

Coordinating Student Academic Advocacy in the UBC Medical Undergraduate Program through the Medical Education Committee (MEC)

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Citation: UBCMJ. 2019; 10.2 (36-38)

Abstract

The past two decades have seen rapid shifts in medical education practices. Within a learner-centred paradigm, medical students play an increasingly important role in educational policy and curriculum decisions. Prior to 2016, there was no centralized process for nominating students to serve on decision-making committees of the Faculty of Medicine. The Medical Education Committee (MEC) arose in response to the growing demand for a fair and accountable selection process, as well as to ensure that viewpoints presented to the Faculty are representative of student opinion. This commentary will discuss MEC's formation, operations, and mission. We show how MEC's actions aim to promote student engagement and coordinate academic advocacy in a transparent and accountable manner.

Background and Motivation

A core mandate of any medical Faculty is to train future healthcare professionals. Medical students are thus a key stakeholder group within a Faculty, especially with regard to its excellence in health education. Student participation in university governance offers many potential benefits.¹ Functionally, student engagement provides experiential perspectives on Faculty decisions. Student leaders also serve as accessible contacts for information dissemination and honest dialogue among peers on educational issues such as curriculum renewal. Moreover, healthcare disciplines are unique in that learners participate directly in patient care, and their feedback can therefore contribute to gradual system improvements with potential societal impact. Involvement in Faculty governance also provides personal and professional development opportunities, aligning with nearly all competencies of the CanMEDS 2005 framework, especially the Professional, Communicator, Collaborator, and Health Advocate domains.²

At the University of British Columbia (UBC), the nature of student involvement in university governance varies throughout the Faculty of Medicine. The role of some students is to provide feedback on policy or program proposals, especially on committees whose role is administrative oversight. Other students contribute to specific mandates such as reviewing applications (e.g., Admissions Subcommittee or Research Access Committee). Still others are engaged in bottom-up strategic development roles, such as the implementation working groups for the Faculty of Medicine 2016-2021 Strategic Plan.³ Some students serve as part of their responsibilities as an elected official of the Medical Undergraduate Society (MUS), while others are appointed directly to a committee to represent their peers.

At the 2016 Annual General Meeting of the Canadian Federation of Medical Students (September 24-25, 2016), presidents of the Canadian Medical Student Societies discussed the topic of student representation on medical education committees. The minutes of that discussion have been summarized compactly in Figure 1. Notably, many student societies utilize a combination of multiple systems to choose their representatives. The figure also reflects one update to the system used by the McGill Medical Student Society, which we were made aware of when Medical Student Society presidents were recently repolled in November 2018.

Currently at UBC, 80 Medical Education Committee (MEC)-appointed students serve as representatives on 18 different Faculty of

Medicine committees (Table 1). Prior to 2016, students were appointed as needed by specific MUS Executives upon request by the Faculty of Medicine. Students did not have equal access to these opportunities, as the representatives were often appointed on the decision of a single MUS executive or chosen based on students' existing connections with the Faculty. Communication between the MUS and student representatives was inconsistent, and communication between representatives on different committees was rare. In 2016, the MUS partnered with a

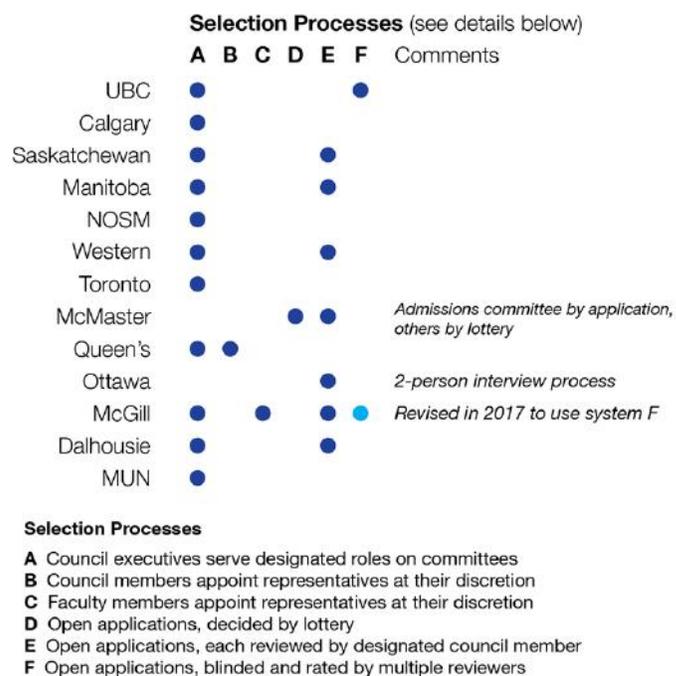


Figure 1 | Systems employed by Canadian Medical Student Societies to appoint student representatives to Faculty of Medicine decision-making committees. This information was extracted from minutes of the Presidents' Roundtable discussions at the 2016 Annual General Meeting of the Canadian Federation of Medical Students and may not perfectly reflect current practices.

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Committee	Student Seats
Curriculum Integration Advisory Council	1
Faculty Development: Clinical Decision Making	4
Internal Medicine Undergraduate Education Committee (UEC)	8
Joint Occupational Health & Safety Committee	2
Learning Environment Advisory Council	1
MD Admissions Subcommittee	2
MEDD 419 FLEX	7
Northern and Rural MD Admissions Subcommittee	4
Pediatric Undergraduate Education Committee	5
Portfolio Advisory Group	6
Recommendations Implementation Committee for the Dean's Task Force on Mistreatment in the Learning Environment (RIC)	5
Research Committee	1
Student Affairs Advisory Council	18
Student Assessment Subcommittee	4
Transition to Postgraduate Practice	2
UBC Health Student Caucus	2
UBC Medicine Family Practice	4
Undergraduate Medical Education Committee	4

Table 1 | The number of MEC–appointed student seats on each Faculty of Medicine committee. Note that seats filled ex officio, such as by elected MUS councillors, are not included.

number of engaged students to form MEC in order to coordinate student representation. In this commentary, we outline the core goals of MEC, outline its operations, and describe future directions.

Core Principles of The Medical Education Committee

MEC operates on four core goals:

1. Facilitate communication among students to ensure effective partnership between the MUS and the Faculty of Medicine via unified, coordinated, and consistent representation of the interests of medical students.
2. Recruit student representatives in a fair, efficient, and accessible manner while promoting the personal and professional development of all those involved.
3. Ensure accountability by streamlining the timely communication of relevant information to the medical student body in a transparent manner.
4. Support student representatives as leaders and communicators so that they can effectively represent the thoughts, views, and needs of their class.

MEC was approved in April 2016 at the Annual General Meeting of the MUS. It was founded entirely by students under the purview of the MUS, without oversight or direction by the Faculty of Medicine. Policy development occurred in a grassroots, collaborative manner through a series of discussions between students engaged in disparate Faculty subcommittees and the MUS. The membership of the MEC executive committee is approved by the MUS annually and consists of student volunteers tasked with facilitating a fair nominations process and maintaining open channels of communication with the MUS and the Faculty of Medicine. The MEC chair serves as a nonvoting MUS council member under the MUS VP Academic portfolio. Accordingly, the MUS VP Academic Sr. and Jr. sit on the MEC as voting members.

For all committees within its purview, the MEC invites student applications through a standardized form. It then recruits an ad hoc selection board comprised of MUS executives and a previous representative on the relevant committee, who review anonymized applications. Once selected, contact information for all student representatives is listed on the MEC website. MEC is also responsible for working with the MUS VP Academics to ensure that student representatives are aware of key academic issues and MUS strategy.

Metrics and Milestones

Since its inception in 2016, MEC has received 361 student applications and filled 62 positions on Faculty of Medicine committees, maintaining an average of 5.8 responses per committee opportunity (Figure 2). Opportunities vary yearly depending on the duration of student terms for each committee and the year and

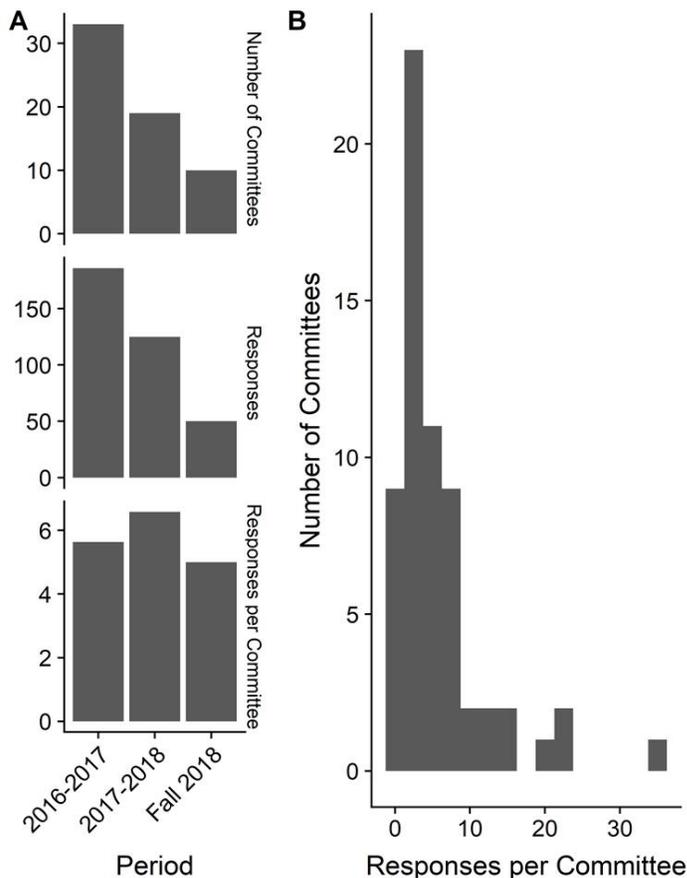


Figure 2 | Tallies of student applications for Faculty of Medicine committees via MEC. (A) The number of committees available annually varies depending on duration of the committee’s student terms. Engagement has consistently been maintained at 5 to 6 applications per opportunity. (B) The number of applications to each committee varies, with most receiving 1-15 applications, but some receiving over 20.

site of students eligible to apply. The slight decrease in number of positions since 2016-2017 is likely due to renewal of terms for some existing student representatives. Unfortunately, prior to MEC, such metrics were not recorded, making it difficult to determine to what extent MEC’s presence encourages student engagement.

An updated website that lists appointed representatives coupled with regular email announcements regarding new engagement opportunities help to inform students of who their current representatives are. This represents a key milestone in promoting openness and transparency. As channels of communication between representatives and the MUS continue to solidify, further advances could be made, such as through regular updates about important past or upcoming policy changes or academic programming decisions disseminated via the semiweekly MUS newsletter.

Through ongoing partnership with the Faculty of Medicine and MUS, the MEC maintains a central role in the ecosystem of medical education. The organizational structure of a Faculty is in

constant flux, responding to the shifting demands of society and stakeholders. To this end, Dr. Roger Wong, the Faculty's Executive Dean of Education, has been a key partner and mentor to the MEC, serving as its Faculty Advisor. Dr. Cheryl Holmes, Associate Dean of Undergraduate Medical Education, has also mentored and supported MEC as it grows and pursues new endeavours. Moreover, MEC plays an important role in the proactive advancement of academic goals. In 2017, MEC chairs contributed substantially to the development of the 2017-2020 MUS Strategic Plan, which defined focus areas in academic advocacy.

Vision for the Future

The past two decades have seen rapid shifts in medical education around the world, with regard to both demographics and teaching methods.⁴ The shift from lecture-based to problem-based learning is emblematic of a broader desire for curiosity-driven, self-directed learning.⁵ Rapid change in this arena demands a learner-centred approach to designing and implementing educational policy and

curricula.

Today, learners play key roles on Faculty of Medicine decision-making committees. It is an ongoing mandate of the MUS to ensure representative, diverse, and informed communication of student feedback. Over the past two years, MEC has provided a tangible process to address this mandate. In the future, MEC is well situated to provide educational advocacy training, report key issues to the student body, and produce educational scholarship on the perspectives and outcomes of students serving in leadership roles.

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