

Medical Education Systems

This is the Annual Report of the **Medical Education Systems** Program, written by **Aleksandar Veselinov Farfarov** on the **26th June 2018**, submitted for the **67th General Assembly – August Meeting 2018** in Montréal, Québec, Canada.

Summary of Report:

The Medical Education Systems Program aims to create a growing movement of medical students engaged in transforming any aspects of their undergraduate and postgraduate medical education by equipping them with the sufficient knowledge and skills in order to help them develop a relationship with the medical schools' faculty and management so that students are no longer regarded simply as consumers of the education programme but as partners in the process.

In the 16th June 2017 to 15th June 2018 period 28 activities were enrolled and reported. These activities were conducted in Europe, Asia-Pacific, EMR and the Americas region. Unfortunately there were no activities from the Africa Region that were enrolled. Most of the activities are Capacity building or Educational.

116 medical students have participated in a TMET workshop and an AMET (Advocacy in Medical Education Training) workshop has been established.

IFMSA through its NMOs has had a meaningful impact in educating and empowering medical students on medical education topics and in the quality assessment and evaluation of medical education. Unfortunately, there is no impact regarding the 3rd outcome and very little impact regarding the 4th outcome.

Most important achievements:

- Updated the Medical Education Program Proposal so that to make it as comprehensive and current as possible. I involved SCOME IT as much as possible so that the updated proposal is relevant to the internal and external work of the SC and the activities of the NMOs. I managed to include some new topics such as social accountability, widening access to medical education, health workforce planning and forecasting, research in medical education and postgraduate medical education. I also developed new objectives, outcomes and more relevant indicators.
- Extensive efforts to promote the Program through 3 articles for the Program newsletter (2 of which featured an enrolled activities), 2 entries for the Program section in the MSI Magazine and personalized emails to 108 NOMEs about introduction to the program and different opportunities
- Really good collaboration with SCOME IT
- Ensured outstanding program representation during the MM2018

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Struggles encountered:

- Lack of motivation from NMOs to enrol and/or report their activities.
- Non-responsive activity coordinators.
- Inability to attend both General Assemblies.

Recommendations for the next term(s):

- More efforts should be made to encourage NMOs to enrol their activities.
- More efforts should be made to evaluate the impact of the activities since NMOs are not setting good enough objectives and indicators and are not using appropriate evaluation methods. Another issue is that the current Medical Education System Program description is quite broad and at the same time not clear enough on the outcomes, objectives and indicators and except for the first outcome it is almost impossible to evaluate the impact and the progress towards achieving the outcomes.
- There is need for specific manuals for designing, implementing and evaluating the efforts and activities in the field of Medical Education development and improvement .
- A proactive approach in the communication with the communication with Activity Coordinators is needed.
- More efforts are needed to include Regions and NMOs that are not active in the field as well as to reinforce the participation of already active NMOs.

Program Impact Report

Program Structure

The Program's long-term goal is to create a growing movement of medical students engaged in transforming any aspects of their undergraduate and postgraduate medical education by equipping them with the sufficient knowledge and skills in order to help them develop a relationship with the medical schools' faculty and management so that students are no longer regarded simply as consumers of the education programme but as partners in the process.

To achieve this, NMOs should organise training workshops for students to learn about different areas of medical education so they can know different types of teaching, learning, evaluation and assessment, the student's role in medical education and the importance of feedback in this regard.

Once students have undergone training, NMO's should facilitate their activism by advocating for students' rights, their voice and votes with regards to faculty decision and the collection and promotion of feedback among other students.

Main goal and expected outcomes/impact

Main Goal: The aim of the program is to create a platform where medical students will learn about medical education system and students meaningful participation in faculty decision making. These skills will empower them to take a leading role and actively advocate their inclusion in decision making.

The impact of the program should be measured by the achievement of the following **outcomes**:

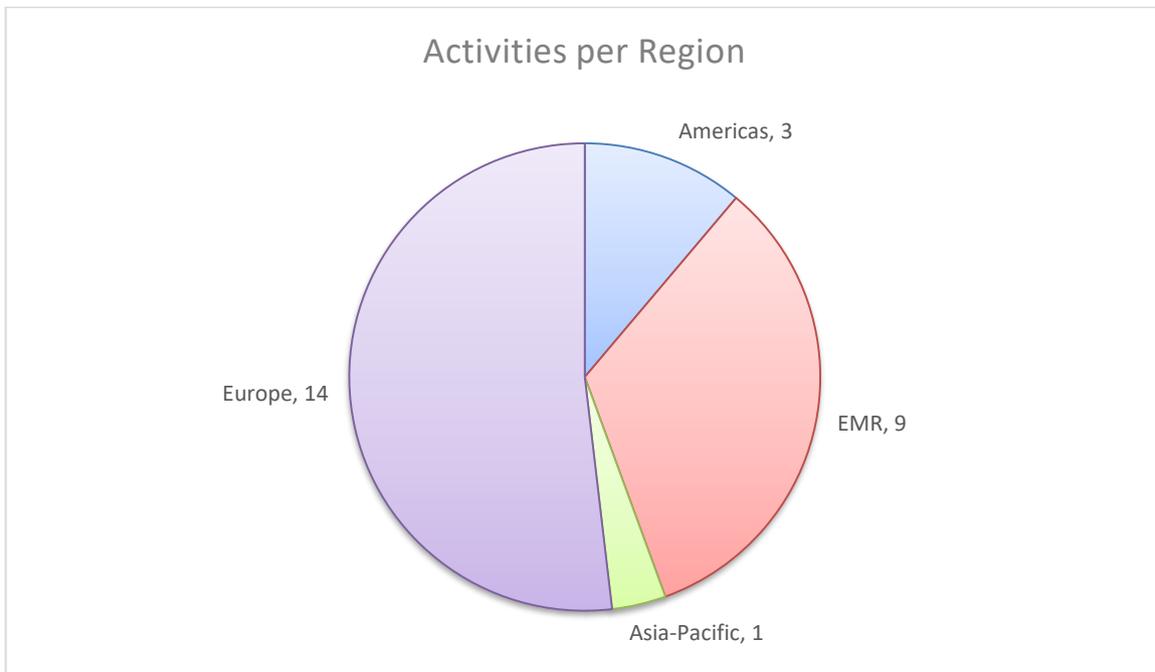
- **Outcome 1:** Educated and empowered medical students on medical education topics
- **Outcome 2:** Medical students participation in the quality assessment and evaluation of medical education in the faculties
- **Outcome 3:** Medical curricula are adapted to globally recognized medical education guidelines
- **Outcome 4:** The issue of Global Health is introduced and included in the medical curricula

The **types of activities** included in this report are according to the UN Classification as follows:

- **Education among specific societal groups.** IFMSA provides education on health issues in most of the societal groups (peers, children, youth, adults, elderly, specified groups).
- **Advocacy**, also called lobbying. Advocacy is the attempt to influence political decisions and policy, An advocacy strategy directly targets those responsible for respecting and protecting certain values and achieving specific goals within the society – the authorities. Advocacy strategies should be used for influencing policies on national and international level as well as to bring experts and externals back to our members to learn.
- **Campaigning** is a combination of education and advocacy, is a way to raise awareness among citizens on certain issues, for example about dangers of tobacco and alcohol abuse, human rights violations, equal access to healthcare. The general public is informed about the issue (educational aspect) yet at the same time, the more people know about the issue, the larger the pressure on government to handle this problem (advocacy aspect).
- **Research.** The aim of research is to provide evidence for development of specific topics within the theme of the Program. Medical students and IFMSA should use research when delivering the change, evaluate impact and create opportunities for medical students in research while working together with academics and other stakeholders.
- **Fundraising for 3rd Parties** means raising funds and resources with the aim of supporting an individual or a vulnerable group in tackling an issue. For example, many NMOs raise funds to support a cause for treatment of a child's rare disease.
- **Operative work.** NMOs may carry out operative work within their own community or country. An example would be a NMO running a shelter for women vulnerable to gender-based violence. Alternatively, an NMO can carry out operative work in other countries, notably developing countries, cooperating with local NGOs. This is called development assistance.

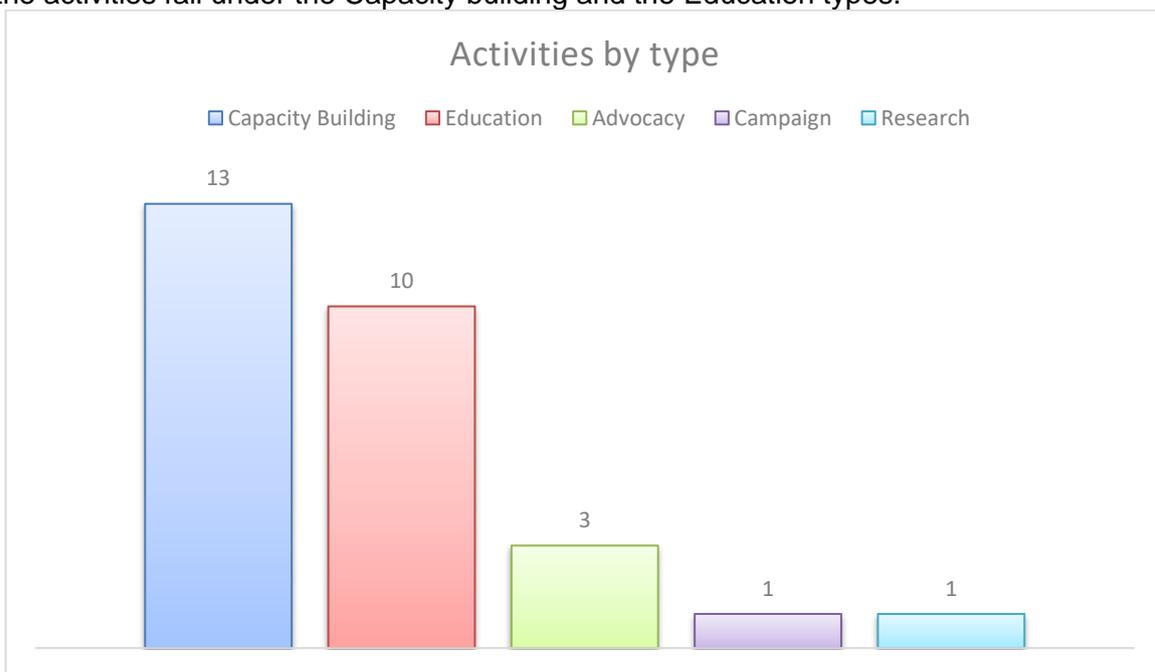
Evaluation of the Impact of the Medical Education Systems Program for this term

A total of 28 activities were enrolled and reported in the 16th June 2017 to 15th June 2018 timeline. These activities were conducted in Europe, Asia-Pacific, EMR and the Americas region. Unfortunately no activities from the Africa Region were enrolled. One of the research activities (Medical Education System Survey) included entries from NMOs in all five of the IFMSA Regions and thus is not included in the chart below.



Three NMOs – ANEMF (France), FASMR (Romania) and SloMSIC (Slovenia) enrolled two activities each.

Most of the activities fall under the Capacity building and the Education types.

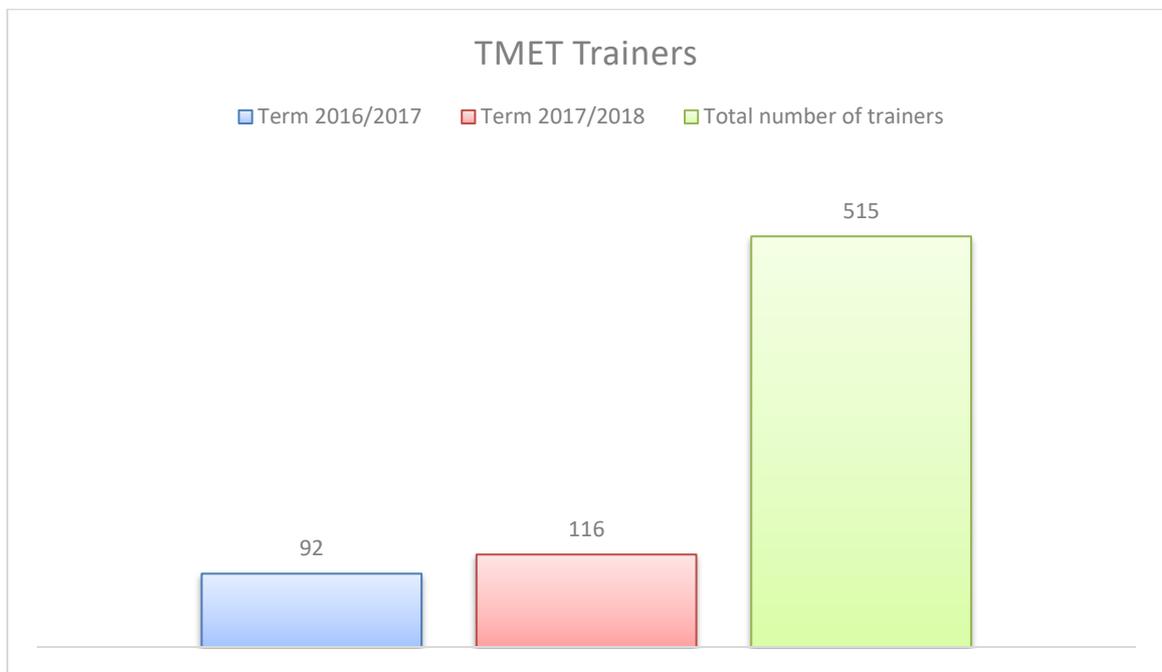


Activity distribution according to the specific outcomes:

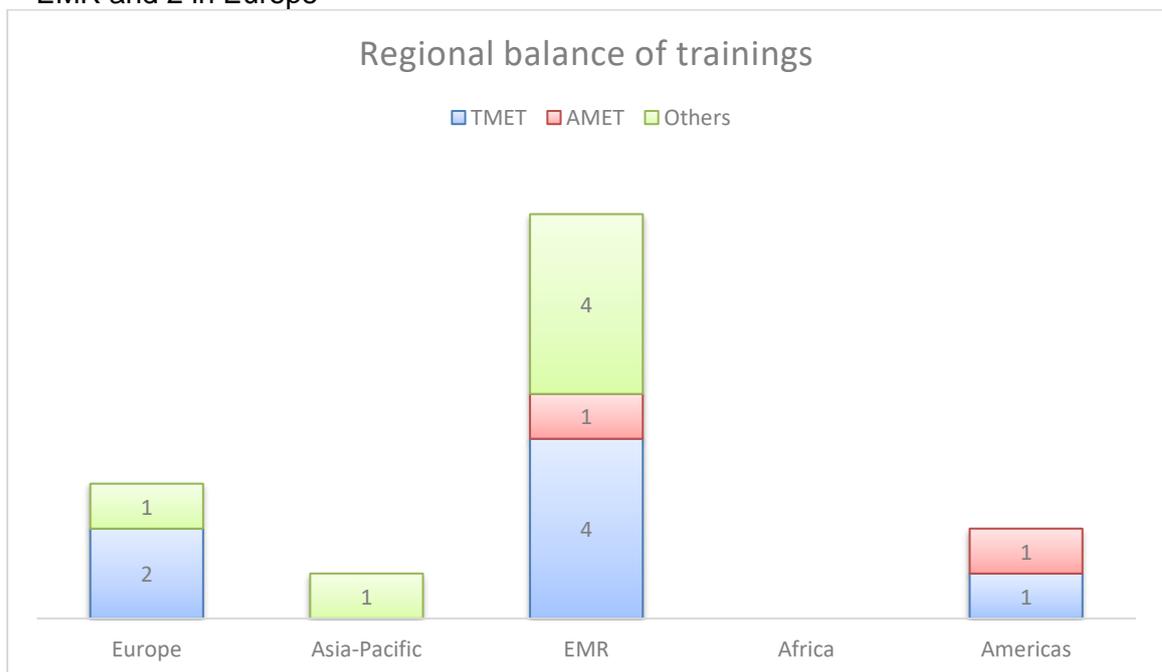
Outcome 1: Educated and empowered medical students on medical education topics

Indicators:

- Number of IFMSA certified Medical Education Trainers
 A total of 116 students have participated in a TMET workshop in the past year. Comparing to the last year's report, there is 24 more students that have attended a TMET or a 26% increase.
 The total number of TMET trainers as per the TMET Trainers' Database is 515 (the data was accessed on 26th June 2018)



- Number and regional balance of trainings for medical education topics which include but are not limited to TMET – 16 workshops were held this year:
 - In this term a total of 7 TMETs were enrolled and reported – 4 from the EMR, 2 from Europe and 1 from the Americas Region
 - The newly established **Advocacy in Medical Education Training (AMET)** has been conducted twice – once in the EMR and once in the Americas
 - Other workshops, trainings and other capacity building activities – 1 in Asia-Pacific, 4 in the EMR and 2 in Europe



Conclusion and recommendations:

- In order to evaluate the impact that the TMETs and AMETs have in the field of Medical Education in the NMOs, there is a need for continuous follow up with the participants and their training and medical education related activities. There are 515 students in the TMET Trainers Database but not enough data whether they are actively conducting trainings or are using their acquired knowledge and skills in any way.
- There is regional disbalance in the conducted workshops.

Outcome 2: Medical students participation in the quality assessment and evaluation of medical education in the faculties

In the past year, there are 15 activities that have focused on that outcome. We can further classify them into the following fields:

- Quality assurance
- Non-formal education
- Interprofessional education (IPE)
- Curriculum development
- Research education and Research in medical education (RIME)
- Rights and responsibilities
- Postgraduate medical education (PGE)
- Wellness and mental health
- Widening access for Medical Education
- Advocacy and awareness activities
- Simulation-based learning

Since most of the activities are focused on more than one field, they are presented in the following table:

	Region	Quality assurance	Non-formal education	IPE	Curriculum development	PGE	Research/RIME	Advocacy	Awareness	Others
Exam Simulations	EU	x				x				
Getting informed	EU		x	x					x	
Integrated Medical Education Marathon	AP				x			x		
Interprofessionalism	EU			x	x			x	x	
International Congress of Medical Sciences (ICMS)	EU					x	x			Career development, Simulation
Know Your Specialty	EMR					x				Students' rights and responsibilities
Medical Education development	EMR						x	x		
Medical Education System Survey	IFMSA IT/TO SCOME						x			
Mentoring for first year medical students	EU		x							Mentoring, Mental health and wellness, Widening access (equal opportunities in medical education)
National consultation + General Estates of Clinical Years	EU						x	x		
Presnovnik (The Metabolite)	EU								x	Student involvement
SCOME Medical Education Camp	EMR						x			
SPECTRUM, new ways to learn	AMER						x		x	Students' rights and responsibilities

										es
Surgical skills school	EU		x							Peer education, Simulation-based learning
Tutors for the new generation	EU	x	x							

Conclusion and recommendations:

The different activity designs and the not adequately defined Outcome 2 and indicators make it very hard to evaluate the impact of the activities.

Outcome 3: Medical curricula are adapted to globally recognized medical education guidelines

There were not any activities focusing on this outcome.

Outcome 4: The issue of Global Health is introduced and included in the medical curricula

There is only one activity in the area of Global Health from the European region.

IFMSA through its NMOs has had a meaningful impact in educating and empowering medical students on medical education topics and in the quality assessment and evaluation of medical education. Unfortunately, there is no impact regarding the 3rd outcome and very little impact regarding the 4th outcome.

Comparing to the 2015/2016 term in which there were 10 enrolled activities, and the 2016/2017 term – with 16 enrolled activities, this term we have had 28 enrolled and reported activities. What is consistent from all reports is the relatively low participation of NMOs in the African Region.