

# THE ROLE OF STUDENTS IN THE QUALITY CONTROL OF MEDICAL EDUCATION

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## **Introduction**

In recent times medical education has been rapidly changing, and there is an increasing tendency to base curricula on the educational needs of students. Because it has become impossible to teach students all there is to know, and because curricula are also now required to be more efficient, life-long learning skills have become increasingly important. The key position attributed to students and student learning naturally leads to the expectation that the inclusion of students in curriculum organization forms an integral part of the implementation of student centered learning programmes.

This article reviews why student involvement in quality control of medical education is essential and how medical schools can stimulate students and best gain from their input. A description of the Maastricht situation will serve as an example of how students can become involved.

## **Why is Student Involvement in Quality Control Important?**

The main reason is that students should no longer be viewed as children, but as adults, and treated accordingly. Because they are adults, they can carry responsibility. Student centered learning, therefore, also means having students responsible for their own education. Furthermore, students are the best curriculum experts. They have an overview on the general content of the curriculum and are, therefore, the best source for evaluating the educational programme. As a result of personal experience, students know the actual or hidden curriculum. Staff members know the total curriculum only as it is supposed to be: as it is on paper.

There are several benefits for students with their involvement in quality control. For instance, they have shared control over their own educational programme and have the ability to improve education on behalf of their fellow students. The knowledge that student input is taken seriously and really has consequences for the curriculum is very motivating for students. Due to the close relationship between staff and students, staff members are accustomed to students asking questions. Therefore, they are readily accessible to students. And last, but not least, such involvement gives students experience in meetings, and in preparing for meetings with colleagues on the local, national, and international levels. Students also can become familiar with the business of wheeling and dealing in medical school politics!

Of course, the medical school benefits from the students as well. High quality, involved, and motivated students improve the image of a school, and teaching staff receive immediate feedback on the curriculum by the consumers (students). This leads to direct improvement of the curriculum. Students are also an excellent source of new ideas and suggestions for improving the curriculum. The educational input of students is generally of high quality and can have significant influence on the overall outcome of the educational programme. And, such student expertise is available at virtually no cost. Finally, the motivating aspect of collaboration is mutual, enjoyed by both students and staff.

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## **The Maastricht Situation As Example**

The following summary of the Maastricht situation is an illustration of how students can become involved.

### **1. Maastricht Students Evaluate All and Everything**

Students evaluate the current programme, they evaluate the staff in their teaching roles, and they evaluate each other. After each curriculum unit or clerkship, students are required to complete an extensive evaluation form. The best motivation for students to engage conscientiously in such activity is to demonstrate that results of these evaluations are taken seriously and actually lead to direct improvement of the curriculum.

The evaluation of teaching staff members in Maastricht serves as direct feedback on their performance. These evaluations are also used in staff promotion decisions. Students evaluate other students on their behavior in the group, upon completion of every tutorial. The main issues are related to group interaction skills, effort, and motivation to contribute to the group process. Unfortunately, these peer evaluations generally tend to be quite superficial, as students are reluctant to be frank or tough with each other.

### **2. Maastricht Students Critique Current Examinations**

After every examination, students are invited to comment on that test. Once constructed by the teaching staff, each examination is critically reviewed in special review committees before it is administered. Upon completion of the exam, students are given the answer key and may

take the test-booklets home. They have one week to critique the exam questions, for instance, by finding conflicting evidence in the literature. It is only after the student review process that the examination results become definitive. The major consequence of the possibility to comment on an examination is that the quality of the instrument is improved.

### 3. Students Become Active Within the Educational Organization Itself

The formal committees in the educational organization, their size, and the number of student representatives are indicated in Table 1.

**Table 1. Educational Committees at the University of Maastricht Faculty of Medicine**

Committee	Committee Size	Student Representatives
Faculty Board	7	2
Faculty Council	12	3
Educational Committee	12	6
Educational Operations	7	2
23 Block Planning Groups	10	2 each
12 Clerkship Planning Groups	7	2 each
Electives / Skillslab	--	5
Student Coordinator	--	1

In Maastricht there is not a single committee, educational or otherwise, without student representation (except, of course, for the examination committee). Approximately 100 students are actively involved in the educational organization, which represents about one-tenth of the overall student population. Thirteen of these student positions are paid for by the medical school, which corresponds to about two full-time equivalents.

### 4. Medical Students in Maastricht Are Well-Organized

The students who serve on educational committees regularly exchange information in a series of formalized meetings. In this way they remain extremely well-informed. In addition to this exchange of information, students initiate educational policies, and organize various other activities.

### 5. Students Are Involved in Educational Research

Students may use their educational projects as electives in the curriculum scientific research programme. They are also stimulated by the medical school to attend educational conferences, financially sponsored in most cases by the school, or by individual staff members. Apart from presenting papers and writing articles, participation at conferences in itself is very motivating and stimulating. Students are exposed to new ideas and become even more closely involved with the educational organization.

## Conclusions and Implications for Practice

The main conclusion is that students are important as quality controllers in medical education. But the question remains, how to get students actively involved. There are many techniques a medical school can use to improve involvement of their students.

Firstly, allow student evaluation of various aspects of the curriculum to have real and demonstrable consequences for the curriculum. Without consequences, evaluation becomes meaningless, and no student will conscientiously participate if the results are not taken seriously. Secondly, full involvement requires full equality and commitment of partners. Students should, therefore, be allowed and en-

couraged to participate in the educational organization. Furthermore, teaching staff should allow students to take part in new developments such as reorganizations within the curriculum.

For maximum achievement, students must have facilities at their disposal; e.g., their own work space with computers, telephone, etc., and rooms where they may hold meetings. To further stimulate students, the medical school can provide student incentives either in the form of financial compensation, or in terms of accrediting educational activities as part of the formal curriculum. The most important consideration, however, is an open and accepting attitude of the staff members. This condition must be fulfilled before other efforts will result in more student involvement.

The final conclusion is that students are adults. By considering them so, and treating them accordingly, both the medical school and the students will benefit. And if all concerned are fully aware of the possibilities of the student as a quality controller, then students will become full and valued partners in medical education.

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