
Semper disco, non tamen a doctore!

INVITERT KOMMENTAR

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The author has completed the ICMJE form and declares no conflicts of interest.

The heading is Latin and means 'I am always learning, but not from the teacher'.

The notion of (unconscious) learning as a continuous process is a fundamental principle of education (1). Traditionally, we have aimed to teach students what we want them to know, but as educators we have limited control over what they actually learn.

Another principle is that 'the learner must be active' (1). Students' tendency to describe teaching in terms of lectures suggests that they are accustomed to most of the syllabus being delivered in passive forms of instruction, and may even expect this (2). However, if universities rely too heavily on the lecture format, there is a risk that the message conveyed is: 'This is what we expect you to know for the exam, but you must go home and learn it yourselves'. Fortunately, over the past few decades, there has been a shift towards engaging students more actively during lessons, both in lecture halls and in smaller group settings.

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At the opposite end of the spectrum is student-led learning. Maastricht University in the Netherlands has recently restructured its medical curriculum to a fully student-led model. Students are given learning objectives and work in groups of ten to define the syllabus, identify sources and select methods to achieve these objectives. While they are supported by educators and participate in some teaching sessions with their fellow students, the emphasis is clearly on student-led, active learning (3). Maastricht

University has been a pioneer in student-centred, active learning since introducing problem-based learning in 1974 (4). Since then, many Norwegian universities have visited the Netherlands to study their approach.

Further developments have taken place in recent years. Following the 2019 Grimstad Committee report (5), which highlighted the need to train more of Norway's doctors domestically, Norwegian universities have established decentralised medical programmes. The learning objectives and most examinations remain the same as those at the 'parent' university, but the satellite campuses have greater flexibility to adapt teaching to local conditions and smaller student groups. This paves the way for innovative approaches.

Campus South forms part of the University of Oslo's decentralised model, developed in partnership with Sørlandet Hospital and the local authorities in the county of Agder. Educators in the maternal and child health module at Campus South have embraced innovative teaching approaches.

In this issue of the Journal of the Norwegian Medical Association, we can read about students' experiences with the 'flipped classroom' (6). Köpp et al.'s study shows that teaching sessions are more effective when students complete relevant preparatory work beforehand, particularly when addressing complex problems. When educators provided tailored, relevant and clearly defined preparatory tasks, students reported that the flipped classroom increased their engagement, self-efficacy and academic confidence.

'Learning requires reflection' (1). For educators, a good starting point is to ask: 'What do I want students to learn?' rather than 'What do I want to tell them?' By focusing on areas we want students to explore and the problems we want them to reflect on *before* a teaching session, we can better support students in achieving the intended learning outcomes.

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International literature shows that the flipped classroom promotes learning (7), but less is known about students' attitudes toward this teaching model. In the Campus South study, students expressed a clear preference not to be overloaded with preparatory work, and they wanted an immediate payoff for their efforts. We should, of course, listen to the students, and motivation is crucial for the success of novel teaching approaches. Yet I cannot help but reflect on another fundamental principle in education: 'learning requires effort'. Sustained effort throughout the semester, rather than last-minute cramming, can have a positive impact on student learning.

It is encouraging to see 'new' teaching staff on the medical programmes embracing innovative approaches and making the most of the opportunities afforded by a satellite campus and smaller student groups. It is also inspiring – and important for everyone involved in medical education – that follow-up research is being conducted on these teaching models. This allows new and improved approaches to be piloted in relevant contexts and to challenge universities' established teaching practices.

Although the University of Oslo is Norway's oldest university, this is not the first time it has demonstrated a modern approach. When the medical programme in Oslo was founded in 1814, it was the first in Europe to combine medicine and surgery within a

single curriculum (8). Credit must be given to our bold colleagues who initiate novel approaches to student-centred learning and share them with the rest of us. We hope you enjoy reading the article and find it inspiring.

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Publisert: 21 April 2026. Tidsskr Nor Legeforen. DOI: 10.4045/tidsskr.26.0195

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