



*Perspective/Opinion*

## **Sitting in the Room Where it Happens: A Student Involved in Curriculum Change at MCW**

by Chase LaRue

When I was a classroom teacher, some of the most common questions I got from my 14-year-old students were, “Why do we have to learn this?” or “Why do I need to be able to write an appropriate thesis statement?” Believe it or not, the more they knew, the more willing they were to invest in my classroom and, therefore, the progression of their education.

When I changed careers and came to medical school, I held my own, distinct “Why do I want to be a doctor?” understanding of my own journey. This view was reflected in my medical school application and by the actions I’ve taken since I got here. Even after leaving my job as an educator, I realized that there was still a place where my years working in classrooms could benefit my own education and the education of the next generation of student doctors.

Of course, much has changed since we were those teenagers staring up at white boards and transparency sleeves, but one thing has not: understanding the “why” behind concepts and instructions must still be an important factor in how we make decisions. “Why...? Why do we have to do this? What is the point of this small group? How will this help me be a better doctor – or a doctor, at all?”

My “why” is this: learning always focuses on the connections I have to peers, instructors, and the material. I jumped on board for the curriculum exploration project because I not only wanted to be a part of something bigger and longer lasting than my education, but I wanted the “why” for future students to be a part of the very fabric of their learning.

The student role in any curriculum implementation is, in my opinion, the most important as students are the only people who can speak to what it is really like spending each day in and out as a learner – the late nights, early classes, clinical rotations, and responsibilities. However, either because students don't feel comfortable speaking to faculty and staff, don't get the messaging, or do not understand the best way to actively take part in their education, their voices are often not shared.

As I walked into the curriculum reform retreat in October 2019, I knew I had found what I was looking for. My vision for medical education at MCW centers around collaborative learning, conversation, and commitment to our future as doctors. During the session, I found myself sitting at tables as the only student representative and speaking to clerkship directors, medical school lecturers, and administrators about the future of medical education. For me, this provided overflowing feelings of satisfaction and purpose. In the process, I felt the student voice was both heard and represented. I only wish my student peers could have joined me at those tables.

As we move forward, I have high hopes for what the curriculum design team has created. I see a system where all students are recognized for their strengths and uplifted in their weaknesses. A place where group-work is anticipated by students, not dreaded. I see a place and time at MCW that prioritizes the individual exploration of academia, self, and the practice of medicine. The new curriculum promises continued representation of the needs of all students no matter their demographic or academic backgrounds, a place where we no longer ask "why" and, instead, see "how."

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