“The food is very different”
How seven Chinese PhD candidates settled in

“A means, not an end”
Guillén Fernández on internationalization

How can we connect research and the clinical environment?

Clinical geneticist and Principal Investigator Tjitske Kleefstra:

Cross-border research is a must
Our university medical center is home to 36 nationalities and 414 employees from abroad. A lot of colleagues work in an international context as well, so we are truly an international organization. This English edition of Radbode gives us insight into what that really means. You can read about what internationalization signifies to us and how important cross-border work is. Further, you can experience the journey of an international colleague and patient to our Radboudumc. But it will also show you what it means to be ‘the partner of’, we take you on a journey to Africa and answer the question how to connect research and the clinic even more.

On each and every page it will become clear that everything we do here is person-centered and innovative. In patient care, education and research. It’s in our DNA. We tailor our care to each individual patient as much as possible and offer individualized educational programs for students that include the latest insights from clinical practice and research. Every day our research teams work hard to contribute to cutting-edge innovative science and to new breakthroughs. The focus on people, however, is equally ingrained into our mentality. Whether it is on the level of the molecule, man or population. It is the combination of these aspects that makes us who we are; that is our strength. This is clearly reflected in the article on how Tjitske Kleefstra and Barbara Franke are really creating impact with their cross-border research.

Our work transcends the boundaries of disciplines, institutes and countries for the best possible results. Joining forces in a sustainable network of hospitals, care institutions, knowledge institutes and other partners is the only way to tackle the challenges of today and tomorrow. In a person-centered and innovative way, shaping the healthcare of the future. Last year we joined forces and gave this strategy a boost. It’s something I’m really proud of. Next year we will continue to build on this solid basis. For now, I wish you happy holidays in the company of your family, friends and loved ones, wherever they may be.
The number of international colleagues is growing fast: 414 employees from abroad currently work at Radboudumc, a rise of eight per cent compared with last year. They come from no less than 56 different countries, from China to Columbia and from South Africa to Sweden. You’re most likely to find a colleague with a non-Dutch background employed in Education & Research (135), with traineeships (127) a close second.

English is the lingua franca of Radboudumc but chances are that many of the international colleagues will also understand you if wish them a ‘Guten Tag’: just over 30 per cent are originally from Germany. The gap with the number two is significant: Belgian colleagues make up just under nine per cent of the international population. Third place is a tie between Italy and Spain both with just over five per cent.
IN SHORT

The Guild: excellence, truth, trust and knowledge
What do the University of Bologna and Radboud University have in common? They are both members of the Guild, a cooperation between 19 of Europe’s most distinguished research-intensive universities. Founded in 2016 the Guild is committed to the pursuit of excellence, the importance of truth-seeking and trust-building as the foundation of public life, and the creation of new knowledge for the benefit of society, culture and economic growth. More information on members and aims can be found on www.the-guild.eu

43,000 square meters of future
Radboudumc will look very different in 13 years’ time. The campus will be more compact and house a new building. This new building is scheduled to be ready in 2021. It will have 8 floors the size of a soccer field and be home to nursing wards, outpatient clinics, day treatment, and staff rooms. Clever use of light and space will benefit patients’ recovery and ensure a good work environment. With its built-in flexibility and sustainability, this new landmark building is truly future-ready.

The shape of labs to come
Less is more, they say. When it comes to the master plan for Radboudumc laboratories its certainty rings true. Creating a central, concentrated area dedicated to labs will result in less square meters and less physical distance between disciplines. At the same time, it will create more cooperation between disciplines, more flexibility in working space, more opportunities to meet other researchers, and more efficient use of the hi-tech infrastructure.

The dentist of the future
The population of Western Europe is aging and that creates challenges for all forms of care, including dentistry. How do chronic heart conditions, diabetes and rheumatoid arthritis impact dental health, and how does oral health affect general health? And can we improve dental care by taking it out of the clinic and bringing it closer to the (elderly) patient? In his inaugural speech on January 11, 2019, professor Hugo de Bruyn will address these questions and many others. For an aging population is just one of many challenges that dentists currently face. What other changes can we expect, and how can we prepare dentists for what lies ahead?

The value of long-term partnerships
By its very nature academic research is an international activity. In addition to participating in a wide range of international projects, the Donders Institute has also developed close ties with three preferred institutional partners: the Brain Mind Institute of EPFL in Lausanne (Switzerland), Monash Institute of Cognitive and Clinical Neurosciences in Australia and the Brain & Mind Institute of Western University Ontario in Canada. The partnerships enable the exchange of knowledge and expertise at all levels and in an array of fields, from research to policy-making and from students to PhDs and postdocs. Thanks to long-term relationships, partners know each other well and can easily team up for (EU) collaborative grant applications. Even so, there are still eye-openers from time to time - so it pays to catch up on a regular basis!

Young biomedical researchers and their careers
 ENABLE is an EU-funded, four-year project aimed at equipping young biomedical researchers with the skills they need to develop their careers, contribute to the future European biomedicine sector and engage with society. The project began in 2017 as a collaboration between four institutes: Rijksuniversiteit Maastricht, Centre for Pharmaceutics and Biomedical Engineering in Copenhagen, SEMM in Milan/Naples and IBB in Barcelona. IBB is a preferred partner of Rijksuniversiteit Maastricht, there is an extensive exchange of knowledge, expertise and people between the two institutes.

Each year one of the institutes organizes a conference by and for young researchers. The conference concept is unique; in addition to a scientific symposium and career day, it includes outreach activities for a broad, non-academic audience. Planned activities are visits to primary and secondary schools, as well as public lectures in pubs and cafes.

In 2019 Nijmegen will host the penultimate conference. More news on this and other ENABLE activities can be found on www.enablework.eu

Kick-off for X-omics
The new Netherlands X-omics Initiative had its consortium kick-off meeting on September 14, 2018. The Initiative bundles molecular technologies that will enable groundbreaking biological and medical science to map molecular mechanisms of health and disease. In addition to being embedded in several existing Dutch networks, it will also be tightly connected to several Europe-wide networks. More information on www.x-omics.nl

More than words on paper
There is a new Code of Conduct for the academic world, in which responsibility for ethical behavior is now evenly shared between researchers and institutes. It’s good to address this but more is needed. The trouble with a Code of Conduct is that words say very little about how people actually behave in real life. It’s a sad fact but research has shown this, time and time again. Just look at the news. Companies and institutes that hit the headlines with lacking moral behavior all have good Codes of Conduct – inNG, for instance, or former oil company Enron.

A Code of Conduct tries to capture the ethics of an organization. Ethics, however, are a human endeavor. They describe how people interact with each other in a meaningful way. They are all about actions, not words. How can we ensure that people commit to a certain behavior in their everyday lives? How can it become second nature instead of a set of rules you have to follow? That’s what you really want to achieve. In ethics we call that embodiment.

The only way to achieve embodiment is to involve people as closely as possible with the goals you are trying to achieve. And that’s a challenge for medical centers like Radboudumc. For while staff and researchers need to feel involved with patients and their well-being, they also have to maintain a degree of distance in order to perform their endeavor. They describe how people interact with their organization. Ethics, however, are a human endeavor. They describe how people interact with each other in a meaningful way. They are all about actions, not words. How can we ensure that people commit to a certain behavior in their everyday lives? How can it become second nature instead of a set of rules you have to follow? That’s what you really want to achieve. In ethics we call that embodiment.

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International links and partnerships are becoming more and more important for almost everyone. But for Barbara Franke and Tjitske Kleefstra, they are truly essential.

"Cross-border research benefits patients"

Working together in international projects and partnerships has become a way of life for professor Barbara Franke. For her research into the highly multifactorial neurodevelopmental disorders and related brain traits she needs access to very large datasets. “Many different genes contribute to these disorders and traits. In order to discover which gene variations play a role, we have to study millions of gene variations across the entire genome. For that, we need data from tens of thousands of patients, as well as a large control group. Once we have identified the genes and variants involved, it is no small feat to understand the biological pathways that lead from gene to disorder. For this, highly interdisciplinary research is needed.”

No single lab can collect the enormous amount of data necessary, within and across disciplines. That’s why some 10 years ago Barbara started to set up research consortia. “I realized that we had to work together in order to make significant progress.” As a result, a large part of her time is now spent on (co-)leading an impressive number of collaborations at local, national, and international level. These include the Cognomics Initiative, the ADHD Working Groups of ENIGMA and the Psychiatric Genomics Consortium, and IMpACT (see boxed item). “I always say that you get what you put into such collaborative projects. I’m motivated to make the most of all of them and really enjoy working with international and multidisciplinary groups.”

Insight into rare disorders

Like Barbara, Dr. Tjitske Kleefstra also has a strong international aspect in her work. However, contrary to Barbara’s work, Tjitske studies rare ‘monogenic’ causes of neurodevelopmental disorders (NDs). “These genetically determined NDs are rare. It’s my ambition to improve the diagnostics, management and treatment of these NDs, but the number of patients in the Netherlands is too small to achieve this. Significant findings can only be reached with a larger population. That’s why I work with researchers in other countries, like the UK, France, Germany and the US. Pooling data is mutually beneficial for us all.”

No formal agreements, we join forces when and where we can. The big exception is my work on the Kleefstra syndrome, which is named after me (see boxed item).
Good for patients
Access to large datasets and knowledge exchange are clear benefits of international collaboration for Barbara and Tjitske. It enables them to make significant progress in their respective fields and increases the likelihood of achieving a major breakthrough. This is good news for researchers, as well as for patients. But it also brings other benefits for patients and their families: “International cooperation often includes working with healthcare providers and patient organizations”, Barbara explains. “This helps to disseminate new insights much more quickly. Our work on ADHD, for instance, has helped us pinpoint the neurological factors that contribute to it. We can share this information with patients and their families.”

“I wanted to give my wife the opportunity to obtain her PhD abroad”

Hamed Rouhani, (42) researcher at Wageningen University and husband of Radboudumc colleague Mina Arvin (post-doc at IQ Healthcare)

Why did you move to the Netherlands?
The main reason for our move was to give my wife the opportunity to obtain her PhD abroad. I had previously obtained my PhD in Belgium and wanted to help her get the same kind of experience.

Did the move meet your expectations?
I knew it would be difficult at the beginning to get used to living here, as everything was new: the city, the people, the culture, the way of life. Everything! We lived in Belgium before, so we knew roughly what to expect. As a result, there were no real surprises.

What did you do to settle in?
Before we moved to Nijmegen, we lived in Amsterdam for a while. Settling in there wasn’t so difficult. We soon made some international friends and, later on, some Dutch friends too. That helped us learn more about Dutch culture and more about the city and the practical aspects of living in the Netherlands. So it was sort of an organic process.

Do you enjoy living here?
Yes, the Netherlands is a nice country with beautiful nature. And the warmer-than-usual weather we enjoyed during the past year was very pleasant! We have made good friends here and we understand about the country you are traveling to and prepare the move in advance.

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Digital consultation is currently facilitated through Radboudumc’s cooperation in a European (EU) Reference Network. Fortunately, Radboudumc is open to patients from the EU and can therefore help with the paperwork and logistics."

The future is bright
Internationalization is here to stay. Barbara and Tjitske are happy to observe: “Tjitske: ‘I see a clear increase in contact with international patients. This is a good development because by sharing their data and participating in research they can help us broaden our perspective and, hopefully, speed up the pace with which we can obtain new insights.’ Barbara continues. ‘International cooperation in the field of genetics really took off after a replication crisis some 15 years ago; the datasets we were working with were simply too small to produce reproducible findings,” Barbara continues. ‘This crisis’ turned out to be a blessing in disguise, emphasizing the need for international and multidisciplinary cooperation. Barbara would almost wish for such a crisis in every field!”

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FINDING HOUSING WAS RELATIVELY EASY
but opening a bank account proved to be a major headache for Tariq Haddad during his move from California to Nijmegen

Passport
Name: Tariq Haddad (24)
Is: PhD candidate in Pathology
Nationality: American
Date of arrival: August 2018

A taste of Europe
“During my Bachelor’s at Berkeley I participated in an Erasmus exchange program and spent some time in Prague. I traveled a lot, which really opened up Europe for me. I did my Master’s in Barcelona and was eager to do my PhD abroad too.”

My application
“I applied via the Academic Transfer website. The first interview with Iris Nagtegaal and the team was by Skype. For the second round I flew from Spain to Nijmegen. I was very excited about the project and after meeting the group and seeing the city, everything felt right. That’s why I chose Nijmegen over my other options of Stockholm and Milan.”

Paperwork
“Both the International Office and the HR representatives in the Pathology department were very helpful in organizing the paperwork for me. I did not have to travel to the Netherlands beforehand to set anything up – and that was ideal.”

Real tape
“As a US national I didn’t have to apply for residency before coming to the Netherlands. However, it did take multiple trips to the INO in Den Bosch to actually arrange a residence permit. And I had to go Nijmegen city hall several times too, for temporary and full registration.”

Bank account nightmare
“The greatest challenge was opening a bank account; most banks required a citizen service number (BSN) but I only had a temporary registration. No bank account meant no internet, no OV-chip card and, most importantly, no salary! In the end, I managed to arrange it by going to a main branch of ING Bank and simply waiting there until it was all fixed.”

Red tape

Finding digs
“I had had a hard time finding housing in Barcelona so I used all the resources I had to find accommodation before I traveled to Nijmegen. I spent a week in an Airbnb and then the International Office phoned to say there was an apartment in a housing unit for international students. That was a huge relief!”

Finding digs

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but opening a bank account proved to be a major headache for Tariq Haddad during his move from California to Nijmegen

First purchase: a bike
“One of the first things I bought was a bicycle. Nijmegen is a really bike-friendly city so it’s the ideal form of transport for getting around.”

Shopping blues
“It took a while to get used to life in a smaller city. Basic things are different, like the opening hours of shops. In the US you can shop almost whenever you like, in Nijmegen most shops have limited opening hours. I really had to adapt to that.”

Learning Dutch
“Everyone speaks English so there was no language barrier for me. But next year I want to start learning Dutch. I should be fully settled in by then.”

Be open
“Don’t be afraid to ask other people for tips on how things work or other issues. Most people are really happy to help and you might make new friends at the same time. Living in an Airbnb was really handy in that respect.”

Use the resources
“Radboudumc, Radboud University and the city of Nijmegen offer a lot of resources for people moving here from abroad. Make full use of them – they can really make a huge difference. It helped me sort out a lot of the paperwork and accommodation issues beforehand.”

CHANGING COUNTRIES

Karen Jochems
Dick Poelen

#2
DECEMBER 2018

Radboud University Medical Center
Staff magazine
12
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“Internationalization is a means, not an end”

He comes from an international background and has clear ideas on what internationalization can contribute to Radboud university medical center. Introducing prof. Guillén Fernández, the new Chair of the Internationalization Committee.

Why is internationalization important? Internationalization is important because it impacts all three areas in which we operate: patient care, research and education. However, internationalization itself is a means, not an end. And that end is to improve quality in all three areas.

How does internationalization contribute to quality? In terms of research, the benefits of internationalization are obvious. Research is an international endeavor, which requires working in a network with people from many parts of the world. We would be seriously missing out on talent if we only internationalized with a series of concrete measures.

What will your focus be as Chair of the Internationalization Committee? I took over from André van der Ven in March of this year. Together with the team, he laid a good basis on which I intend to build. The first months have been a steep learning curve for me. I now have a better understanding of the difficulties and the efforts made so far.

As I said, improving the quality of patient care, education and research is the ultimate aim, which is one that will help shape our new mission and vision for the coming years. And I hope to encourage internationalization with a series of concrete measures. There is an enormous potential that we are not yet fully utilizing.

Where do we stand? In recent years a lot of progress has been made but there is still much room for improvement. In research, for example, we see that English is used as the common language while between a quarter to a third of staff is from abroad. However, sometimes only five per cent of a research team in Nijmegen is non-Dutch. That makes international staff feel like the odd one out. If we want to continue to attract the most talented researchers from all over the world, it’s an issue we will have to address.

What kind of measures have you already taken? We have expanded the team to be better represented in the HR department, in communication and research. Also, we have contributed to the new internationalization strategy of our university and are currently planning how to implement this strategy at Radboudumc.

The board has approved our proposal for setting up a dedicated office for international patients to help us rapidly increase the number of patients that we attract from just across the border. The desk will help German patients and foreign nationals living in the Netherlands find their way through our healthcare system, with a back office to help with insurance issues.

Nijmegen is non-Dutch. That makes it’s an issue we will have to address. If we want to continue to attract the most talented researchers from all over the world, it’s an issue we will have to address.

Which measures would you like to take in future? We need to make it easier for researchers from abroad to join our medical center, streamlining procedures and offering more information and relocation support for prospective employees and their families. The same applies to students: providing foreign students with clear information and support will help convince them to come to Nijmegen. Effectively addressing bottlenecks such as these will make Radboud university medical center an even more attractive option.

What goal would you personally like to achieve? I would like to see the catchment area of Radboudumc become a large 360-degree circle around Nijmegen, both for our patients and for the best talents at all levels of our organization. This would allow us to offer even better care, research and (international) education.

Let’s fast-forward to 2028: how international will Radboudumc be in 10 years’ time? I think the Internationalization Committee will be obsolete 10 years from now. There will no longer be a need for a specialized committee because an open, international perspective will have become ingrained in all our operations.

About Guillén Fernández

Prof. Guillén Fernández (54) studies the brain basis of memory, emotion and their interaction to better understand the role of traumatic memories in mental disorders. He was born in Germany to a Spanish father and German mother. He received full training in cognitive neurosciences in Bonn, Magdeburg and Stanford, and worked in Switzerland, Germany, and the US before joining Radboud university medical center in 2002. Guillén became Head of the Department for Cognitive Neuroscience and Director at the Donders Institute in 2010. In March 2018 he became Chair of the Internationalization Committee.
Everything you need to know about life in the Netherlands

Tongue twisters

DigiD

License to live

Did you know:

3 years ago Ahmad Abdi decided he had had enough of the decentralized care system in Germany, so he switched to Radboudumc for treatment.

I had been admitted to hospital for a different complaint when the doctors noticed that the circulation in my fingers was bad. After some tests, they discovered that I was suffering from scleroderma, an autoimmune disease that causes thickening and hardening of the skin, but can also affect organs.

No communication

I initially received treatment at the German hospital but as my scleroderma resulted in rheumatic complaints, I was also referred to another hospital for specialist treatment. I soon discovered that there was no communication whatsoever between the doctors treating me at the different hospitals. Each new referral meant telling my story over and over again, redoing tests and not knowing whether the specialist had all the information necessary for the best possible treatment. The final straw was when I visited my family doctor and asked her what information she had received from all the specialists. It was very little. That’s when I decided to look for a specialist in the Netherlands.

Close to home

Having moved from the Netherlands to Germany in 2007 I was already familiar with the Dutch healthcare system. Radboudumc seemed to be the best option as it offered excellent specialist care and was also close to my hometown of Kleve. It was such a relief to be treated by specialists who actually communicated with each other! Even the pharmacist was completely up to speed and knew exactly which medicines I already used and which were new. If they could not be used together, they warned me and contacted the doctor.

The only disadvantage is that treatment in a Dutch hospital is more expensive for me than treatment in Germany. That’s because you pay a patient contribution for hospital healthcare in the Netherlands but in Germany, it is free. But for me, it’s worth every cent. At Radboudumc, all the doctors take me seriously and I can be sure I receive the best-possible care.
International collaboration: The secret of Africa

Their international partnership spans over 20 years and is still going from strength to strength. So what is the secret behind the successful collaboration between Radboud university medical center and Kilimanjaro Christian Medical Centre?

“Our two institutes are very much alike,” says Dr. Quirijn de Mast, internist-infectious diseases specialist at Radboudumc. As coordinator/chair of the Steering Committee he is one of the linchpins in the cooperation with Kilimanjaro Christian Medical Centre (KCMC) in Moshi, Tanzania. “KCMC has an academic medical center, medical faculty and research institute all working closely together at the same location. So it makes perfect sense for us to collaborate in the three areas of improving patient care, educational development and joint research. Combined with the longevity of the venture, it’s a pretty unique international collaboration.”

The collaboration he’s referring to began in 1997 with a program that involved the training of KCMC staff in Nijmegen. Formalization followed in 2000, with the start of the first four-year phase. Since then, the collaboration has been renewed every four years. The fifth phase officially kicked off in May of this year.

A two-way collaboration

The cooperation with Radboudumc is the most tangible international cooperation that KCMC has, says prof. Kien Mteta, who is the coordinator/chair of the Steering Committee and KCMC’s diseases specialist at Radboudumc. As addition to his work as a urologist and lecturer at KCMC. And it is very much a two-way collaboration. “In Tanzania the technical infrastructure is not as advanced as it is in Nijmegen. Clinical skills are therefore very important. Our doctors are known throughout Africa as excellent clinicians. The collaboration with Nijmegen helps our doctors to learn about new techniques and bring that knowledge back to Tanzania. And medical students from Nijmegen who do an internship here learn the value of good clinical skills. Both aspects contribute to the quality of patient care.”

“International health has always been one of the focuses of Radboudumc, so it’s really good for our curriculum to have this educational exchange with KCMC,” Quirijn adds. “The exchange between Radboudumc and KCMC also extends to research. Godfrey Temba is a PhD candidate working in Nijmegen in the Human Functional Genomics Project (HFGP). “I came from Tanzania to complete my Master's in Biomedical Sciences here. For my PhD I have worked extensively in Tanzania, among other things to collect data for a project focusing on changes of inflammation in Sub-Saharan Africa and their impacts on health and diseases. I am now in the process of analyzing that data.”

Expanding data collection

The collaboration between Radboudumc and KCMC in research is very strong and of great value to both parties, Quirijn stresses: “It enables KCMC to benefit from the technological infrastructure and the exchange of skills and knowledge. For instance, in the current project we managed to collect and process all data at KCMC, which is a great achievement. Radboudumc is expanding its data collection for research beyond Western Europe and we hope in future to include different patient groups in this project. I believe that this collaboration can become even stronger in future.”

Future plans

Prof. Mteta and Quirijn are also convinced that their successful collaboration can reach new heights. “Our predecessors laid a solid foundation for us to consolidate and build further on,” says Quirijn. “International cooperation is the future of science – that’s a fact. Radboudumc is proud to have such good ties with a country like Tanzania that is developing at an increasingly fast pace in terms of economy and science. Together we can nurture talent and create further synergies.”

“Molecular Biology is one of the exciting new areas in which I believe our collaboration will bear fruits,” prof. Mteta continues. “In the future I hope we can jointly develop patented vaccines to protect the world from infectious diseases, such as Ebola. That would have a tremendous impact on healthcare on the ground. Together, I believe we can do it!”
How can we connect research and the clinical environment?

The ultimate goal of medical research is to provide patients with a better diagnosis and treatment. But are research and the clinical environment sufficiently connected? And if not, how can we bridge the gap?

Geraline Leusink, Associate Professor Dept. of Primary and Community Care, Intellectual Disabilities & Health and Director of the Academic Collaborative “Sterker op eigen benen”

“USE EXISTING CENTERS OF EXPERTISE”

“Research generally focuses on one specific aspect of healthcare. I lead a research group whose goal it is to improve the health and healthcare for people who have an intellectual disability. People with an intellectual disability are vulnerable and very often they need complex care. This makes it very difficult to directly apply research results to clinical practice. A more multidisciplinary approach to research is our goal, but we should also make better use of existing centers of expertise to collect and combine findings and apply them to create better patient care for specific groups. There is already a large amount of knowledge available for doctors and other healthcare professionals, and this could be used much more effectively!”

André Marquand, Assistant Professor Donders Institute for Brain, Cognition and Behaviour

“The challenge is translating findings at group level to the individual”

“We all recognize the challenge of translating research findings to a clinical setting. However, there is another aspect that is less well recognized: most research is done at group level, while we treat individual patients in the clinic. We need to be able to understand variation across clinical groups in order to make correct predictions at the level of the individual. This is the very essence of precision medicine: the right treatment, for the right patient, at the right time. Artificial intelligence or machine learning can help us do that. However, it’s not a silver bullet. Compared with human reasoning abilities, most approaches are still quite primitive, but they can still help us bring about precision medicine.”

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MEET THE COLLEAGUES

What’s it like to move from China to the Netherlands? And can you get by with a Chinese scholarship? Seven colleagues share their experiences.

I can be myself

Savi Wang, PhD candidate, Cognitive Neuroscience

I like living in Nijmegen because it feels free to be myself here. No-one judges me. I really enjoy hiking in the hills. The nature is a lot like in my hometown, especially the river and hills. My Chinese scholarship is relatively low compared with the incomes of fellow PhD candidates. That doesn't feel fair to me. After all, we do the same work.

Chao Guo, PhD candidate, Cognitive Neuroscience

We all like living in Nijmegen! It’s clear that the Dutch have been very accommodating and it’s easy to adapt to the Netherlands culture.

Wei Liu, PhD candidate, Cognitive Neuroscience

Nijmegen is a small city. I like the fact that there are shops and facilities available everywhere.

Bing Wang, PhD candidate, Dentistry of Biomaterials

Nijmegen is relatively small. Few shops open on Sunday and the cost of living is lower than in big cities. That’s good, because my Chinese scholarship is more independent so you need to develop new communication skills. Nijmegen is relatively small. Few shops open on Sunday and the cost of living is lower than in big cities. That’s good, because my Chinese scholarship is more independent so you need to develop new communication skills.

Ruiqi Liu, PhD candidate, Physiology

Finding affordable accommodation is hard when you’re on a Chinese scholarship. But apart from that I really like Nijmegen and how open and friendly everyone is.

Chao Guo, PhD candidate, Cognitive Neuroscience

I recently published a blog in Chinese on the RIMLS site to raise awareness for speaking English. I received positive reactions to it, which was great!

Jiaman Wang, PhD candidate, Dentistry of Biomaterials

I came to Nijmegen in October and really had to get used to the rainy weather. My boyfriend already lived here, so I settled in quite quickly. Finding affordable accommodation is hard when you’re on a Chinese scholarship. But apart from that I really like Nijmegen and how open and friendly everyone is.

New communication skills

In China, students work closely with their supervisors on research projects. Here, research is generally much more independent so you need to develop new communication skills. Nijmegen is relatively small. Few shops open on Sunday and the cost of living is lower than in big cities. That’s good, because my Chinese scholarship isn’t huge.

Wei Liu, PhD candidate, Cognitive Neuroscience

The working atmosphere here is very open, with flexible working hours and open communication. I need to develop more skills as an independent researcher here, compared with China. I really had to get used to the food. Sometimes eating just a sandwich for lunch instead of a warm meal, for instance. Speaking of food, some colleagues even asked me if I ate dog!

Dutch weather

At first, I found it difficult to adapt to life here. I used to complain about the weather in the Netherlands but when I went home to China in May, I found the humidity very uncomfortable. So I’ve really settled in here!

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Savi Wang, PhD candidate, Cognitive Neuroscience

There is more to healthcare than diagnostics and treatment. As a spiritual caregiver, I talk to patients and their families about the emotional impact that medical interventions have on their lives. They can change their entire perspective. How do you deal with being terminal ill, for instance? Or with the news that your newborn child has a severe handicap? Whatever the impact, big or small, I always try to help patients, them to put their deep existential questions into words, matters. Paying attention to their emotions and feelings can help them deal with their situation, with better outcomes for all: the patients, their families and the medical team.

Yes, medical teams can benefit from spiritual coaching too. It can help them become more sensitive to the needs and wishes of individual patients, and thus enable them to achieve better results.

Karen Jochems, SPIRITUAL CAREGIVER

There is more to healthcare than diagnostics and treatment. As a spiritual caregiver, I talk to many patients and their families about the emotional impact that medical interventions have on their lives. They can change their entire perspective. How do you deal with being terminal ill, for instance? Or with the news that your newborn child has a severe handicap? Whatever the impact, big or small, I always try to help patients, them to put their deep existential questions into words, matters. Paying attention to their emotions and feelings can help them deal with their situation, with better outcomes for all: the patients, their families and the medical team.

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A study fund scholarship brought them to Nijmegen: Nathasia Mudiwa Muvaningwa (25) from Zimbabwe and Eloisa Vega (25) from Mexico. Nathasia has just completed her Master’s in Molecular Mechanisms of Disease (MMD), while Eloisa is in her second year of the same program.

Nathasia: “I had completed my Bachelor’s in Cyprus and was looking for a Master’s. I found MMD through the StudyPortal website. Clicking through to the Radboudumc site gave me information about the Study Fund scholarship, which covers both tuition fees and living expenses. An ideal combination.”

Eloisa: “I learned about the program and the scholarship through a university fair in Mexico and through speaking to a student there who had attended Radboud University herself. I then looked it up online and thought: this is it!”

Nathasia: “At first I was hesitant: will I meet the requirements? But, looking back, I’m so glad I applied!”

Eloisa: “So am I! It was a bit scary but it’s one of the best choices that I’ve ever made.”

Nathasia: “It was easy to settle in at Radboudumc. During the introduction week for international students I met so many people who were also new to the Netherlands. That helped me find my feet. And of course everyone here speaks English.”

Eloisa: “Yes, you don’t feel so alone when you see how many other people there are from abroad. Meeting people from all over the world who came this far to pursue their passions makes Radboudumc an inspiring environment. The amazing people from the International Office also helped me a lot.”

Nathasia: “During my time here I have grown, both personally and professionally. Moving to a new country and making new friends has broadened my horizons. And the MMD program has fully prepared me for a career in research. In the coming months I will start my PhD in Luxemburg.”

Eloisa: “The MMD program has confirmed my love for research too and I also hope to move on to a PhD position. It’s hard work but totally worth the effort.”

Nathasia: “The program is of such a high level and there are so many extra opportunities – it’s great to have full financial support and be able to explore them all.”

Eloisa: “I’m definitely making the most of my time here, both academically and personally. If anyone is apprehensive about applying, my advice is to just go for it! We made it here and so can you.”

The Radboud university medical center Study Fund is a scholarship for excellent students applying for Master’s programs in Biomedical Sciences or Molecular Mechanisms of Disease. It is always combined with the Radboud Scholarship Program to cover all tuition fees and living expenses. Find out more on www.radboudumc.nl.