Medical students love to complain. We are over-worked and under-rested and so we gripe as the already overwhelming medical school curriculum gets packed with additional topics such as health policy, inter-professional education, and public health. However, we also know that these curricular reforms are a good thing. We want a medical school curriculum that is relevant, humanistic, and geared towards skills used in everyday practice. We want this because we want to be the best physicians we can be.

Underlying our complaints is a desire to have a say in what and how we learn. Students are the users of the curriculum, day in and day out, and therefore we have keen insights into what we want from our education and what would work better for us and for future medical students.

One existing forum for medical students to voice their opinions is the end-of-course evaluations. Unfortunately, students often vent their frustrations through this venue in a way that is more critical than constructive. Although these evaluations are reviewed by course directors and by the formal institutional curriculum review, it’s not always clear whether medical student voices are heard and understood.

Last year, students at my school designed a new approach to help turn end-of-course evaluations into concrete, constructive solutions. This student-led feedback process involved distilling positive and negative “themes” from a course’s evaluations, holding a student town hall meeting to brainstorm solutions to improve the course, and then holding a face-to-face dialogue about these proposed solutions with the course director. The effect is productive rather than critical. It helps students engage, to consider the value of some of the very same things we complain about, and to develop a vision of how medical school could better fit our needs.

This partnership model of feedback ensures that student perspectives are effectively communicated to course directors. It allows medical students to negotiate with faculty while preserving course director autonomy to decide what can be cut, tweaked, and added in a course. The model encourages medical students to understand the medical school curriculum and take ownership in the educational process, making us more engaged learners now and, we hope, more engaged clinicians in the future.