EDITORIAL

STUDENT SELECTED COMPONENTS: A WAY FORWARD TO SELF-DIRECTED INDEPENDENT LEARNING

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"You cannot teach people anything. You can only help them discover it within themselves" – Galileo Galilei

Recent advancements in the realm of medical education around the world have introduced major shifts in the traditional paradigm of learning and teaching. This has led to a transition from teacher-centered to student-centered learning, having an impact on both under and post-graduate medical students[1]. Student-selected components, previously called Special Study Modules are elective components in the undergraduate medical curriculum, initiated for the first time after the suggestions of the 2002 report, "Tomorrow's Doctors", by the General Medical Council (GMC), that the medical curriculum should comprise student preference[2]. It is for this reason, that the Department of Medical Education is planning to launch Student Selected Components in the years 4 and 5 of undergraduate medical education in the coming academic sessions.

Student-selected components (SSCs) are a novel approach to medical education. They are an integral part of the undergraduate medical curriculum and offer an option to medical students to select and study a topic of their interest in depth. Five common purposes of SSCs have been described in the literature that includes:

- to help all medical students lengthen the depth of their learning, and improve their experiences above those included in the core curriculum;
- to offer opportunities for in-depth learning to the students in fields of interest either outside or within the core curriculum;
- to enhance teamwork, communication skills, professionalism, and research skills among medical students;
- to offer distinctive opportunities for personalized professional development in future careers[3];
- to help promote self-directed learning and make undergraduate medical students independent learners

It is expected that in a standard 5 years undergraduate medical curriculum, 25% to 33% of time should be dedicated to Student Selected Components. The SSCs along with the core curriculum must allow students to achieve the learning outcomes. Even though SSCs have received global recognition in the development of undergraduate medical curricula, there seems a lack of consensus regarding learning objectives, outcomes, composition, and contribution to an overall assessment of medical graduates[4].

The Department of Medical Education at Khyber Medical College is planning to formulate and implement student-selected components in the upcoming academic year over a wide range of modules related to medical and surgical subspecialties, pharmacy, health research, community-based activities, social welfare, and humanities. The principal stakeholders comprise Dean KMC, the Director of Medical Education, the faculty members, the SSCs organizer and coordinator, administrative staff, regulatory bodies, and most importantly the students.

Certain challenges are expected during the process of launching this new program. These include a mutual consensus among the principal stakeholders including medical educationists, faculty members, and students regarding the selection of various modules. There might be problems related to the adjustment of SSCs modules in the timetable based on the mandatory core curriculum. There might be competition for certain modules among students and others might be altogether overlooked by students. The selection of students for certain highly rated modules like minimal access surgery or interventional radiology may be a problem due to tough competition among students. The unavailability of clinical rotations for certain subspecialties as desired by the medical students in the parent hospital might pose another problem. Lack of uniformity in the learning outcomes, mode of information transfer, skills achieved, standardization of assessment, and its contribution to the overall summative assessment are other challenges. In a developing country

like ours, resources management, training, and support of students and faculty to achieve the desired outcomes might be difficult. The mutual consensus among the principal stakeholders can be achieved through rounds of meetings, based on the rationale and need assessment for the SSCs. The need assessment can be performed through surveys among students and faculty members. The issue of management of SSCs in the timetable can be managed by planning for clinical rotations in summer vacations as SSCs are based on student preferences. The allocation of SSC modules should be based on the student's summative assessment in the previous year and module-related basic knowledge assessed through an MCQ/SEQ test. The unavailability of certain subspecialties in the parent hospital can be managed by collaboration with the stakeholders of the nearby tertiary care hospitals in the city. The lack of uniformity in the learning outcomes, mode of information transfer, skills achieved, and standardization of assessment can be managed by developing consensus among faculty members and supervisors of individual modules. Short refresher courses and symposia might prove helpful to narrow the wide gulf between resources management, training, and support of students and faculty members.

It is well said that when there is a will there is a way. All the above-mentioned challenges can be effectively managed through cooperation and trust, proper communication, and teamwork among the principal stakeholders. The feedback from the students and faculty members can be very helpful in the evaluation of the outcomes achieved through this program.

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