

# Curricular Advocacy Guidelines

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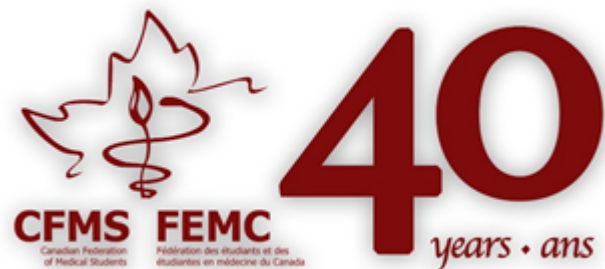
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# Introduction

Advocacy is at the core of what it means to be a physician, as recognized through the CanMEDS<sup>1</sup> competency framework. While advocacy is a fundamental trait of a physician, it is often difficult to enact effectively—especially via curriculum reform. Students frequently approach faculty with suggestions on how they believe the curriculum can be improved. However, students often achieve limited progress simply because they are not sufficiently equipped to make these recommendations.<sup>1-4</sup>

Medical school curricula are generally shaped by various influences: content experts, consensus panels, guidelines, coroner's inquests, federal judiciaries, the ministry of health, the ministry of education, accrediting bodies, and regulatory bodies such as the colleges. However, student input is becoming a stronger driving force.<sup>3</sup> Many schools have student representatives on a number of decision making bodies, in addition to regularly collecting curricular feedback through forms and surveys. There are many benefits for schools to listen to their students, including improving their curriculum overall but also for accreditation purposes to show that they are being responsive to learners' needs.<sup>5</sup> Students have a powerful voice—but being able to use it effectively is associated with its own set of challenges.

## Using this document

Although these guidelines are intended to serve as a guide for students to best enact curricular reform and embark on advocacy efforts at various institutions, it is important to note that they are by no means inflexible or completely comprehensive. Creating change is complicated, and there are often many factors at play. Therefore, use this document as a starting point; take what is useful, and feel free to deviate from the proposed algorithm as you go!

## Factors affecting change

There are often many factors which can drive change. Understanding the factors can help you determine how feasible your proposal might be. One model which looks at changes in policy is the 3-I framework<sup>6</sup>. The 3-I framework is a model from the political sciences which looks at how stakeholders' *interests*, *ideas*, and *institutions* are drivers of policy change.

### Interests:

There are certain situational factors that can influence a faculty's interests, making them more receptive to curricular changes. Some examples include periods of change in

administration (the introduction of new curriculum leads etc.), or during the period prior to accreditation. Framing curricular changes in a way that benefits schools and their agendas including achieving accreditation or making them a competitive institution can help further your agenda and benefit both parties.

### **Ideas:**

Consider the culture/values that predominate at a given institution. Although medical schools tend to be relatively similar in that they all strive to produce competent medical professionals, there are some important differences. For example, medical schools may be more receptive to implementing changes that are directed towards caring for the population in the community where the school is situated.

### **Institutions:**

The structure of governance within an institution can add layers of administration through which any change must be passed prior to implementation. This is something student advocates must be aware of as it can prolong the process. There may also be technical barriers. For example, IT services may create additional delays when trying to publish online learning modules. Once you have a better understanding of the particular institution's readiness for change, you can better prepare for making an effective proposal.

## **Preparing for change**

Often times students may have an amazing idea for change but, may either face numerous barrier or, may not know where to start. Luckily curriculum change is not a novel idea, and leaders of change have published their experiences. McLeod and Steinert<sup>7</sup> and Kern's Six Steps<sup>8</sup> are good resources which we have incorporated in our recommendations. These recommendations are not meant to be exhaustive as each institution and recommendation can vary.

## **Find a need for a change**

Being fully immersed in the medical education experience, medical students are in an excellent position to identify areas of improvement within their school's curriculum. Student leaders should be especially attuned to the concerns voiced by their peers, in addition to their own perceptions of the strengths and weaknesses of their medical school's curriculum. In order for the idea to be successful it is important for it to be well grounded.

## **Gather Information**

Information gathering can start with a literature search. Conducting a literature search can answer two questions: Is there reason to believe the proposed change will be beneficial? Are there documented solutions to the proposed gap? A literature search can provide insight on evidence based educational theories<sup>7,9,10</sup>. Providing pedagogical support for your recommendations would help propel your idea forward.

## **Determine assessment modality**

There are many medical education publications that can guide you on evidence based-approach to integrating the content. Your research can help determine the most effective method for integrating the proposed change, this can include: lecture, small group, simulation etc. When surveying the literature, consider how to best assess the new content.

Students are motivated to learn what is formally assessed. Therefore, evaluations (both formative and summative) should effectively test what the student was intended to learn. Your idea may be well grounded in the literature, but at the end of the day the students will be the ones exposed to this change.

## **Consider surveying the student body**

Surveying the student body gives you a sense if most students support the proposal or not. It is important that appropriate emphasis is placed on eliciting input from the end users (students) during the initial stages of curricular development. This is well illustrated in design thinking principles, which can be applied to medical education.<sup>11</sup>

Student surveys can be used to obtain a general idea of the what students perceptions are surrounding a given idea. However, they do carry limitations and one must exercise caution in placing too much emphasis on the results of a survey if the quality of data (sample size etc.) is poor. When creating your survey, consider the following potential questions as a guide:

- Do you believe it is important to be taught about \_\_\_\_\_ during your undergraduate medical education?
- Do you feel as though \_\_\_\_\_ is adequately addressed in the curriculum?
- Do you believe the current \_\_\_\_\_ policy effectively addresses the needs of students?
- Do you agree with the following proposal for change?

Once you have received all the responses, provide the response rate and number of

students surveyed. By adding student responses to the literature search it becomes more compelling for schools to adopt your recommendations. Your idea would be strongly supported by looking at how other schools are addressing the issue.

## Reach out to other parties

Reaching out to the VP Academics Round Table is a great way to get current information pertaining to curriculum/policy at other schools. Try to obtain formal documentation if possible. After looking at the literature, asking the student body, and looking at other schools it is important to synthesize this information and communicate it effectively.

Create a needs assessment analysis in your document to communicate the information. This provides a comparison between what is being proposed/what students would like (survey results), and what already exists. This comparison may include formal comparison between what exists at other schools, and what exists at your homeschool. Consider the chart below as a guide.

Objective	Current Status	Desired State		The Gap	Other Considerations
		Surveys	Other schools		

When writing your position paper, we recommend to think granular. It is important to think of how exactly do you see the change being implemented. What are the objectives of this change? How do these new objectives fit with other objectives in the curriculum? Are they relevant? Often times there is content in the curriculum which is cumbersome and not appropriate for the learner’s current stage<sup>17</sup>.

## Implementing change

Schools vary in their emphasis of lectures, small groups, and workplace exposure. The following guidelines are recommendations on how to propose changes to these types of curricula. For lecture intensive schools, content can be added to other elements of the curriculum (ex. discussion can be prompted at any type of group meetings). Online self-learning modules can be added if it is not possible to add to the curriculum time. For

example, for schools that focus on small groups, rather than creating brand new cases, existing cases can be expanded by incorporating changes into the context surrounding the situation (ex. integrating elements of the social determinants of health into the presentation of an illness). For workplace focused schools discussions can be prompted in the clinical context. Online self-learning modules can also be added. Once your recommendations have been made, it is important to get faculty support.

Finding a faculty lead is a critical step in the process of introducing new content. The purpose of having a faculty member on board is multifold. Firstly, for the sake of continuity and upkeep, it is important that there is a faculty member who is willing to support the initiative once the students who introduced it have moved on to clerkship or residency and are no longer able to be involved in the process. Secondly, there are often legal/finance related documentation that will need to be signed. Often, faculty leaders will be able to put you in touch with the appropriate lead. Pre-Clerkship/Clerkship directors and curriculum leaders may be valuable and accessible faculty to first approach. Once support has been gathered, you need to present your idea to the relevant decision making bodies.

When approaching a decision-making body, it may be valuable to have key players present with you (faculty leads, specific student leaders, other stakeholders, etc.). A message coming from student leadership, for example, may exert more influence than one coming from a single student alone. When making a recommendation, you should be aware of limiting factors.

Simply presenting an idea and receiving verbal approval often is not sufficient. Remember to follow up with the appropriate people following any meeting. Thank the faculty members for their time, and for being receptive to student input. Also, try to leave the meeting with tangible action items, or a general sense of what the next steps and timeline moving forward will be. Persistence is key.

## **Limitations of curriculum reform**

It has been noted, that reformatting the medical education curriculum is not always the most effective way to create the intended change. Beyond formal curricular content and policies lies what many refer to as the “hidden curriculum”. This refers to the unspoken culture of an institution. In his 1998 article, *“Beyond curriculum reform: confronting medicine's hidden curriculum”*, Frederic Hafferty identifies four areas that can shape a school’s hidden curriculum: policy development procedures, evaluation, resource allocation, and institutional slang.<sup>12</sup> If a desired change is identified as being cultural in nature, it may be advisable to explore these further.

There are several potential barriers to curricular reform. Specifically, resistance to change can originate from situational factors such as: culture, political involvement, disruptions in leadership continuity, department heads or a low priority for medical education within an institution.<sup>12</sup> Additionally, there are several logistical/procedural challenges. For example, establishing the need for change and creating a uniform vision within the faculty can take time and effort. Furthermore, implementing reform involves determining a realistic timeline, allocating resources, finalizing details, as well as identifying and correcting errors, which can all serve as significant barriers.<sup>13</sup>

## How the CFMS can help

Position papers generated by the CFMS can be a powerful tool for students who wish to engage in curricular advocacy. As creators of these papers, it is important to bear in mind that the audience will primarily include student leaders, in addition to faculty members. It is also advantageous to include information within them that members of administration generally request from students before agreeing to implement any tangible change.

The purpose of this guideline is to provide medical students with a framework for structuring a curricular advocacy position paper which optimizes its utility for student leaders nationwide. Included as appendices are specific things to consider when approaching faculty with the intent of making changes to the curriculum.

# Curricular Advocacy Paper Guidelines

In general, all curricular advocacy papers share two common purposes: To provide student leaders with a tool that they can use to push for change at their own institution and to act as a resource for UGME faculty when engaging in curriculum/policy development. Matching the two common purposes served by advocacy papers, the CFMS considers two broad categories that advocacy efforts can fall under: those that pertain to changes in curriculum content or those that pertain to changes in curriculum governance. By understanding the function and structure of each type, students will be better equipped to be successful in their endeavour. We recommend your papers be 3 pages (max 5) and be single spaced

**Note:** *Appendixes are not included in these page length recommendations and can be as extensive as needed.*



## **Medical School Curriculum Content Papers**

Curriculum content position papers identify content areas that students feel should be addressed in medical school. These can include topics which UGME is currently not addressing, or those that could be better addressed. However, before making any recommendations, it is important to be informed on the topic. This should be treated much like a literature review and may eventually serve to inform content development. Advocacy papers should include a well cited, current summary of information on the topic.

As part of your preparations, it is crucial to demonstrate the importance of the proposed issue to society at large. By demonstrating, and supporting, the importance of the topic to society it becomes self-evident why future physicians should be educated on it. One way to stress the importance of the topic is to look at how other schools are incorporating it in their curriculum. The inter-school comparisons can provide insight on how to make recommendations for curriculum changes.

Given that UGME curriculum time is finite, there are often strict limitations on the amount of lecture hours that can be included. Adding new content may not be feasible. Advocating for change may be better achieved by providing novel ways that the topic could be addressed within a UGME curriculum. By providing creative suggestions (modifying existing curriculum elements, suggesting online modules etc.), students can facilitate the implementation of a proposed change. Curriculum content papers are only one way that students can partake in curriculum advocacy. The other route is through Governance position papers.

## **Medical School Governance Position Papers**

Governance position papers address policy/regulations that are in place at various undergraduate medical institutions. Policy and regulations can be tackled from many perspectives. One way is to look at the history of a given policy at an institution. These advocacy papers should aim to provide policy developers with a concise synopsis of how the policy has evolved over time within the institution and provide context regarding the rationale behind the existing policy. Students may also choose to reference any other relevant literature. When looking at the history students may wish to compare the policy at other institutions.

Knowledge of existing policies at other institutions is important for several reasons. It helps student advocates develop a sense of what is reasonable to request from faculty. It can also help highlight deficiencies in a medical school's current policy and identify

other schools that student advocates and policymakers can refer to for guidance. Ultimately, these position papers should provide specific asks and a list of informed guidelines that policy makers can confidently refer to.

## **Tips for Paper Development**

### **Submission**

Papers must generally be submitted 3 weeks before a given General Meeting to the Resolutions Committee (or up until the day of the meeting for position papers requiring spending of less than \$1000). However, it is recommended that all those thinking of writing a paper begin several months before the meeting and coordinate with the VP Education and the Education Committee. The VP Education will be responsible for coordinating the authorship team with the Education Committee Policy File Lead and the National Officer for Health Policy (NOHP). This process can provide the authorship team with advice on writing the paper and on where the paper will fit into the CFMS' overall advocacy strategy, ensuring that new papers do not overlap with existing papers.

### **Consider the following**

Be prepared to accept modifications and suggestions. Position papers are often collaborative and the final product is most likely to finally get approved once it has gone through many iterations. Try and show the paper to many people- both students and faculty members- and adapt it before bringing it to a General Meeting (as amendments on the floor are not permitted at CFMS General Meetings). Coordinate with the VP Education, the Education Committee, the VP Academic Roundtable, and the National Officer of Health Policy (NOHP) who can help you spread the word about your paper ahead of the meeting.

## **Suggested Format of Curriculum Advocacy Position Papers**

While each paper may be different, the CFMS has provided the following recommendations for how students may format their advocacy papers.

### **Curriculum Content Position Papers**

As both content and governance papers fall under the scope of curriculum advocacy, they share similar structures when writing the paper. The following section addresses curriculum content position papers specifically.

## 1. Title

Clearly identify the type of curricular advocacy policy paper

## 2. Background Information

Provide a concise history about the topic you wish to see incorporated in medical school curriculum. Remember the focus of this policy paper is the issue in the context of the medical school curriculum, so keep it brief while still conveying its importance. Consider the following questions to help guide you:

- What is the issue?
- What is the current state in society?
- Why is this issue important to address?
- What is the evidence for inclusion in the curriculum?

**Note:** *It would be very helpful to clearly identify any relevant objectives (consider examining course, component and program objectives).*

## 3. Relevance to Future Physicians

Highlight the importance of educating future physicians on the issue.

**Note:** *This is especially important when one is considering introducing new objectives to the curriculum. Consider the following questions:*

- Why is this relevant for physicians to know?
- How does it relate to the CanMEDS roles?
- Provide as much evidence as you can (statistics, articles etc.)

## 4. Ask Statement

Make a clear statement about what exactly the CFMS believes could be incorporated into the curriculum. This can be a point form list that will be elaborated on in future sections.

## 5. Existing Curriculum Information

Provide information about how other schools address this content currently. You may wish to create a summary in addition to providing a more comprehensive comparison chart as an appendix. To avoid painting other schools in a negative light, you may wish to consider not explicitly highlighting schools that do nothing to address the issue at hand. Consider the following things in this section:

- How is the content currently delivered in Pre-Clerkship, if at all?
- How is the content currently delivered in Clerkship, if at all?
- How are students evaluated? Are there specific learning objectives?
- Refer to curriculum within Canadian schools and outside Canadian schools (consider reaching out to VP Academics or other relevant CFMS representatives)
- How is it incorporated in various curriculum modalities (small groups, lectures etc.)?

- Consider formally surveying the student body if feasible.

**Note:** This section will need to be updated periodically to reflect changes.

## 6. Proposed Curriculum Recommendations

In this section, you can consolidate the information presented in the previous section (from other schools) with new ideas you may have. Present an organized list of specific recommendations for how schools can incorporate this content within a curriculum. Provide a rationale for each of the recommendations which you are proposing. You may choose to provide several options for implementation, and list the benefits and drawbacks to each. Consider the following format:

<b>Option 1:</b>	
Pros:	Cons:
<b>Option 2:</b>	
Pros:	Cons:

Alternatively, you may choose to create a tier system listing the ideal method of implementation, followed by several alternate implementation strategies.

## 7. References

Vancouver format is suggested. However, a consistent format must be used in any given paper regardless of the type you choose.

### Curriculum content Appendix A: Complete School Comparison

Here, you can provide an extensive comparison of existing policies. This will compliment section 5.

### Curriculum content Appendix B: Sample Curriculum

Here, you can propose an example of a curriculum. Things to consider:

- Break everything down by year, and provide estimates for the amount of time various sessions would require
- Provide learning objectives (related to competencies)
- Theoretical Courses/Classes
- How evaluations will be done (Sample assignments, rubrics etc.)
- Consider the required resources

## **Medical School Governance Position Papers**

The format of governance papers will be similar to content papers, however with different emphasis.

### **1. Title**

Clearly identify the type of curricular advocacy policy paper

### **2. Background Information**

This section should include any relevant medical education literature discussing the proposed structural change. You may also choose to provide a concise history surrounding the existing policy at your institution. Consider the following questions to help guide you:

- Has the policy/structure been changed previously? Have there been any repercussions?
- What is the rationale behind the current policy?
- Has there been debate surrounding the policy historically (either internally or on a larger scale)?
- What are the limitations of the current system that is being used?

### **3. Relevance to Future Physicians**

This section may be used to highlight any relevance a given policy change may have to developing the skills needed to become a successful future physician: Does this proposed change better simulate life as a resident/physician? Would this new policy empower students to take charge of their own learning?

### **4. Ask Statement**

Make a clear statement about what exactly the CFMS believes the standards should be for a given policy. This can be a point form list that will be elaborated on in future sections.

### **5. Existing Curriculum Information**

Provide information about the relevant policies that exist at other schools. You may wish to create a concise summary in addition to a more comprehensive comparison chart that can be included as an appendix. Consider the following things in this section:

- How does the policy apply during pre-clerkship and clerkship?
- Include specifics (numerical values where appropriate, procedural information, etc.)
- Consider reaching out to VP Academics or other relevant CFMS representatives from all schools.
- Consider formally surveying the student body if feasible.

**Note:** This section will need to be updated periodically to reflect changes.

## 6. Proposed Policy Recommendations

In this section, you can consolidate the information presented in the previous section (from other schools) with new ideas you may. Present a list of items to consider when developing policy in a given area. Provide specific recommendations to be considered. You may choose to provide several policy options, and list the benefits and drawbacks to each. Consider the following format:

<b>Option 1:</b>	
Pros:	Cons:
<b>Option 2:</b>	
Pros:	Cons:

Alternatively, you may choose to create a tier system consisting of an ideal policy, followed by several other versions.

## 7. References

Vancouver format is suggested. However, a consistent format must be used in any given paper regardless of the type you choose.

## Governance Paper Appendix A: Complete School Comparison

Here, you can provide an extensive comparison of existing policies. This will compliment section 5.

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