Development discussion Veterinary Medicine, Utrecht University

20 May 2021
15.15-16.30 hours

Participants belonging to the study programme:
- prof. dr. Merel Langelaar, Vice-dean for Education
- dr. Cornélie Westermann, Director of studies master's programme
- dr. ir. Theo van Haeften, Director of studies bachelor's programme
- Floor Albers van der Linden, MSc, FOO-BBO Policy advisor
- dr. Harold Bok, Chair Board of Examiners bachelor's programme
- dr. Nicole Mastenbroek, Field of expertise: Educating professionals
- drs. Marlise Mensink, FOO-OSZ, Head of Education and Student Services
- Marieke Beijaard, BSc, M-VM Student member Board of Studies

Committee:
- prof. dr. D.J. (David) Argyle, chairman
- prof. dr. K.E. (Kerstin) Müller, domain expert
- dr. H.A.T. (Heleen) Miedema, domain expert
- prof. dr. F. (Fedde) Scheele, domain expert
- E. (Esben) Østergaard Eriksen, BSc, student
- drs. Linda van der Grijspaarde, secretary

Diversity

How can we increase the diversity among both our members of staff and our students? This question is connected to a lively debated and discussed topic in our profession: Diversity.

Argyle: "Widening the access to our Faculty is a massive challenge for the profession. In Scotland, we have set particular targets to attain this goal. Edinburgh University has good access to the government and we have lobbied for students from rural and remote areas to be included. This would allow them to attend veterinary school and return to those remote areas after graduation.

Over the last five years, I have had discussions about the topic of increasing accessibility and a major issue has been gaining access to the exam subjects required to qualify for and gain access to veterinary school. We are developing a foundation course to aid this situation."

Miedema: "At least one of the parents of students that attend our programme (Technical Medicine), has a BIG registration. Based on preliminary results of the research survey RNO about diversity, we can conclude that we are all fishing in the same pond. Furthermore, there is no such thing as one solution."

Argyle: "You have to encourage children and give them aspirations at an early age. It is ineffective to commence motivating them when they are 15 or 16 years of age. To tackle this problem we have organised presentations in primary schools.

To add to this, veterinary education is very expensive in the UK, even in fully funded courses. Students cannot maintain jobs aside from their studies because of the extra amount of education. The accrediting body gives us restrictions about what students have to do in six years. It's a challenge.

Then there is the challenge of race. As a university, we have developed an action plan together with the students. This is going to take a long time.

Among other things we have to think about funding veterinary education since the danger exists that veterinary education could otherwise become solely accessible to the elite.

Müller: "At veterinary schools in Germany five women apply for the study of veterinary medicine versus one man. Young men want to get into veterinary school, though they feel as if they don't have a chance at entering. If we want more male students, we have to actively go into the field and connect with young boys/men at farms from the rural regions."

Østergaard Eriksen: "I have been educated in Copenhagen. We have the same distribution of our student body as you have. Mainly female students and concurringly almost no diversity in cultural backgrounds amongst the students. The division in gender is nine women to one man. We have received a grant from the government to change the situation. However, this distribution is still visible.

Half of our student body (ninety students) is allowed to enter the programme based solely based on their grades. The other half is allowed to enter the programme based on a test and an interview. Dropout because of low results is higher in the last group. The first group performs better. Looking at grades is fairer for students from less privileged backgrounds."

Van Haeften: "A part of the problem has to do with the admission procedures. They favour girls. Last year we we did not include high school grades in the admission procedure and saw that the percentage of male students increased to 27%. We should reconsider looking at the grades of our applicants."

Argyle: "I wonder, when students enter their career after graduation; is being a veterinarian a rewarding profession to be in? We haven't done ourselves a favour with how we are compensated. For instance, veterinary nurses earn equal income to veterinarians in their first years. Maybe men are not attracted to that.

The biggest predictor of academic success in the UK is the grades in chemistry. For other factors, academic success between groups is comparable."

Østergaard Eriksen: "In Denmark, there is comparable education for all health professions. However, in dental care or human medicine, we see more variation in the social backgrounds of students. Maybe this has to do with a higher salary in those professions."

Mastenbroek: "Has research been done in primary school on why being a veterinarian is not a job for boys?"

Argyle: "I am not aware of any research in that area. What I notice is when entering the words 'veterinary medicine' in a search engine on the internet, nowadays more images of small animals are coming up whilst in the past images that came up were mainly those of farms.

We should be targeting schools much earlier. The current perception is that it is difficult to get into veterinary school. I was told (by veterinarians) I had no chance to get in because of a wrong background. And now, I am the dean of their old school. One of our challenges is the challenge of poor advice being given by career advisors."

Müller: "We need to start earlier with showing children the work of a veterinarian."

Langelaar: "In the Netherlands, professors go into primary school, and children do not know what kind of professor is coming. When they are asked: 'Who do you think is coming?' they draw female professors. The idea of a veterinarian is changing, at least in Utrecht.

Van Haeften: "I have a question for David. What are the criteria for students with less privileged social backgrounds and what is the dropout rate?"

Argyle: "Government target focuses on attaining students and not about retaining them in the course. We need appropriate tutoring for these students. I cannot elaborate on the success rate yet.

We were able to get government-based grants with which we created two classrooms for children between the ages of nine and twelve. Children from areas of deprivation visited our veterinary school and got to see how Dolly was cloned. We also had X-rays to show. This was a big opportunity for us. Unfortunately, this project has not been active long enough to see results."

Østergaard Eriksen: "We have received many applications without marketing our Faculty, but if you want boys or young men to apply you need to do more."

Argyle: "We have to fight for students and international students, and of course for the best students. As a Faculty, we spend a large sum per year on undergraduate recruitment across the globe. We committed to do that to maintain the levels."

Mensink: "In the Netherlands, we have more than a thousand applicants and select two hundred and fifty. A few years ago Utrecht University started to deliberately address this in media, in images, and inclusive messages. Besides that, the Faculty has a weekend school and there is the junior summer school. All these initiatives have the same target: increasing diversity. It is not yet paying off, but we are continuously taking small steps forward."

Argyle: " We have to think about the whole programme. We have to tackle the retention as well as the recruitment issue."

Miedema: "In our more technical programme we started with 50% female versus-50% male. Now it's 40% male. Maybe we attract more females because we have a lot of females in recruitment We wanted a fixed number, but the government hesitates to set such a construction in place. It is a complex issue that originates in primary schools. To tackle this problem we make an effort to visit these schools. Important to us is to have students with a solid background in physics and mathematics."

Resilience

We want students to be well prepared for practice. What can we do in our didactics to make students more self-confident?
Miedema: "We make students more responsible for their learning process. We started with the professors. In the field making mistakes is normal at the beginning of a research process. However, the workforce in the medical field generally disagrees with this. We try to alter the

attitude in this matter and shift it towards an environment where students are allowed to make mistakes. The students follow; pedagogical change is based on changing the professors."

Argyle: "This is a societal problem; a big challenge with this generation. Some of that is because of social media, which causes high pressure on kids. Furthermore, clients have become more demanding, they look towards the internet first. Sometimes, we fail to say that we are not able to carry out a certain procedure, a pressure lies on us in this. To add to this, a packed curriculum also creates a big challenge.

We do discuss near misses. Open and honest discussions to make sure even a specialist can make mistakes. We need to make sure we are supporting people in their post-graduating time."

Change of assessment system

How can we make giving feedback less labour intensive?

Bok: "We have a summative assessment culture. We should try to change it towards a focus on improvement instead of on performance. That is difficult. We need to provide students with the opportunity to participate in a team and receive feedback. Teachers perceive the provision of feedback as time demanding. This is a problem considering you want to create an environment for students to learn from feedback.

Scheele: "Difficult question. We should no longer be going from exam to exam. What you are doing with the longitudinal aspects of education is useful. Programmatic assessment might not be the answer. What you see is that in medical education, we were used to informal feedback all the time; a feedback culture, without writing it down. It was simply learning on the job from colleagues. Now we want to record it all. It is almost impossible to not let it feel like an assessed moment. Students give a different meaning to the written feedback. Normal discussions have changed to: 'Did I do it right or did I do it wrong?'. While it should be: 'What could I have learned from this?'.

Miedema: "We give process-based feedback. The tutor of a student looks at the process but never grades it. Also, the portfolio is personal. The student is the only one who gives access to the portfolio. Students are allowed to express insecurities without the fear of being assessed."

Müller: "Farmers try to teach students early on in the programme and students come into contact with highly demanding clients. It is a positive atmosphere. Students learn that they are allowed make mistakes. It would help to communicate this toward them early on in the programme."

Scheele: "To add to this; quite some specialist groups in clinical training have a weekly meeting talking about the mistake of the week, made by students or the staff."

Langelaar: "Hospitals are well equipped in talking about mistakes and learning from them. We should emphasise more that mistakes are normal and made all the time."

Argyle: "It is a big challenge not to criticise general practitioners in front of students. You have a competitive culture, therefore everyone should be respectful towards each other. In Edinburgh, we had post mortem rounds. Everybody of the Faculty went. That was a grand learning moment."

Langelaar: "We are closing the discussion; time is up. Thank you for all your input."