

# Student participation in educational management and organization

KLAZINA VISSER, KATINKA J. A. H. PRINCE, ALBERT J. J. A. SCHERPBIER, CEES P. M. VAN DER VLEUTEN & G. M. MAARTEN VERWIJNEN

University of Maastricht, The Netherlands

**SUMMARY** *In the past years many educational innovations have taken place in higher education. A central tendency in these innovations is to base curricula more on the educational needs of students. Student-centered education attempts to optimize the learning process of students, i.e. the creation of a stimulating and active learning environment. A logical next step in placing students at the centre of their education is involving them in the quality control, organization and development of curricula. In current medical literature barely any attention is paid to student participation in educational organization. This article presents an example of student involvement in the educational organization of the Medical School at the University of Maastricht. Opportunities for student participation in curriculum planning and organization are given, including advantages and possible disadvantages of student involvement. Implications for faculties wishing to incorporate students in their organization are discussed, as are action items for students wishing to improve their input.*

## Introduction

In recent years societal, scientific and educational developments have led to changes in medical education. A larger part of the population is currently taking part in higher education training. The number of students in medical schools has increased dramatically, requiring changes in classical teaching models and necessitating more restrictive (governmental) budget control. Reduction in study time is but one of the consequences in some European countries. Furthermore, advances in science, particularly in the medical sciences, has led to an explosion of knowledge. Because it has become impossible to teach students all there is to know and because curricula are also required to be more efficient, lifelong learning skills have become increasingly important. The need for changes in medical education is also affected by progression in educational theory. Various educational theories point to centring education around the learning of students rather than around the teaching by teachers. The SPICES model sums up some of the characteristics of curricula that focus on such learning programmes (Harden *et al.*, 1984). Other examples of changing perspectives on education are adult learning (David &

Patel, 1995), contextual learning (Coles, 1991), problem-based learning (Van der Vleuten *et al.*, 1996) and task based learning (Harden *et al.*, 1996a, 1996b). The hallmark of these views on learning is that they each place the student at the centre of a learning programme.

The key position attributed to students and students' learning leads to the expectation that the inclusion of students in curriculum organization forms an integral part of the implementation of student-centred learning programmes. However, a comprehensive literature search by the authors showed that virtually all the papers published on student-centred education so far concern only the learning process itself. Though student involvement in the organization of education seems to be a logical next step in educational development, hardly any literature is available on the actual participation of students in educational organizations. As far back as 1969 Slater noted the limited extent of student involvement in curriculum innovation and planning. He proposed involving students in not only curriculum evaluation and modification but also curriculum innovation. Slater (1969) also stressed the importance of students being full voting members of all faculty curriculum committees. More recently, Huppertz (1996) described the importance of faculties actively seeking student involvement and making use of the unique student perspective in the creation of consumer-friendly curricula. The presence of so few published examples of student involvement in educational organizations generates the supposition that the term student-centred education does not, to the present day, pertain to the planning and management of student-centred curricula. However, students in higher education are adults. Treating them as adults involves, in the authors' opinion, shared responsibilities and the participation of students in educational organizations.

## An illustration of student involvement

Fortunately, Dutch Educational Law specifies student membership of several of the most important educational

*Correspondence:* Albert Scherpbier, Skillslab, Faculty of Medicine, University of Maastricht, PO Box 616, 6200 MD Maastricht, The Netherlands. Tel: + 31 43 3881771. Fax: + 31 43 3618612. Email: a.scherpbier@sk.unimaas.nl

**Table 1.** Students on educational committees, Medical Faculty, University of Maastricht.

Committee	Committee size	No. of student members
Faculty Board	7	2
Faculty Council	12	2
Educational Committee	12	6
Educational Operations Committee	7	2
23 Block Planning Groups	10	2 each
11 Clerkship Planning Groups	7	2 each
Electives Committee	6	1
Student Platform Skillslab	6	5
Student Input Coordinator	–	1

bodies in all institutes for higher education. The Maastricht Medical School has, however, reserved seats for students on a much broader scale than legal obligations necessitate. Student input is the standard in all levels of the educational organization in the school (Visser *et al.*, 1997).

On a basic, most general level, all students are invited to participate in regular evaluations of programme units, examinations, the staff in their teaching roles and other students (Dolmans *et al.*, 1996; Verwijnen, 1994). To this end students are regularly asked to fill out evaluation forms. The number of students actually completing the various evaluation forms routinely exceeds 80pc. These evaluations are used to constantly monitor the quality of the education and to make immediate adaptations where necessary. Ratings given to faculty members by the students are stored in personnel portfolios and are used in promotion decisions (Dolmans *et al.*, 1996).

The medical curriculum in Maastricht is problem based and consists of four theoretical years and two years of clinical practice. The first four years are built up of six-week units, the blocks, that are multidisciplinary and based on a broad central theme, for instance 'Fever and Infections' or 'Blood Loss'. Each block is developed, annually revised and implemented by a block-planning group that is also responsible for the examination following the block. The final two years of the study consist of the clerkships, in which students perform rotations in 11 of the most important clinical disciplines, such as internal medicine, paediatrics and psychiatry. The content and examination of each of these rotations is guided by a clerkship planning group of clinical teachers. Each block planning group and each clerkship planning group has two student members. Using the results from the general evaluations, the planning groups work to continuously improve their curriculum units. About 70 students stemming from all six years of the medical study are members of these planning groups (see Table 1).

At the top and sub-top levels in the educational organization students are also well represented. 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 current curriculum. Full voting student membership in all these committees is a self-evident component of the culture in the Maastricht Medical School.

The total number of students actively involved on all committees and boards amounts to approximately 10pc of the complete student population, that is about one hundred students. Thirteen of these student positions are salaried by the school, comprising 2.0 full-time equivalents.

An essential component in the coordination of all the actively involved students is the student organization present within the medical faculty. Key student members formally meet and exchange information once a week. Therefore active students on all levels of the organization have approximately the same relevant and up-to-date information on current issues in the school at their disposal. The student organization actually represents a political force in the decision-making processes of the school.

#### Benefits for both students and medical schools

There are many conceivable benefits to involving students in the educational organization. Student involvement can be to the advantage of medical schools and staff, but also to the advantage of students themselves.

Closely involving students in quality control means obtaining direct feedback from the consumers of the education. Students have a unique overview over the complete curriculum. They are able to identify problematic learning areas (Eichna, 1980; Huppertz, 1996). Students are aware of the education that the curriculum amounts to in practice, which can differ significantly from the curriculum as planned and officially laid down by the faculty. Students also experience the 'hidden curriculum', which partly takes place outside formal classes and includes the transmission of culture and values (Hafferty & Franks, 1994). Extremely important information on several aspects of the curriculum can, therefore, be gained from student feedback.

Formally sharing responsibilities in the decision making related to curriculum planning and organization with students enhances the development of student excellence in

several ways. Students who are actively involved in education gain valuable insight into the structure and politics of a large non-profit 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. Turning out 'top-quality students' reverberates positively upon the reputation of the institutions where they were educated.

Close student participation in the educational organization leads to students experiencing a certain level of control over their own education. Students are empowered by this. It can stimulate them to take an active part in discovering further areas for improvement. Another consequence of student involvement is a decreased distance from students to staff and vice versa. Moreover, in the authors' experience student input is generally useful and of high quality. Last but not least: having the mutual goal of perfecting the education and working towards this goal together can also be fun and rewarding for both staff and students.

### Disadvantages to student involvement

The authors do not see any genuine disadvantages to involving students more closely in the educational organization. When student affairs officers at medical schools in the USA in 1969 were asked why there was no formal student representation on faculty committees at their medical school, more than a quarter of the respondents replied that there was no reason for not having student representation (Slater, 1969). Some of the arguments sometimes heard against student involvement are stated here.

Some faculty consider drawing students into quality control to be inefficient and inefficient because students are not professional evaluators or curriculum developers. However, growth and change are essential in every organization. Students may not be professional managers, but they are able to judge many aspects of a curriculum with more expertise than staff. A student perspective on long-standing agenda items can be most valuable and refreshing for all parties.

Staff are sometimes heard to be unsympathetic to students taking a larger share of responsibilities because they feel students may be incapable of using their power fairly and might abuse it. In the authors' experience this is, however, almost never the case. These students are usually fully conscious of their delicate position with regards to staff and other students. They are aware of the fact that misuse of their authority would amount to a breach of trust towards staff that could be extremely difficult to repair.

### Conclusions and implications

Present developments in higher education increasingly focus on the central role of students in education. A logical next step in these developments is to give students responsibilities not just in the learning process but also in curriculum organization and in the management of medical schools. Students in higher education, after all, are

adults. The example of student involvement in quality control at Maastricht Medical School proves students to be distinctly capable of assuming shared responsibilities in management and organization of education. The question remains, then, how to ensure maximum benefit from the involvement of students.

### Faculty action items

The most essential point of action for the faculty and the staff is ensuring an open attitude towards 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 student input to remain most effective it must be taken seriously. Consequences must therefore be attached to the results of evaluations. If problem areas identified in evaluations are not tackled by the faculty, students will soon grow tired of cooperating in useless evaluation programmes.

In order for student activities in the educational organization to remain possible in the long term, the faculty should provide some sort of compensation or incentive for those students spending a large amount of time on faculty pursuits. Such compensation need not be exclusively financial. The attribution of study credits or extra study time are realistic alternatives. Finally, the faculty can facilitate student input by providing students with a working space and some office facilities such as a computer and a telephone.

### Student action items

The most important action students must take is to organize themselves. Combining forces is a certain means of upgrading the quality of student input. A student organization that functions well is a prerequisite to being taken seriously by the faculty and staff.

Second, students must be prepared to participate in the evaluations provided by the faculty. They must also make themselves available for membership of 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 student opinions and student involvement are incorporated into faculty culture.

### Notes on contributors

KLAZINA VISSER and KATINKA PRINCE were medical students when they wrote this paper at the University of Maastricht, The Netherlands and active members of various educational committees.

ALBERT SCHERPBIER is head of the Skillslab at the Faculty of Medicine, University of Maastricht, The Netherlands.

CEES VAN DER VLEUTEN is a professor Head of the Department of Educational Development and Research, Faculty of Medicine, University of Maastricht, The Netherlands.

MAARTEN VERWIJNEN, general practitioner, is chairman of the Progress Test Committee at the Faculty of Medicine, Skillslab, University of Maastricht, The Netherlands.

## References

- COLES, C. (1991) Is problem-based learning the only way?, in: D. BOUD & G. FELETTI (Eds) *The Challenge of Problem-based Learning*, pp. 295–309 (London, Kogan Page).
- DAVID, T.J. & PATEL, L. (1995) Adult learning theory, problem based learning, and paediatrics, *Archives of Disease in Childhood*, 73, pp. 357–363.
- DOLMANS, D.H.J.M., WOLFHAGEN, H.A.P. & VAN DER VLEUTEN, C.P.M. (1996) Long term stability of tutor performance, *Academic Medicine*, 71, pp. 1344–1347.
- EICHNA, L.W. (1980) Medical-school education, 1975–1979: a student's perspective, *New England Journal of Medicine*, 303(13), pp. 727–734.
- HAFERTY, F.W. & FRANKS, R. (1994) The hidden curriculum, ethics teaching and the structure of medical education, *Academic Medicine*, 69, pp. 861–871.
- HARDEN, R.M., SOWDEN, S. & DUNN, W.R. (1984) Educational strategies in curriculum development: the SPICES model, *Medical Education*, 18, pp. 284–297.
- HARDEN, R.M., LAIDLAW, J.M., KER, J.S. & MITCHELL, H.E. (1996a) AMEE Medical Education Guide No. 7. Task-based learning: an educational strategy for undergraduate, postgraduate and continuing medical education, (Part 1), *Medical Teacher*, 18(1), pp. 7–13.
- HARDEN, R.M., LAIDLAW, J.M., KER, J.S. & MITCHELL, H.E. (1996b) AMEE Medical Education Guide No. 7. Task-based learning: an educational strategy for undergraduate, postgraduate and continuing medical education, (Part 2), *Medical Teacher*, 18(2), pp. 91–98.
- HUPPATZ, C. (1996) The essential role of the student in curriculum planning, *Medical Education*, 30, pp. 9–13.
- SLATER, C. (1969) Student participation in curriculum planning and evaluation, *Journal of Medical Education*, 44(8), pp. 675–678.
- VAN DER VLEUTEN, C.P.M., SCHERPBIER, A.J.J.A., WIJNEN, W.H.F.W. & SNELLEN, H.A.M. (1996) Flexibility in learning: a case report on problem-based learning, *International Higher Education*, 2, pp. 17–24.
- VERWIJNEN, G.M. (1994) De student als kwaliteitsbewaker: De rol van de student bij de kwaliteitsbewaking van de Maastrichtse Voortgangstoets (The student as a quality controller: the role of students in quality control of the Maastricht Progress Test), *Bulletin Medisch Onderwijs*, 13, pp. 87–95.
- VISSER, K., PRINCE, C.J.A.H., SCHERPBIER, A.J.J.A., VAN DER VLEUTEN, C.P.M. & VERWIJNEN, G.M. (1997) Towards full partnership: student involvement in the educational organization, *Academic Medicine*, 72, pp. 17–18.