor-focused discussions daily during the week. Themes discussed were, in both cases, based on anonymous feedback in advance from PhD candidates, planned structures from the leader and input from the participating tutors and co-tutors.

Results/topics for discussion:

PhD candidates were positive to their tutors receiving more coordinated tutor training. They had inputs on tutoring structure, scientific writing processes, and the roles of tutors, co-tutors and co-authors. In addition, the candidates suggested some general issues to be important, such as the tutor taking a supportive and individually adapted role and understanding that candidates often feel alone and overwhelmed as newcomers in an academic world.

Among tutors, the borderline between engaging in the professional versus the private world of the candidates was discussed. Time use and availability were also issues in a largely clinically dominated setting.

Conclusion:

Focus on tutoring structure and content is needed in the medical faculty to counteract isolation, fragmentation and offer candidates a safe and supportive environment conducive to improving their development, reduce loss of candidates and improve scientific output.