



# The ASPIRE-to-Excellence Initiative: Can We recognize Excellence in Student Engagement with the Curriculum?

<sup>1</sup>John Dent, <sup>2</sup>Catherine Kennedy

## ABSTRACT

Research has demonstrated clear benefits of student engagement both in terms of student performance and for academic institutions. Policy guidelines from a variety of sources have advocated for student engagement on a variety of levels. Academic Support Program Inspiring Renaissance Educators (ASPIRE)-to-Excellence initiative represents a means for medical schools to gain recognition of their achievements in this area. We continually see examples of positive initiatives through our work with AMEE, an international association for medical education and the Essential Skills in Medical Education course for students (ESME-Student). We hope to encourage further debate and sharing of experiences to promote student engagement.

**Keywords:** Academic support program inspiring renaissance educators-to-excellence, Criteria, Curriculum development, Student engagement.

**How to cite this article:** Dent J, Kennedy C. The ASPIRE-to-Excellence Initiative: Can We recognize Excellence in Student Engagement with the Curriculum? MGM J Med Sci 2018;5(1):26-30.

**Source of support:** Nil

**Conflict of interest:** Dr J Dent and Dr C Kennedy are tutors in the ESME-Student course with AMEE.

## INTRODUCTION

The question of how to enhance student engagement in their learning has long been a consideration in medical education. Approaches taken to student engagement in higher education have varied from those which have sought to identify student involvement, to gather feedback, increase representation, and assess approaches to learning.<sup>1</sup> In recent years, this concept of engagement has been extended to include a requirement for curricula to be focused on student-centered learning<sup>2</sup> and for the involvement of students in curriculum development. Whilst a variety of policy statements have been issued which outline this requirement, it is less clear how such requirements are to be assessed or evaluated. One initiative that has sought to do so has been the ASPIRE-to-

Excellence Initiative,<sup>3</sup> launched in 2012 by AMEE. In this article, we will explore the context and issues relating to student engagement within the curriculum before exploring how the ASPIRE initiative can be used to identify examples in practice. In doing this, we will draw on a range of illustrative practice.

## DEFINING “STUDENT ENGAGEMENT”

Student engagement has increasingly become an expectation for medical education providers and is included within a variety of policy statements and guidance for practice.<sup>1</sup> It has traced its origin back to the 1980s to the work by Astin<sup>4</sup> on student involvement, and highlighted the common use of the terms in North America and Australasia in their large-scale student engagement surveys (National Survey of Student Engagement and Australasian Survey of Student Engagement). While the term has traditionally been less commonly used within Europe, it has increasingly been evident in a range of higher education policy directives and guidance, for example, within the Bologna Process.<sup>5</sup> However, definitions as to what social engagement is and includes varies greatly. As The Student Engagement Partnership (TSEP)<sup>6</sup> notes, “there is no single, fixed, universal definition or model of student engagement; it is something which is intrinsically linked to and shaped by the context of the higher education provider in which it is situated.”

Kahu<sup>7</sup> identified four different approaches to student engagement:

1. Behavioral, which focuses on student behavior and effective teaching practice;
2. Psychological, which centers on internal individual processes of engagement, including behavior, cognition, emotion, and conation;
3. Sociocultural, which highlights the importance of the wider social, political, and cultural contexts; and
4. Holistic, which synthesizes the elements of the above approaches.

The TSEP has distinguished three different categories of student engagement:

1. Academic—engagement in and with learning;
2. Social—engagement in and with the wider learning community;
3. Enhancement—engagement in and with processes, such as quality, governance, etc.<sup>6</sup>

<sup>1</sup>International Relationship Officer, <sup>2</sup>Education Officer

<sup>1,2</sup>AMEE, Dundee, Scotland, UK

**Corresponding Author:** John Dent, International Relationship Officer, AMEE, Dundee, Scotland, UK, Phone: +441382381983 e-mail: j.a.dent@dundee.ac.uk

Student engagement is widely seen as having many benefits for institutions, such as increased student retention,<sup>8</sup> reputational and quality assurance,<sup>9</sup> and student engagement in academic research and teaching to the benefit of medical education in general.<sup>10</sup> The benefits for students were considered to be increased satisfaction with studies,<sup>11</sup> improvement in learning, cognitive development, and critical thinking studies;<sup>11,12</sup> improved grades,<sup>13</sup> and a greater sense of connectedness, affiliation, and belonging.<sup>14</sup> It has been argued that a sense of belonging aids learning.<sup>15</sup>

## FRAMEWORKS FOR ENGAGEMENT

A number of frameworks for the inclusion of student engagement as a priority within higher education have been developed. At a European level, the European Higher Education Area (EHEA)<sup>2</sup> included student-centered learning as part of the Bologna Process in its Leuven/Louvain-la-Neuve Communiqué. This stated that “student-centred learning requires empowering individual learners, new approaches to teaching and learning, effective support and guidance structures and a curriculum focused more clearly on the learner in all three cycles.”<sup>2</sup> It continued, “Academics, in close cooperation with students and employer representatives, will continue to develop learning outcomes and international reference points for a growing number of subject areas.”<sup>2</sup> Student engagement was further put forward in the EHEA Bucharest Communiqué<sup>5</sup> which stated the need to “establish conditions that foster student learning, innovative teaching methods and a supportive and inspiring working and learning environment while continuing to involve students and staff in governance structures at all levels.” As part of the European MEDINE2 initiative, research exploring future trends in medical education<sup>16</sup> identified a current trend in medical education as being “the empowerment of students to take responsibility for their own learning and student involvement in curriculum planning committees as major current trends that it was hoped would develop further in the future.”<sup>17</sup>

In the UK, the Quality Assurance Agency<sup>18</sup> for Higher Education has emphasized the importance of student engagement in terms of their motivation for learning and independent learning, and also their participation in the quality assurance and enhancement of educational provision. In Scotland, Student Participation in Quality Scotland<sup>19</sup> in partnership with key higher agencies identified five key elements of student engagement:

1. Students feel a part of a supportive institution;
2. They are engaged in their own learning;

3. They work with the institution in shaping the direction of learning;
4. There are formal mechanisms for quality assessment and governance;
5. Influencing student experience at a national level.

More recently, and specific to the area of medical education, the General Medical Council in the UK in their guidance “Promoting excellence: Standards for medical education and training”<sup>20</sup> include the recommendation: “R5.2 The development of medical school curricula must be informed by medical students, doctors in training, educators, employers, and other health and social care professionals and patients, families and carers”.

## THE ASPIRE-TO-EXCELLENCE INITIATIVE

With the variety of policy frameworks and guidance clearly advocating student engagement, the logical next step is how to put this into practice and enable medical schools to demonstrate the ways in which it is being implemented. Further, at a time in which excellence in research is often prioritized over teaching, there is a clear need to highlight positive teaching initiatives.

The concept of recognizing and rewarding excellence in teaching and learning in medical schools was first proposed by Harden and Wilkinson.<sup>21</sup> Following on from this, the ASPIRE-to-Excellence initiative was launched by AMEE in 2012. It sought to provide international recognition of excellence in education, teaching and learning, alongside research, as the mission of a medical, dental, or veterinary school. It was envisaged as going beyond the traditional accreditation process, with which we are all familiar, by recognizing that the educational program in a school can be subjected to peer review against an agreed set of standards or benchmarks that identify world-class excellence in education. The ASPIRE Board first met in 2010 and agreed on the criteria and subcriteria against which submissions for consideration for the award were to be assessed. Initial Areas or Themes in which excellence could be displayed were Student Engagement, Assessment of Students, and the Social Accountability of the Medical School. Later, two further areas were added, Faculty Development, and Simulation. The ASPIRE Board was charged with oversight of the awards and included 22 members from 15 different countries. A truly international opinion on an application could therefore be given in reference to its local context. In addition, a panel of experts in each of the five Areas or Themes identified would assist in reviewing and giving feedback to each institution making a submission. The area panel for Student Engagement consists of 12 members from 11 countries.

**Table 1:** Academic support program inspiring renaissance educators criteria and subcriteria for student engagement with the curriculum<sup>22</sup>

<p>Criterion 1—<i>Student engagement with management of the school, including matters of policy, mission, and vision of the school</i> (student engagement with the structures and processes)</p> <p>1.1 Students have been involved in the development of the school's vision and mission.</p> <p>1.2 Students are represented on school committees.</p> <p>1.3 Students are involved in the establishment of policy statements or guidelines.</p> <p>1.4 Students are involved in the accreditation process for the school.</p> <p>1.5 Students have a management/leadership role in relation to elements of the curriculum.</p> <p>1.6 Students' views are taken into account in decisions about faculty (teaching staff) promotion.</p> <p>1.7 Students play an active part in faculty (staff) development activities.</p> <p>Criterion 2—<i>Student engagement in the provision of school's education program</i> (student engagement with the delivery of teaching and assessment)</p> <p>2.1 Students evaluate the curriculum and teaching and learning processes.</p> <p>2.2 Feedback from the student body is taken into account in curriculum development.</p> <p>2.3 Students participate as active learners with responsibility for their own learning.</p> <p>2.4 Students are involved formally and/or informally in peer teaching.</p> <p>2.5 Students are engaged in the development of learning resources for use by other students.</p> <p>2.6 Students provide a supportive or mentor role for other students.</p> <p>2.7 Students are encouraged to assess their own competence.</p> <p>2.8 Students engage in peer assessment.</p> <p>Criterion 3—<i>Students' engagement in the academic community</i> (student's engagement in the school's research program and participation in meetings)</p> <p>3.1 Students are engaged in school research projects carried out by faculty members.</p> <p>3.2 Students are supported in their participation at local, regional, or international medical, dental, veterinary, and health professions education meetings.</p> <p>Criterion 4—<i>Student engagement in the local community and service delivery</i></p> <p>4.1 Students are involved in local community projects.</p> <p>4.2 Students participate in the delivery of local health care services.</p> <p>4.3 Students participate in health care delivery during electives/attachments overseas.</p> <p>4.4 Students engage with arranged extracurricular activities.</p>
--

## Demonstrating Student Engagement

In seeking to identify examples of excellence in student engagement, the ASPIRE panel highlighted the need to demonstrate students' active contribution and consultation in their teaching and learning. Four broad criteria were identified:

1. Student engagement with the management of the school, including matters of policy and the mission and vision of the school (Student engagement with the structures and processes).
2. Student engagement in the provision of the school's education program (Student engagement with the delivery of teaching and assessment).
3. Student engagement in the academic community (Students' engagement in the school's research program and participation in meetings).
4. Student engagement in the local community and the service delivery.

These criteria and their subcriteria are listed in Table 1.

## Examples of Excellence in Student Engagement

In the 6 years since its launch, the ASPIRE initiative has identified many examples of excellence in student engagement in medical schools, and a list of the institutions who have been successful in their applications can be found in Table 2.

**Table 2:** Academic support program inspiring renaissance educators-to-Excellence award winners<sup>23</sup>

2013	Southern Illinois, USA; Aga Khan University, Pakistan; Maribor University, Slovenia; International University, Malaysia; University of Western Australia; Minho University, Portugal
2014	Southampton University, UK
2015	Charitie Universidad, Germany; University of Leeds, UK; Utrecht University, Netherlands; Uppsala University, Sweden; Schulich University, Canada; Chulalongkorn University, Thailand
2016	School of Veterinary Medicine, UK
2017	Al Imam Mohammad Ibn Saud Islamic University, Saudi Arabia

In addition, through our work with AMEE and in the wider medical education community, there are other examples of medical school practice which may be considered as illustrating one of the aspects of student engagement with the curriculum, as defined by the criteria and subcriteria.

## ESME-Student<sup>24</sup> Criteria 1

This 12-week program based on the successful ESME Online course,<sup>25</sup> provides a student-focused introduction to ESME. Its aim is to engender interest in medical education and to provide a vocabulary and awareness of key topics to enable students to participate more fully in dialogue with

their medical school. The course includes six key topics presented as webinars, followed by prescribed reading and discussion groups, and finishes with an assignment. Since its start in 2015, this annual course has attracted 216 participants from 33 countries; 90% of participating students found the course of great or considerable value, and 91% would recommend it to others. The pass rate for participants in the online course was 90%.

### SPICES Approach<sup>26</sup> Criteria 2.1

As part of the ESME-Student course, medical students were asked to evaluate the curriculum of their medical school using the student-centered, problem-based, integrated, community-based, elective-oriented, and systematic (SPICES) model. The SPICES approach describes any curriculum as lying at some point on a spectrum between innovative and traditional (Table 3).

A review of the opinions of 100 students selected at random from the ESME-Student course found that 30% considered their curriculum to be student-centered while 30% thought it was largely teacher-centered. The remainder described a balanced curriculum between the two extremes.

### Peer-assisted Learning Criteria 2.4<sup>27</sup>

Encouragingly, as part of the ESME-Student course, many students shared with us examples of direct experience of peer learning approaches. Some students had been involved in setting up their own initiatives. For example, senior students in the peer-assisted learning program for colleagues in the University of Health Sciences, Phnom Penh, Cambodia, have developed a course to teach other seniors how to be effective tutors to junior students. Their work was presented at the AMEE conference in 2017.

### Engagement with the Academic Community Criteria 3

Since 2000, the number of students cited as coauthors of papers published in *Medical Teacher* has increased from 78 to 183. Two final-year medical students in Dundee devised a cadaver shoulder hemiarthroplasty program in a simulated operation theater to teach anatomy to

third-year students. This provided purposeful exposure to anatomy, some insight into orthopedic surgery and created a memorable learning experience. Their work was subsequently published.<sup>28</sup> In addition, within AMEE, medical students are encouraged to take part in our annual conference, to represent student members on committees and the AMEE Executive and, through the award of bursaries, to present academic papers and posters.

### CONCLUSION

The recognition of excellence in teaching has long been overlooked as medical schools are more usually ranked on their academic and financial achievements in research. The idea proposed by the ASPIRE initiative is that it should be possible to subject a medical school to international peer review against an agreed set of standards that would identify world-class excellence in education. "Student engagement" represents one area which can be assessed for an ASPIRE award. Criteria and subcriteria agreed by the panel are used to assess the medical school's performance against benchmark standards irrespective of the school's ability to access expensive resources. The benefits to institutions and students of promoting student engagement have been recorded. Some examples of student engagement have been suggested.

### REFERENCES

1. Trowler, V. Student engagement literature review. New York: Lancaster University: The Higher Education Academy; 2010. p. 78.
2. European Higher Education Area (EHEA). The Bologna Process 2020 – the European Higher Education Area in the new decade. Communiqué of the Conference, Leuven /Louvain-la-Neuve, 28-29 April 2009. Leuven/Louvain-la-Neuve: EHEA; 2009. p. 6.
3. Academic Support Program Inspiring Renaissance *Educators* (ASPIRE). ASPIRE recognition of excellence in student engagement in a medical, dental, veterinary school: criteria 2015 Jan. Newark (DE): ASPIRE; 2018. p. 1-3. Available from: <https://www.aspire-to-excellence.org/Areas+of+Excellence/>.
4. Astin AW. Student involvement: a developmental theory for higher education. *J Coll Stud Dev* 1999 Sep-Oct;40(5): 518-529.
5. European Higher Education Area (EHEA): Ministerial Conference. Making the most of our potential: consolidating the European higher education area. Bucharest communiqué. Bucharest: EHEA; 2012. pp. 1-5.
6. The Student Engagement Partnership (TSEP). What we do: student engagement. London: TSEP; Available from: <http://tsep.org.uk/what-we-do/>.
7. Kahu ER. Framing student engagement in higher education. *Stud High Educ* 2013 Jun;38(5):758-773.
8. Kuh GD, Cruce TM, Shoup R, Kinzie J, Gonyea RM. Unmasking the effects of student engagement on first year college grades and persistence. *J High Educ* 2008 Sep-Oct;79(5):540-563.

**Table 3:** The SPICES model for curriculum development<sup>26</sup>

Characteristics of an innovative curriculum			Characteristics of a traditional curriculum	
S	Student-centered	←————→	Teacher-centered	
P	Problem-based	←————→	Information gathering	
I	Integrated	←————→	Discipline-based	
C	Community-based	←————→	Hospital-based	
E	Elective-oriented	←————→	Standard program	
S	Systematic	←————→	Apprenticeship-based/opportunistic	



9. Coates H. The value of student engagement for higher education quality assurance. *Qual High Educ* 2005 Apr;11(1):25-36.
10. McLean AL, Saunders C, Velu PP, Iredale J, Hor K, Russell CD. Twelve tips for teachers to encourage student engagement in academic medicine. *Med Teach* 2013 Jul;35(7):549-554.
11. Kuh GD, Kinzie J, Schuh JH, Whitt EJ. Never let it rest lessons about student success from high-performing colleges and universities. *Change* 2005 Jul-Aug;37(4):44-51.
12. Kuh GD. The other curriculum: out-of-class experiences associated with student learning and personal development. *J High Educ* 1995 Mar-Apr;66(2):123-155.
13. Tross SA, Harper JP, Osher LW, Kneidinger LM. Not just the usual cast of characteristics: using personality to predict college performance and retention. *J Coll Stud Dev* 2000 May-Jun;41(3):323-334.
14. Bensimon, EM. Student engagement in higher education. In: Harper SR, Quaye SJ, editors. *Routledge handbook of medical education*. London: Routledge; 2009.
15. Bok, D. *Our underachieving colleges: a candid look at how students learn and why they should be learning more*. Princeton (NJ): Princeton University Press; 2006. p. 413.
16. Kennedy, C.; Lilley, P.; Kiss, L.; Littvay, L.; Harden, RM. *Curriculum trends in medical education in Europe in the 21st century*. Dundee: Association for Medical Education in Europe (AMEE)/MEDINE2; 2013.
17. Bin Abdulrahman, KA.; Kennedy, C. The Secret ingredient: the student's role and how they can be engaged with the curriculum. In: Bin Abdulrahman KA, Mennin S, Harden R, Kennedy C, editors. *Routledge international handbook of medical education*. London: Routledge; 2015.
18. Quality Assurance Agency for Higher Education (QAA). *UK quality code for higher education. Part B: Chapter B5: Student engagement*. Gloucester: QAA; 2012.
19. Students Participation in Quality Scotland (SPARQS). *A student engagement framework for Scotland*. Edinburgh: SPARQS; 2012. [cited 2018 Mar 22]. Available from: <http://www.sparqs.ac.uk/upfiles/SEFScotland.pdf>.
20. General Medical Council. *Promoting excellence: standards for medical education and training*. Manchester: GMC; 2015. [cited 2015 Jul]. Available from: [www.gmc-uk.org/education/standards.asp](http://www.gmc-uk.org/education/standards.asp).
21. Harden RM, Wilkinson D. Excellence in teaching and learning in medical schools. *Med Tech* 2011;33(2):95-96.
22. Patricio M. The ASPIRE initiative: excellence in student engagement in the school. *Educ Med* 2016 Jul-Sep;17(3):109-114.
23. ASPIRE: International Recognition of Excellence in Education. *ASPIRE to excellence to award winners*. Dundee: AMEE; 2018. [cited 2018 Mar 29]. Available from: <https://www.aspire-to-excellence.org/ASPIRE+Award+Winners/>.
24. Dent J. Essential skills in medical education for students: an online course in medical education for the doctors of tomorrow. *MGM J Med Sci* 2016 Apr-Jun;3(2):81-83.
25. Harden, RM.; Laidlaw, JM. *Essential skills for a medical teacher: an introduction to teaching and learning in medicine*. Edinburgh: Churchill Livingstone; 2012. p. 274.
26. Harden RM, Sowden S, Dunn WR. Some educational strategies in curriculum development: the SPICES model. *Med Educ* 1984 Jul;18(4):284-297.
27. Lim, S. Peer-Assisted Learning Program at UHS "the student-centered approach". Cambodia: UHS; 2017. [cited 2017 Feb 2]. Available from: <https://www.youtube.com/watch?v=l7Tlu639jio>.
28. Nutt J, Mehdian R, Parkin I, Dent J, Kellett C. Cadaveric surgery: a novel approach to teaching clinical anatomy. *Clin Teach* 2012 Jun;9(3):148-151.