

EDITORIAL

Student Empowerment in Medical Education

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Becoming a doctor is an arduous task. This journey of becoming a doctor from a student is guided by the medical curriculum, which is defined by Kern as an educational experience.¹ Curriculum has various components comprising of mission and outcomes, educational strategy and content, teaching and learning methods, assessment, student support, faculty development, program evaluation and governance.² One of the main stake holders of the curriculum are students. In advanced countries, students have been empowered to make decisions regarding their curricula.³ However, in authors observation, Pakistani medical students have minimal or no input in designing their curriculum.

Student empowerment is defined as 'any attitudinal, structural, and cultural activity, process or outcome where students of any age gain the ability, authority and agency to make decisions and implement changes in their own schools, learning and education, and in the education of other people, including fellow students of any age and adults throughout education.'⁴

Student involvement in medical curriculum has been stressed by World Federation for Medical Education (WFME), Liaison Committee for Medical Education (LCME)⁵ and ASPIRE excellence initiatives.⁶ WFME has designed quality standards for basic medical education, which describe the basic standard for attainment of student engagement as "The medical school must have a policy on student representation and appropriate participation in the design, management and evaluation of the curriculum, and in other matters relevant to students".⁷

In the 1980's, Harden introduced the concept of 'SPICES' model⁸ which is being employed as an educational strategy in many medical schools across the globe. 'S' in this model emphasizes on Student centred approach as opposed to Teacher centred

learning. Psychologists have also advocated 'Self-directed learning' in which students take control of their learning.⁹ One of such strategies employed is 'Problem based learning' in which students identify learning issues themselves and then find answers to the questions developed.¹⁰ This, however, is the minimal level of students being empowered.

'ASPIRE', which targets excellence in education, demands involvement of students in different committees pertaining to curriculum, assessment and student affairs.⁶ In medical schools, where students are involved in these committees, improvement in learning of students is expected. In curriculum committees, students can offer their feedback and opinion on mission and vision of medical school, matters of admission test, content volume and difficulty, teaching and learning methodology, time tabling and provision of electives, whereas in assessment committees student's feedback would be of utmost importance regarding qualitative feedback offered to students by their teachers, frequency of assessment and inclusion of newer assessment techniques. Student affairs committee can provide feedback to the medical school administrators, regarding the infrastructure, educational environment and quality of education provided to them. Role of students in research and mentoring committees is no less important.

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