

ENLIGHTEN, EMPOWER AND ENGAGE

John Dent

ABSTRACT

ABSTRACT: How can we enlighten and empower our undergraduate medical students to present informed contributions as they engage with faculty in curriculum review? The SPICES model of educational strategies provides an example of a means by which students can acquire the knowledge and vocabulary required.

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Today's medical students have probably more opportunity to be involved with faculty in curriculum review and development than in previous years. But how can they be helped to engage effectively in this role? One approach to achieving this is provided by the SPICES model of educational strategies described just over 30 years ago by Ronald Harden with Susette Sowden and William Dunn¹. In this familiar model "S" stands for student-centred, "P" for problem-based, "I" for integrated, "C" for community-based, "E" for elective drive and "S" for systematic. "SPICES", it says can be used to improve the flavour of the curriculum! These six educational strategies can be used to reform an established curriculum or guide the creation of a new teaching programme if they are followed in preference to their opposites which are more usually associated with a traditional or unreformed curriculum (Table 1). It is also possible to use the SPICES strategies to inform the design of a new curriculum or teaching programme².

If we look at the Student-centred component particularly, the SPICES paper describes this as; "In a student-centred approach to the curriculum, the students have to take more responsibility for their own

TABLE 1: The SPICES model of educational strategies¹

| | Associated with a revised curriculum | Associated with a traditional curriculum |
|---|--------------------------------------|--|
| S | Student-centred | Teacher-centred |
| P | Problem-based | Information gathering |
| I | Integrated | Discipline-based |
| C | Community-based | Hospital-based |
| E | Electives | Standard programme |
| S | Systematic | Apprenticeship-based / opportunistic |

learning". The emphasis is on students and what and how they learn; it increases motivation and it can prepare students for continuing education by allowing them to become more actively involved in their own learning and to take more responsibility for it¹. Thirty years on and student engagement with medical education is becoming an increasingly recognised component of medical school curricula. Both instructions from statutory bodies, such as the General Medical Council in the UK³, and recognition by professional associations, such as the AMEE Aspire for Excellence award⁴, affirm this. Other factors contributing to these changes may include the currency of self-determination and accountability and a cultural change towards being more an active partners than a

passive recipient. For some students a postgraduate perspective on life and training means that they may have an increased interest in seeing value for the tuition fees paid.

An recent example of the current extent of student interest in medical education is supplied by the number of students who applied to enrol in the pilot run of the AMEE ESME-Student course in January 2015⁵. This course, based on the established ESME online course introduces students to six basic elements of medical education in six modules over a 12 week period. The aim is to encourage them to develop an interest in teaching and to empower them to participate in staff-student debate. The modules are presented to resonate with student experiences. Each includes an initial webinar on the topic, references to an accompanying text book⁶ and a short list of online reading resources. Participants develop their confidence in each topic by debating a related problem scenario with each other and a tutor

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in asynchronous discussion groups. Each module ends with an assignment which views the topic from the student perspective.

An amazing 150 students from 36 countries applied for ESME-Student although only 71 could be enrolled for the sponsored pilot run. There were 19 from Australia, NZ, Malaysia and China, 30 from the UK and a further 22 from Europe, the Middle East and the US. Almost all students completed the course and were awarded the AMEE-ESME certificate recognising their satisfactory completion of the course and their interest in medical education. The overall feedback was most positive, both for the content and the delivery of the course: "Thank you so much for running the course and always providing immediate feedback to us when we submit our assignments. I really enjoyed the course and am glad that I have gained some insight to the sphere of medical education".

"It was a great experience not only to learn about how best to optimise medical education but also to learn how medical education is currently conducted across the world."

"I have really enjoyed this online course and really benefited in taking part. Getting formal teaching on "Teaching" has developed my interest in medical education further and I hope to use the skills that I've learnt here in the future".

The assignment for one Module, "How can learning be organised in the curriculum? - the SPICES model" asked the students to use the SPICES approach to evaluate their own curriculum as follows: "Considering your time in medical school, mark (0) where you think your school lies on the SPICES spectrum between being student-centred and teacher-centred. Mark (X) to indicate in which direction you think it should move." Using their understanding of the six educational strategies in the SPICES model students were able to mark their perception of their medical school's position for each element on the SPICES spectrum. Com-

ments on a school curricula nearer to the teacher-centred position included: "I would say that it is not very student centred as often the learning objectives and the material taught don't match up", "Currently there is quite a lot of teacher centred session in my curriculum", "Delivery times are rigid". Comments on more student-centred programmes spoke about being: "Responsible for our own learning", "the benefits of small discussion groups", and "joining staff/ student committees". A final group of comments described the curriculum as being in a central position on the spectrum: "My school hits a fairly good balance between student-centred and teacher-centred education", "Teachers set the learning objective but these are based on student feedback".

The students were also asked to describe in which direction and to what extent they would like to see the position of their medical school's position change and why this would be advantageous in the undergraduate curriculum. Most participants indicated a move toward the left hand side of the spectrum with comments including: "More input into learning content", "More variety of style of learning including e-learning and small group work" and "More flexibility of learning opportunities". Some student pointed out however that at in an exclusively student-centred programme they, "can feel lost and unsure of what to do" and that "more directed teaching would be favourable". The assignment illustrated the students' ability to make an objective and informed opinion on aspects of their current curriculum and an awareness of the benefits of making changes to it.

So, can students be sufficiently enlighten to feel empowered to positively engage with faculty in their curriculum? The SPICES approach is one way in which they can acquire appropriate knowledge and vocabulary in medical education to engage with confidence in curriculum review and debate. Perhaps some will go on

to develop their interest in medical education in the future.

The next ESME-Student course begins on January 18th 2016ref, details can be found at <https://www.amee.org/shop/esme-courses>

NOTES ON CONTRIBUTOR

JD is International Relations Office with AMEE, an international association for medical education and tutor on the ESME courses. With Ronald Harden he is co-editor of, "A Practical Guide for Medical Teachers" Elsevier.

CONFLICT OF INTEREST

The author is a co-contributor to the AMEE ESME-Student course. Material in this paper presented at the ICME conference, 2015.

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