

# Student Participation: To the Benefit of Both the Student and the Faculty

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## ABSTRACT

Students who actively participate in the evaluation of their undergraduate medical curriculum become important stakeholders in decisions related to the design of the school's curriculum. Research and reports on student participation in curriculum change are scarce, and not much is known about how students personally benefit. We describe the structure and activities of engaging students in designing and improving the curriculum at the Faculty of Medicine and Health Sciences of Ghent University (Belgium). We present an example of a major curriculum change led by students, and we assess the perceptions of the students on how engagement in student curriculum committees strengthened their leadership skills. We encourage students at other schools to become active participants in the curriculum design and improvement processes of their institutions as a way to improve medical education.

**Keywords:** Curriculum change, leadership skills, student participation, Student Workgroup on Medical Education

## Background

Research on the role of student participation in designing the medical curriculum of their schools is scarce, even though the importance of active student involvement in the medical curriculum has been noted.<sup>[1,2]</sup> Students have the responsibility to continuously improve their own curriculum in cooperation with the faculty<sup>[2]</sup> and further research is needed to provide evidence that students' contributions can actually lead to a change of the medical curriculum.<sup>[3]</sup>

In this paper, we describe student participation in the undergraduate medical curriculum at Ghent University as an example of curriculum change initiated and driven by students. It is our goal to encourage peer students to foster

student participation at their own schools. In the end, we describe the organization of our Student Workgroup on Medical Education (SWME) at the Faculty of Medicine and Health Sciences in Ghent and the process of curriculum change leading to the six-year long medical program in Belgium. We also investigate whether student participation contributes to the students' personal development by gaining skills relevant for future leadership roles.

## Student Participation at Ghent University: Student Workgroup of Medical Education

In 1998, the Educational Committee of the Faculty of Medicine and Health Sciences of Ghent University explicitly emphasized the importance of student co-operation. Students responded by founding SWME, and student representatives were influential to the design of new curriculum content and innovative didactics. Students, the board of the university and the faculty shared the vision of an integrated contextual medical curriculum with both biomedical and social foundations and with a patient- and community-oriented approach. The SMWE not only provides feedback (reactive

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role) on curriculum design, but also contributes new ideas and is involved in making decisions about the curriculum (pro-active role). The student participation system creates transparency in university management toward the entire student community [Figure 1].

There is extended and comprehensive student participation in the decisions of the faculty of Medicine and Health Sciences. The SWME is led by a student board (chairman, secretary, finance administrator, etc.), elected representatives from each year's class and fellow students. All medical students are invited to the monthly SWME meetings, where there is a critical reflection on the curriculum, which consists of various modules/courses, known as "blocks," and also "lines," which span the whole curriculum.<sup>[4]</sup>

Every year medical students organize a week-long SWME-seminar during summer holidays, where they develop consensus about various important curriculum topics.

At the start of each academic year, a representative for each study year is elected by their peers to the executive committee of the SWME. The principal task of representatives is to listen to the specific problems of students of their year and present them at monthly SWME meetings. In return, the representatives relate feedback from the SWME-meetings to their fellow-students.

In addition, each course ("blocks" and "lines") of the medical training has its own "course commission," consisting of a chairman, the teachers in the course, experts and two students. Commissions provide a platform where emerging problems can be promptly discussed with short feedback lines and, if possible, immediately resolved. On a higher level, the class-year representative and chairman of SWME

serve on the Educational Committee of Medicine. Problems that cannot be solved at the level of the course commission, interdisciplinary subjects and all proposals for modification of the medical curriculum can be brought forward by teachers or students. A third level of representation is the Faculty Board, consisting of the dean, the chairmen of all departments and the student representatives of all the training programs of the faculty. Some students with experience serving on SWME also then serve on university-wide committees, including the Executive Committee of the University.

Depending on the nature of the identified problem, students will first try to solve the problem themselves [Figure 2]. However, if this is not possible, the problem will be transferred to the Block and Line Commission or the Educational Committee. Practical problems concerning one "block" or "line," for example, difficulties in distributing the course material, will be transferred to the specific Block Commission. Problems spanning the medical curriculum as a whole, for example, the organization of examinations, will be transferred to the Educational Committee. Any problem raised that will actually lead to a change in the curriculum is transferred to the Educational Committee and finally approved or rejected by the Faculty board. If an urgent solution is needed, short-cuts are possible in the sequencing of committee presentations.

Wahlqvist *et al.*, previously investigated the relation between students' input and actual course development at Ghent University.<sup>[3]</sup> They designed a circle of information, starting with the analysis of the curricular content by students and ending with course change. Figure 3 illustrates Wahlqvist's circle in the transition of the medical curriculum at Ghent University from a seven- to six-year program.

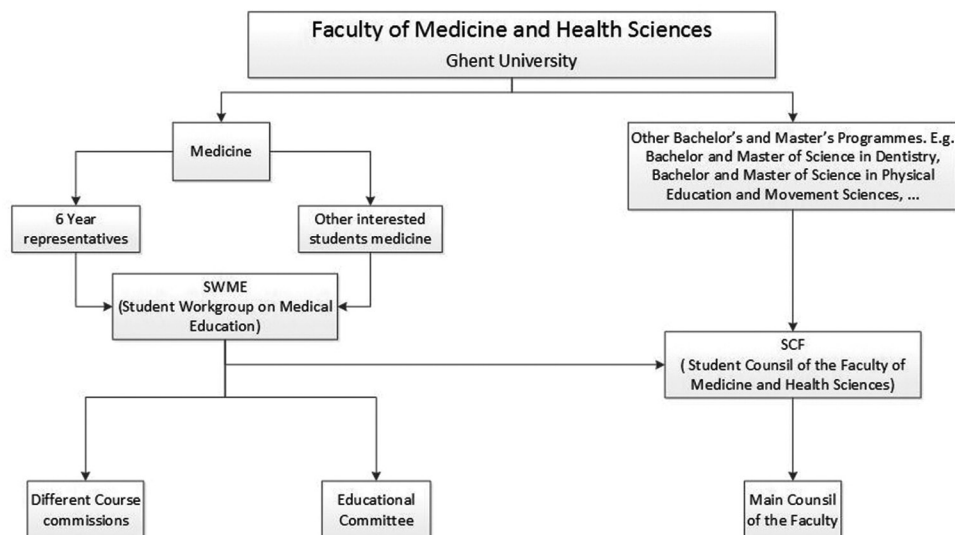
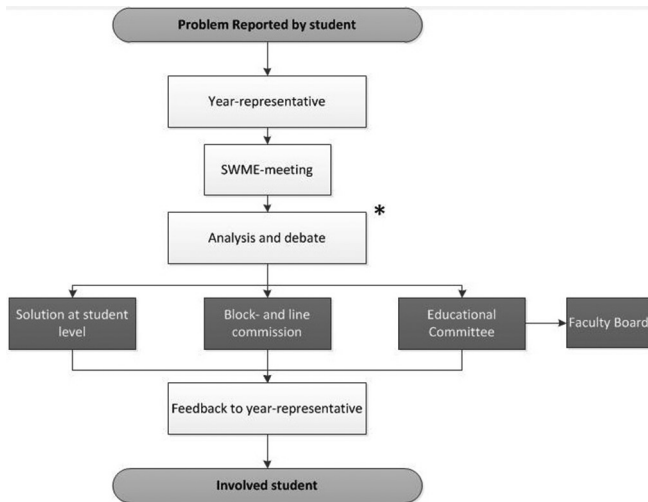


Figure 1: Organization of the student participation at Ghent University



\* depending on the nature of the problem, students decide to solve the problem by themselves or to transfer it to the appropriate committee

Figure 2: The pathway of student feedback at Ghent University

### Example of Students' Input in Curriculum Change: Shortening the Curriculum from Seven to Six Years

As in other European medical programs, the Belgian medical curriculum of seven years was recently shortened to six years. Shortening the curriculum became principally the task of students. During the annual SWME-week, in the summer of 2010, students initiated this project by making an inventory of all our Blocks and Lines. Next, with the input of experienced students, the groups identified the aspects in the program that were superfluous and the parts that should be reorganized. Students made their own proposal for a shorter medical program and presented it to the Educational Committee. Through discussion, an agreement was reached on the content of the different Blocks and Lines. Student and faculty representatives of the Block- and Line Commissions next discussed how these changes could be implemented. Finally, in September 2012, the six-year medical program was implemented. Thereafter, the experiences of the first-year students in this new and shortened curriculum became a regular agenda item for the monthly SWME meetings.

### Pitfalls of Student Participation

Although active student participation in the medical curriculum at Ghent University has proven to be fruitful, organizing and maintaining student participation have had various challenges. A first challenge has been the sometimes limited engagement of students. Student participation at the School of Medicine was initiated in 1998, but it took 16 years for all students of other training programs at the

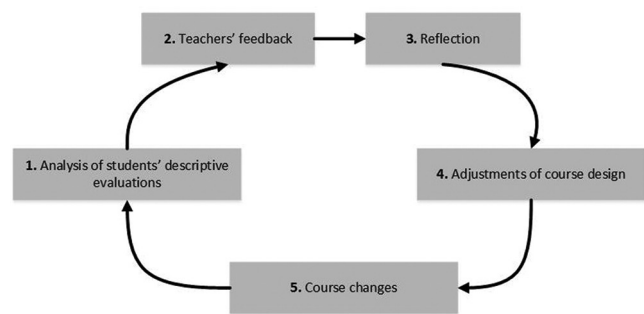


Figure 3: The process from student evaluation to course changes

University to develop their own working groups. We believe the reason for this delayed initiation in student participation in curriculum design and feedback for the training programs of other disciplines was because of their shorter length of study, which might make students less interested to invest in their own training program, probably because they do not see the “impact” of their efforts. Moreover, longer programs enable students to develop stronger mutual relationships, enhancing their commitments to curriculum change.

At various times, the SWME has also suffered from limited visibility by peer students within the medical school, therefore threatening its reason for being. The SWME was created to bridge the gap between students and the faculty board. Fortunately, the visibility of the SWME has gradually increased over the years, mainly due to “word of mouth marketing” by SWME members to motivate and inform peer students and also because students’ input in curriculum changes has been quite visible and tangible.

Another problem with student leadership in the curriculum has been a divergence of points of view among SWME-members. In the past, this has led to unclear and confusing communication to the Faculty board and the Educational Committee. For students to have an effective voice, it is important for them to share a common vision and convey a unified opinion to the faculty.

### Student Participation as a Strategy for Training Leadership Skills

A first exploratory survey among 52 members of the SWME was conducted in 2013. The goal of this survey was to assess whether students developed leadership skills through active involvement in the SWME. The questionnaire contained 20 questions created to assess the relationship between student participation and the development of leadership skills, using a Likert-scale [Table 1].

SWME-students believed that participating in SWME helped them develop skills such as ethical decision-making, effective

**Table 1: Survey: Individual questions and their score**

Question	Mean score
Gathering information, analyzing and synthesizing, the goal being: Making a thought-out decision	3.54
Using acquired information in a creative way for problem-solving	3.78
Using earlier experiences for problem-solving in other situations	4.03
Reflecting in a critical way on the organization of health care	3.93
Making decisions in an ethic and responsible way	4.25
Working effectively together in a multiprofessional team	3.80
Supporting my team	4.05
Convincing people of a personal view or idea	4.03
Defending the point of view of my team	4.34
Communicating the results of negotiations to my team	4.10
Proposing an agreement if opinions differ in my team	4.15
Coping with the uncertainty while taking a decision	3.68
Tackling problems effectively	4.38
Anticipating future developments	4.18
Developing a vision for the future	4.30
Formulating proposals to ameliorate health care	3.20
Formulating proposals to ameliorate medical education	4.33
Transforming proposals to a plan of action	3.75
Cooperating in processes of change	4.11
Taking initiative to startup processes of changes	3.67

problem tackling, development of an educational and professional vision in medicine. Input toward improving the current curriculum, communication with fellow students and the creation of a shared vision are enhanced by active participation in the SWME. It is difficult to know if students develop leadership skills through active participation on student committees or if members of the SWME are “natural leaders” who develop further leadership skills through involvement in the educational program.

## Conclusion

The SWME at Ghent University has been an important factor in the decision-making process related to curriculum design and change. It was instrumental in the reorganization and implementation of the shortened medical curriculum in 2012. We encourage fellow students at other universities to

participate in the educational processes at their own faculties because we believe that both students and school benefit from this cooperation. Through participation, students are prompted to continually reflect on the curriculum and acquire leadership skills. Various strategies such as curricular modules on leadership-skill development could be implemented to broaden the impact on student leadership on the curriculum and the leadership skills of future generations of health professionals.

Because students are so closely involved in their educational program, the yield of student involvement for the teaching institution is high. In the short-term, student participation provides continuous feedback to inform and stimulate curriculum improvement and innovation. In the long-term, active involvement of students in curriculum design and assessment is an investment in the faculty of tomorrow and it helps change the culture of the institution toward a more horizontal, integrated learning community.

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