

Complete manuscript: 1487 words

Medical education for the future generation - why you should listen to students' voices: Insights from the AMEE Symposium

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Keywords

Students, diversity, equity, inclusion, responsibility, co-creation

Contributors

LS and CE, being medical students, organized and moderated the symposium and initiated this study based on a recognised need for progress in inclusive medical education. They were supervised by CS and MB. LS and CE wrote the initial draft. All authors reviewed the text and approved it for submission.

Acknowledgements

We thank Jana Bühler for her assistance in moderating the symposium, and to Professor Jamiu Busari, Dr. Anne Lloyd, Professor Carla Meyer-Masseti, Dr. med. Kate Gurevich, and the audience for their invaluable expertise and contributions.

Statements and Declarations

The authors declare that they have no known competing financial interests or personal relationships that could potentially influence the work reported in this paper.

Summary

This short communication is a **thematic** summary of the AMEE 2024 symposium "Medical Education for the Future Generation - Why You Should Listen to Student Voices". It aims to provide actionable strategies for integrating inclusivity into medical education and to encourage stakeholders to actively participate in building a more equitable system. By fostering collaboration and open dialogue among all stakeholders, we can create an educational environment that is better equipped to meet the needs of both future health care providers and the diverse populations they will serve.

Background

In an increasingly globalised world, healthcare professionals encounter diverse patient populations characterised by differences in culture, language and socio-economic status. These differences strongly influence patients' attitudes towards medical care, highlighting the need for tailored approaches to healthcare [1]. For the next generation of doctors and other healthcare professionals to meet these challenges effectively, medical education must evolve. By integrating principles of diversity, equity and inclusion (DEI) into curricula, all future healthcare professionals can be better equipped to understand and meet the needs of all patients [2].

Inclusivity in medical education involves recognising and addressing systemic biases [3], such as those related to gender, geography and socioeconomic factors, as highlighted by several studies on global medical education [4]. In addition, curricular reform must incorporate diverse perspectives, including those of underrepresented groups, to foster a truly inclusive environment [5].

Student involvement is not only crucial for creating inclusive curricula, but also benefits the students themselves by fostering greater satisfaction, well-being and personal development while driving meaningful reforms in medical education [6, 7]. **It can prevent students to lose motivation for the healthcare profession [8, 9].**

This paper aims to summarise the key findings of the AMEE 2024 Symposium "Medical Education for the Future Generation - Why You Should Listen to Student Voices". It explores the importance of student involvement in shaping more inclusive and effective medical curricula. Ultimately, a comprehensive approach to inclusivity will prepare the next generation of doctors and other healthcare professionals to provide equitable care to diverse patient populations.

As most of the authors have a background as medical students or doctors, the article focuses on aspects of medical education. However, many of the findings are applicable to other health professions.

Activity

Study design

This qualitative study explored themes from the symposium "Medical Education for the Next Generation - Why You Should Listen to the Students' Voices" at the AMEE Conference 2024 in Basel. It includes perspectives and experiences shared by the participants.

Setting

The symposium, part of the "*Cross Cutting Themes - Equality, Diversity & Inclusivity*" track, hosted about 200 attendees. It featured expert panelists Professor Jamiu Busari, **Dr.** Lloyd, Professor Carla Meyer-

Masseti, and Dr. med. Kate Gurevich, with audience contributions via questions, comments, and a Wooclap@survey.

Data collection and analysis

Data was collected from the panellists' statements and audience contributions, including responses to the question "What is one change you plan to make after listening to this discussion?". We transcribed the panellists' statements during the symposium.

Using Braun and Clarke's approach [10], we conducted thematic analysis to identify key themes, independently reviewed data, and reached consensus on themes through group discussion.

Ethical considerations

Ethical approval has been requested. According to Swiss legislation, this research project does not fall within the scope of the human research act (HRA) (BASEC 2025-00441). Data protection was guaranteed as protection was voluntary and data was collected anonymously and not trackable.

Results

Thematic analysis of panellists' statements and audience input identified three main themes related to curriculum development in health professions education: inclusivity, open-mindedness and an active role of the young generation. We summarise the key findings below:

Inclusivity

- High-quality medical care for a diverse patient population needs to involve diverse stakeholders beyond traditional groups and from a variety of professions, age groups, and roles in the healthcare system.
- Inclusivity requires collective effort, dialogue, and shared responsibility.
- Diversity, Equity, and Inclusion (DEI) must be core principles.
- Deaneries must be involved in discussions.

Open-mindedness

- Effective, sustainable stakeholder interaction requires active listening and openness to different perspectives and change.
 - Medical educators should embrace new ideas. They should not just reflect their own perspectives and adapt beyond their own views.
 - Students should acknowledge their limited perspective regarding curriculum planning.
- Medical educators should encourage awareness of personal biases and efforts to understand and assume different roles.
- Universities should mitigate resistance to curriculum changes through open communication and inclusive processes.

Role of the young generation

- As primary beneficiaries, students provide fresh perspectives free of assumptions or constraints.
- Students should be motivated and actively encouraged to engage in curriculum development.
- Student engagement is not the same as student participation [11]. Formal, sustainable structures for systemic student involvement should be established [12].

- Accessible initiatives such as feedback channels and student working groups should be developed.
- Medical educators should adopt an open-door policy to allow students contributions.
- It is important to avoid mere tokenism. Students should be empowered to engage as key stakeholders.
- Students should become co-creators of knowledge.
- Key principles:
 - Take students seriously.
 - Allow students the freedom to try and fail.
 - Approach students with empathy.

Discussion

Inclusive education aims to equip future healthcare professionals with the competencies to provide optimal care for all patients, regardless of background. This requires a multidimensional approach that values diversity at all levels, starting with medical studies. Discussions on curriculum reform should include diverse voices from across the medical profession, to enrich training and promote holistic health education.

An open mindset towards diversity, equity and inclusion (DEI) fosters changes. Faculties, health professionals and educators must recognise personal and professional benefits of an inclusive environment and adapt curriculum to better prepare future doctors and their patients [3]. Engaging people from different professions, ages and roles within the medical system – as students, teachers, policy makers –, adds a valuable range of perspectives [13].

Students, as key stakeholders, play a vital role in shaping inclusive healthcare. Empowering students to contribute meaningfully to curriculum changes and co-create knowledge strengthens the learning environment [10, 7] and avoids pitfalls of tokenism. Meaningful student involvement creates synergistic relationships among stakeholders [7], ensuring a more robust and inclusive educational experience [14]. Mistakes and failures by the younger generation are inevitable, but valuable for growth and improvement [15]. Educators should ensure students remain motivated [9] and learn from their mistakes without harm.

Despite widespread recognition of the need for change, practical challenges like limited resources and institutional inertia hinder implementation.

Collective efforts with effective dialogue and shared responsibility among all stakeholders – including deaneries, educators, and students – are essential to overcome these barriers. By prioritising DEI, medical education can prepare future professionals to meet the needs of diverse populations, improving healthcare outcomes worldwide.

Practice points

These practice points guide medical educators in developing a more inclusive medical curriculum for the next generation.

- More inclusive medical education requires greater diversity among medical educators and students, and changes in curriculum content.
- Curriculum changes require a change in attitude towards openness.
- Stakeholders involved in medical education must actively listen to diverse voices.
- Stakeholders have a shared responsibility.
- Meaningful involvement of students and non-traditional educators shifts the paradigm towards co-creation.

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