BACKGROUND AND PROBLEM STATEMENT

Background

Medical students should take up the important role and responsibility to tackle the challenges and participate in the quest for quality improvement and influence the changes that are essential for the rapidly changing healthcare education. Students should have a say in the discussions about the mission of the medical school, the methods and process of selection, the development and implementation of the curriculum, the evaluation of the teachers and staff promotion, policy and decision making, etc. They can be and should be change agents in an institution.[1-3]

Social accountability [4-6] has emerged as the core principle for medical school and health workforce education reform. It reflects a public commitment to respond as best as possible to society’s priority health needs and challenges. From a medical school point of view, it applies the adaptation of its education, research and service programmes accordingly as well as making a significant difference to the quality of graduates, to the performance of the health system and ultimately people’s health status. Widening access to medical education is an emerging socio-political concern reflecting the responsiveness of the medical schools to the communities they serve by ensuring that the communities are represented in the student population through increasing the participation of students from low socioeconomic backgrounds, particular ethnic or geographical groups.[7-9] Medical students are uniquely positioned to advocate for the transition from traditional medical education to socially accountable medical education that extends from the mission of the medical school to its organization, function, selection of students, curriculum learning experiences and outcomes in order to produce competent doctors ready to meet society’s needs. As major stakeholders medical students should be involved in tackling issues regarding the health workforce planning and forecasting[10-11] by advocating for quality assurance in education through mandatory accreditations of academic institutions according to the World Federation for Medical Education Global Standards.[12] In this day and age, medical students - the major stakeholders of medical education - are often excluded from participating in their educational systems or they quickly become demotivated to do so. Examining the issue from the core, students are both insufficient in knowledge and understanding on how a medical system is organized as well as ignored by faculties in the processes of curriculum development, monitoring of the system and evaluation. Most importantly, students are unaware of their rights and responsibilities which leads to their lack of interest and passivity in student representation and decision making in medical schools. In order for medical students to assume a meaningful role in education they must possess adequate skills and knowledge related to the structure of Medical Education such as Curriculum Development, Assessment and Evaluation, Non-Formal Education, Meaningful Student Involvement, Quality Assurance, Learning & Teaching Methods, Students’ Rights, as well as advocacy skills for the ultimate
integration of IFMSA proposals to the medical curricula. This will result in students capable to give input to the university and exercise their right to participate in decision making.

TARGET GROUP & BENEFICIARIES
This Program will directly target:

- **Medical Students**, as major stakeholders in the field of medical education, ought to be active participants in their education
- **Medical schools/faculties**
  - Encourage educational institutions to provide quality medical education to ensure that healthcare workers are highly competent, able to function in an interdisciplinary team, and are highly relevant to the population they serve
  - Ensure that educational institutions develop standards and accreditation systems according to the World Federation of Medical Education and the WHO guidelines in order to improve the quality of healthcare professional services
- **Local and National Organizations/Institutions**, including Student Councils as representatives of students in different decision-making bodies
- **International organizations working on Medical Education** can become great partners in creating the framework for students to become involved in their education and develop the necessary skills.
- **Professional Regulatory Bodies**
  - Encourage quality assurance systems for medical education and training including accreditation, accountability, and methods for quality standards monitoring and improvement.
  - Ensure that medical education addresses cultural issues and that training meets the needs of the population being served (i.e. specialized training for work in rural areas). Mechanism of accountability for health workforce

BENEFICIARIES
- **Medical Students** - Medical Education Systems provides every medical student with the necessary equipment to become empowered in medical education and raise their voice in a meaningful manner
- **Medical schools/ faculties** benefit directly from training students to assess the Medical Education Systems providing a solid platform for improvement and development by its very foundation: the student body
- **Public healthcare system** - since improving and transforming the medical education will ultimately lead to improving the healthcare delivery
- **Patients** - improving medical education, health workforce planning and forecasting and social accountability of medical schools would create more qualified and competent doctors who would respond as best as possible to society’s priority health needs and challenges, including vulnerable groups.
LOGICAL FRAMEWORK OF INTERVENTIONS

End goal
The aim of the program is to create a growing movement of medical students engaged in transforming 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.

Assumptions
- Medical students as the major stakeholders can and must be actively engaged in transforming their medical education
- Medical schools, Regulatory bodies, Government agencies and the Public healthcare system can benefit greatly from involving the medical students in the efforts for improvement and development of the Medical Education System
- Medical students lack sufficient knowledge and skills to meaningfully participate in all aspects of their medical education
- Medical students can be active advocates for the implementation of socially accountable and Transformative healthcare education and for adequate health workforce planning
- Medical students can take a scientific approach to innovating medical education

OBJECTIVES
- Educate medical students on the organization of the Medical Education system.
- Educate medical students on students rights and responsibilities within the system of medical education.
- Assist and encourage medical students on becoming advocates for the improvement of their Medical Education
- Educate medical students on Learning and Teaching methods and other relevant Medical Education topics to ensure constructive student involvement.
- Highlight and enhance the role of the student in education and encourage more active involvement.
- Encourage meaningful student participation in the management of the school, including matters of policy and the mission and vision of the school.
- Encourage meaningful student participation in the provision of the school’s education programme (involvement with the delivery of teaching and assessment, curriculum design and development, quality assurance, peer teaching, development of learning resources, etc.)
- Encourage meaningful student participation in the academic community (involvement in the school's research programme and participation in meetings).
- Encourage meaningful student participation in the local community and the service delivery.
- Encourage medical students to take a scientific approach to innovating medical education practice - by engaging in student-led research in medical education in order to establish the need for change, identify a problem or evaluate the outcomes of an activity or an innovation.
• Encourage medical students to advocate for a Socially Accountable and Transformative medical education.
• Encourage medical students to design and participate in interventions and advocacy efforts aimed at widening access to medical education and thus the medical profession.
• Support WFME Global Standards on Medical Education and the WHO/WFME Guidelines for accreditation of Basic Medical Education.
• Initiate advocacy initiatives aimed at medical education institutions to ensure that health workforce planning is a national and global priority. • Initiate advocacy for the inclusion of Global Health in the medical curricula.
• Familiarize students with Medical Education organizations and their work.
• Encourage Non Formal Education and Peer-assisted learning as teaching methods and encourage students to become advocates for its recognition by medical schools.

PRESUMPTIONS AND BACKWARDS MAPPING
NMO’s plan and promote medical education training workshops for their students, to get students interested and attending their trainings - this makes students feel more empowered and motivated to start making changes in their medical education along with equipping them with the skills and knowledge needed to do so. Promotion, collection and evaluation of feedback is shared and put forward to faculty, as well as advocating for more students’ rights and votes in terms of faculty decision. This empowerment and knowledge of medical education should be shared with other students, to pass on this motivation and empower everyone to be active in this process.

MILESTONES AND INDICATORS
• **Outcome 1:** Educated and empowered medical students on medical education topics
  - **Activity:** Trainings and workshops on medical education topics and advocacy skills.
  - **Indicators:**
    - Number of trainings/workshops
    - Number of medical education topics covered
    - Impact assessment data of the outcomes of the workshop
• **Outcome 2:** Medical students engaged with the management of the school, including matters of policy and the mission and vision of the school
  - **Activity:** Advocacy campaigns; High level participation and direct student involvement with the structures and processes in their medical school.
  - **Indicators:**
    - Students are involved in the development of the school’s vision and mission
    - Students are represented on school committees
    - Students are involved in the establishment of policy statements or guidelines
    - Students are involved in the accreditation process for the school.
    - Students have a management/leadership role in relation to elements of the curriculum.
Students’ views are taken into account in decisions about faculty (teaching staff) promotion.

Students play an active part in faculty (staff) development activities

**Outcome 3:** Medical students engaged in the provision of the school’s education programme (engagement with the delivery of teaching and assessment, curriculum design and development, quality assurance, peer teaching, development of learning resources, etc.).

- **Activity:** Direct student involvement with the design and delivery of teaching and assessment through awareness campaigns, advocacy, research and discussions.
- **Indicators:**
  - Students evaluate the curriculum, teaching and learning processes.
  - Feedback from the student body is taken into account in curriculum development.
  - Students participate as active learners with responsibility for their own learning.
  - Students participate as teachers with the responsibility for effective peer education.
  - Students are involved formally and/or informally in peer teaching.
  - Students are engaged in the development of learning resources for use by other students.
  - Students provide a supportive or mentor role for other students.
  - Students are encouraged to assess their own competence.
  - Students engage in peer assessment.

**Outcome 4:** Medical students engaged in the academic community (engagement in the school’s research programme and participation in meetings)

- **Activity:** Activities and trainings that would equip students with the necessary knowledge and skills to undertake research; Advocacy campaigns for participating in research activities; Funding and advocacy campaigns for participation in medical education conferences
- **Indicators:**
  - Students are engaged in school research projects carried out by faculty members
  - Students are supported in their participation at local, regional or international medical education meetings

**Outcome 5:** Medical students engaged in the local community and the service delivery

- **Activity:** Design, implementation and participation of students in community clerkships in urban and rural settings; Advocacy campaigns for implementing community-based education; Implementation of a community based clerkship during SCOPE Professional Exchange
- **Indicators:**
  - Students are involved in local community projects
  - Students participate in the delivery of local healthcare services
  - Students participate in healthcare delivery during electives/attachments abroad
  - Students engage with extracurricular activities
- **Outcome 6**: Medical students engaged in advocacy aimed at recognising health workforce planning as a national and global priority.
  - **Activity**: Awareness campaigns, Educational activities and Advocacy efforts aimed at major stakeholders
  - **Indicators**:
    - Feedback from trained students on the success and challenges with advocacy.
    - Number of meeting attended.
    - Number of policy papers created.
    - Number of policy papers created in collaboration with stakeholders.

- **Outcome 7**: Medical students participation in the advocacy for a socially accountable medical education
  - **Activity**: Assessment of Social Accountability of medical schools; Training sessions on Social Accountability; Advocacy efforts aimed at students, medical schools, medical education and healthcare institutions
  - **Indicators**:
    - Assessment of the Social Accountability of medical schools based on the IFMSA Social Accountability Toolkit
    - Analyzed data from the assessment
    - Number of training sessions and advocacy efforts (meetings, round-tables, discussions).
    - Number of students from low socioeconomic backgrounds or particular ethnic or geographical groups accepted to study in a healthcare related field

- **Outcome 8**: Medical students engaged in student-led research in medical education
  - **Activity**: Conducting student-led research about different aspects of their Medical Education System
  - **Indicators**:
    - Number of research projects
    - Outcome of the research

- **Outcome 9**: Medical curricula are adapted to globally recognized medical education guidelines.
  - **Activity**: Assessment of the current curriculum; Advocacy efforts aimed at aligning the medical curriculum with the international medical education guidelines
  - **Indicators**: Aligned curriculum with current medical education guidelines

- **Outcome 10**: The issue of Global Health is introduced and included in the medical curricula
  - **Activity**: Advocacy efforts and discussions regarding the integration of Global Health in the curriculum, Educational Activities regarding Global Health issues.
  - **Indicators**:
    - Number of Global Health programs in medical schools introduces per year
    - Number of Educational Activities regarding Global Health issues
INTERVENTIONS/ACTIVITIES

Awareness
- Educate medical students on their rights - emphasis on their right to be involved in decision making.
- Clarify student responsibilities
- Inspire & Motivate students to participate in the quest for quality improvement of their medical education.

Capacity Building
- Trainings on relevant topics including Assessment & Evaluation, Meaningful Student Involvement, Students’ Rights & Responsibilities, Curriculum Design and Development, Quality Assurance, Non-formal education and teaching methods, such as a Training Medical Education Trainers (TMET) and Advanced Medical Education Training (AMET).
- Trainings on leadership and advocacy skills aimed at increasing student empowerment
- Educate medical students on Social Accountability in Medical Schools, Transformative learning and Interprofessional education
- Extensive handout with collective data on Medical Education standards.
- Exchange of educational experiences between students.
- Set a platform for direct communication between medical students and Medical Education organizations.

Advocacy
- Campaign for the active involvement and representation of students in decision making.
- Advocacy campaigns on: integration Global Health and Best Evidence Medical Education (BEME) in medical curricula, involvement of the student body in the Medical Education Systems Program governance of the faculty and decision making, establishment of internal and external quality assurance platforms by faculties and students alike, interprofessional and patient- centred Medical schools, participation of students in original researches and specialized Research Methodology electives.
- Advocacy campaign on Social Accountability in Medical Schools
- Advocacy campaign on adopting Transformative learning and Interprofessional education
- Advocacy campaigns to on curriculum development (e.g. including an underrepresented topic in the curriculum such as Organ, marrow/stem cells and tissue donation)
- Campaigns for conforming medical curricula to global educational standards and guidelines.
- Advocacy campaign on supportment of students' participation at local, regional or international medical education meetings
- Shift university focus towards sustainability assurance and acquisition of learning outcomes.
• Shift Medical curricula focus towards Lifelong Learning with emphasis on self-education after graduation.

Research
Conducting student-led research in order to address contemporary issues and questions in medical education, design, evaluate, and support curricular innovations as well as assess and reform the culture underlying medical education. Possible topics are:
• Assessment of Social Accountability of medical schools
• Evaluate the current curriculum and identify gaps
• Evaluate the educational environment • Evaluate the mental health of medical students
• Student assessment & evaluation
• Clinical competence assessment
• Community-based training
• Admission to medical school and costs of medical education
• LGBTQ's health
• Women's health
• Organ and tissue donation

NARRATIVE
This program is aimed at increasing student activism and advocacy in their faculties, ultimately to get them to obtain voting rights and a say in their faculty decisions and board. To achieve this NMO’s 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.

ORGANIZATIONAL CONTEXT AND RESOURCES NEEDED
For the program to become applicable, there needs to be a committed and enthusiastic Organizing Committee and an array of experienced Medical Education trainers who will succeed in motivating the student body to raise their voice. Capacity building on issues relevant to Medical Education such as Assessment & Evaluation and Quality Assurance should be Prioritized.

IFMSA has the means to create an impact through the official collaboration with Medical Education organizations as well as various healthcare professionals and professional societies sharing a passion for Medical Education.

Last but not least, in order for the Medical Education Systems to prove successful, it will require an honest vision, great preparation, perseverance and hard effort on behalf of its coordinators. However, to achieve something great one must begin with something small. Remembering that, we understand that a small group of passionate students can have an impact so big, that it can change education as we know it, and bring us closer to the physicians society deserves. That small first step is exactly what this program aims to be.
REFERENCES

1. Aspire Recognition of Excellence in Social Accountability of a Medical School: Criteria. Published online: 2015; An International Association for Medical Education (AMEE). Retrieved from: https://www.aspire-to-excellence.org/Areas+of+Excellence/


3. Harden R., Laidlaw J. Essential Skills for a Medical Teacher 2nd Edition, Ch. 15 Student engagement and a student-centered approach, Elsevier


9. Roadmap to Excellence: Key Concepts for Evaluating the Impact of Medical School Holistic Admissions. AAMC online publication. 2013

10. Transforming and scaling up health professionals’ education and training WHO Education Guidelines