

Students Can Be Full Partners in Designing Their Education

In recent years, societal, scientific, and educational developments have considerably changed medical education. The number of students in medical schools has increased dramatically, necessitating changes in classic teaching models. Reduction in study time is but one of the consequences in some European schools. Advances in the medical sciences have led to an explosion of knowledge. It has become impossible to teach students all there is to know while they are still in medical school, so lifelong learning skills have become more important.¹ Furthermore, evolving educational theory has induced changes, focusing medical education on the learning of students rather than on the teaching of teachers. New methods of education, such as adult learning, collaborative learning, and problem-based learning,²⁻⁴ all place the student at the center of the learning program.

This central position of students naturally leads to the expectation that students should play an integral role in curriculum organization. However, in a comprehensive literature search, we found few papers on student-centered education that looked beyond the learning process itself. As far back as 1969, Slater proposed involving students not only in curriculum evaluation and modification but also in curriculum innovation. Slater also stressed the importance of students' being full voting members of all faculty curriculum committees.⁵ More recently, Huppertz described the importance of faculties actively seeking students' involvement and making use of students' unique perspective in the creation of consumer-friendly curricula.⁶

The presence of so few examples of students involved in the organization of their education suggests that the theory of student-centered education does not, to the present day, extend to having students help plan and manage student-centered curricula.

However, students in higher education are adults. Treating them as adults involves, in our opinion, sharing responsibilities with them and inviting them to participate in the organization of their education.⁷

Students, as consumers of their training programs, can directly contribute to the quality of the educational program. They have a unique overview of the complete curriculum and can identify problematic learning areas.^{6,8} Students are aware of the actual educational practice, which may differ from the curriculum as planned by the faculty. Students also experience the "hidden curriculum," the transmission of culture and values that takes place outside of formal classes.⁹

Formally sharing responsibilities with students in curriculum planning and organization enhances student excellence in several ways. Those students who actively participate gain valuable insight into the structure and politics of a large nonprofit organization. Furthermore, they learn to express and defend well-founded opinions in meetings. Such students also have to master the art of time management, an essential skill in present-day society.

Some faculty consider that drawing students into the process of curriculum improvement is inefficient and ineffective because students are not professional evaluators or curriculum developers. Stu-

dents may not be professional managers, but as daily consumers they are able to judge many aspects of a curriculum more accurately than can staff. A student perspective can therefore be most valuable and refreshing for all parties.

Faculty are also sometimes hesitant to give students a larger share of responsibilities because they feel that students may be incapable of using power fairly. In our experience, however, this is almost never the case. Students are usually fully conscious of their delicate position with regard to staff and other students. They are aware that misuse of their authority would amount to a breach of trust that could be extremely difficult to repair.

The following description of students' involvement in the medical school at the University of Maastricht illustrates our opinion that they should be full partners in designing their education. First, all students are invited to participate in regular evaluations of program units, the faculty in their teaching roles, other students, and examinations.^{10,11} The number of students actually completing the various evaluation forms routinely exceeds 80%. Ratings given to faculty members by the students are stored in portfolios and used in promotion decisions.¹⁰

Students also participate in the planning of the curriculum. The medical curriculum in Maastricht is problem-based and consists of four theoretical years and two years of clinical practice.² The first four years consist of six-week blocks, each one multidisciplinary and based on a broad theme, such as "Fever and Infections" or "Blood Loss." Each block is developed, revised annually, and executed by a block-planning group that is also responsible for the examination following the block. The final two years of study consist of clerkships, in which students perform rotations in 11 of the most important clinical subjects, such as internal medicine, pediatrics, and psychiatry. A

clerkship-planning group of clinical teachers guides the content and examination of each of these rotations. Each block-planning group and each clerkship-planning group has two student members.

Finally, students are also well represented at the top levels of the educational structure. They are active as members of the Faculty Board, the Faculty Council, and the Educational Committee. Apart from these highest bodies in the faculty hierarchy, there are many other committees that develop and initiate new educational policies and improvements in the curriculum. Full voting student membership in all of these committees is a component of the medical school culture in Maastricht.

The 100 students actively involved on all committees and boards are approximately 10% of the complete student population. Thirteen of these student positions receive part-time salaries from the school, at a total equivalent of two full-time positions. A student association at the university is an essential component in coordinating all the actively involved students within the medical faculty. Key student members meet and exchange information once a week, providing a single approachable body for the faculty.

The example of students' involvement at the medical school in Maastricht convinces us that students are distinctly capable of assuming shared responsibilities in management and organization of education. The question that remains is how to ensure maximum benefit from the involvement of students.

The most essential point of action for faculty is ensuring an open attitude toward students. Without genuine openness to students' opinions, equal

partnership and the sharing of responsibilities cannot be achieved. Seats for student representatives should be formally reserved on the faculty board and every other educational committee within the school. For students' input to remain most effective, it must be taken seriously. If problem areas identified in evaluations are not tackled by faculty, students will soon grow tired of cooperating in useless evaluation programs.

In order for students' participation in the organization of their education to remain possible in the long term, faculty should provide compensation or other incentives for students who spend large amounts of time on educational organization. Such compensation need not be financial. Study credits and extra study time are realistic alternatives. Finally, faculty can facilitate student input by giving students a work space, including, perhaps, a computer and a telephone.

The most important action students can take is to organize themselves. Combining forces is a certain means of upgrading the quality of students' input. A student association that functions well is a prerequisite to being taken seriously by faculty. Second, students must be prepared to participate in the evaluations provided by the faculty. They must also make themselves available for membership on committees. Finally, students should take every opportunity to voice their opinions and ideas. Sustained criticism, both positive and negative, is the only way to ensure that students' opinions and students' involvement are incorporated into faculty culture.

Klazina Visser, MD

Katinka J. A. H. Prince, MD

Albert J. J. A. Scherpbier, MD, PhD

Cees P. M. van der Vleuten, PhD

G. Maarten Verwijnen, MD

At the time the Commentary was written, Dr. Visser and Dr. Prince were medical students and active members of various educational committees; Dr. Scherpbier is head, Skillslab; Professor van der Vleuten is head, Department of Educational Development and Research; Dr. Verwijnen is chairman, Progress Test Committee, Skillslab; all at the Faculty of Medicine, Maastricht University, Maastricht, The Netherlands.

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