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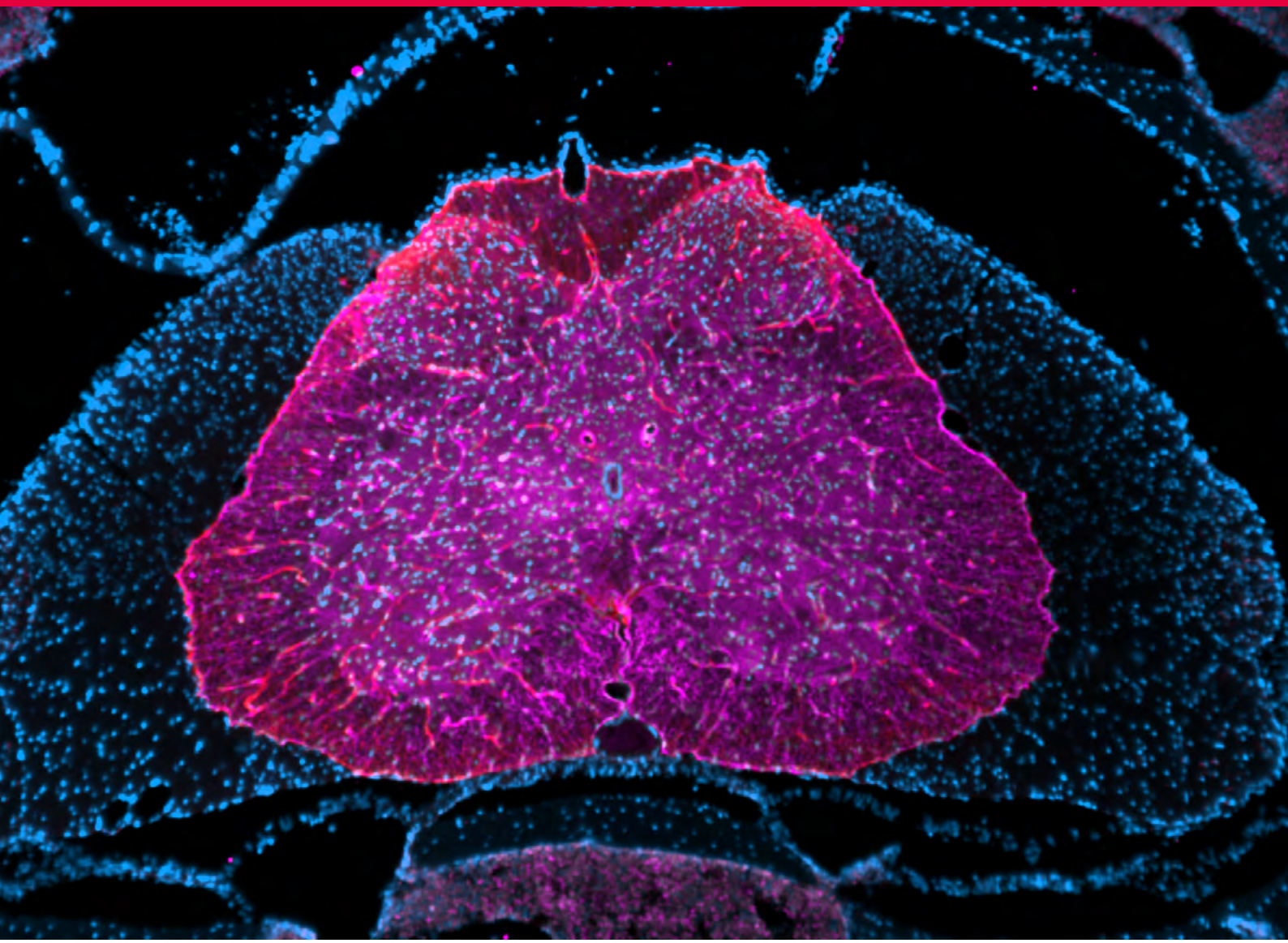
Annual Report 2025
Faculty of Medicine



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Content

In 2025, 10 individuals obtained tenured professorships at the Faculty of Medicine in Bern: Ana Vicedo Cabrera, Marialuisa Cavelti, Brice-Olivier Demory, Angèle Gayet-Ageron, Benjamin Ineichen, Antje-Christin Knopf, Raphaëlle Luisier, Andri Rauch, Katharina Stegmayer, and Sebastian Zeissig.

We present them to you in two-page profiles. You will find these profiles dispersed throughout the annual report.

Foreword

The University of Bern's motto is "Knowledge Creates Value." Yet academic freedom is under increasing pressure today from populism, authoritarian trends, financial constraints, and social polarization. In this environment, the Faculty of Medicine in Bern is firmly committed to excellence, openness, and responsibility: We stand for evidence-based medicine, scientific integrity, and active dialogue with society and policymakers.
In 2025, the strategic development of our Faculty was marked by consolidation and the targeted continuation of key initiatives. Of particular note is the opening of the Department of Digital Medicine, which combines and strategically advances our activities in digital medicine. Thus, we are creating the conditions to actively shape the digital transformation of medicine and healthcare and positioning Bern in a highly dynamic international field.

Through a series of measures, we have strengthened collaboration between the Faculty, the University, and the Insel Gruppe. The dual role of Dean and Director of Teaching and Research at the Insel Gruppe, established in August 2024, ensures greater efficiency and better management of teaching, research, and infrastructure. We have strengthened our governance structures and processes in line with the University of Bern's Fit for Future program, refined our financial management, and increased transparency in our use of funds. These steps toward institutional integration significantly strengthen Bern's competitiveness as a medical hub in the national and international academic medical landscapes. We have also launched a far-reaching reform of the medical degree program to prepare our curriculum's content, structure, and methodology for the future.

We have conducted a comprehensive and systematic mid-term evaluation of the implementation of Strategy 2030. The evaluation has shown that we have made clearly measurable progress over the past four years. Here are some highlights:

- Support for established research priorities in the fields of neuroscience, cardiovascular diseases, oncology, and dentistry and targeted efforts to strengthen medical technology, prevention, and digitalization.
- Thanks to a consistent plan to phase out certain positions, twelve new professorships in the field of digitalization and seven new professorships with dual affiliation have been created. These professorships reinforce our key areas, promote interdisciplinarity, and foster the integration of basic research, clinical practice, and technological disciplines. In addition, eight new endowed professorships have been established.
- Substantial faculty funding for early-career academics, including assistant professorships, totalling over 22 million Swiss francs.
- Targeted expansion of national study partnerships and international collaborations with universities in Singapore, Canada, Japan, and Ethiopia to strengthen our Faculty's international standing.
- Of all professors appointed between 2022 and 2025, 56% are women; thus, we send a clear signal of our support for equal opportunity and the consistent promotion of outstanding female academics. Since 2021, the proportions of women have risen in the Faculty Executive Board from 8% to 33% and in the Faculty Council from 16% to 36%.

For the 2026–2030 strategic phase, this means that we will consistently consolidate the progress we have made, strategically prioritize it, and develop it further in a targeted manner with clear commitments to excellence, impact, and international visibility.

I would like to express my sincere gratitude to everyone who works tirelessly on behalf of patients, students, and researchers and contributes to the progress of our Faculty.

Prof. Dr. med. Dr. h. c. mult.
Claudio Lino Alberto Bassetti
Dean, Faculty of Medicine,
University of Bern

The Faculty

Ana Vicedo Cabrera

Involves stakeholders in her research to ensure that the results are quickly translated into decisions

Professor in Climate Change Impact on Public Health in Inhabited Areas since January 1, 2025. This endowed professorship is supported by the Mobilière Cooperative, anchored at the Institute of Social and Preventive Medicine of the Faculty of Medicine, and affiliated with the Oeschger Centre for Climate Change Research (OCCR).

Selected career stages:
- 2019–2024: Assistant Professor and Research Group Leader of Climate Change and Health, Institute of Social and Preventive Medicine (ISPM), University of Bern
- 2023: SNSF Starting Grant
- 2016–2021: Assistant Professor, London School of Hygiene and Tropical Medicine, UK
- 2014–2016: Postdoctoral Scientific Collaborator, Swiss Tropical and Public Health Institute, Basel
- 2015: MSc in Epidemiology, University of Turin, Italy
- 2014: Postdoctoral Research Fellow, Umea University, Sweden
- 2014: PhD in environmental pollution, toxicology, and health, University of Valencia, Spain

Selected ongoing projects:
- Health impact toolkit for climate change attribution (TACTIC), a 3-year research project aiming to develop a digital toolkit to facilitate research illuminating the attributable health impact of climate change
- Impacts of climate change on health, well-being and performance of humans and animals and food safety in Switzerland project (NCCS Impacts Health), part of the NCCS Impacts program of the Swiss National Center for Climate Services

More details:

Ana Maria Vicedo Cabrera senses a growing momentum in the Faculty of Medicine: Her field of research, the impact of climate-related environmental hazards on human health, is gaining prominence. This is due to its pressing nature and the support of numerous advocates. One student initiative has particularly impressed her.

Ana Maria Vicedo Cabrera has worked at the University of Bern since 2019. In her first year as Head of the Climate Change and Health research group, a group of medical students approached her with a clear objective:

They had realized that climate change would directly impact their future work as doctors beyond their medical practice. They believed it was the responsibility of doctors to educate the public on how to protect themselves from the health consequences of climate change. For this reason, they wanted the topics of planetary health and climate change to be given greater prominence in the medical curriculum.

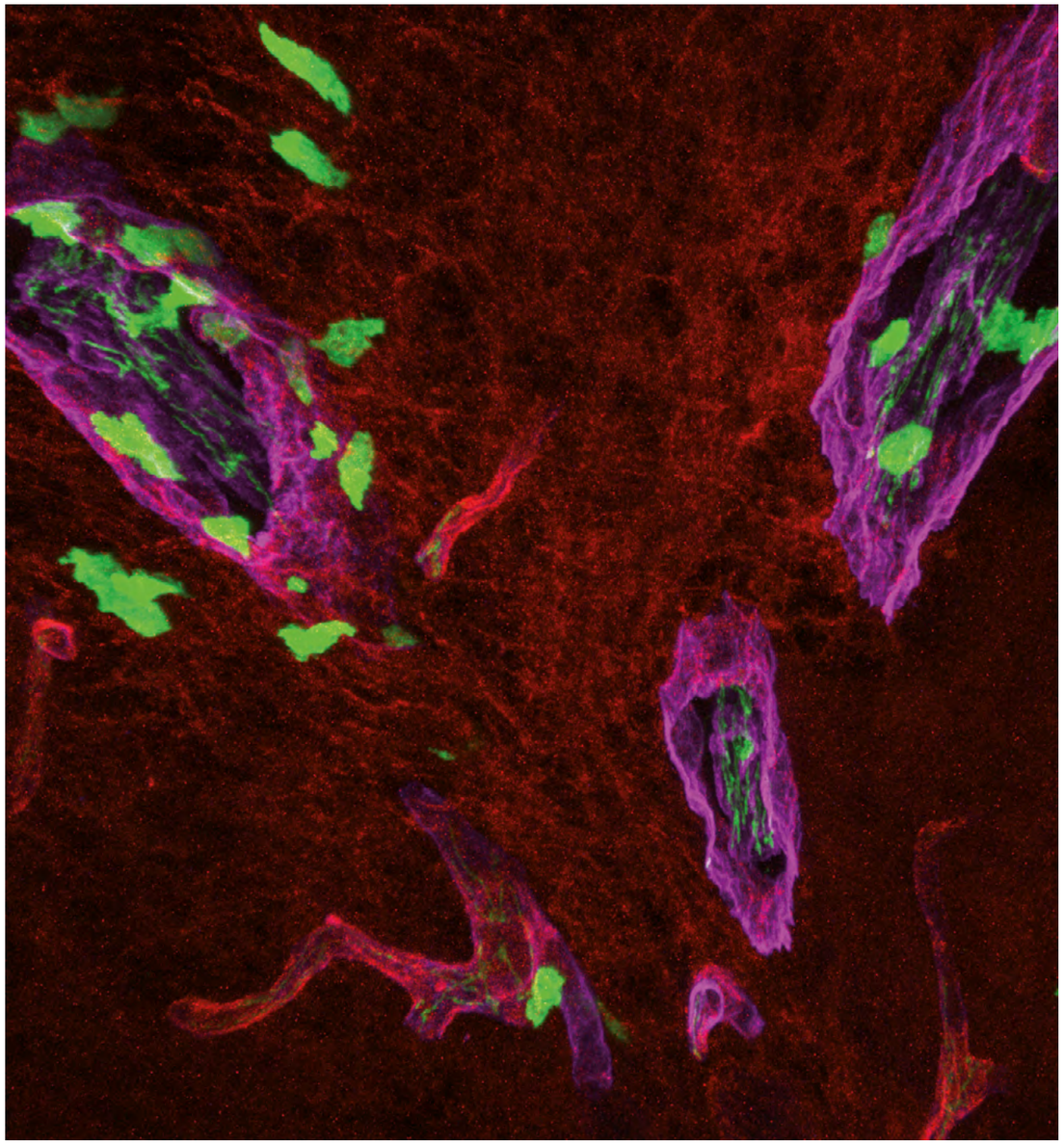
I was deeply impressed by these students' ground-up initiative. They invested a great deal of time in their cause, lobbied the Faculty, and got involved in numerous initiatives beyond the medical curriculum. Subsequent cohorts of students carried the initiative forward, and, in the meantime, planetary health has been established in the curriculum.

The health impacts resulting from human-induced climate and environmental changes are increasing. This sense of urgency shapes how Ana Maria Vicedo Cabrera conducts her research:

In our research group, we study the effects of climate-related environmental hazards on human health. We aim to accelerate the policymaking process. To that end, we ensure that our research can be translated into actionable measures. We involve stakeholders in our studies from the initial planning and development stages. We are also committed to enabling others to conduct research in the same way.

Two examples: I lead TACTIC, a global consortium funded by the Wellcome Trust. We are developing a toolkit to help researchers and policymakers in communities facing climate-driven health impacts in low- and middle-income countries assess the extent to which human activities are responsible for such impacts.

The second example concerns Switzerland. As part of the NCCS Impacts Health project, a collaborative effort funded by the Swiss National Center for Climate Services, we partnered with cantons and cities to create the Heat Vulnerability Mapping tool. The tool is designed to identify locations where the population is particularly vulnerable to heat. We have implemented the tool in three cities, and I am pleased to say that other cities have already contacted us.



Strategy 2030

Implementation 2022–2025 and Priorities 2026–2030

1. Initial situation and strategic framework

Strategy 2030 of the Faculty of Medicine of the University of Bern, which was approved by the Faculty Council in July 2021, has been implemented over the past four years (2022–2025) through various projects aligned with the strategic goals defined. For the upcoming implementation phase (2026–2030), it is crucial to critically analyze the progress made so far and to set new priorities. This analysis requires consistent operationalization of the strategic goals into concrete, verifiable measures combined with clearly defined responsibilities and a suitable steering logic.

The aim of this interim evaluation is to create transparency about the progress achieved, to identify existing gaps and any adjustments needed, and to set well-founded priorities for the continued successful implementation of Strategy 2030.

2. Strategy 2030: Status of implementation as of December 2025

2.1 Excellence in Teaching

Strategy 2030 defines central strategic action areas in teaching to be the professionalization of teaching, the promotion and recognition of excellence, vertical integration, and the integration of digital content.

Successful projects and initiatives of the implementation to date include:

- Professionalization of the teaching area through the creation of the position of Dean of Education with a 60% workload.
- Progress in digitalization through introduction of the Prepared app and sustainability in teaching with the Planetary Health curriculum: four new lectures, two new seminars, integration into 20 existing courses.
- Expansion of strategic cooperation with the Università della Svizzera Italiana at bachelor level (15 study places) and with the University of Fribourg at master level (35 study places).
- Recognition of teaching excellence through faculty memberships (one successful candidacy to date).
- Systematization of processes and quality assurance instruments: curriculum mapping, evaluations, and compensation for disadvantages.
- Expansion of student mobility by extending the partner network in Europe (two new partners), Asia (three new partners) and North America (one new partner), and strengthening support for outgoing and incoming students (total outgoing: 10, total incoming: 11).

Priorities for Teaching 2026–2030:

- Comprehensive curriculum reform to promote and strengthen interpersonal skills, networked and vertically integrated learning, and practice-oriented small-group teaching.
- Implementation of the requirements from the 2025 accreditation.
- Teaching structures: better networking between Dean's Office, Institute for Medical Education, and Directorate of Teaching and Research at the Insel Gruppe and strengthening the area of curriculum development.
- Strengthening of the Clinic and Education physician career paths in collaboration with the university hospitals.

2.2 Excellence in Research

Strategy 2030 sees the central strategic action areas to be stronger networking between basic research and clinical research, the promotion of interdisciplinary approaches, strengthening of the research culture, and targeted promotion of early-career researchers.

Successful projects and initiatives of the implementation to date include:

- Creation of several professorships with double affiliations between basic disciplines, clinical departments and technical disciplines (seven professorships with double affiliations in total: two interfaculty and five intrafaculty professorships).
- Eight newly created endowed professorships.
- Introduction of competitive internal funding instruments: SF Board project calls (recognition of research excellence through Faculty Council memberships with seven successful candidacies to date; total funding since 2021: CHF 17.3 million; 26 successful projects to date), Talents4Bern program (total funding since 2022: CHF 2.8 million; 17 successful candidacies to date), Protected Research Time (total funding since 2020: CHF 2.15 million; 32 successful candidacies to date).
- Revision of research evaluation.

Priorities for Research 2026–2030:

- Strengthening of systematic physician career paths in coordination with the university hospitals.
- Clear career paths for nonphysician early-career researchers.
- Deepening the integration of basic, translational, and patient-oriented research.
- Establishment of the Department of Digital Medicine (DDM).
- Reorganization of the Department of Clinical Research (DCR) and the Department for BioMedical Research (DBMR) and implementation of the performance mandates.
- Promotion of interfaculty networking through cross-faculty research activities.
- Promotion of international networking through international research cooperation.

2.3 Thematic Focus Areas and Profile Building

Strategy 2030 identifies the central strategic action areas to be the targeted further development of thematic focus areas and their strengthening through strategic professorship planning and coordinated funding instrument.

Successful projects and initiatives of the implementation to date include:

- Promotion and support of the traditional large research clusters: cardiovascular research, neuroscience research, cancer research, and dentistry research.
- Strengthening of new thematic focus areas through targeted professorship planning, such as the creation of twelve new professorships in the field of digitalization (2022–2025).
- Diversification of internal funding instruments and early-career programs.

Priorities for Thematic Focus Areas and Profile Building 2026–2030:

- Prioritization in the field of immunology; Immunology and Infection replaces the cross-cutting theme Inflammation and Infection.
- Renaming of the previous cross-cutting Health, Prevention and Environment theme as Health and Prevention across the Lifespan to incorporate a lifespan-oriented perspective from childhood and youth to healthy aging. The previously Geriatric and Aging Medicine focus area, which previously was handled separately, is subsumed within this expanded concept.
- Establishment of professorships within the DDM and promotion of collaboration with the Insel Gruppe, Universitäre Psychiatrische Dienste (UPD) Bern, Institute of Dental Medicine (zmk bern), University of Bern, and external partners in the field of data science.
- Creation of a new grant to promote the strategic focus areas of the Insel Gruppe together with the Faculty of Medicine.

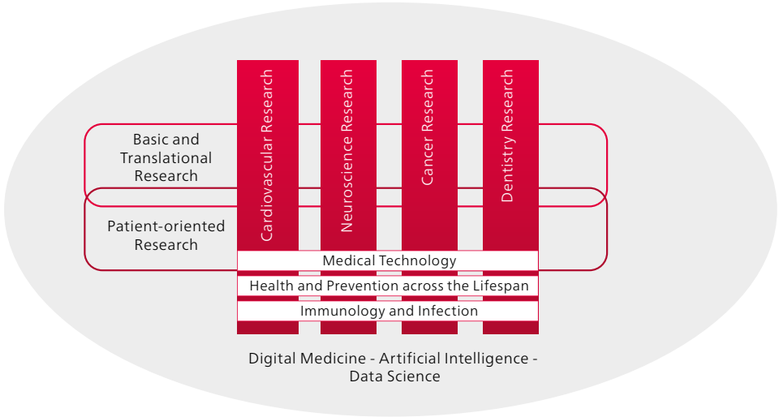


Figure 1. Clusters and cross-discipline thematic focus areas, modified from Figure 8, Strategy 2030 of the Faculty of Medicine of Bern, 2021, p. 17.

2.4 Organizational Development and Governance

Strategy 2030 identifies central strategic action areas to be the further development of governance structures, closer coordination with the university hospitals, professionalization of the Dean's Office, and optimization of key processes, particularly in appointments and core facilities.

Successful projects and initiatives of the implementation to date include:

- Professionalization of the Dean's Office through the creation of a full-time Dean and a Dean of Education with 60% workload.
- Creation of several new units in strategically relevant areas and corresponding support staff positions (officers) in the Dean's Office: finance (80%), digitalization and IT across the Faculty (70%), communication (80%), international relations (60%), policy affairs and strategy development (60%), and sustainability (50%).
- Structural strengthening of the interface between the Faculty and University of Bern and the Insel Gruppe (dual role of Dean and Director of Teaching and Research, with a Teaching and Research Board drawn equally from the Faculty and the Insel Gruppe).
- Complete revision of the guidelines on committee work and the appointment process and the creation of a Successions Department in the Dean's Office.
- Complete revision of the regulations on the organization of the Faculty of Medicine.
- Establishment of new governance structures in finance, research, and digitalization.

Priorities for Organizational Development and Governance 2026–2030:

- Consolidation and optimization of the new governance structures, in coordination with the University of Bern's Fit for Future initiative.
- Targeted further development of effective steering models in the Department of Teaching and Research and core facilities and further departmentalization (DBMR, DCR, and DDM).
- Harmonization of overarching financial structures and rules for the entire Faculty.
- Development of modern leadership and work models across all career stages from entry through extension beyond emeritus status.

2.5 National and International Networking

Strategy 2030 identifies central strategic action areas to be the expansion of national and international cooperation, the promotion of strategic partnerships, and the strengthening of international visibility.

Successful projects and initiatives of the implementation to date include:

- Conclusion of several national and international strategic cooperations, including with Università della Svizzera Italiana, University of Fribourg, Charité, McGill University, National University of Singapore, Kansai Medical University, and Jimma University.
- Professionalization of internationalization in the Dean's Office with a Vice-Dean of Internationalization and a scientific staff member at 60%.
- Development of a faculty internationalization strategy.
- Increased internal and external visibility of internationalization as a strategic action area of the Faculty.
- Expansion of student mobility through the extension of the partner network in Europe (two new partners), Asia (three new partners), and North America (one new partner), and strengthening support for outgoing and incoming students (total outgoing: 10, total incoming: 11).
- Interaction with EU partner universities within networks (e.g., The Guild, ENLIGHT, ARUA).

Priorities for National and International Networking 2026–2030:

- Consolidation of selected funded strategic partnerships.
- Expansion of English-language teaching and research formats.
- Intensification of national and international student exchange.
- Strengthening of national and international visibility, including the university hospitals.

2.6 Digital Medicine

Strategy 2030 identifies central strategic action areas to be the establishment of a digital hub, the development of interoperable infrastructures between the University and the university hospitals, the academization of digital medicine, and its integration into teaching and processes.

Successful projects and initiatives of the implementation to date include:

- Development of the Center for Artificial Intelligence in Medicine (CAIM) and its further evolution into the Department of Digital Medicine (DDM).
- Concept and launch for the establishment of faculty IT structures, in particular the creation of a leadership function for faculty IT in the Dean's Office (70%).
- Digitalization of various processes, including recruitment, legal document collection, appointments and habilitations, and examination fees.
- Joint ICT governance between the University, the Faculty of Medicine, the Insel Gruppe, and UPD.
- Creation of 12 professorships and numerous study programs in the fields of digitalization, AI, and data science.
- Announcement of a research grant in the field of telemedicine.

Priorities for Digital Medicine 2026–2030:

- Development and operation of an integrated data and research infrastructure, including HEALICS, a platform for research projects with sensitive data. The integrated infrastructure will cover the entire data pipeline from collection of clinical and scientific data, processing, and storage to secure faculty-level and international data access and exchange.
- Provision of a powerful, scalable IT infrastructure, particularly storage and computing power, for all researchers of the Faculty of Medicine and the establishment of coordinated faculty IT.
- Harmonization of digital systems and processes for secure and efficient data exchange in close cooperation with the Insel Gruppe and UPD.
- Announcement of a strategic research grant in data science and AI.
- Embedding of digital competencies across all stages of study.
- Systematic integration of digital medicine into research.

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3. Functional Goals of Strategy 2030

The functional goals of Strategy 2030 have been successfully established and systematically implemented in the areas of promotion of early-career researchers, scientific integrity, communication, sustainability, equality, and quality assurance. They form a viable foundation for the implementation of the long-term strategic goals. For the next phase of implementation, they are to be further professionalized.

3.1 Promotion of Early-Career Researchers

The strategic goal set out in Strategy 2030 is the targeted promotion of the attractiveness of Bern as a location for excellent early-career researchers from Switzerland and abroad.

Successful projects and initiatives of the implementation to date include:

- Introduction of competitive internal funding instruments: SF Board project calls (total funding amount since 2021: CHF 17.3 million; 26 successful projects to date), Talents4Bern program (total funding since 2022: CHF 2.8 million; 17 successful candidacies to date), Protected Research Time (total funding since 2020: CHF 2.15 million; 32 successful candidacies to date).
- Introduction of faculty membership based on excellence in teaching (one successful candidacy to date) and research (seven successful candidacies to date).
- Strengthening of academic participation by early-career researchers, such as inclusion of assistant professors in faculty committees.
- Harmonization of the evaluation of tenure-track assistant professorships.
- Establishment of a national MD-PhD program in collaboration with the Swiss Academy of Medical Sciences (SAMW).

Priorities for Promotion of Early-Career Researchers 2026–2030:

- Long-term sustainability of funding instruments and stronger integration with clinical career paths.
- Creation of greater transparency and predictability of academic careers across all career stages.
- Systematic support of early-career researchers after accepting a position, particularly in leadership, acquisition of third-party funding, and team building.

3.2 Scientific Integrity

Ensuring scientific integrity in all areas of research is formulated as a strategic goal in Strategy 2030.

Successful projects and initiatives of the implementation to date include:

- Establishment of a point of contact for questions and conflicts at the interface between the University and the university hospitals.
- Development of a report on scientific integrity with the aim of strengthening it institutionally and establishing structural foundations for it.
- Introduction of mandatory governance rules for succession transactions, including supplementary guidelines on conflicts of interest.

Priorities for Scientific Integrity 2026–2030:

- Greater visibility and effectiveness of existing structures in everyday faculty life through awareness-raising and training opportunities.
- Consistent embedding of integrity aspects in leadership, evaluation, and succession processes.

3.3 Communication

Strategy 2030 formulates national and international perception of the Faculty of Medicine as an institution of top medicine with excellent teaching and research as a strategic goal.
Successful projects and initiatives of the implementation to date include:

- Creation of the position of communications officer in the Dean's Office (80%).
- Development of a communication concept.
- A fully bilingual German–English website and strategically oriented external communication in English through an annual report and social media.
- Redesign and strategic orientation of the annual report.
- Creation of additional internal communication channels that also reach academic staff members of the university hospitals.
- Development of a book on the 222-year history of the Faculty of Medicine.
- Production of a brand video for the Faculty of Medicine.

Priorities for Communication 2026–2030:

- Content focus on strategic thematic focus areas as a contribution to the strategic profile building of the Faculty.
- Strengthening of the external visibility of all achievements of the Faculty of Medicine.

3.4 Sustainability

Strategy 2030 sets as a strategic goal that the Faculty of Medicine makes an active contribution that meets the requirements of sustainable development in all areas. Due to this new challenge, the Faculty of Medicine will also be required to secure financial resources. The sustainable financing of the Faculty, as well as of research and research infrastructure, is threatened by external developments: austerity measures of the University and termination of funding instruments such as R'Equip and the University's investment fund. To be able to invest in the innovative infrastructure needed in the future, the Faculty of Medicine will establish strategic funds.
Successful projects and initiatives of the implementation to date include:

- Integration of sustainability into the curriculum, in particular through the introduction of the Planetary Health curriculum.
- Participation in the development of the University of Bern's climate roadmap through the Faculty's sustainability working group.

Priorities for Sustainability 2026–2030:

- Consolidation of a sustainability working group and creation of a 50% position in the Dean's Office.
- Development of a coherent faculty sustainability strategy that systematically integrates teaching, research, and organizational processes.
- Participation in national activities in sustainability.
- Ensuring economic sustainability despite a concurrent reduction in financial resources.

3.5 Equality and Diversity

The sustainable implementation of equal opportunities and inclusion is set as a strategic goal in Strategy 2030.
Successful projects and initiatives of the implementation to date include:

- Development of preventive measures against sexual harassment (lecture, reporting office).
- Development of mentoring programs, including Mentoring4Women.
- Active support of an interdisciplinary network of female researchers in medicine and life sciences in Bern (Female Empowerment in Life Sciences, FELS).
- Visibility of role models through the Women in Academia video series (14 portraits to date, available on the Faculty of Medicine's website).
- Increase in the number of female members on the Faculty Executive Board (from 8% to currently 33%) and on the Faculty Council (from 16% to currently 36%).
- Successful appointment of female professors (55.5% of all appointments 2022–2025 are women).
- Further development of the equality planning for 2021–2024 and 2025–2028.

Priorities for Equality and Diversity 2026–2030:

- Evaluation of the effectiveness of existing measures.
- Targeted promotion of women and underrepresented groups at higher academic career levels.

3.6 Quality Assurance

Strategy 2030 sets the continuation of efficient and effective quality assurance in teaching and research as a strategic goal.
Successful projects and initiatives of the implementation to date include:

- Adaptation of the evaluation criteria for tenure-track assistant professorships in line with the DORA principles and the establishment of a uniform evaluation committee for tenure-track assistant professorships.
- Accreditation of the human and dental medicine study programs.
- Conducting an evaluation of teaching performance.
- Introduction of teaching evaluation for habilitations.
- Revision of research evaluation.

Priorities for Quality Assurance 2026–2030:

- Consistent application of the new evaluation criteria for tenure-track assistant professorships.
- Implementation of the new research evaluation model.
- Development of faculty proposals for the implementation of the Agreement on Reforming Research Assessment (ARRA).
- Stronger use of quality assurance as a strategic steering instrument.

4. Outlook and Summary of Strategic Priorities 2026–2030

The progress made to date in implementing Strategy 2030 shows that the Faculty of Medicine has created viable structural and content-related foundations in central strategic action areas. In the remaining strategy period to 2030, the focus will be on targeted consolidating, clear prioritizing, and embedding these foundations sustainably.
Central to this focus is the further development of a coherent implementation architecture in which strategic goals are systematically operationalized, translated into clearly defined measures, and supported by verifiable results. A stronger orientation toward goal-based steering approaches, for example using a management framework such as Objectives and Key Results (OKR), can help make progress more transparent and increase accountability in implementation. These activities are to be implemented for the remaining phase (2026–2030) with the human and financial resources available and according to our strategic priorities.

Marialuisa Cavelti

A digital mental health expert seeking scalable solutions in child and adolescent psychiatry

Professor of Child and Adolescent Psychiatry since August 1, 2025. Chief Psychologist and Head of Research of the University Hospital of Child and Adolescent Psychiatry and Psychotherapy.

Selected career stages:
- 2023: Habilitation in Psychology, University of Bern. Since then, Head of Research, University Hospital for Child and Adolescent Psychiatry and Psychotherapy, Bern
- 2022: SNSF Ambizione Grant and Research Group Leader
- 2016–2018: SNSF Postdoctoral Fellow, Orygen, Melbourne, Australia
- 2014: Specialist title in Psychotherapy
- 2014: Master of Advanced Studies in Psychotherapy, University of Bern
- 2011: PhD in Clinical Psychology, University of Basel

Selected ongoing projects:
- SmartVoices: a smartphone-assisted guided self-help cognitive behavioral therapy for young people with distressing voices
- Bridge: a personalized smartphone intervention for adolescents waiting for psychiatric treatment
- MERIT: Monitoring Early Response in Inpatient Treatment

More details:

The most common mental illnesses often appear first between the ages of 12 and 25. This makes this stage of life particularly important for the early diagnosis and treatment of these conditions. Marialuisa Cavelti focuses her research on this life-stage. She addresses questions arising from clinical practice and is motivated by the desire to offer practical solutions.

Marialuisa Cavelti's research relies heavily on digital data collection and intervention methods, such as those using smartphones. This approach offers a number of advantages:

To ensure successful prevention and treatment, we need an approach that is as personalized as possible. At the same time, due to the high demand in child and adolescent psychiatry, our approaches must be easily scalable.

As part of my SNSF Ambizione project, we developed the SmartVoices intervention, a smartphone-assisted guided self-help cognitive behavioral therapy for young people hearing distressing voices. This mobile technology approach directly supports those affected in their daily lives and in real time; it is low-threshold and scalable. We are currently testing the effectiveness of SmartVoices in a randomized controlled trial. At the same time, we have launched the Bridge Project, which offers initial therapeutic support to patients who are waiting for treatment. In this smartphone-based intervention, we aim to use machine learning to tailor the therapeutic exercises even more closely to the patients' needs.

In the MERIT project, we use digital tools to closely and efficiently monitor treatment progress with the aim of developing a feedback system designed to help identify early who is responding to treatment and who needs their treatment adjusted.

We work closely with our Youth Advisory Board to incorporate the perspectives of those affected, in line with the principles of patient and public involvement.

The Universitäre Psychiatrische Dienste (UPD) Bern operate one of the largest clinics for child and adolescent psychiatry and psychotherapy in the German-speaking world. The clinic's large catchment area poses a challenge for patient care. For Marialuisa Cavelti's research, however, this is a stroke of luck:

Access to a large patient pool is absolutely central to my research. This allows me to learn which issues are at the forefront of clinical practice and to integrate them into my research. At the same time, I can test the solutions we develop directly in practice and, if they're successful, implement them there. I find this interaction very enriching.

I also appreciate the dynamic momentum in digital medicine that has emerged at the Faculty of Medicine and in Bern's medical hub overall. My research fits very well within this strategic focus.

Honorary Doctorates

Two outstanding scientists

Prof. Emerita Franziska Tschan Semmer
- From 1995 until her retirement in 2020, she was a full professor at the Institute of Work and Organizational Psychology at the University of Neuchâtel.
- She combined psychological expertise with medical practice at the highest scientific level and made significant contributions to research on communication and coordination within medical teams.
- In collaboration with the Inselspital, she developed methods for analyzing communication processes in the operating room. This led to interventions that have been shown to improve both information exchange within interprofessional treatment teams and clinically relevant parameters such as mortality and the risk of reoperation.

Prof. Padmavathy Narayanan Sylaja
- Since 2010, Professor of Neurology and Director of the Comprehensive Stroke Program at the renowned Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST) in Trivandrum, Kerala, India. Since 2021, Head of the Department of Neurology at SCTIMST.
- She has advanced neurovascular research internationally and pioneered the establishment of stroke management in India and beyond. Through her science-based and tireless teamwork, she has successfully promoted the adoption of evidence-based practice in routine settings and thereby improved the lives of thousands of stroke patients.
- She is a globally recognized mentor and is strongly committed to fostering the next generation of clinical and academic professionals, particularly in low- and middle-income countries.

Read the interviews in full:

In 2025, the Faculty of Medicine conferred the title of Doctor medicinae honoris causa on Professor Emerita Franziska Tschan Semmer and on Professor Padmavathy Narayanan Sylaja. The honors were presented at the University of Bern's Dies academicus on December 6, 2025. Dean Claudio Bessetti spoke with the two honorary doctors.

Interview with Professor Emerita Franziska Tschan Semmer

Bassetti: Even in the highly technological medical environment, the human factor remains decisive to the success of treatment. As a professor of industrial and organizational psychology, you have studied communication and behavior in the operating room. How did you discover the operating room?

Tschan Semmer: The operating room discovered me! Prof. Guido Beldi and Prof. Daniel Candinas from the Department of Visceral Surgery and Medicine at the Inselspital had identified a link between postoperative complications and group dynamics in their operating room and wanted to investigate this further.

At that time, I already had a lot of experience in hospital settings, though not in the operating room. For many years, I had worked with Prof. Stefan Marsch from the University Hospital in Basel evaluating communication in medical teams during emergency simulations. Through a mutual colleague, a meeting was arranged with the two surgeons from Bern. That marked the beginning of a long-standing collaboration.

In your research, you have demonstrated how decisive the quality of human interaction within interprofessional surgical teams is to the success of treatment and patient safety. What exactly is key?

Every work and group situation presents unique coordination challenges. However, we have identified principles that are certainly also useful outside the operating room. One example is the stop protocol we developed. This involves brief moments of reflection to facilitate information exchange within the team; these ensure that everyone is on the same page and can thus work together more effectively. We've shown that using the stop protocol in the operating room reduces patient mortality. However, it is transferable to many types of teamwork.

Another transferable principle is that team members treat each other with respect. We investigated when and, above all, why interpersonal interactions in the operating room become tense. In most cases, this was caused by coordination problems. These problems caused stress and were often not discussed sufficiently; but this can be addressed.

From left to right: Rector Virginia Richter, Prof. Em. Franziska Tschan Semmer, Prof. P. N. Sylaja, Dean Claudio Bassetti at the University of Bern's Dies academicus

You have been retired since August 2020. Looking back on your academic career, what are you particularly grateful for?

For having had the opportunity to gain insight into so many different areas of work. I found all of them fascinating, but the operating room was particularly so. I am especially pleased that we were able to conduct our research in so many hospitals. I was present at several hundred surgeries! Such acceptance can't be taken for granted. Personally, I'd find it rather uncomfortable if someone were watching me work all day and writing down exactly what I was doing.

Interview with Professor Padmavathy Narayanan Sylaja

Bassetti: You are not only a leading researcher in stroke prevention and treatment but also a highly respected mentor. What advice do you give to the next generation of researchers?

Sylaja: Three things are particularly important to me. First, I am convinced that excellent clinical skills are essential for conducting good clinical research. A broad professional education and practical experience in working with patients are essential. My second piece of advice is to publish! Countless exciting studies remain unknown because people don't take the time to publish alongside their clinical work. Third, I always encourage my young colleagues to gain experience abroad. My stay at the University of Calgary from 2005 to 2006 was immensely valuable and crucial for my career.

After returning to India, you helped establish the Indian Stroke Clinical Trial Network and have been leading it as co-principal investigator ever since. The network is dedicated to conducting randomized clinical trials and is unique in the Asian region. What motivated you to found the network?

At the University of Calgary, I learned what it takes to conduct clinical trials. That's how the idea for the network came about. I'm proud to say that it now includes over 50 centers. Collaboration within the network is excellent, and we generate high-quality data. This required a great deal of capacity-building.

Our goal has always been to conduct clinical trials that truly make a difference to India. A milestone in this regard was the RESTORE trial, the first large randomized clinical trial to investigate traditional Ayurvedic rehabilitative treatment in stroke patients. The trial has shown that Ayurvedic therapy is safe—an important finding, given the great significance of Ayurveda in India and beyond.

What are the current challenges in caring for stroke patients in India?

A major challenge is that we need more stroke centers to address the stroke burden in India. For over 10 years, I've been training primary care providers and nurses in the initial care of stroke patients. Together with colleagues, I establish primary stroke care units in district hospitals. I'm encouraged by the fact that the Indian government is currently investing large sums in startups that are developing new, affordable medical technologies and devices, such as mechanical thrombectomy devices, for example.

Brice-Olivier Demory

He seeks exoplanets and life beyond our solar system as well as the rapid, non-invasive identification of tumor cells.

Professor of Planetary Sciences and Opto-Physical Diagnostics since March 1, 2025. This is an interfaculty professorship at the Faculty of Science (Center for Space and Habitability) and the Faculty of Medicine (ARTORG Center for Biomedical Engineering Research).

Selected career stages:
- 2022–2025: ERC-SERI Professor of Astrophysics, University of Bern
- 2016–2022: SNSF Professor of Astrophysics, University of Bern
- 2014–2016: Research Associate, University of Cambridge, UK
- 2011–2014: Postdoctoral Associate, Massachusetts Institute of Technology (MIT), Cambridge, Massachusetts, USA
- 2010–2011: SNSF Fellow, MIT
- 2005–2009: PhD in Astrophysics, University of Geneva

More details:

Brice-Olivier Demory built a detector for homochirality, the signature of life, that uses the polarization of light to detect signs of life on exoplanets while flying past them. While searching for practical applications of his technology, Demory came across studies from the early 2000s on polarimetric tumor diagnosis. This sparked the astrophysicist's interest in medicine.

In 2019, a groundbreaking meeting took place at the Institute of Tissue Medicine and Pathology. In attendance were astrophysicist Brice-Olivier Demory, AI specialist Raphael Sznitman, tissue medicine specialist Aurel Perren, and surgeon Daniel Candinas. Demory had brought a detector he had developed and recently used to examine the Earth's surface from a helicopter. The interdisciplinary group now wanted to use the detector to analyze tissue samples, with the long-term goal of quickly distinguishing tumor tissue from healthy tissue during surgery:

We mounted our device on a tripod and tested almost 30 tissue samples from various organs. Much to our surprise, identifying tumor tissue worked quite well in some cases. This was especially true for lung and pancreatic cancer, two types of cancer that are particularly difficult to diagnose and treat. Encouraged by these promising preliminary results, we decided to continue developing the detector together. Our goal is to bring this technology into operating rooms.

Securing funding for this ambitious project was very difficult. Two factors were crucial in making the project and, ultimately, the new joint professorship between the Faculty of Science and the Faculty of Medicine a reality:

The seed funding from the University of Bern was a gamechanger. It allowed us to advance our technology, making our project more convincing to funding agencies. Our plan worked: In 2022, I received an ERC Consolidator Grant. This grant was the catalyst for the new interfaculty professorship.

The second key point was the strong commitment that both faculties demonstrated in establishing this professorship. Setting up an interfaculty professorship is not easy. There were many regulatory, structural, and financial issues that had to be resolved. It worked out, and I hope my project serves as a good example. It shows that medical professionals can benefit from exchanging ideas with researchers from completely different fields about unmet clinical needs.

If we succeed, it will unlock enormous potential for innovation. So far, however, we haven't taken full advantage of this potential. Bern offers fantastic conditions for interdisciplinary research, not only because of the breadth of its academic disciplines but also because of the people here. I've met many brilliant and talented individuals at the Faculty of Medicine who are open to new ideas and curious about them.

Department of Digital Medicine

Advancing healthcare through digital innovation

The DDM will become a central location where researchers, clinical experts, and society work together to shape the digital future of medicine.

Prof. Inti Zlobec, Director of the Department of Digital Medicine

The Department of Digital Medicine (DDM) at the University of Bern was officially inaugurated on October 31, 2025 and marks an important milestone in the Faculty of Medicine's commitment to advancing healthcare through digital innovation. The Department was established to strengthen interdisciplinary collaboration across medicine, engineering, data science, and technology with the goal of translating digital innovation into real-world clinical impact.

Digital medicine is transforming healthcare systems worldwide through artificial intelligence, data-driven research, digital health platforms, and advanced medical technologies. With its official launch, the DDM positions the University of Bern and the Faculty of Medicine as a leading hub for interdisciplinary digital health innovation in Switzerland.

A unique interdisciplinary model in Switzerland

What sets the DDM apart is its close interprofessional collaboration across research, innovation, and clinical practice. The DDM unites experts from the University of Bern, the Inselspital, the Universitäre Psychiatrische Dienste Bern, and partner institutions and fosters collaboration between computational scientists, engineers, clinicians, and medical researchers.

This integrated approach keeps digital medicine closely aligned with clinical needs, ethics, and real-world healthcare practice. By supporting digitalization processes and facilitating collaboration between research and clinical institutions, the DDM contributes to making healthcare more efficient, data driven, and patient centered.

Vision, mission and strategy

The vision of the DDM is to improve patient health by advancing human-centered digital technologies. Its mission is to enable collaboration across medicine, engineering, and computational sciences, to catalyze responsible research, and to drive transformative innovation in digital health.

To achieve this, the DDM promotes interprofessional collaboration across medicine, engineering, and data science and provides guidance on digital infrastructures that support new and expanded research networks. It drives research and innovation through interdisciplinary educational opportunities, entrepreneurial initiatives, and cross-domain research projects. In addition, it addresses upcoming challenges in healthcare related to multimodal data analytics, digital technologies, and artificial intelligence and fosters dialogue with policymakers, patients, and society on important topics such as regulation, ethics, diversity, and human-centered innovation.

From left to right: Prof. Aurel Perren, Vice-Dean Digitalization; Prof. Inti Zlobec, DDM Director; and Prof. Roland Wiest, DDM Vice-Director

Areas of expertise

The Department of Digital Medicine operates across five core domains, supporting education and training, promoting research and innovation, developing technological infrastructures and data platforms, and addressing ethical, legal, and societal aspects of digital health and artificial intelligence in medicine.

1. **EDUCATION – Future-oriented training for medical students**
   The DDM integrates digital transformation into medical education. Future healthcare professionals will develop competencies in data analysis, digital diagnostics, artificial intelligence, and virtual care. Students from technical and engineering disciplines benefit from exposure to biomedical and clinical practice and can foster interdisciplinary collaboration from the early stages of their training.

2. **RESEARCH – Driving innovation in digital medicine**
   The DDM leads research that transforms cutting-edge ideas into tangible healthcare solutions with the aim of identifying and nurturing novel concepts that have the potential to redefine future therapeutic and clinical approaches and ensures that every initiative follows a realistic, deliverable path to patient benefit.

3. **DISSEMINATION – Enabling engagement and knowledge exchange**
   The DDM actively disseminates knowledge and research outcomes across its education, research, and innovation activities to raise awareness and foster engagement with digital health. By bringing together clinicians, researchers, policymakers, industry partners, and the public, the DDM promotes dialogue, collaboration, and knowledge exchange in digital medicine.

4. **TECHNOLOGY STREAMS – Advancing integrated digital solutions**
   The DDM focuses on the development and application of key digital technologies that are shaping the future of healthcare. The initial technology streams include omics, large language models, sensors and devices, clinical data, and imaging data. These streams support the development of integrated digital solutions across research and clinical environments.

5. **SAFETY and BIASES, DIVERSITY and ETHICS – Responsible digital innovation**
   The DDM places strong emphasis on the ethical, equitable, and safe use of digital technologies in healthcare. It addresses critical challenges such as algorithmic bias, data privacy, inclusivity, and fairness to ensure that digital innovations benefit diverse patient populations and evolve in a responsible and human-centered way.

More information:

Mentoring4Women Program

Or: what could be better than helping someone achieve their personal goals?

From left to right:

Johanne Hammelbeck
Resident Physician at the Department of Pediatrics, Inselspital Bern, PhD student at the Graduate School for Health Sciences, University of Bern, and Mentoring4Women mentee since 2025.

Prof. Myrofora Goutaki
Associate Professor of Epidemiology and research team leader, Institute of Social and Preventive Medicine (ISPM), and Mentoring4Women mentor since 2025.

Svea Lehmann
Gender Equality Coordinator, Dean's Office

About the Mentoring4Women program

The program supports women who wish to actively plan their academic careers and advance strategically. Through a two-year, one-to-one mentoring relationship, mentees can benefit from the professional experience of established mentors at the Faculty of Medicine. The program works closely with the Office for Equal Opportunities at the University of Bern and the mentoring programs of the other faculties. In this way, it provides access to an extensive network. Applications for admission to the program are accepted at any time.

Svea Lehmann, coordinator of the Mentoring4Women program at the Faculty of Medicine, was certain that Myrofora Goutaki and Johanne Hammelbeck would make an ideal mentor–mentee pair. Just under a year after they began working together, this is clearly evident in their conversation: The mentee has great confidence in her mentor, who enjoys her special role behind the scenes providing targeted support for her mentee's academic development.

Johanne, as a resident, you are also pursuing a PhD. What motivated you to join the program?

Johanne Hammelbeck (JH): Even in the year and a half that I've been conducting my own research, I've realized that, as a woman, I sometimes face different challenges to my male colleagues. Career paths in academic medicine do not depend solely on performance, but are also strongly influenced by networks, informal support, role models and structural conditions – and these are not always the same for women and men.

At the same time, leadership roles in medicine are still predominantly held by men, even though more women are now studying medicine. As a result, I felt there was a lack of female role models to look up to. I realized that it would be very valuable for me to have the opportunity to talk to an experienced female researcher. I wanted to find out how she shaped her career path, overcame challenges and built up a network. Therefore, my dialogue with Myrofora is very enriching for me in many ways.

Myrofora, what made you decide to become a mentor?

Myrofora Goutaki (MG): Women make up the majority at doctoral level. However, the proportion of women decreases with each subsequent academic level. There are systemic differences in how young women feel and behave in academia compared to men and how they are naturally used to ask and expect less. That's why I believe we need to prepare young women better for an academic career. The Mentoring4Women program is an excellent way for me to contribute to this effort. The day I heard about the program, I reached out to Svea.

I also enjoy being able to give something back. I have been in Bern since the beginning of my PhD and have had many positive experiences. It's important to me to emphasize that.

You two seem to get along really well.

MG: That's true. We have a very good, trusting and straightforward relationship. Johanne knows that she can always count on me, even at short notice. I like to feel that I can support her. I enjoy my 'special role' behind the scenes. I can focus entirely on Johanne and her career without being involved in her daily clinical and scientific work. I think that's important for a mentor-mentee pair.

It looks like you've brought the right two people together, Svea?

Svea Lehmann (SL): Johanne and Myrofora both got in touch with me a few weeks apart. After our one-to-one meetings, I knew immediately that they were a perfect match. They seemed to be a great fit in terms of both their personalities and their professional areas of expertise. Johanne works in a clinical setting, and Myrofora also has a clinical background. While such commonalities are important, it shouldn't be too strong. After all, mentoring needs to take place on 'neutral ground'.

JH: As Myrofora is neither part of my research group nor my clinical team at the hospital, we can engage in an open and trusting dialogue, safe in the knowledge that she is solely focused on my personal development. She supports me with both helpful advice and practical support.

Could you give an example?

JH: Shortly after our first meeting, I was due to attend an international conference for the first time and give a presentation. I was pretty nervous, of course. Myrofora, on the other hand, had attended this conference many times before, so she gave me valuable tips for both the presentation and navigating the conference program. Once we were there, she introduced me to other female researchers. It was an enriching and incredibly helpful experience.

Myrofora, how much time do you spend mentoring?

MG: Not much, really. I hardly ever have to prepare for our conversations. I've been through the same career phase that Johanne is in right now, so I'm very familiar with the challenges she's facing. I know what works and what doesn't. I'm happy to spend time on these conversations. The exchange with Johanne is very rewarding for me, too. What could be better than helping someone achieve their personal goals?

SL: Through my behind-the-scenes work, I help to ensure that the mentors' workload remains as light as possible, allowing them to focus entirely on their interactions with their mentees.

Also, it is up to the mentor and mentee to decide how often and under what circumstances they meet. We don't set any guidelines for that. I check in with the mentees every six months or so to see how things are going and if there's anything I can do to help. Sometimes a mentee has needs that her mentor might not be best placed to meet. In those cases, I may be able to help based on my experience, or someone in my network may be able to assist.

The interview was conducted by Dr. Roger Konrad, Communications Officer of the Faculty of Medicine.

More information:

Angèle Gayet-Ageron

Pursuing the ambition to improve clinical research quality and foster more inclusive access to care and health as well as a fairer research ecosystem

Full Professor for Epidemiology and Public Health and Director of the Institute of Social and Preventive Medicine (ISPM) since April 1, 2025.

Selected career stages:
- 2021–2024: MAS Strategic management of health institutions, Geneva School of Economics and Management, University of Geneva
- 2018–2025: Lecturer, since 2020 Assistant Professor and Deputy Head of the Division of Clinical Epidemiology, since 2023 Associate Professor, University of Geneva
- 2016–2017: Visiting lecturer and postdoctoral researcher, London School of Hygiene & Tropical Medicine, UK
- 2015: PhD in clinical research, innovation, and public health, University Paris-Saclay, Paris, France, and habilitation at the University of Geneva
- 2004–2015: Medical Fellow then Scientific Fellow, Division of Clinical Epidemiology, Geneva University Hospitals (HUG)
- 2004: Medical doctorate and specialization in Prevention and Public Health, University Claude Bernard, Lyon, France
- 2003: MSc Epidemiology and Public Health, Bordeaux, France

Selected ongoing project:
- Gender Research Assessment at Committees of Ethics (GRACE) mixed-approach study within National Research Programme 83 Gender Medicine and Health

More details:

The perceived distance between Switzerland's different language regions is often greater than the actual geographical distance. This creates the opportunity for pleasant surprises when crossing the language border. This was the case for the new Director of the Institute of Social and Preventive Medicine, who relocated to Bern after working in Geneva for 20 years.

Long before Angèle Gayet-Ageron took over as Director of the ISPM, she was familiar with the Institute and its considerable influence. During her academic career in public health and epidemiology, she repeatedly interacted with the Institute. However, she had far less contact with the University and the medical community in Bern as a whole. Therefore, she was all the more delighted by the warm welcome she received in Bern:

I must admit that I didn't really discover and appreciate everything Bern has to offer beyond the ISPM until I started my professorship. I felt very welcome right from the start. I was pleased to exchange ideas with the Rector and to receive information and event invitations specifically for French-speaking University staff. Other highlights of my first few months in Bern were the "Nacht der Forschung," a wonderful and important event to bring academia to the public, and getting to know the FELS network. This network does important and valuable work, and I am happy to support it.

"Research on research" is Angèle Gayet-Ageron's field of research. Her ambition is to improve clinical research quality and foster a more inclusive access to care and health as well as a fairer research ecosystem:

My research analyses scientific practices. The aim is to generate higher-quality results in the future by improving methods. In particular, gender aspects and the sociology of research are important factors in achieving this goal, particularly in clinical research. In NRP 83 Gender Medicine and Health, I am the principal investigator of a study that evaluates various interventions aimed at engaging Swiss ethics committees and the research community to consider sex and gender. We are investigating whether, after implementing these interventions, a greater percentage of research-ethics-approved protocols and assessments will have sex- and gender-sensitive perspectives.

At the same time, I am interested in the most effective ways of communicating research results to specialist and lay audiences. What benefits do good clinical results offer if they are not adopted and understood by the treating physicians? One of my recent research projects focuses on how to improve the communication of clinical trials' results. I also have the will to close the gap between the research community and the general public, and I am determined to make this a priority.

Internationalization Strategy

International networking is a key factor of excellence in research and teaching

Prof. Kristina Adorjan
Vice-Dean Internationalization and National Networking, Director and Chief Physician of the University Hospital of Psychiatry and Psychotherapy of the Universitäre Psychiatrische Dienste (UPD) Bern, and UPD Director of Teaching and Research

The Strategy 2030 of the Faculty of Medicine has set internationalization as one of its six long-term strategic goals and considers it a key factor for excellence and success. In 2025, the Faculty Commission for Internationalization and National Networking advanced and adopted the Internationalization Strategy 2026–2030. This strategy is presented here in summary form.

In an interconnected world, internationalization in academia is not an end in itself but a means to enhance the quality of education and research within and beyond an institution. It entails the collaborative efforts of scholars, researchers, and institutions from various countries working together to address global challenges and advance knowledge on shared topics of interest. Such collaborations not only foster innovation by integrating diverse perspectives and expertise but also facilitate the dissemination of findings across borders and multiply funding opportunities.

In the second half of 2025, the Internationalization Strategy 2026–2030 of the Faculty of Medicine was revised under the lead of the Faculty Commission and the Coordinator for Internationalization and National Networking, Emilie Ballestraz. The document was published in November. It articulates the Faculty's strategic goals and outlines its path toward becoming a more globally connected and internationally leading medical faculty.

The Internationalization Strategy 2026–2030 is embedded in the Faculty's Strategy 2030, which recognizes internationalization as a key factor for excellence and success. At the same time, Internationalization Strategy 2026–2030 implements the overarching internationalization strategy of the University of Bern at faculty level.

More information:

As Vice-Dean, I am committed to bringing our Faculty's International Strategy to life. Through concrete scientific collaborations, we can create sustainable benefits—not only for our Faculty and partner institutions, but also for researchers, clinicians, students, patients and the society at large.

Internationalization Strategy 2026–2030

As one of the largest medical faculties in Switzerland, the Faculty of Medicine at the University of Bern is a globally oriented institution dedicated to the highest standards of research, education, and clinical services. The Faculty aims to enhance its global positioning by internationalizing key areas of research, education, and administration.

Advance Excellence through Partnerships
- Sustainable collaborations at various levels
- International networks

Promote Academic Careers
- International mobility and exchange
- Opportunities for early-career researchers
- Dynamic and diverse academic environment
- Support for third-party funding

Foster International Engagement
- Equitable partnership with low- and middle-income countries
- Global Health

Enhance Reputation
- International outreach and visibility
- International rankings
- Hosting of delegations

Talent4Bern Program

Expert support during a critical career phase

Britta Engelhardt and Bahtiyar Yilmaz have been a mentor–mentee pair for over two years. Although they did not know each other personally beforehand, they quickly hit it off and value their discussions on a wide range of career topics. As Valentina Rossetti, coordinator of the Talent4Bern program at the Faculty of Medicine, explains in the joint interview, sometimes finding the right match can be a little more challenging.

How did the two of you become a mentor–mentee pair?

Bahtiyar Yilmaz (BY): When I was accepted into the program, Valentina asked me to suggest potential mentors. Britta was at the top of my list straight away. I was familiar with her institute and her work but hadn't had the chance to meet her in person before. The program offered the opportunity to establish that connection and initiate the mentoring relationship.

Britta Engelhardt (BE): When Valentina asked me in September 2023 if I'd like to mentor Bahti, I agreed right away. First, it was a great fit in terms of content. We are both doing research in immunology, but our work has very little overlap. Second, I was confident that I could be a good mentor to him. I've gone through the same career phase he's currently in. At our first meeting, we immediately sensed that we were a great fit.

Does it always work this way?

Valentina Rossetti (VR): There are various ways for mentors and mentees to connect. One way is for program participants to suggest potential mentors, as Bahti did. I also often help participants find the right mentor. We have a pool of experienced faculty members who have expressed their willingness to serve as mentors. Mentors and mentees should have some subject matter overlap. For program participants in a very specific field, it can be difficult to find a suitable mentor within our pool. In those cases, we expand the search to include the entire faculty, including younger members, as long as there's a good professional and personal fit. The program is growing, and we need to expand our mentor pool. Interested faculty members are warmly invited to get in contact with the Dean's Office.

How often do you meet?

BE: I think each mentoring pair should decide what works best for them. Fortunately, the program offers the flexibility necessary for this. Bahti and I hold a formal meeting every four to six months. We also meet on other occasions, such as at the Bern Immunology Club and the monthly Faculty Council meetings. All SNSF professors are invited to the Council meetings, which often provide an opportunity for a brief, informal chat.

VR: The Talent4Bern program offers a framework that supports the mentor–mentee collaboration. We provide guidelines, we formalize the commitment, we monitor the collaboration, and we help when needed. We suggest having at least one meeting per year, according to needs and availability.

In what situations do you find mentoring from an experienced faculty member particularly advantageous?

BE: For example, when the mentee is preparing to make major career decisions. Another example is when structural changes are on the horizon at the institute or clinic where the mentee works, perhaps due to reorganization or a retiring department head.

During such periods of transition, a mentor should be available because an outside perspective can be helpful. The in-depth knowledge of the university environment and internal faculty processes that an established faculty member has is also very useful. You can help mentees broaden their perspective by showing them different scenarios and alternative career paths.

As a mentor, I believe one should be willing to openly address difficult career issues with their mentee when necessary. Of course, this must be done respectfully and constructively.

BY: During a leadership transition in 2025, when a new clinic director was appointed, I was uncertain how this change might influence the future direction of my research. I wondered whether I should reach out to the new director to talk before he took office. At that point, guidance from an experienced faculty member was particularly valuable. Britta encouraged me to contact the incoming director proactively before he formally assumed the role. This led to a constructive and forward-looking discussion, which helped align expectations early and ensured continuity in my research trajectory.

BE: That's a wonderful example. As an outsider, you can often see quite clearly what needs to be done. The initial contact between the two went well, and the conversation cleared up Bahti's uncertainties. It was also a rewarding experience for me as a mentor.

The interview was conducted by Dr. Roger Konrad, Communications Officer of the Faculty of Medicine.

From left to right:

Prof. Bahtiyar Yilmaz
Assistant Professor, Department of Visceral Surgery and Medicine, Research Group Leader at the Department for BioMedical Research (DBMR), SNSF Starting Grant in 2023.

Prof. Britta Engelhardt
Professor of Immunology, Director of the Theodor Kocher Institute (TKI), and Talent4Bern mentor since 2023.

Dr. Valentina Rossetti
Coordinator Research and Young Talents, Dean's Office.

About the Talent4Bern program

The Talent4Bern funding program of the Faculty of Medicine supports researchers who wish to apply for an SNSF Starting Grant, an SNSF Ambizione grant, or an ERC Starting Grant. The candidates selected for the program receive support in preparing their grant proposals and interviews with the evaluation body. If their applications are successful, the candidates receive further support from the Faculty.

More information:

Benjamin Ineichen

A medical data scientist dedicated to improving drug development

Assistant Professor Tenure Track for Medical Data Science at the Department of Clinical Research (DCR) since May 1, 2025.

Selected career stages:
- Since 2022: Research Group Leader at the Center for Reproducible Science and Research Synthesis, Epidemiology, Biostatistics and Prevention Institute (EBPI), University of Zurich
- 2022: Habilitation in neuroanatomy and neuroinflammation
- 2020–2021: Clinical Resident in Neuroradiology, University Hospital of Zurich
- 2019–2020: Postdoctoral Research Fellow, Karolinska Institute, Stockholm, Sweden
- 2017 and 2021: Postdoctoral Research Fellow, National Institutes of Health, Bethesda, USA
- 2017–2018: Clinical Resident in radiology and neuroradiology, Waidspital Zurich
- 2013–2016: PhD in neuroscience and pharmacology, ETH Zurich
- 2012: Medical degree, University of Zurich

Selected ongoing projects:
- Large-scale assessment of animal-to-human drug translation with natural language processing (NLP)
- Developing a curated clinical trial evidence platform to support evidence-based drug trial planning

More details:

The prospect of conducting research and teaching at the University of Bern had long appealed to Benjamin Ineichen, a physician and data specialist. Bern's strong focus on digitalization and its active clinical research program were two of the reasons for this. When the opportunity arose for him to pursue his vision of more efficient drug development in Bern, he was thrilled.

The University of Bern and the Faculty of Medicine have invested heavily in digitalization in recent years. Naturally, this did not go unnoticed by Ineichen, a medical data scientist:

I've always had the impression that the University of Bern ranks very highly in international comparisons. Its strong strategic focus on digitalization makes it very attractive. Across all departments, the proportion of digitally focused departments here is probably higher than at any other research university in Europe. Many top researchers in my field of interest are here in Bern. Collaborations have already developed with many of them. In general, I really appreciate the openness and accessibility at the University of Bern and the Faculty of Medicine. I received a very warm welcome!

I feel very much at home in the Department of Clinical Research, led by Eva Segelov. Everyone shares the same grand vision. The environment is inspiring and agile, almost like a startup. In addition to research, teaching and mentoring are also very important to me. I find it rewarding to support young researchers as they develop their own research identities. The best ideas for research projects often come from the younger generation.

The Department of Clinical Research and the Inselspital are two of the central features of Bern's very active clinical trial landscape. Benjamin Ineichen believes that Bern can hold its own internationally in conducting clinical trials. His research benefits from Bern's vibrant research activity, but he also gives something back:

The development of new drugs is a highly inefficient process. Around 95% of therapies that show promise in animal studies never make it to market. My research group aims to understand why this is the case and how we can improve the success rate. We use systematic review and data-science approaches with large language models to collect and analyze the immense volume of data available on the drug development process. We try to identify patterns that indicate whether and why a therapy can advance to the next stage of development and approval. We can then use this knowledge to conduct better animal and human trials with drugs.

With respect to Bern's clinical trial landscape, I naturally hope that our findings will also be useful to the Inselspital in conducting even better studies and thus helping patients even more effectively. A more efficient drug development process would also make it possible to partially replace or refine animal testing.

Faculty Membership on the Basis of Academic Excellence

Two new Faculty Council members through the program

The Faculty of Medicine is committed to promoting excellence in research and teaching. Its Faculty Membership on the Basis of Academic Excellence program offers academic staff who distinguish themselves in research and/or teaching the chance to take seats on the Faculty Council and help shape the future of the Faculty. In 2025, two individuals were awarded for their outstanding research achievements.

A total of eight applications for faculty membership on the basis of academic excellence in research were submitted as part of the 2025 call for applications. The Faculty's Evaluation and Promotion Commission reviewed the applications and proposed two highly distinguished candidates to the Faculty Council for election. The Faculty Council accepted the proposal and elected one candidate specialized in clinical research and another specialized in translational and basic research.

Translational and basic research

Prof. Deborah Stroka
Department of Visceral Surgery and Medicine

- Research focus on liver cell biology
- Research Group Leader at the Department for BioMedical Research since 2002
- Associate Professor at the University of Bern since 2018
- Member of the Board of Directors of the University Comprehensive Cancer Center Inselspital (UCI)

Prof. Stroka has an outstanding track record in both basic and translational research. The high level of innovation in her work is attested by several ongoing Innosuisse-funded projects, held patents, and her role as co-founder to several spin-off ventures. Prof. Stroka shares her scientific and methodological expertise to actively support numerous colleagues within the Faculty. She has an exceptional commitment to teaching and mentoring the next generation of academics and is highly connected with strong national and international collaborations.

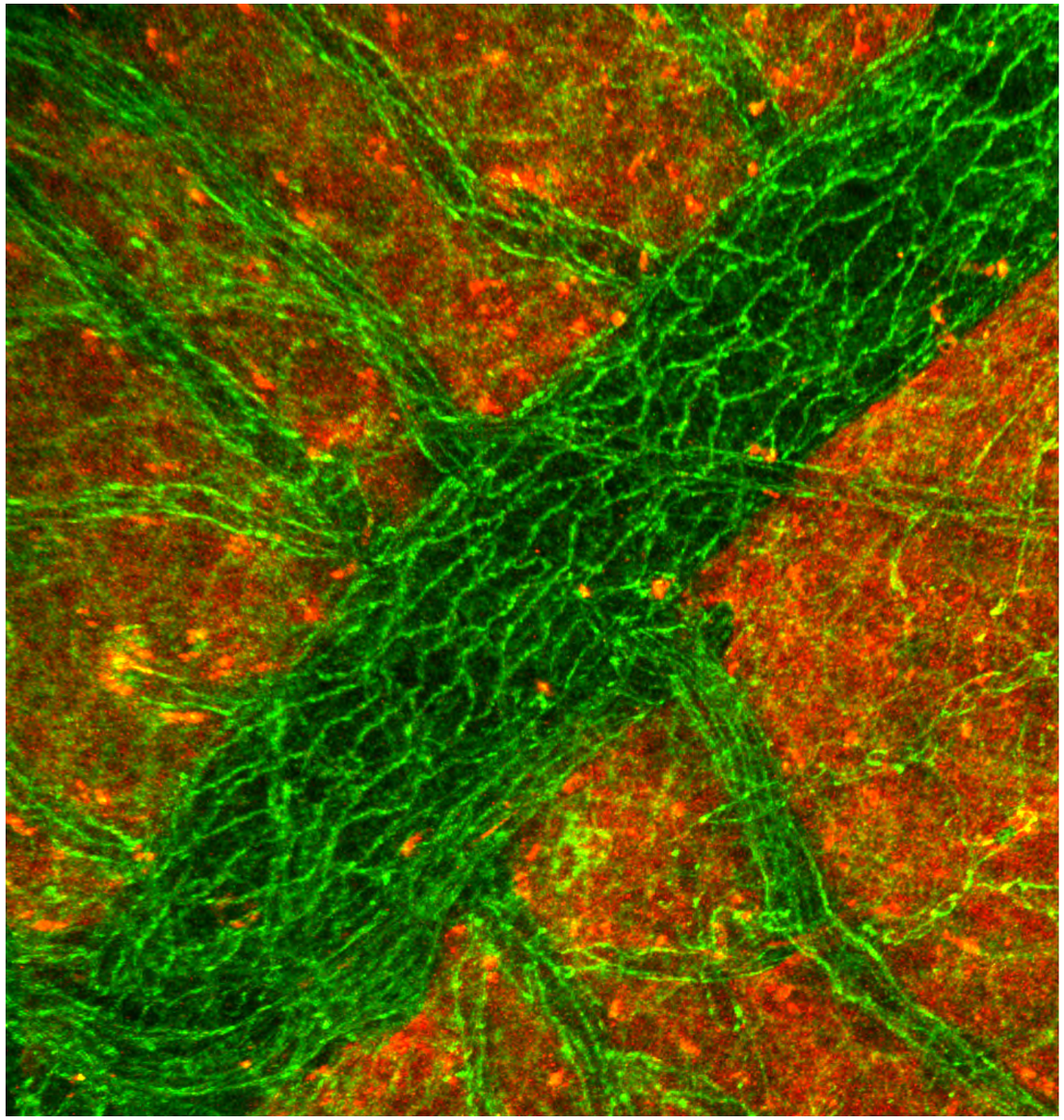
Clinical research

Prof. Thomas Pilgrim
Department of Cardiology

- Research focus on the treatment of heart valve diseases, particularly transcatheter aortic valve implantation, and rheumatic heart disease
- Associate Professor at the University of Bern since 2015
- MSc in Public Health from the London School of Hygiene and Tropical Medicine in 2019

Prof. Pilgrim is an outstanding clinical researcher who has successfully led numerous single- and multicenter studies published in high-impact journals. He has been highly successful in securing competitive external funding and has played a decisive role in raising the academic profile of the field of heart valve diseases in the Department of Cardiology in Bern. Prof. Pilgrim is deeply committed to supporting the next generation of researchers and as a mentor. He has an extensive network at both national and international levels and is highly visible in his field. He possesses all the qualities necessary for a successful academic career.

More information:



Antje-Christin Knopf

A physicist called to Bern at the right juncture

Full Professor for Applied Data Sciences and Decision Support Systems with focus on Radiation Oncology since March 1, 2025. Affiliated with the sitem-insel AG and the Department of Radiation Oncology at the Insel Gruppe. Director and Academic Lead of the sitem-insel School.

Selected career stages:
- 2022–2024: Full Professor for Medical Imaging and Medical Image Processing at the University of Applied Sciences and Arts Northwestern Switzerland (FHNW)
- 2016–2020: Associate Professor at the University Medical Center Groningen (UMCG), Netherlands
- 2009–2016: Research positions at Paul Scherrer Institute (PSI), Villigen, Switzerland, the Institute of Cancer Research (ICR), Sutton, UK, and National Institute of Radiological Sciences (NIRS), Chiba, Japan

Education:
- 2022: EMBA from the Rotterdam School of Management of the Erasmus University, Rotterdam, Netherlands and the University of Cologne Business School, Cologne, Germany
- 2009: PhD in physics from the Heidelberg University, Germany, carried out at the Harvard Medical School in Boston, USA

Selected ongoing projects:
- RAPTOR+, a Marie Skłodowska-Curie Doctoral Network focusing on advancing adaptive particle therapy for cancer treatment
- Clinical translation of proton radiography applications enabling and refining adaptive proton therapy at INITIATE, a SNSF-funded project in collaboration with the Paul Scherrer Institute (PSI) and the University of Applied Sciences and Arts Northwestern Switzerland (FHNW)

More details:

Antje Knopf's field of expertise, applied data sciences, is currently experiencing tremendous momentum, particularly in Bern. Antje Knopf witnessed the birth of the Department of Digital Medicine (DDM) at first hand and helped shape it. At the same time, sitem-insel School is in the process of "growing up," as she puts it. This gives her, who enjoys design, the feeling that she was called to Bern at exactly the right juncture.

Antje Knopf finds ideal conditions for her interdisciplinary research at the Faculty of Medicine. At the same time, many new developments are underway that offer her scope for creativity:

Gaining a professorship at a university was a long-cherished dream of mine. The fact that it came true here in Bern is a stroke of luck for me; a link to a large hospital is essential to my work with clinical data in radio-oncology. The Inselspital and the University of Bern are very well known, which is very helpful for international research collaboration. And the Faculty of Medicine in Bern has a reputation for interdisciplinary collaboration, which is particularly important in my field of research. My initial experience in Bern has more than confirmed this reputation; with the establishment of the DDM, to which my professorship belongs, the Faculty has taken an extremely important step and further increased its attractiveness. However, I have also noticed that there is still a lot to be done in digitalization. A great deal of infrastructure still needs to be built to implement the current exciting ideas. I consider it a great opportunity to be able to help actively shape this process.

Antje Knopf's research focuses on proton therapy, a special type of radiation therapy:

My current research involves several international flagship projects. One EU-funded project aims to standardize adaptive proton therapy in clinical cancer treatment practice. More than 25 European institutions collaborate in this program and are training a total of 18 PhD students in this specialized field. In a second project, I coordinate collaboration between American and European proton therapy centers to better predict rare side effects after particle therapy.

As a passionate communicator of knowledge, Antje Knopf is also very committed to the sitem-insel School, which she heads as director:

It is important to me to lead the sitem-insel School's continuing education programs into the future and give them greater visibility. We seek to recruit our course participants from all over Switzerland and even internationally. I want to ensure high quality and expand the range of programs on offer to teach content that helps translate research results quickly and reliably into benefits for patients.

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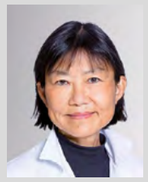


Prof. Uyen Huynh-Do

VDM Representative

Rankings of World Universities

International rankings are designed to reflect academic performance in a simple score. Over the years, the Faculty of Medicine has consolidated its position as one of the world's top 100 medical universities. In particular, our dental clinics are among the best dental schools in the world. The following table shows the ranking of the University of Bern from 2021 to 2025, either in clustered form when not specified more precisely by the authors of the ranking or as an exact rank for top rankings.

Shanghai Ranking: Global Ranking of Academic Subjects

	2021	2022	2023	2024	2025
Clinical Medicine	76-100	76-100	76-100	76-100	76-100
Public Health	201-300	151-200	76-100	51-75	101-150
Dentistry & Oral Science	16	13	9	7	4
Nursing	76-100	101-150	101-150	201-300	201-300
Medical Technology	51-75	51-75	51-75	51-75	51-75
Pharmacy & Pharmaceutical Sciences	201-300	151-200	51-75	51-75	76-100

Times Higher Education (THE): World University Rankings by Subject

	2021	2022	2023	2024	2025
Medicine & Dentistry	92	76	73	70	67

QS World University Rankings by Subject

	2021	2022	2023	2024	2025
Medicine	114	94	91	94	114
Dentistry	9	7	7	6	9
Pharmacy & Pharmacology	201-250	151-200	151-200	151-200	201-250

Faculty of Medicine in Numbers

1 **faculty**

40 clinics

16 institutes

115 **professors with tenure or tenure track**

27% of whom are women

220 **non-tenured professors**

30% of whom are women

3,560 **original articles published**

2,409 **students in**

2 bachelor programs

6 master programs

583 **students in**

48 CAS/DAS/MAS programs

226.9 **million budget in CHF, split as follows:**

80.4 for the University Institutes

108.9 for the Insel Gruppe

9.5 for the Universitäre Psychiatrische Dienste (UPD) Bern

11.1 for the Institute of Dental Medicine (zmk bern)

Additionally:

34.6 from the Swiss National Science Foundation

54.6 third-party funds for research

534 **doctoral degrees**

319 Dr. med.

42 Dr. med. dent.

135 from the Graduate School of Cellular and Biomedical Sciences

38 from the Graduate School of Health Sciences

418 **final master degrees**

294 Human Medicine

30 Dental Medicine

14 MSc in Biomedical Sciences

30 MSc in Pharmacy

44 MSc in Biomedical Engineering

6 MSc in Artificial Intelligence in Medicine

Raphaëlle Luisier

An explorer who navigates multidimensional problems through a cross-disciplinary lens

Assistant Professor Tenure Track for Omics Data Science for Transcriptomics at the Department for BioMedical Research (DBMR) since June 1, 2025.

Selected career stages:
- 2019–2025: Group Leader of Genomics and Health Informatics at Idiap Research Institute, Martigny, Switzerland
- 2014–2019: Postdoctoral Research Fellow at the Francis Crick Institute, London, UK
- 2013: PhD in Bioinformatics, University of Basel, Switzerland
- 2009: MSc in Bioengineering and Biotechnology, EPFL , Lausanne, Switzerland

Selected ongoing projects:
- SATURNA is an international initiative aiming to decode RNA in context and deliver actionable RNA-driven therapies for complex human diseases, including cancer and neurodegeneration. Founded by Raphaëlle Luisier, SATURNA combines five leading laboratories with complementary expertise in artificial intelligence, RNA biology, and clinical neuroscience.
- Geneva Translational Oncology Program (GTOP) awards support a research project co-led by Intidhar Labidi-Galy, clinical oncologist, and Raphaëlle Luisier to identify mechanistic biomarkers of immunotherapy response for advanced ovarian cancer.

More details:

Raphaëlle Luisier has an ambitious vision: to develop AI-based algorithms that can decode the various functions of RNA in diverse contexts. When she presented this vision during the selection process for her new position, she sensed immediately that Bern was the right place for her to make her dreams come true. She is now in the process of making Bern a hub for AI in RNA biology and centerpiece of an outstanding international research network.

Raphaëlle Luisier believes that complex issues can only be solved through collaboration between fields of expertise, even if they are distant from each other. She embraces interdisciplinarity:

I am a passionate networker and explorer. I find crossdisciplinary research exciting and important. I dream of finding the right experts in various fields and bringing them together to tackle major challenges. My work in Bern makes me feel like my dream is about to come true. There is a critical mass of experts from diverse fields, clinical and biological data, and an initiative that is unique in Switzerland: the Department of Digital Medicine, the DDM. This collaborative, interdisciplinary framework embodies my core beliefs. I'm happy to be part of the DDM and proud to contribute to this innovative concept. Outsiders are impressed whenever I tell them about the DDM.

Backed by the University of Bern and the Faculty of Medicine, Raphaëlle Luisier can network with the best technology hubs in Switzerland and around the world. This allows her to pursue her ambitious goals in the therapeutic use of RNA:

RNA is a fascinating molecule. It is ubiquitous, has diverse functions, and can be used in many ways. However, to exploit its full potential, we must understand it in context, not in isolation. This is how we bridge the gap between RNA sequencing and RNA-based therapies. I lead an international alliance called SATURNO. Its goal is to accelerate the development of RNA-based therapeutics for complex human disorders. The alliance includes molecular biologists, clinicians, and AI experts from five leading technology institutes located in Switzerland and Singapore. I find international cooperation to be very enriching. That's why I support the Faculty of Medicine's internationalization efforts. They offer opportunities for research collaboration and enable students and early-career researchers to gain valuable experience abroad.

Research

The researchers at the Faculty of Medicine published about 1,670 original papers as first or last authors in 2025. This substantial research output cannot be adequately reflected in this annual report. However, in a pars pro toto approach, we present a small and far from exhaustive selection of particularly outstanding publications.

Obstetrics and Feto-Maternal Medicine, Department of Obstetrics and Gynecology

PD Dr. Sofia Amylidi-Mohr
Senior Consultant, Division of Obstetrics and Feto-Maternal Medicine, Department of Obstetrics and Gynecology, Inselspital Bern

Continuous glucose monitoring (CGM) is increasingly used in gestational diabetes, yet robust evidence of improved clinical outcomes remains limited. In the DipGluMo randomized controlled trial of 302 women with gestational diabetes mellitus, the first of its kind, we compared real-time CGM with self-monitoring of blood glucose to determine whether intensified glucose tracking translates into better perinatal outcomes. We found no clinically relevant differences in neonatal or glycemic endpoints, including rates of large-for-gestational-age infants and neonatal hypoglycemia. The study's strengths lie in its randomized design and the comparison between the CGM method and the gold standard, and it demonstrates metabolic equivalence while highlighting the higher patient acceptability of rtCGM.

Department of Cardiology

Prof. Tobias Reichlin
Professor of Cardiac Pacing and Electrophysiology, University of Bern, and Chief Physician, Department of Cardiology, Inselspital Bern

Atrial fibrillation is the most common cardiac arrhythmia worldwide. Although existing interventional treatment methods such as catheter ablation work better than medication, they still have their limitations and risks. In the SINGLE SHOT CHAMPION clinical trial, a multicenter study coordinated by our research group, we compared the efficacy and safety of pulsed field ablation (PFA), a promising ablation technology available since 2021, with that of cryoballoon ablation, a conventional form of catheter ablation. PFA resulted in both shorter procedure times and higher long-term ablation success. Our findings are indicative of a direct benefit for patients and mark a major step toward establishing PFA as the new gold standard for catheter ablation of atrial fibrillation.

Department of Neurology

Prof. Urs Fischer
Professor of Neurology, University of Bern, Director and Chief Physician, Department of Neurology, Inselspital Bern

The study "Endovascular treatment for stroke due to occlusion of medium or distal vessels," published in the *New England Journal of Medicine*, investigated the role of endovascular therapy in patients with acute ischemic stroke caused by medium or distal cerebral vessel occlusions. A total of 543 participants were enrolled across 55 acute care hospitals in 11 countries in Europe and the Middle East. In this randomized trial, endovascular treatment with best medical therapy did not result in a lower level of disability or a lower incidence of death than best medical treatment alone. These findings highlight the urgent need for further research to define better treatment strategies in these patients, because prognosis was substantially worse than suggested by previous data.

Theodor Kocher Institute

Prof. Britta Engelhardt
Professor of Immunology and Director of the Theodor Kocher Institute (TKI)

In the study we present here, we focused on an overlooked protective layer in the central nervous system (CNS), which comprises the brain and spinal cord, called the glia limitans. The glia limitans lines the surface of the CNS and surrounds blood vessels, but its precise function is not well known. Importantly, early vertebrates relied on the glia limitans as a blood–brain barrier, whereas in modern vertebrates such as humans and mice this role is mainly played by the blood vessels. We engineered a fluorescent reporter mouse that allows the glia limitans to be observed as a tissue border in the living brain for the first time. This study shows that the glia limitans restricts the distribution of molecules, particles, and even immune cells, which has implications for CNS diseases and drug delivery.

Blood Glucose Monitoring in Gestational Diabetes

In the DipGluMo study, researchers from the Division of Obstetrics and Feto-Maternal Medicine, Department of Obstetrics and Gynecology, investigated whether traditional blood glucose monitoring via finger-prick is as effective as continuous monitoring via sensor in patients with gestational diabetes. The sensor method yielded clinical results comparable to those of the conventional method and was clearly preferred by the pregnant women. These findings pave the way for the routine introduction of automated blood glucose monitoring for all women with gestational diabetes.

Gestational diabetes affects up to 14% of all expectant mothers and can increase the risk of complications such as high birth weight, changes in amniotic fluid, and hypoglycemia in the newborn. Precise blood sugar control is crucial to minimizing these risks. Until now, such control has primarily been managed by self-monitoring of blood glucose (SMBG). This method is not only uncomfortable but also captures only individual readings and thus does not allow continuous monitoring. This makes it difficult for many women to keep a constant watch on their blood sugar levels.

Sensor-based blood glucose monitoring as an alternative

A modern alternative to SMBG is real-time continuous glucose monitoring (rt-CGM) with a sensor. In this method, blood glucose levels are measured automatically and continuously by a medical device. Research evidence on the effectiveness of rt-CGM for women with gestational diabetes is disputed: Whereas some studies show positive effects on blood glucose control and neonatal outcomes, others find no such association. Furthermore, there are currently no consistent recommendations on whether rt-CGM should be used in cases of gestational diabetes.

The world's largest randomized study comparing SMBG and rt-CGM

A research team from the Division of Obstetrics and Feto-Maternal Medicine within the Department of Obstetrics and Gynecology investigated whether the rt-CGM system leads to better pregnancy and birth outcomes than the traditional SMBG method. The DipGluMo study is the world's first randomized study comparing the two blood glucose monitoring methods, and its size gives it the statistical power necessary for a meaningful comparison. The researchers randomly assigned 302 women with gestational diabetes to either the rt-CGM group or the SMBG group. Their blood glucose levels were monitored throughout the entire pregnancy. The primary aim of the study was to investigate potential complications such as excessive birth weight, changes in amniotic fluid, and hypoglycemia in newborns.

Clinical equivalence of rt-CGM and benefits for patients

The study published in *The Lancet* in May 2025 found no significant differences between the two blood glucose monitoring methods (table and figure). The complication rate was nearly identical in both groups: 35% in the rt-CGM group and 36.4% in the SMBG group. No relevant differences were observed in the need for insulin therapy, delivery methods, or the need for intensive care for newborns. Thus, clinical equivalence with the traditional SMBG method.

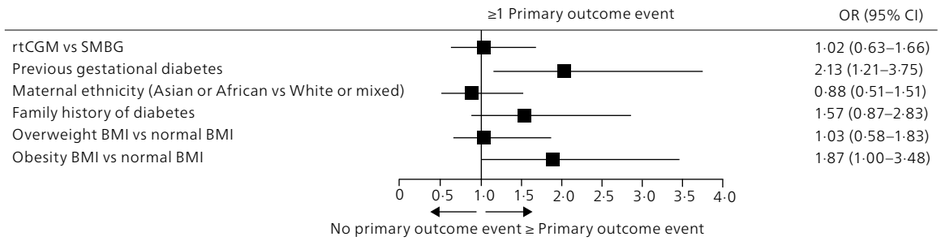
The study also showed that despite the lack of measurable clinical benefits, the participants preferred the rt-CGM method. "The patients found rt-CGM to be better and more comfortable because it eliminates the need for finger-pricks. This method could therefore benefit all women with gestational diabetes," explains PD Dr. Sofia Amylidi-Mohr, Senior Consultant at the Division of Obstetrics and Feto-Maternal Medicine and lead author of the study. Study leader Prof. Daniel Surbek adds, "These findings lay the groundwork for rt-CGM to be used routinely for patients with gestational diabetes." However, the researchers emphasize that the use of rt-CGM should be carefully evaluated in future cost–benefit analyses before widespread implementation.

Reference:
Amylidi-Mohr S., et al. Continuous glucose monitoring in the management of gestational diabetes in Switzerland (DipGluMo): an open-label, single-centre, randomised, controlled trial. *The Lancet Diabetes & Endocrinology*. 2025 Jul; 13(7):591-599.

To the clinic:

	All (n = 299)	rtCGM intervention group (n = 156)	SMBG control group (n = 143)	p value
≥1 primary outcome event	106/297 (36%)	56/154 (36%)	50/143 (35%)	0·90
Large for gestational age neonate	30/299 (10%)	16 (10%)	14 (10%)	1·00
Macrosomia	14/299 (5%)	9 (6%)	5 (3%)	0·51
Polyhydramnios	77/299 (26%)	42 (27%)	35 (24%)	0·73
Stillbirth	0	0	0	..
Neonatal hypoglycaemia	18/297 (6%)	9/154 (6%)	9/143 (6%)	1·00

Effect of glucose monitoring method on variables of the primary composite outcome (large for gestational age neonate, macrosomia, polyhydramnios, stillbirth, and neonatal hypoglycaemia).
Data are n (%) or n/N (%) unless otherwise specified. Differences in N are due to missing data. Data analysis was done in all randomized participants with available data for the corresponding outcome, based on the group to which they were initially allocated. rtCGM = real-time continuous glucose monitoring. SMBG = self-monitoring blood glucose.



Associations of glucose monitoring method, ethnicity, previous gestational diabetes, family history for diabetes, and BMI with the primary outcome in participants with gestational diabetes.
Forest plot presents the ORs (95% CI) of any adverse pregnancy outcome included in the composite primary outcome. Normal BMI = <25 kg/m^2. Obesity BMI = ≥30 kg/m^2. OR = odds ratio. Overweight BMI = 25 to <30 kg/m^2. rtCGM = continuous glucose monitoring. SMBG = self-monitoring blood glucose.

More Effective Treatment for Atrial Fibrillation

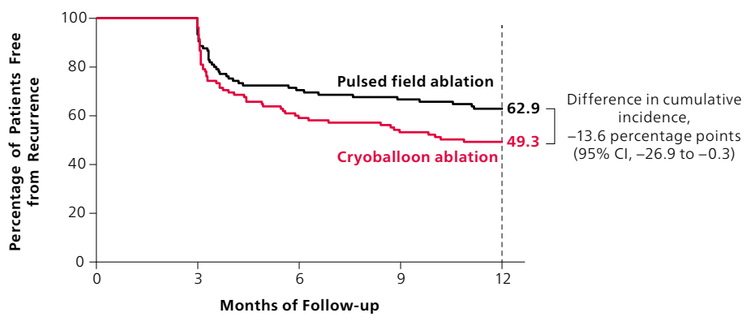
Existing interventions for the treatment of atrial fibrillation, such as catheter ablation, work better than medication. However, they still have limitations and risks. In the SINGLE SHOT CHAMPION clinical trial, coordinated by a research team from the Department of Cardiology, a new treatment method has shown promising results: Pulsed field ablation achieves a higher success rate than conventional catheter ablation with fewer arrhythmia recurrences and shorter procedure times.

Atrial fibrillation is the most common cardiac arrhythmia worldwide and affects more than 100 000 people in Switzerland. It is characterized by an irregular and rapid heartbeat and significantly impairs many patients' quality of life. If left untreated, atrial fibrillation increases the risk of stroke and heart failure. Catheter ablation is a well-established and minimally invasive treatment in which the heart tissue responsible for the erratic electrical signals is targeted to eliminate the source of the arrhythmia.

Prior studies have shown that catheter ablation is more effective than medication in restoring normal heart rhythm, alleviating complaints such as heart palpitation and shortness of breath, and reducing the risk of heart failure. The number of atrial fibrillation ablations has risen sharply in recent years: In 2025, more than 7 000 procedures were performed in Switzerland and over 500 000 worldwide. However, arrhythmias may recur after catheter ablation if the treated pulmonary veins reconnect electrically with the atrium or if additional foci of excitation occur. In addition, there is a slight risk of rare but serious complications such as narrowing of the pulmonary veins, damage to the phrenic nerve, and injury to the esophagus.

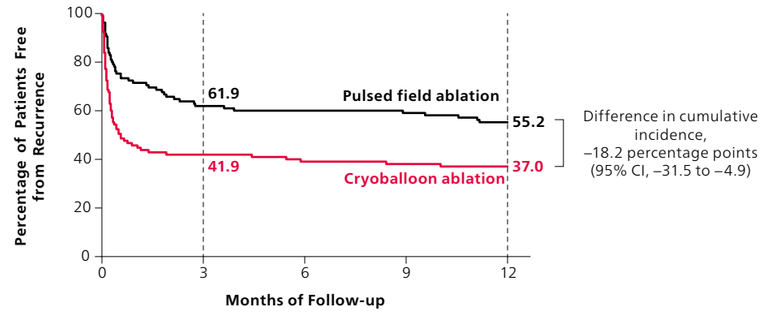
First comparison of pulsed field ablation with conventional catheter ablation

Since 2021, pulsed field ablation (PFA) has been available as a new, less invasive method for treating atrial fibrillation. In contrast to conventional catheter ablation, which employs heat or cold, PFA uses short electrical pulses to selectively switch off the defective heart muscle cells. This technique does not damage the surrounding tissue and thus reduces the risk of side effects. In addition, the procedure is often faster and less invasive for the patient.



No. at Risk (%)					
Pulse field ablation	105 (100)	98 (93)	74 (70)	70 (67)	66 (63)
Cryoballoon ablation	105 (100)	101 (96)	62 (59)	54 (51)	50 (48)

Figure 1. Freedom from recurrence of atrial tachyarrhythmia during the period from 91 to 365 days.
Kaplan–Meier estimates of the percentage of patients who were free from recurrence of atrial tachyarrhythmia, the primary end point, during the period from 91 to 365 days after ablation (i.e., after the 90-day blanking period). Estimates of freedom from recurrence were 62.9% in the group that underwent pulsed field ablation and 49.3% in the group that underwent cryoballoon ablation at 365 days (corresponing to 100% minus the cumulative incidence of the outcome in each of the two groups).



No. at Risk (%)					
Pulse field ablation	105 (100)	65 (62)	63 (60)	62 (59)	58 (55)
Cryoballoon ablation	105 (100)	44 (42)	41 (39)	38 (36)	37 (35)

Figure 2. Freedom from recurrence of atrial tachyarrhythmia during the period from day 1 to day 365.
Kaplan–Meier estimates of the percentage of patients who were free from recurrence of atrial tachyarrhythmia during the period from day 1 to day 365. At the end of the 3-month blanking period, estimates of freedom from recurrence were 61.9% in the group that underwent pulsed field ablation and 41.9% in the group that underwent cryoballoon ablation; the estimates were 55.2% and 37.0%, respectively, at 1 year, which correspond to 100% minus the cumulative incidence in each group.

A research team led by Prof. Tobias Reichlin from the Department of Cardiology has for the first time in a randomized, controlled clinical trial compared the efficacy and safety of PFA with that of cryoballoon ablation, a conventional form of catheter ablation. The researchers randomly assigned 210 patients with atrial fibrillation to one of two groups. One group was treated with the established method of cryoballoon ablation, and the other group received PFA. Subsequently, both groups underwent continuous rhythm monitoring for a year via an event recorder implanted under the skin to record any recurrent cardiac arrhythmias. This was a key methodological differentiator from prior studies, which used intermittent rhythm monitoring via Holter ECGs; this technique is known for limited sensitivity in this setting and results in limited statistical power. The SINGLE SHOT CHAMPION trial was conducted at the Inselspital, Bern University Hospital, and the University Hospital Basel.

Promising results with less invasive treatment

The study results were presented at the annual congress of the European Heart Rhythm Association (EHRA) in Vienna in April 2025 and simultaneously published the *New England Journal of Medicine*. PFA was superior to cryoballoon ablation and has a lower rate of recurrent cardiac arrhythmias. In the PFA group, 37% of patients experienced recurrent arrhythmias compared to 51% in the cryoballoon group (Figure 1). The duration of the procedure with the new method was also significantly shorter at 55 minutes than with the established method, which took 73 minutes. Complications were very low in both groups. Notably, the difference between the two groups was most pronounced in the first 3 months after ablation, the "blanking period," with strikingly more recurrences in the cryoballoon group, indicating a substantial difference in the healing process after ablation (Figure 2).

The results confirm that PFA represents a promising alternative to cryoballoon ablation. "The findings of this study will have a lasting and worldwide influence on the field of atrial fibrillation ablation," explains Prof. Tobias Reichlin, Professor of Cardiac Pacing and Electrophysiology at the University of Bern, Chief Physician at the Department of Cardiology of the Inselspital, and lead author of the study. Catalyzed by the results of this study, more than half of all catheter ablations for atrial fibrillation in Switzerland were performed using PFA in 2025. "The higher success rate is indicative of a direct benefit for patients. It is to be expected that PFA will prevail as the new gold standard for catheter ablation of atrial fibrillation and will find its place in the guidelines of professional associations." Further studies are now intended to show how ablation using PFA affects both the long-term course of the disease and the risk of heart failure and strokes.

Reference:
Reichlin T., et al. Pulsed field or cryoballoon ablation for paroxysmal atrial fibrillation. *New England Journal of Medicine*. 2025 Apr; 392(15):1497-1507.

To the clinic:

Critical Insights into Stroke Treatment

Catheter-based therapy is the standard of care for patients with acute ischemic stroke caused by large-vessel occlusion and improves functional outcomes. The international DISTAL trial was one of the first clinical studies investigating this therapeutic procedure for stroke patients with medium-sized or smaller vessel occlusions. It found that catheter-based therapy provides no additional benefit over standard medication therapy. Overall, functional outcome was worse than expected in both study groups, thus emphasizing the urgent need for new, more effective treatments for these patients.

Strokes are among the leading causes of death and are a major cause of long-term disability. Approximately 80% of all strokes are caused by blocked arteries in the brain, known as ischemic strokes. Catheter-based therapy, also called endovascular therapy (EVT), has become the standard of care for patients with acute ischemic stroke caused by large-vessel occlusion. In EVT, a catheter is guided through the bloodstream to the site of the blockage to remove the blood clot causing it (Figure 1). EVT significantly reduces the extent of impairment to patients with large-vessel occlusion.

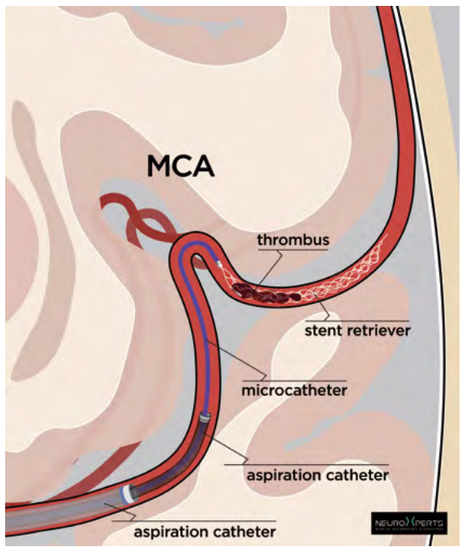


Figure 1. Endovascular treatment of an occlusion of the M3 segment of the middle cerebral artery (MCA).

However, the benefit of EVT to patients with occlusions of medium or distal cerebral vessels remains uncertain. These smaller vessels present technical challenges for interventions, and previous evidence has been limited, leaving clinicians unsure whether EVT offers additional advantages over best medical therapy alone in this patient population.

Endovascular therapy in medium and small cerebral vessels

DISTAL was an investigator-initiated, international, assessor-blinded, randomized trial investigating whether EVT with best medical treatment is superior to best medical treatment alone for the reduction of disability and death in patients with acute ischemic stroke due to isolated occlusion of medium or distal vessels. The study involved 543 participants with acute ischemic stroke across 55 acute care hospitals in 11 countries in Europe and the Middle East. The participants were randomized within 24 hours after they were last seen to be well. The primary outcome was the level of disability at 90 days, as assessed with the modified Rankin Scale score. This scale measures the degree of disability or dependence in daily activities of people who have suffered a stroke or other causes of neurological disability.

The DISTAL study was led by Prof. Urs Fischer, Director of the Department of Neurology, the Inselspital, Bern University Hospital, and Prof. Marios Psychogios, Head of the Department of Diagnostic and Interventional Neuroradiology, University Hospital Basel.

Urgent need for new treatments revealed

There was no significant difference in the level of disability (Figure 2), mortality, or symptomatic intracranial hemorrhage between the two treatment groups at 90 days. EVT did not reduce disability or death compared to best medical treatment alone for these types of strokes. Beyond this finding on EVT efficacy, the study revealed that the prognosis of patients with medium or distal vessel occlusion stroke was substantially worse than suggested by retrospective data. Approximately 45% of patients in both groups experienced moderate to severe disability or died.

Although EVT is not currently recommended as the standard of care for occlusions in medium or distal cerebral vessels, notably, catheter-based therapy in the DISTAL study did not lead to an increased rate of complications, such as severe intracranial hemorrhages.

Prof. Urs Fischer comments, "our study shows that endovascular therapy cannot yet be recommended as a standard treatment for medium-sized and smaller vessel occlusions. However, it is a safe option that can still be considered for selected people on a case-by-case basis. The findings of the DISTAL trial highlight the urgent need for new and more effective treatment options, because the prognosis for these patients is worse than previously assumed."

The DISTAL study offers critical insights into acute stroke treatment, provides evidence for clinical recommendations, and paves the way for future studies that aim to improve the care for patients with medium-sized and smaller vessel occlusions. Currently, the research team is investigating whether certain subgroups of patients may benefit from EVT. Future studies will also explore imaging markers to support personalized treatment decisions.

Reference:
Psychogios M., et al. Endovascular treatment for stroke due to occlusion of medium or distal vessels. *New England Journal of Medicine*. 2025 Apr; 392:1374–84.

To the clinic:

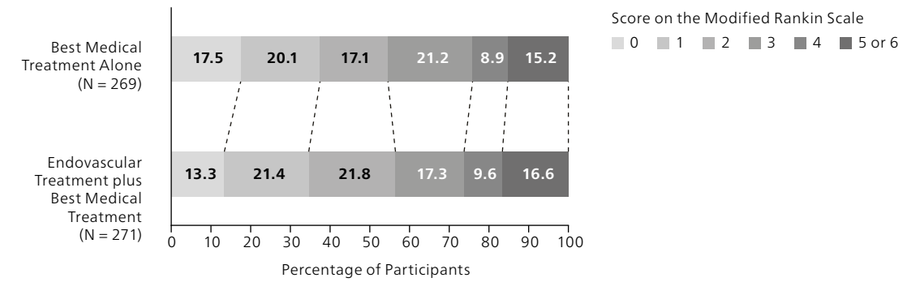


Figure 2. Modified Rankin Scale scores at 90 days.
Scores on the modified Rankin scale range from 0 to 6, with higher scores indicating more severe disability (0 = no symptoms; 6 = death). For analysis, scores of 5 and 6 were combined to avoid classifying a transition from death (6) to severe disability requiring constant care (5) as an improvement in functional outcome.

Barrier Properties of the Glia Limitans

The glia limitans ensheathes the entire central nervous system parenchyma, yet its barrier properties during health and neuroinflammation are incompletely understood. Prof. Britta Engelhardt's research group at the Theodor Kocher Institute developed a fluorescent reporter mouse that allows in vivo imaging of the glia limitans for the first time. With this, the team showed that the glia limitans forms a barrier for soluble tracers and immune cells.

Effective communication of neurons in the central nervous system (CNS) requires a homeostatic environment. Therefore, the CNS has a unique relationship with the immune system, referred to as immune privilege. CNS immune privilege is established and maintained by the brain barriers that divide the CNS into distinct compartments, which differ by their accessibility to immune mediators and immune cells.

In the steady state, immune cell entry is restricted to CNS border zones such as the subarachnoid space (SAS) and perivascular spaces to screen for pathogenic alterations. During neurological disorders and associated with clinical disease, however, immune cell infiltration into the CNS parenchyma is readily observed.

In analogy to a medieval castle

The Engelhardt research team has proposed that the brain barriers ensure CNS immune privilege with an overall architecture that resembles that of a medieval castle surrounded by a two-walled castle moat. In this analogy, immune cell entry into the CNS parenchyma requires two sequential and differentially regulated steps: migration across the outer brain barriers ("outer wall") into the subarachnoid or perivascular spaces ("castle moat"), which only under pathological conditions is followed by immune cell passage across the glia limitans ("inner wall") into the CNS parenchyma.

Glia limitans: the "inner wall"

In addition to their function as a physical barrier, the outer brain barriers constitute a metabolic barrier due to the expression of unique combinations of enzymes, transporters, and efflux pumps.

In contrast, the glia limitans does not entirely prohibit passage of soluble molecules but does provide a barrier for immune cells. The glia limitans is formed by subsets of astrocytes that are strategically positioned at the outer borders of the CNS parenchyma, forming the superficial glia limitans, and by astrocytes extending foot-processes towards all blood vessels, thus forming the perivascular glia limitans.

Although the role of the outer brain barriers in controlling immune cell entry into the CNS has been addressed, the role of glia limitans-forming astrocytes in neuroimmune communication is not well explored. Studies in an animal model of multiple sclerosis have provided evidence that clinical disease only starts after immune cells have crossed the glia limitans and reached the CNS parenchyma. This assigns an important role to the glia limitans in maintaining CNS immune privilege and homeostasis. However, the barrier properties of the glia limitans for passage of soluble mediators from the cerebrospinal fluid into the CNS parenchyma are a matter of debate.

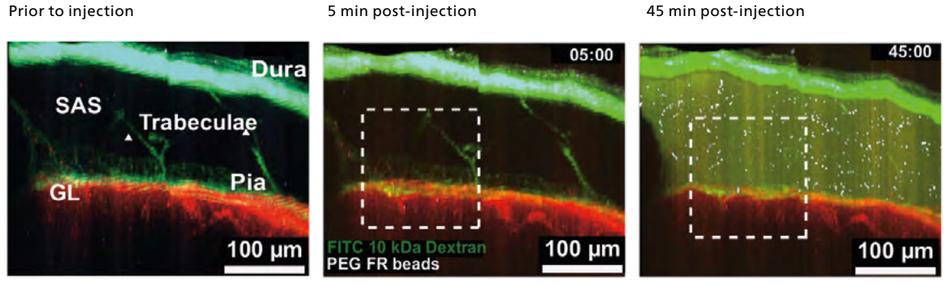


Figure 1. Border reporter mice allow to define barrier properties in the spinal cord.
A mixture of 10kDa FITC-dextran (green) and 1 µm beads (white) was injected into the cisterna magna during 2P-IVM. The arrival of tracers in the subarachnoid space (SAS) of the spinal cord was observed over time by time-lapse imaging using 2P-IVM and is shown for the times indicated after infusion. GL = glia limitans (red).

Simultaneous imaging of all CNS borders

Understanding the mechanisms underlying CNS immune surveillance and CNS pathology requires knowing the exact CNS compartments in which immune cells and mediators are located. But to date, no in vivo study has presented simultaneous imaging of immune cells or immune mediators with brain barriers.

For this reason, the Engelhardt research team aimed to create a CNS border reporter mouse that allows simultaneous imaging of the vascular, pial and arachnoid, and glial tissue borders in the CNS. To this end, the VE-cadherin-GFP knock-in mouse line, which allows in vivo imaging of the leptomeningeal layers in addition to endothelial cell junctions, was crossed with the Aqp4-mRuby3 knock-in mouse, thus allowing the glia limitans to be visualized.

The glia limitans barrier properties

Simultaneous in vivo imaging of the glia limitans, the leptomeningeal and endothelial borders with immune cells, and immune mediators was achieved by 2-photon intravital microscopy (2P-IVM) of the brain and spinal cord in CNS border reporter mice through cranial window, skull thinning, and spinal cord window preparations.

This imaging setup enabled precise localization of the superficial glia limitans situated just beneath the VE-cadherin-GFP+ pia mater fibroblast layer. This allowed accurate assignment of fluorescent tracers to the subarachnoid space (Figure 1) and T cells to specific compartments including the dura mater, subarachnoid space, and parenchyma (Figure 2).

The CNS border reporter mouse provides a powerful tool for direct visualization of the structure and function of the brain barriers in the live tissue, thus enabling investigation of how the brain barriers maintain CNS immune privilege. Project leader Prof. Britta Engelhardt comments on these results: "Our study provides direct evidence for the barrier properties of the glia limitans to soluble tracers and immune cells in vivo. The Aqp4-mRuby3 reporter mice and the border reporter mice will be instrumental in clarifying the mechanisms maintaining CNS immune privilege and the fluid dynamics in the CNS during health and disease."

ERC Advanced Grant for her outstanding research project CNS-IP

Prof. Britta Engelhardt has received an ERC Advanced Grant for her project CNS-IP, which investigates how the brain barriers divide the central nervous system (CNS) into distinct compartments that favour neuronal activity and immune surveillance, respectively. CNS-IP focuses on uncovering the precise anatomy and function of the different brain barriers at the cellular and molecular levels and how they are altered in neurological disease. A better understanding of the role of the brain barriers in balancing neuronal function and immune surveillance in the CNS is a prerequisite for developing new diagnostic, imaging, and therapeutic approaches to neurological diseases such as multiple sclerosis, brain tumors, and Alzheimer's disease.

Reference:
Hélie-Legoupil P., Kloster, F., et al. In vivo imaging of the barrier properties of the glia limitans during health and neuroinflammation. *Nature Communications*. 2025 Oct; 16:8895.

To the institute:

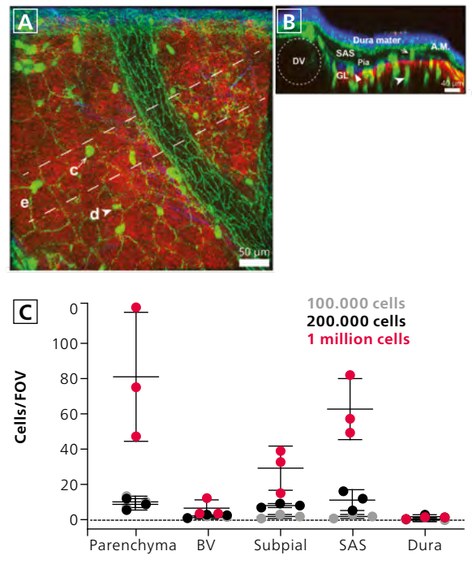


Figure 2. Border reporter mice allow precise localization of T cells within the CNS during autoimmune neuroinflammation.
Representative maximal intensity projection images of 2P-IVM of the cervical spinal cord of mice. GL = glia limitans is seen in red. Endothelial and leptomeningeal adherens junctions are visible in green. T cells are seen in green. Second harmonic generation from collagen of the dura mater and from subpial collagen is seen in blue. SAS = subarachnoid space; DV = dorsal vein; A.M. = arachnoid mater. **A** and **B** show top and lateral views of the cervical spinal cord depicting T cells in different locations. **C**. Quantification of autoaggressive T cells during clinical disease in the various CNS compartments. Various numbers of autoaggressive T cells were injected. BV = blood vessel.

Andri Rauch

A dedicated networker with a background in a typically interdisciplinary field

Full Professor of Infectious Diseases since January 1, 2025. Clinic Director and Chief Physician at the Department of Infectious Diseases of the Inselspital, Bern University Hospital.

Selected career stages:
- Since 2006 employed at the Department of Infectious Diseases of the Inselspital in progressively senior positions: Senior Physician (2007–2012), Senior Consultant (2013–2016), Deputy Chief Physician (2016–2021), Deputy Clinic Director and Chief Physician (2021–2025), and Clinic Director and Chief Physician (since 2025)
- 2014: Associate Professor
- 2011: Habilitation in Infectious Diseases, University of Bern
- 2008: Specialist title in Infectious Diseases
- 2006: Specialist title in General Internal Medicine
- 2004–2006: SNSF Research Fellow, Centre for Clinical Immunology and Biomedical Statistics, Perth, Australia
- 2004: Doctorate (Dr. med.), University of Bern

Selected ongoing project:
- Swiss HIV Cohort Study, a nationwide prospective longitudinal cohort study enrolling persons with HIV in Switzerland

More details:

Since his appointment as a full professor, Andri Rauch has headed the Department of Infectious Diseases, where he began his career 23 years earlier as a resident. His research focuses on improving the efficacy and tolerability of antiviral therapies and the care of people living with HIV or viral hepatitis. To achieve this, he works in collaborative networks in Bern, throughout Switzerland, and internationally.

The Department of Infectious Diseases has a clear focus on clinical and epidemiological research. In addition to this internationally recognized expertise, the clinic's knowledge of longitudinal cohort studies is a distinguishing feature:

Our researchers contribute this expertise to national and international collaborations. Key long-term studies in this field include the Swiss HIV and Transplant Cohort Studies, randomized clinical trials, and large-scale international research projects funded by the Swiss National Science Foundation (SNSF) and further funding agencies.

The Department also has strong ties within the Bern campus: In clinical-epidemiological research, for example, we collaborate with the Institute of Social and Preventive Medicine and the Department of Clinical Research. For translational projects, we work closely with the functional units of the Faculty of Medicine and the University of Bern, as well as with the Institute for Infectious Diseases. The Multidisciplinary Center for Infectious Diseases (MCID) at the University of Bern also offers excellent conditions for interdisciplinary projects. We greatly appreciate the diversity, collaboration, and high quality of services provided by these partner institutes and our proximity to them.

Andri Rauch is the president of the Swiss HIV Cohort Study (SHCS), a longitudinal cohort study that is unique internationally and offers a model for studying chronic diseases across different disciplines:

The SHCS is a nationwide, multicenter study involving university hospitals, regional hospitals, and private medical practices as recruitment sites. It includes approximately 70% of persons with HIV in Switzerland and has been running for nearly 40 years. This long duration of observation and the comprehensive collection of health data from persons with HIV make the study unique. Extensive demographic, clinical, and biological data have been collected, as have biological samples. This has produced an enormously rich set of linked data and biological materials that enables a wide variety of epidemiological, clinical, and translational projects. Dozens of projects currently supported by the SNSF and other competitive funding instruments use the cohort study's infrastructure. Furthermore, we also support small nested projects, which are excellent tools for bringing innovative project ideas to fruition, particularly for early-career researchers. The interdisciplinary and interprofessional collaboration within this network is extremely enriching and makes an important contribution to sustainable improvements in the health of people living with HIV.

Education

Comprehensive Reform of the Medical Curriculum

Lively discussions during the two-day teaching retreat in August 2025.

The medical curriculum at Bern is set to undergo a fundamental reform. In a broad consultative process, the Faculty developed a preliminary concept for the reform in 2025 comprising four subprojects. The subprojects integrate existing elements and create new ones to guide the medical curriculum at Bern into the future in its content, structure, and methodology. The project plan is now being drafted. Implementation of the reform will begin in early 2027.

Forward-thinking educational development has traditionally been a strength of the Faculty of Medicine at Bern. As a pioneer in Switzerland, Bern introduced structured bedside teaching in the 1970s and problem-based learning in 2003. Because the focus in recent years has been on adapting the curriculum to rising student numbers, a need for innovation in content, structure, and pedagogy has accumulated. Students complain about the lack of a common thread across many parts of the curriculum, and faculty members have noted a lack of integration between preclinical and clinical content. Furthermore, the integration of artificial intelligence into daily clinical practice is fundamentally changing the future role of physicians and requires strengthening of both our graduates' digital literacy and their interpersonal skills.

Professionalization and collaboration as prerequisites

To professionalize the further development of medical education, the Faculty created the new position of Dean of Education in 2023 and appointed PD Dr. Roman Hari to the role. With a full-time Dean of Education, project-based additional resources at the Dean's Office of Student Affairs, and enhanced collaboration with those responsible for teaching at the Bern university hospitals and the Institute for Medical Education, the prerequisites for the next major step in the development of the medical curriculum at Bern are now in place.

Medicine of the future as a reference

The goal of the reform is to better adapt the curriculum at Bern to current, and above all future, challenges in medicine. At the same time, its unique selling points are to be retained and further developed in a targeted manner: the curriculum's strong practical orientation, team-based learning, and digitally supported learning. The development of the preliminary concept, led by the Dean of Education, began in the spring of 2025 and has enjoyed broad support. Through 30 individual interviews with faculty members, other instructors, and students, 30 personal visions of education in the future of 2040 were synthesized into a shared project. At two closed-door meetings of the faculty leadership, a two-day teaching retreat with around 30 faculty members and students, and four site visits to European universities, the shared vision was developed, refined, and translated into four subprojects.

Subprojects of the curriculum reform

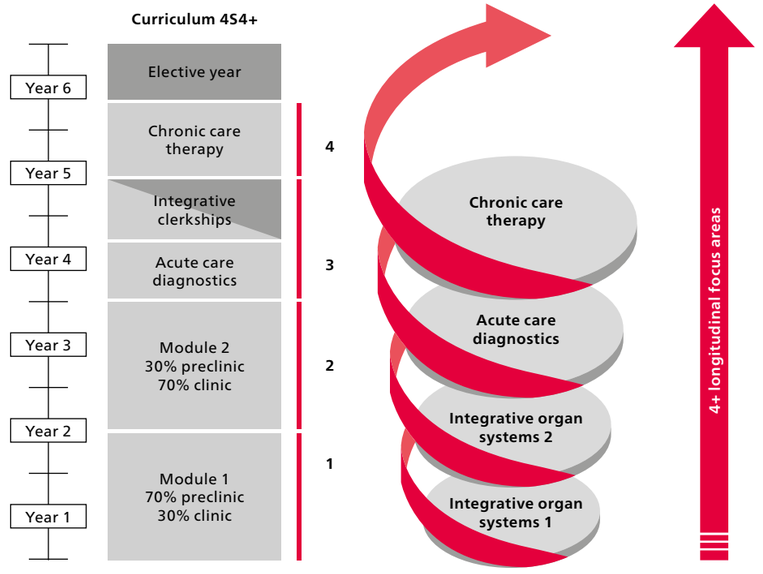
In December 2025, the Dean of Education presented the preliminary concept for the curriculum reform to the Faculty Council. The concept aims to strengthen vertical integration within the bachelor degree program. The transfer of preclinical foundational knowledge into clinical practice is to take place earlier in the program and in a more systematic manner. In the future, the master degree program will be more case oriented and include integrated block clinical rotations. Four focus areas spanning the entire duration of the program are intended to strengthen students' interpersonal skills and thus better prepare them for the medicine of the future.

Dean of Education PD Dr. Roman Hari comments on the draft concept: "What began as brainstorming around individual ideas has developed into a 'major breakthrough' that could revolutionize our curriculum in content, methodology, and structure."

Implementation scheduled to begin in early 2027

The Faculty Council unanimously approved the broad concept and commissioned the development of a concrete project plan. This plan will include a detailed content outline, project structure, and financial plan. The project plan is scheduled to be discussed and approved by the end of 2026 so that implementation can begin in 2027. "Things have started to move forward in curriculum development in Bern. The positive energy of many committed and courageous people in a wide variety of roles has created momentum that we must now use as well as possible," says PD Dr. Roman Hari with enthusiasm.

Overview of the structure and the modules of the revised curriculum



Katharina Stegmayer

A dedicated advocate for people with mental illnesses

Professor of Biological Psychopathology since April 1, 2025. Deputy Director and Chief Physician of the University Hospital of Psychiatry and Psychotherapy.

Selected career stages:
- 2021–2024: Assistant Professor Tenure Track of Biological Psychopathology
- Since 2010 employed at the University Hospital of Psychiatry and Psychotherapy in progressively senior positions: Resident Physician (2010–2018), Senior Physician (2018–2021), Senior Consultant (2021), and Deputy Clinic Director and Chief Physician (since 2021)
- 2019: Habilitation in Psychiatry and Psychotherapy, University of Bern
- 2018: Board certification in Psychiatry and Psychotherapy
- Since 2015: Research Group Leader, University Hospital of Psychiatry and Psychotherapy, Bern
- 2010: Doctorate (Dr. med.), University of Göttingen, Germany

Selected ongoing projects:
- The Interpersonal Space Study investigates how paranoia is linked to difficulties with social distancing and social interaction. We use magnetic resonance imaging (MRI) to better understand what happens in the brain during these processes and develop more accurate long-term predictions and more targeted treatments.
- The SAFETY study investigates how stalking leads to a persistent sense of threat, altered safety behaviors, and paranoid thoughts in victims, and how these affect their lives. The study uses behavioral tests, biological measurements, and MRI to better understand changes in the body and brain with the aim of identifying risks early and developing targeted support services.

More details:

The University Hospital of Psychiatry and Psychotherapy is a major psychiatric clinic, even by international standards. In addition to its research mission, it provides care services to a large region. For Katharina Stegmayer, the wide range of demands this entails is what makes her work at the Universitäre Psychiatrische Dienste in Bern so appealing.

Unlike many other university psychiatric clinics in German-speaking countries, the University Hospital of Psychiatry and Psychotherapy covers the entire spectrum of mental illnesses, including particularly severe cases:

I find it both fascinating and important that our scope includes these patients, because they suffer from the most severe limitations. People with mental illness often have difficulty integrating socially. This makes it all the more important for us as professionals to demonstrate professionalism and in-depth expertise so as to better advocate for the needs of these marginalized patients. Figuratively, I also see myself as their advocate. The broad scope of the field is the second reason why I was drawn to psychiatry early on. Although we primarily deal with a complex organ, the brain, we don't stop there. We also address the entire body and our patients' social interactions. All of this is relevant to diagnosis and is reflected in the treatment of mental illnesses.

Psychiatry has many points of connection with other medical specialties and the basic medical sciences. Katharina Stegmayer is enthusiastic about the openness of the neuroscientists at the Bern campus:

We can truly be proud of the outstanding interdisciplinary collaboration in the neurosciences and the potential it offers for patient-centered research and treatment. In my research, I focus on how we can make the diagnosis and treatment of patients with mental illness more precise. I start from specific clinical problems and try to understand their underlying causes so that I can ultimately propose a diagnostic approach and therapy, ideally one that is simple.

Examples of this include two projects dealing with impaired nonverbal communication. Such disorders can severely impair the social functioning of those affected. In the Interpersonal Space Study with schizophrenia patients, we developed a simple bedside test to assess paranoia. It depends on interpersonal distance, which is significantly greater in individuals with paranoia and is easy to apply in everyday clinical practice. The second example concerns the performance and understanding of hand gestures. Many of our patients struggle with this and it has a negative impact on their social interactions and quality of life. Today, we can identify which regions of the brain are responsible for the disorder in each individual patient and use deep brain stimulation to modulate activity in these regions.

University of Bern Teacher of the Year

PD Dr. Stefan Tschanz, Institute of Anatomy

Career:
- Since 2022: Exam Director for the 2nd year of the Bachelor of Medicine program
- Since 2020: Chair of the Subcommittee on Teaching for the Bachelor of Medicine program
- 2016: Promoted to Lecturer I at the Institute of Anatomy
- 2015: Habilitation in anatomy and histology
- 2001–2002: Postgraduate studies in software engineering and project management at the Software School Switzerland
- Since 1998: Research assistant at the Institute of Anatomy
- 1991: Earned a Dr. med. from the University of Bern
- 1982–1989: Studied medicine at the University of Bern

The University of Bern Teacher of the Year Award:
The University uses this title to honor members of the academic faculty who exemplify excellence in teaching, enrich the classroom with innovative teaching concepts, and are particularly committed to the academic development of their students.

To the video portrait of PD Dr. Stefan Tschanz:

Back to the content

Being named Teacher of the Year means more to me than I can express, because teaching medicine is something I'm truly passionate about.

PD Dr. Stefan Tschanz, lecturer at the Institute of Anatomy, was named Teacher of the Year by the University of Bern at the Dies academicus on December 6, 2025. He has made significant contributions to the teaching at the Faculty of Medicine in both content and strategy.

PD Dr. Stefan Tschanz is passionate about education. He oversees key areas of preclinical training and is also a vital pillar of the Faculty of Medicine's teaching program. He combines his many years of teaching experience with profound scientific expertise and is deeply committed to the development of medical education at the University of Bern.

Stefan Tschanz, congratulations on being named the University of Bern's Teacher of the Year. In your view, what makes a good teacher?

It's important to present your subject with conviction and enthusiasm so that you can pass this fire on to the students. In addition, content must be conveyed in a way that makes it tangible for students, in the truest sense of the word. A clear understanding of the target audience and the educational aims is essential to ensure that the depth of learning and the amount of material are always appropriate to the required students' level.

Your passion for teaching anatomy is immediately apparent. What sparked that passion in you?

I've always had wonderful role models to look up to: starting with my mother, who put heart and soul into her teaching at primary school, all the way to the gifted teachers I've met here at the Institute of Anatomy, from whom I've learned so much throughout my career. They're the ones who sparked my passion for teaching. It also gives me immense joy to work with people as interested and eager to learn as our students are, and to help them navigate their way through the wealth of course material.

Especially in anatomy, there is a great deal for students to learn.

That's true. At the same time, anatomy is very concrete, very practical. This fact has helped me make my teaching more engaging. When I started as a young assistant at the Institute of Anatomy, I was very quickly involved in teaching. This allowed me to gain experience, and I realized that teaching comes naturally to me and that my teaching style is well received by the students.

You've been teaching at our Faculty for 28 years. How have the challenges facing students changed during that time?

Knowledge is growing in medicine at a tremendous pace. At the same time, an immense variety of learning platforms and formats has emerged. Now AI has been added to the mix. All these factors raise the risk that students become overwhelmed by the flood of information and lose their bearings. This sometimes manifests as a rather inefficient urge to hoard information. Some students have difficulty distinguishing the essential from the inessential.

In my opinion, an important task for us instructors is to support students in this. Conversely, sharing exotic research findings without a clear connection to the educational goal of becoming a physician tends to cause confusion rather than provide guidance.

Now, filtering out the essential information is an important part of the learning process. But when the effort required for filtering becomes disproportionately large, the actual acquisition of knowledge suffers.

What should the Faculty of Medicine focus on as it continues to develop its medical curriculum?

In my view, we must keep in mind that the goal of our program is to train physicians who can succeed in practice, including within the social and political context. The best way to achieve this is by teaching them proficiencies and creating a practice-oriented curriculum that focuses on the essential competences. The simple transfer of facts can easily take place online today, so in-person instruction is best reserved for small-group discussions that can impart other aspects of knowledge, such as skills and clinical reasoning.

The interview was conducted by Dr. Roger Konrad, Communications Officer of the Faculty of Medicine.

Lectures by Night

A highly successful initiative by the Local Student Association of Bern's Medical Students (fsmb)

The Lectures by Night take place in a relaxed atmosphere. The students' participation is driven by their genuine interest in the subject matter.

Whether about specific aspects of their future professional lives or topics that are not covered sufficiently in regular lectures, even the packed schedule of the Bern medical curriculum cannot cover everything that interests the students. That is why they organize their own additional lectures—with great success.

It is 6:15 p.m. on a Tuesday evening in early December 2025. The Alhambra Auditorium, a lecture hall with over 360 seats, is beginning to fill. The event, which students from various class years are attending at this unusual time of day, is not listed in the course catalog. It is the sixth Lecture by Night, organized by the fsmb student association.

First-hand accounts and tips

Lectures by Night are optional events on topics chosen by the medical students. These are topics that are not covered sufficiently in their curriculum, or questions that are of immediate concern to the students as they look ahead to their professional careers. The Lectures by Night team within the fsmb board selects topics from the students' suggestions and finds suitable experts to give presentations. The idea is for the experts to provide very practical insights. That is why ample time is usually set aside for questions from the audience.

What attracts medical students

When the sixth Lecture by Night begins at 6:30 p.m., the lecture hall is well filled. Interest in the event series has remained consistently high since the very first series. Annika Rausch, who is a member of the organizing team at the fsmb, says "we were overwhelmed by the huge interest our program has generated from the very beginning. Between 200 and 300 students attend each of our Lectures by Night. That naturally motivates us to keep going." The first Lecture by Night in spring 2024 focused on tips and tricks for everyday life in the hospital. Resident physicians answered students' questions such as "How bad is the first year of residency really?" The second Lecture by Night in fall 2024 addressed mental health during medical school.

Gaining momentum in 2025

Following the great success of the inaugural year, four events were held in 2025. Two evenings were dedicated to the challenging topic of domestic violence. Among other things, speakers gave presentations about intervention centers, and experts in emergency medicine, pediatrics, gynecology, and family medicine examined the topic from a clinical perspective. On two other evenings, established specialists presented career paths in their fields and spoke openly about what had shaped their careers.

"We thank all the experts who have contributed to the Lectures by Night so far and look forward to continuing the series in 2026. The program will feature events on the topics of gender medicine, sports medicine, and the limits of medicine," says Annika Rausch.

Annika Rausch (standing) is chairing the expert panel discussion on domestic violence at the Lecture by Night on December 2, 2025.

Teacher of the Year Award

Presented by the Students Association fsmb

Prof. Wanda Kukulski
Co-Director and Research Group Leader at the Institute of Biochemistry and Molecular Medicine

Each year, medical and dental students honor one faculty member from the bachelor's program and one from the master's program for outstanding teaching. In 2025, Prof. Wanda Kukulski and Prof. Steffen Eychmüller received the Teacher of the Year Award. The selection of the award winners is organized by the Local Student Association of Bern's Medical Students (fsmb).

Laudation for Wanda Kukulski, Professor of Biochemistry

Many students briefly hold their breath when they first look at the signaling pathways of biochemistry. A web of arrows, circles, and proteins, and the question "How am I ever supposed to learn this?" Anyone who then attends a lecture by Prof. Kukulski quickly realizes that it's worth taking a deep breath—and suddenly the jumble becomes a clearly structured path that one wants to follow. Step by step, she unravels the initially impenetrable web of molecules. A seemingly chaotic network of signals becomes a clear path; complex processes become a comprehensible picture. Her slides serve as explicit signposts that provide orientation, and the common thread of her lectures runs through the subject like a fine ribbon.

The fact that there is more to this clarity than just carefully designed slides became evident in a moment that will remain in many students' memories for a long time to come. In the middle of the lecture, the projector malfunctioned, and a quiet murmur rippled through the lecture hall. Yet Prof. Kukulski remained completely calm. With a composure that was almost more impressive than any slide, she continued the lecture as if it were the most natural thing in the world. The students were amazed; hardly anyone knows their subject matter so thoroughly that even the most complex signaling pathways remain clear and intelligible without a slide. She humorously refers to her lectures as "PowerPoint karaoke," and yet, in every word, one senses the precision and care with which she makes difficult concepts tangible and vivid.

Her lectures are more than just specialized knowledge. They are encounters that spark curiosity, ignite questions, and bring understanding to life. Approachable and passionate, she conveys not only content but also a mindset and inspires students to pursue research and learning with enthusiasm of their own.

In the end, it becomes clear that even the most complex biochemical pathways can be understood, even if one occasionally has to look something up in a book. After a lecture by Prof. Kukulski, initial amazement gives way to the joy of understanding.

The medical students would like to express their gratitude for the inspiring teaching that makes knowledge accessible and sparks curiosity about science.

And as a researcher at the very highest level:

Prof. Wanda Kukulski is part of a research team that was awarded a prestigious European Research Council (ERC) Synergy Grant in 2025. The Synergy Grants are supported by the European Union's Horizon Europe research and innovation program and are among the most renowned and prestigious grants of the ERC.

The MitoContact project, which involves Wanda Kukulski's research group, is one of 66 projects to receive funding through the 2024 call. It was selected from 712 applications and will use new technologies to study mitochondrial membrane contact sites. The Kukulski group will contribute their expertise in correlative light and electron microscopy for high-resolution imaging of the cell interior.

Laudation for Steffen Eychmüller, Professor of Palliative Care

What makes a lecture unforgettable? Is it the perfect slide, the precise definition, or that moment when a complex topic suddenly becomes tangible?

Anyone who attends a lecture by Prof. Eychmüller quickly realizes: Good teaching happens where knowledge comes to life. In palliative medicine, a field that deals with illness, quality of life, and the end of life, he succeeds in combining medical content with humanity. Abstract theory becomes vivid practice; complex concepts become understandable connections.

But theory alone is not enough. Prof. Eychmüller knows that some lessons can only be experienced. A key reason for this lies in his unique teaching style. He knows how to clearly structure challenging content and get straight to the point. With calm precision and remarkable clarity, he guides students through topics that may initially seem overwhelming. He does not simplify complexity: He makes it understandable.

At the same time, his lectures are anything but dry. He is convinced that some things are understood not only with the mind but also through experience. A particularly striking example came during a lecture in which he brought various laxatives and offered students the chance to volunteer for a self-experiment. Some bravely took the opportunity, while others observed the proceedings with respectful reserve. What followed was a lively discussion in the lecture hall about taste, consistency, and how differently medical treatments can be experienced by patients.

Moments like these are memorable. They show how theory and practice come together and how learning comes to life. It is precisely this blend of structure, practical relevance, and palpable enthusiasm that makes his courses so special.

Perhaps this is precisely the answer to the question posed at the beginning: A lecture becomes unforgettable when knowledge becomes understandable, medicine becomes tangible, and a lecture is transformed into an experience that resonates far beyond the lecture hall.

The medical students would like to express their sincere gratitude for this extraordinary dedication. With patience, passion, and a keen sense of what truly matters, Prof. Eychmüller imparts not only knowledge but also a sense of purpose and thus inspires the next generation of doctors.

The laudations were written by Geraldine Lüthi, medical student and member of the fsmb.

Prof. Steffen Eychmüller
Chief Physician at the Department of Radiation Oncology and Chief Physician at the University Center for Palliative Care of the Inselspital, Bern University Hospital

Sebastian Zeissig

Expert in host–microbiota interactions

Full Professor of Gastroenterology since October 1, 2025. Clinic Director and Chief Physician in Gastroenterology at the Department of Visceral Surgery and Medicine of the Inselspital, Bern University Hospital.

Selected career stages:
- 2024–2025: Full Professor of Gastroenterology and Director, Department of Internal Medicine A, University Medicine Greifswald, Germany
- 2015–2024: Associate Professor and Consultant Gastroenterologist, University Medical Center Dresden, Technical University Dresden, Germany
- 2010–2015: Assistant Professor and Trainee in Gastroenterology and Internal Medicine, Christian-Albrechts-University Kiel, Germany
- 2006–2010: Postdoctoral fellowships at Charité, Berlin, Germany, and Brigham and Women's Hospital, Harvard Medical School, Boston, USA
- 2005: M.D. Thesis, Department of Gastroenterology, Charité, Berlin, Germany

Selected ongoing projects:
- Mi-EOCRC (Microbiome-based prevention of Early-Onset ColoRectal Cancer), a consortium led by Sebastian Zeissig comprising more than 20 scientists from across Germany who jointly investigate the role of gut bacteria in the development and progression of early-onset colorectal cancer
- The "Microbial triggers of intestinal inflammation in hosts deficient in X-linked inhibitor of apoptosis protein" research project is part of the Microbiome Signatures Collaborative Research Center (CRC 1371)

More details:

Bern has an outstanding international reputation in gastroenterology, particularly in research into host–microbiota interactions. Andrew Macpherson, who retired as Professor of Gastroenterology in January 2025, made a significant contribution to this. Sebastian Zeissig investigates host–microbiota interactions in chronic inflammatory bowel disease and colorectal cancer. He finds an excellent environment for his research at the University of Bern, but he hesitated briefly before accepting the appointment.

The call to Bern came at a difficult time for Sebastian Zeissig. Less than a year earlier, he had taken up a professorship at Greifswald University Hospital. What motivated him to accept the call nevertheless:

Bern is one of the most salient locations in Europe for research in my areas of interest, gastroenterology and host–microbiota interactions. Several fantastic working groups have formed a strong research field here. This critical mass in the research of host–microbiota interactions made it very attractive for me to come to Bern. Another incentive is the gnotobiotic animal facility at the University of Bern. It is one of the largest in Europe and allows me to address research questions in a way that would not be possible without this infrastructure.

I feel very comfortable in Bern. I have encountered a wonderful welcoming culture, both in the University and Faculty and at the clinic. Many people have approached me proactively, and the first collaborations have already emerged.

Sebastian Zeissig's research focuses on the microbial regulation of inflammatory processes in the intestine and the development of colorectal cancer. Both are strongly influenced by the interaction between the microbiome and the immune system:

Chronic inflammatory bowel diseases are characterized by a dysregulated response of the body to microbial components. I seek to understand how the disruption of interactions between the microbiota and the immune system triggers these diseases and research this question, for example within the Microbiome Signatures Collaborative Research Center (CRC 1371).

For several years now, it has also been clear that a microbial component is essential to colorectal cancer. Bacteria can not only trigger disease-causing mutations but also promote cancer growth. I head the Mi-EOCRC consortium, which focuses on microbiome-focused prevention of colorectal cancer. We are using a longitudinal study with individuals at increased risk of colorectal cancer to attempt to predict the risk of colorectal cancer development from the microbiome and investigate the mechanisms of microbially mediated colorectal cancer development and its preventive modulation in animal models.

Institutes and Clinics

The Faculty of Medicine is the largest of the University of Bern's eight faculties. It is also one of the largest medical faculties in Switzerland. It comprises the university institutes and clinics of three organizations: the University of Bern, the Universitäre Psychiatrische Dienste (UPD) Bern, and the Insel Gruppe. The Inselspital is the main hospital of the Insel Gruppe. Both Inselspital and UPD are legally designated as the university hospitals of the Canton of Bern. They have service agreements to provide teaching and research services on behalf of the University of Bern. The five university dental clinics that together form the Institute of Dental Medicine (zmk bern) are part of the Faculty of Medicine.

What follows is a brief overview of the Faculty of Medicine's 16 nonclinical institutes, the Inselspital's 35 departments and institutes, the zmk bern, the four UPD clinics, the four university and faculty centers, and eight other organizational units with which the Faculty of Medicine is involved.

The individuals pictured are members of the Faculty Council, the Faculty's highest governing body within its own administration. The head of each organizational unit is listed first, followed by the other members in alphabetical order. The head of each organizational unit is included in the list, even if they are not currently a member of the Faculty Council.

University Institutes

Department for BioMedical Research
Department of Clinical Research
Department of Digital Medicine
Institute of Anatomy
Institute of Biochemistry and Molecular Medicine
Institute of Complementary and Integrative Medicine
Institute of Forensic Medicine
Institute for the History of Medicine
Institute for Infectious Diseases
Institute for Medical Education
Institute of Pharmacology
Institute of Physiology
Institute of Primary Health Care
Institute of Social and Preventive Medicine
Institute of Tissue Medicine and Pathology
Theodor Kocher Institute

Department for BioMedical Research


Prof. Mark Rubin, Prof. Raphaëlle Luisier
The DBMR is the Faculty's research department in biomedicine. To bridge laboratory-based and biomedical patient-oriented clinical research, the DBMR promotes an integrative perspective to clinical research with a strong emphasis on developing translational approaches.

Department of Clinical Research


Prof. Eva Segelov, Prof. Benjamin Ineichen
The Department serves as a central point of expertise, innovation, leadership, contemporary pedagogy, offering modern pedagogical approaches, patient and public involvement programme and centralized facilities to support clinical researchers working closely with the Faculty of Medicine and the university hospitals of Bern.

Department of Digital Medicine


Prof. Inti Zlobec, Prof. Roland Wiest
The Department is dedicated to advancing digital technologies and their integration into education, healthcare, and research. Its role encompasses the development and implementation of data-driven solutions across healthcare in order to improve patient outcomes, clinical workflows, and personalization in medicine.

Institute of Anatomy



Prof. Valentin Djonov, Prof. Nadia Mercader Huber, Prof. Benoît Zuber
The Institute is responsible for teaching macroanatomy, histology, and embryology. Research topics and expertise include imaging across scales (electron microscopy, microCT, ligh sheet microscopy), neuro-science, cancer, inflammation, and cardiovascular research.

Institute of Biochemistry and Molecular Medicine

Prof. Dimitrios Fotiadis, Prof. Hugues Abriel, Prof. Jürg Gertsch, Prof. Wanda Kukulski, Prof. Thomas Lemmin, Prof. Christine Peinelt
Research at the institute focuses on the structure, function, and pharmacology of membrane proteins such as transporters, ion channels, and membrane receptors. A strong emphasis is put on the roles of these membrane proteins in human diseases such as cancer, cardiac disorders, preeclampsia, and neuropsychiatric disorders.






Institute of Complementary and Integrative Medicine

Prof. Ursula Wolf
The Institute combines conventional and complementary medicine within the framework of integrative medicine. It pursues an interdisciplinary and interprofessional approach in both research and clinical care. By linking research, teaching, and clinical practice it considerably contributes to the advancement of medical knowledge and development of therapeutic approaches.

Institute of Forensic Medicine


Prof. Christian Jackowski, Prof. Wolfgang Weinmann
The Institute performs most of its investigative work on behalf of the public prosecutor's office. The findings it documents help facilitate the administration of justice and maintain public safety. Certain services may also be used by other authorities, hospitals, physicians, or even private individuals in exceptional cases.

Institute for the History of Medicine

Prof. Hubert Steinke
Research focuses on the practice and theory of medicine in the 18th to 21st centuries and on the history of public health. Teaching aims to contribute to the critical reflection and understanding of contemporary medicine from a historical perspective. The Institute houses major collections.

Institute for Infectious Diseases

Prof. Stephen Leib, Prof. Maria Luisa Balmer
The Institute integrates research, education, and diagnostic services over the full spectrum of microbiology, including virology, bacteriology, mycology, parasitology, molecular diagnostics, and infection serology.

Institute for Medical Education

Prof. Sissel Guttormsen, Prof. Sören Huwendiek
The Institute is a competence center for medical education at the Faculty of Medicine of the University of Bern. It combines expertise and research in teaching, evaluation, and development under one roof. The Institute's interdisciplinary teams provide comprehensive support to the clients and partners.

Institute of Pharmacology

Prof. Carole Bourquin
The Institute conducts translational research on the pharmacology of inflammation and cancer, from fundamental mechanisms to patient-oriented research. The Institute commits to educating students in pharmacology to become proficient, responsible health professionals.

Institute of Physiology

Prof. Christian Soeller, Prof. Mattia Aime, Prof. Thomas Nevian, Prof. Walter Senn
The Institute provides undergraduate and post-graduate education for students in medicine and life sciences. It carries out research mainly in the field of heart- and neurophysiology.

Institute of Primary Health Care

Prof. Nicolas Rodondi, Prof. Reto Auer, Prof. Alice Panchaud, Prof. Sven Streit
The Institute is committed to training and promoting the next generation of family doctors, researchers, other professionals, and teachers in primary care. It generates the academic foundations and prerequisites for modern, integratively networked, and patient-oriented primary care.

Institute of Social and Preventive Medicine

Prof. Angèle Gayet-Ageron, Prof. Annika Frahsa, Prof. Ana Maria Vicedo Cabrera, Prof. Sofia Zambrano Ramos
The Institute provides undergraduate, postgraduate and continuing education and carries out interdisciplinary research in the fields of social and behavioral health, clinical epidemiology and biostatistics, and international and environmental health.

Institute of Tissue Medicine and Pathology

Prof. Aurel Perren, Prof. Alessandro Lugli, Prof. Inti Zlobec
The Institute covers the entire width of the morphological and molecular diagnostics of tissue samples. The combination of service, teaching, and research under one roof allows for close interaction and mutual inspiration. Immune pathologies, inflammatory diseases, and tumor biology are the current research interests.

Theodor Kocher Institute

Prof. Britta Engelhardt
Research at TKI explores the special relationship of the immune system with the central nervous system, called CNS immune privilege with a focus on the role of the brain barriers. Using cutting edge live cell imaging, immune mediator distribution, immune cell migration and lymphatic drainage are explored.

Department of Anaesthesiology and Pain Medicine
Department of Angiology
Department of Cardiac Surgery
Department of Cardiology
Department of Cranio-Maxillofacial Surgery
Department of Dermatology
Department of Diabetes, Endocrinology, Nutritional Medicine and Metabolism
Department of Ear, Nose and Throat Diseases, Head and Neck Surgery
Department of Emergency Medicine
Department of General Internal Medicine
Department of Geriatrics
Department of Hematology and Central Hematology Laboratory
Department of Human Genetics
Department of Infectious Diseases
Department of Intensive Care Medicine
Department of Medical Oncology
Department of Nephrology and Hypertension
Department of Neurology
Department of Neurosurgery
Department of Nuclear Medicine
Department of Obstetrics and Gynecology
Department of Ophthalmology
Department of Orthopedic Surgery and Traumatology
Department of Pediatrics
Department of Pediatric Surgery
Department of Plastic and Hand Surgery
Department of Pneumology, Allergology and Clinical Immunology
Department of Radiation Oncology
Department of Rheumatology and Immunology
Department of Urology
Department of Vascular Surgery
Department for Visceral Surgery and Medicine
University Institute of Clinical Chemistry
University Institute of Diagnostic and Interventional Neuroradiology
University Institute of Diagnostic, Interventional and Pediatric Radiology

Department of Anaesthesiology and Pain Medicine

Prof. Frank Stüber
The Department of Anaesthesiology and Pain Medicine aims to define the best practices for personalized perioperative patient care, with basic science as a foundation, translational medicine, clinical outcome studies and AI-guided approached as the vision for the future.

Department of Angiology

Prof. Drosos Kotelis, Prof. Yvonne Döring
The research activities of the Department focus on congenital vascular malformations, risk factors, and their modulation in peripheral artery disease, atherosclerosis, and atherothrombosis.

Department of Cardiac Surgery

Prof. Matthias Siepe
The Department of Cardiac Surgery is the largest institution of its kind in Switzerland, providing the entire spectrum of adult and pediatric cardiac surgery, with a special emphasis on reconstructive valve surgery, heart failure and aortic surgery including thoraco-abdominal repair.

Department of Cardiology

Prof. Stephan Windecker, Prof. Christoph Gräni, Prof. Lukas Hunziker, Prof. Katja Odening, Prof. Lorenz Räber, Prof. Tobias Reichlin, Prof. Camilla Schinner
The Department is a leading tertiary care center for the comprehensive diagnosis and treatment of the entire spectrum of cardiovascular diseases. In addition to the medical services, the Department has a strong footprint in research, education, and training. Extending from translational to clinical research, research projects and studies are carried out across the entire spectrum of cardiology.

Department of Cranio-Maxillofacial Surgery

Prof. Benoît Schaller
The Department offers the entire spectrum of oral and maxillofacial surgery. This includes detecting and treating diseases, injuries, malformations, and deformities of the face, oral cavity, teeth, and jaw. The Department's research has a strong translational character and focuses on the regeneration of the facial skull bone.

Department of Dermatology

Prof. Luca Borradori
The Department covers the entire spectrum of dermatological diseases. In addition to clinical services and teaching, it conducts high-quality clinical and translational research focusing on the underlying immunological mechanisms of inflammatory and autoimmune skin diseases and the regulation of cytoarchitecture and cell integrity.

Department of Diabetes, Endocrinology, Nutritional Medicine and Metabolism

Prof. Christoph Stettler, Prof. Lia Bally, Prof. José Garcia-Tirado, Prof. Lisa Koch, Prof. Lilian Witthauer
The Department is a university service provider in the fields of classic hormonal and metabolic diseases, in particular all forms of diabetes mellitus, thyroid diseases, obesity, and nutritional medicine. It makes an important contribution to the training of medical students and is involved in clinical and biomedical research.





Department of Ear, Nose and Throat Diseases, Head and Neck Surgery

Prof. Marco Caversaccio
The Department comprises several highly specialized units. It focuses on diagnosing and treating diseases in its field and is intensively involved in research projects that allow these diseases to be better understood and treated. Experts in audiology, medicine, physics, and engineering conduct practice-oriented research.

Department of Emergency Medicine

Dr. Beat Lehmann (Director a.i.), Prof. Wolf Hautz, Prof. Juliane Kämmer
We are highly involved in research and teaching. We currently have five interdisciplinary working groups dedicated to key topics in emergency medicine, usually in collaboration with international partners. Our focus is on the practical application and clinical relevance.



Department of General Internal Medicine

Prof. Drahomir Aujesky, Prof. Manuel Haschke
The Department focuses on caring for patients with multiple diseases (multimorbidity) and complex conditions requiring an interdisciplinary and interprofessional approach. Through its contributions to research and its broad, practical training program, the clinic contributes to the development of the medicine of the future.


Department of Geriatrics

Dr. Franz Fäh (Director a.i.)
The Department provides integrated medical services for older people in acute care, rehabilitation, and long-term care settings to ensure and promote independence and quality of life. The specific clinical services include acute care at the Inselspital and inpatient rehabilitation and long-term care at the hospital of Belp.

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Department of Hematology and Central Hematology Laboratory

Prof. Anne Angelillo-Scherrer, Prof. Sara Christina Meyer
Hematology includes the diagnosis, treatment, and prevention of benign and malignant diseases of the hematopoietic and lymphatic system, blood coagulation, and thrombosis. The Department covers this entire field, offers comprehensive diagnostics and treatment at the highest level, and is also committed to teaching and research.


Department of Human Genetics

Prof. Christiane Zweier
The subject of research in human genetics is the genetic basis of diseases. Research at the Department of Human Genetics focuses on elucidating and understanding the molecular basis of mainly monogenic diseases and the clinical characterization of disease patterns and genotype-phenotype correlations.

Department of Infectious Diseases

Prof. Andri Rauch, Prof. Gilles Wandeler
Scientific research and teaching is top priority in the Department of Infectious diseases. The knowledge gained through comprehensive research is implemented in clinical practice and teaching. The active contribution to science makes it possible to treat patients optimally and according to the latest scientific knowledge.


Department of Intensive Care Medicine

Prof. Jörg Schefold
The Department is responsible for the intensive medical care of all temporarily life-threatening adult patients of the Inselspital as well as patients in need of intensive care in the region. Medical treatment is provided on an interprofessional basis by highly trained specialists using the latest technologies and procedures.

Department of Medical Oncology

Prof. Adrian Ochsenbein, Prof. Martin Berger, Prof. Thomas Pabst
The Department provides a wide range of therapies, clinical trials, and support services for cancer patients and their relatives. The Department's experts adapt these interventions to the patient's individual situation. The research focus is on translational medicine in the fields of immuno-oncology and hematooncology.



Department of Nephrology and Hypertension

Prof. Daniel Fuster (Co-Director a.i.), Prof. Uyen Huynh-Do (Co-Director a.i.)
The Department provides a wide range of therapies, clinical trials, and support services for cancer patients and their relatives. The Department's experts adapt these interventions to the patient's individual situation. The research focus is on translational medicine in the fields of immuno-oncology and hematooncology.


Department of Neurology

Prof. Urs Fischer, Prof. Antoine Adamantidis, Prof. Maxime Baud, Prof. Andrew Chan, Prof. Bogdan Draganski, Prof. David Seiffge
The Department offers an integrated range of medical services and is the largest neurological clinic in Switzerland. Its specialist teams diagnose and treat people with diseases of the central and peripheral nervous system, neuromuscular transmission, and muscular system.






Department of Neurosurgery

Prof. Andreas Raabe
The Department of Neurosurgery is an internationally renowned clinic for the surgical treatment of brain and spine diseases. Its clinical research commitment is driven by the need to improve and refine neurosurgical operations and perioperative management.

Department of Nuclear Medicine

Prof. Axel Rominger
The Department is one of the largest and most advanced nuclear medicine departments in Switzerland. It offers the entire spectrum of modern nuclear medicine examination and treatment methods, with emphasis on diagnostics using state-of-the-art PET/CT and SPECT/CT hybrid scanners, as well as nuclear medicine therapy procedures.

Department of Obstetrics and Gynecology

Prof. Michael Müller, Prof. Daniel Surbek
The Department is a leading medical center of Obstetrics and Fe-to-maternal Medicine, Gynecology and Gynecologic Oncology, and Reproductive Medicine/Gynecologic Endocrinology. The Department is at the international forefront of clinical as well as translational research in these specialized fields.


Department of Ophtalmology

Prof. Martin Zinkernagel
The Department was founded in 1834 and is today a reference center for the diagnosis, conservative treatment, and microsurgery of eye diseases and ophthalmological emergencies. It offers state-of-the-art examination techniques and therapeutic procedures and covers the entire conservative and surgical spectrum of ophthalmology.

Department of Orthopedic Surgery and Traumatology

Prof. Moritz Tannast
Through top-level university medicine, the clinic ensures that every patient receives optimal treatment and has access to the latest developments, methods, and possibilities in medicine. As a university clinic, we aim to combine research, teaching, and service. Scientific activity has a high priority, and the knowledge gained is implemented in daily clinical practice.

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Department of Pediatrics

Prof. Matthias Kopp, Prof. Christoph Aebi, Prof. Philipp Latzin, Prof. Christa Flück Pandey, Prof. Andrea Klein
In one of Switzerland's leading children's hospitals, the Department of Pediatrics offers outstanding medical care and conducts internationally recognized, cutting-edge research. Multidisciplinary teams are dedicated to advancing pediatric medicine and improving outcomes.





Department of Pediatric Surgery

Prof. Steffen Berger
The Department of Pediatric Surgery participates in University teaching programs for students of medicine. Our research focuses on oncobiology, necrotizing entero-colitis of the newborn, pediatric fracture traumatology and hip orthopedics, and non-invasive pain reduction in outpatient procedures.

Department of Plastic and Hand Surgery

Prof. Mihai Constantinescu, Prof. Esther Vögelin
With its current structure, the university clinic covers the full range of plastic, reconstructive and aesthetic surgery, as well as hand and peripheral nerve surgery. As a tertiary care center, it receives complex cases referred from other hospitals for further treatment.


Department of Pneumology, Allergology and Clinical Immunology

Prof. Thomas Geiser
The Department offers comprehensive clinical services for patients with lung diseases and respiratory disorders. It conducts experimental (primarily in cell and tissue cultures) and clinical research and strives to bridge the gap between these fields to bring new knowledge from experimental-translational research to the patients.

Department of Radiation Oncology

Prof. Daniel Aebersold, Prof. Sarah Brüningk, Prof. Steffen Eychmüller
The Department is one of the leading providers of radiation therapy in Switzerland. It conducts extensive research programs in the fields of clinical research, technology development, medical physics, radiobiology, data science, and artificial intelligence.



Department of Rheumatology and Immunology

Prof. Britta Maurer, Prof. Martin Bachmann
The Department covers the entire field of rheumatology, immunology, allergy, and vaccinology including diseases of the musculoskeletal system, systemic autoimmune diseases, autoinflammatory syndromes, unclear systemic inflammatory diseases, immunodeficiencies, ageing, and neurodegenerative diseases.


Department of Urology

Prof. Beat Roth
The Department offers a wide range of diagnostic and therapeutic services for all urological diseases. Many complex examinations and special procedures are performed on a regular basis, such as tumor surgery on the bladder, prostate, and kidneys, minimally invasive prostate therapies, or minimally invasive endoscopic procedures.

Department of Vascular Surgery

Prof. Drosos Kotelis
The Department of Vascular Surgery is the largest vascular surgery department in Switzerland, performing over 300 aortic procedures annually at the Swiss Aortic Center Bern and providing comprehensive vascular care in collaboration with the Department of Angiology at the University Vascular Center Bern.

Department for Visceral Surgery and Medicine

Prof. Daniel Candinas, Prof. Annalisa Berzigotti, Prof. Sebastian Zeissig, Prof. Guido Beldi, Prof. Ziad Al Nabhani, Prof. Bahtiyar Yilmaz
The Department provides an interdisciplinary service in the field of visceral surgery and medicine. In the context of highly specialized medicine, it primarily treats patients with tumors and other complex abdominal diseases.






University Institute of Clinical Chemistry

Prof. Martin Fiedler
The Department of Clinical Chemistry provides clinical services within the Center for Laboratory Medicine. Its laboratory specialists ensure a high professional quality of the analyses and effective workflows. A wide range of research services support local clinical research groups and international consortia.

University Institute of Diagnostic and Interventional Neuroradiology



Prof. Jan Gralla, Prof. Johannes Kaesmacher, Prof. Roland Wiest
The Institute covers the entire diagnostic and interventional neuroradiology spectrum using state-of-the-art equipment. Its research priorities are aligned with the other neuro-oriented research groups of the University and the Inselspital. They can be divided into clinical projects (neuro-vascular research) and basic research.

University Institute of Diagnostic, Interventional and Pediatric Radiology


Prof. Johannes Heverhagen, Prof. Jessica Bastiaansen
The Department fulfills the tasks of a university institution in patient care, teaching, and research, and also provides outpatient care services. These include individual cutting-edge medical services, namely in interventional radiology.

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Institute of Dental Medicine

Prof. Hendrik Meyer-Lückel, Prof. Vivianne Chappuis, Prof. Christos Katsaros, Prof. Mia Rakic , Prof. Martin Schimmel, Prof. Ralf Schulze, Prof. Anton Sculean
The School of Dental Medicine (zmk bern) is internationally well-known for education, research, and treatments for patients. Besides its focus on patient satisfaction, clinically oriented research, training of young dentists, and further education of colleagues in private practice play an important role.







University Clinics UPD

University Hospital of Child and Adolescent Psychiatry and Psychotherapy
University Hospital for Forensic Psychiatry and Psychotherapy
University Hospital of Old Age Psychiatry and Psychotherapy
University Hospital of Psychiatry and Psychotherapy

University Hospital of Child and Adolescent Psychiatry and Psychotherapy



Prof. Michael Kaess, Prof. Marialuisa Cavelti, Prof. Annekatrin Steinhoff
As a leading institution in Switzerland, the clinic provides outpatient, day-patient, and inpatient psychiatric care as well as emergency care for all babies, toddlers, children and adolescents in the area it serves. As a university hospital, it has an extended mandate in supra-regional specialized care as well as in education and research.

University Hospital for Forensic Psychiatry and Psychotherapy

Prof. Kristina Adorjan (Director a.i.)
University Hospital for Forensic Psychiatry and Psychotherapy (FPP), founded on February 1, 2024, is a newly established institution under development in clinical services, teaching, and research. It provides specialized care for patients with psychiatric disorders in custody or court-mandated treatment and contributes to advancing forensic psychiatry and psychology.

University Hospital of Old Age Psychiatry and Psychotherapy


Prof. Stefan Klöppel, Prof. Jessica Peter
Research consistently highlights that older adults require specialized treatment tailored to their needs. The University Hospital of Old Age Psychiatry and Psychotherapy stands out as the only institution in German-speaking Switzerland to offer a full professorship exclusively dedicated to old-age psychiatry and psychotherapy.

University Hospital of Psychiatry and Psychotherapy


Prof. Kristina Adorjan, Prof. Katharina Stegmayer
The University Hospital of Psychiatry and Psychotherapy provides primary psychiatric care and specialized treatment programs for adults. It is divided into specialized centers, each with outpatient, day-patient, and inpatient facilities.

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University and Faculty Centers

ARTORG Center for Biomedical Engineering Research
Bern Center for Precision Medicine
Multidisciplinary Center for Infectious Diseases
Swiss Institute für Translational and Entrepreneurial Medicine (sitem-insel)

ARTORG Center for Biomedical Engineering Research







Prof. Raphael Sznitman, Prof. Brice-Olivier Demory, Prof. Manuela Eugster, Prof. Olivier Guenat, Prof. Tobias Nef, Prof. Dominik Obrist, Prof. Philippe Zysset
The Center creates innovative healthcare technology by bringing together the biomedical engineering and medicine departments of the University of Bern. Technical and clinical experts lead ARTORG's multidisciplinary research units, addressing the unmet needs of patients, doctors, and nurses at the interface of technology and medicine.

Bern Center for Precision Medicine



Prof. Mark Rubin, Prof. Christiane Zweier, Prof. Inti Zlobec
The Center is dedicated to advancing precision medicine approaches by fostering the research and development of medical treatments and therapy methods. It provides an interdisciplinary platform for scientists and clinicians. It is active in research support, networking, and education.

Multidisciplinary Center for Infectious Diseases

Prof. Carmen Faso
The MCID is the strategic center of the University of Bern dedicated to the study and mitigation of risks from infectious diseases. It brings together high-impact academic researchers with the aim of determining the origins of infectious disease risks and preparing for and managing these risks.

Swiss Institute for Translational and Entrepreneurial Medicine (sitem-insel)

Prof. Antje-Christin Knopf
sitem-insel is a National Center of Excellence for Translational Medicine that accelerates and streamlines research for the benefit of patients, society, and science. Located on the Insel Campus Bern, a wide variety of units from the hospital, industry, research, and education are networked under one roof.

Research Platforms, Clusters and Networks

Bern University Neurocenter
Cardiovascular Research Cluster Bern
Clinical Neuroscience Bern
Neurotec
University Comprehensive Cancer Center Inselspital
University Sleep-Wake-Epilepsy Center
Stem Cell Research and Regenerative Medicine
Translational Imaging Center

Bern University Neurocenter

The largest neurocenter in Switzerland represents the departments of Neurology and Neurosurgery, the Department of Pediatrics with the specialty of neuro-pediatrics, the University Institute of Diagnostic and Interventional Neuroradiology, and the University Hospital of Psychiatry UPD Bern.

Cardiovascular Research Cluster Bern

Prof. Katja Odening
The Cardiovascular Research Cluster (CVRC) Bern is a local network of researchers at the University of Bern and the Inselspital with an interest in cardiovascular research. It aims to reinforce Bern's position as a leading center for cardiovascular research locally, nationally, and internationally.

Clinical Neuroscience Bern

Prof. Mirjam Heldner, Prof. Tobias Nef
Clinical Neuroscience Bern (CNB) is an interdisciplinary consortium of research groups from different fields. The main purpose is to connect neuroscientific researchers, promote research quality, increase the clinical impact at Bern, and facilitate junior scientists.

NeuroTec

Prof. Tobias Nef, Prof. Kaspar Schindler
At the research and development platform NeuroTec, physicians, engineers, and data scientists test new devices and methods that enable the recording of digital biomarkers in the everyday, out-of-hospital lives of patients with neurological disorders – for personalized diagnostics and therapies.

University Comprehensive Cancer Center Inselspital

Prof. Daniel Aebersold
Twelve organ-specific cancer centers form the core of the UCI – supported by interdisciplinary services and expert groups that focus on specific aspects of cancer care. The UCI is embedded in the Faculty of Medicine and the Inselspital Bern. It includes the Cancer Research Network Bern (CRNB), the research arm of the UCI.

University Sleep-Wake-Epilepsy Center

Prof. Kaspar Schindler
The mission of the interfaculty and interdisciplinary University Sleep-Wake-Epilepsy Center (SWEC) is 1) to provide comprehensive care for patients with sleep/wake disorders and/or epilepsy, 2) to advance basic, translational, and clinical research, and 3) to teach at pre- and postgraduate level.

Stem Cell Research and Regenerative Medicine

Prof. Andreina Schoeberlein
The Stem Cell Research and Regenerative Medicine (SCRM) Platform is an inter-faculty and inter-institutional research cluster of the University of Bern and the Inselspital. It comprises 35 member groups from the Faculty of Medicine, the Faculty of Science, and the Vetsuisse Faculty.

Translational Imaging Center

Prof. Roland Wiest
The Center is part of the Insel Gruppe and is supported by sitem-insel, the University of Bern, and Siemens Healthineers. It enables translational imaging research ranging from molecular chemistry and physics to applied human-oriented research and employs advanced magnetic resonance imaging.

Imprint

Microscopy Images
- Cover: Epifluorescence microscopy image of a 200 µm coronal cryosection of a decalcified lumbar vertebral column of an Aqp4-mRuby3 mouse. Red: AQP4-mRuby3 signal from the Aqp4 knock-in allele. Purple: AQP4 protein. Blue: nuclei stained with DAPI.
- Image on page 10: Confocal image of 20 µm thick skull cryosections from CNS border reporter mice at peak autoimmune neuroinflammation counterstained for laminin (magenta). The glia limitans is seen in red, CD4 T cells within the CNS parenchyma or in the perivascular space in green.
- Image on page 37: Representative maximal intensity projection image of 2P-IVM of the brain surface through a cranial window of a CNS border reporter mouse. The glia limitans is seen in red, the adherens junctions from the endothelial cells and the leptomeningeal fibroblasts in green.
- All images were taken from: Hélie-Legoupil P., Kloster, F., et al. In vivo imaging of the barrier properties of the glia limitans during health and neuroinflammation. *Nature Communications*. 2025 Oct; 16:8895.
- See the article on page 54 of this report for more details.

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