



Medical schools should develop medical educators, not just doctors

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Letters to the editor

Medical schools should develop medical educators, not just doctors

Dear Sir

A vertical study programme (VESPA) for medical students, Kam et al. (2012): peer-assisted learning (PAL) in practice was discussed at our Cardiff Surgical Society Journal Club. We felt that the assessment by Kam et al. (2012) of their VESPA allowed us to reflect on our own course structure at Cardiff.

Upon graduation, doctors in their first Foundation year in the Welsh NHS are expected to provide teaching for medical students during their working day, therefore, structured programmes such as VESPA would provide communication skills and teaching experience within the more informal setting of PAL.

The use of 'pre-intern year' students as facilitators in VESPA translates as 5th year students leading sessions in the UK; we felt there is also potential for a faculty tutor to bridge any gaps in the group's knowledge. Another problem faced by organisers is ensuring cases encourage students to pull their weight no matter their level of study. Active encouragement and early release of questions and guidance would help junior students feel useful, instead of out of their depth, and 5th year facilitators would feel more comfortable using teaching techniques and leading sessions under guidance. Cardiff Medical School's new C21 course places emphasis on case-based teaching with integration of pharmacology and progression testing. This incentive, alongside Monash University's case-based structure (Kam et al. 2012) could really benefit students at Cardiff as a continuous revision component that would ultimately lead to a thorough knowledge for Finals and beyond.

We discussed how to maintain numbers with suggestions of online sign-ups and having mandatory implementations of year-specific roles within the group. White et al. (2011) found a positive correlation between role identity and a greater longevity of attendance to ensure quality of PAL sessions, which could become an essential tool to active learning.

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Why not leave teaching to enthusiastic clinical staff? A student's perspective

Dear Sir

As a medical student and skills laboratory instructor, I read the recent publication by O'Keefe et al. (2012) with great interest. The article highlights suggestions for improvement of student learning in multidisciplinary clinical environments, and on these, I would like to offer the perspective of a consumer of undergraduate education.

Clinicians have three major responsibilities: patient care, research, and teaching. However, as the authors pointed out, "whilst education is the major focus of university programs, it is not the major priority for many staff in clinical settings". Workload and resource restrictions render effective teaching difficult, and this is usually accepted by students. Little teaching motivation on behalf of clinicians, on the other hand, is hard to accept, as effective learning requires educators both to challenge and support students ("Support active learning in students").

But, how can universities ensure the best clinical education in today's outcome-oriented life? One possible solution is to integrate medical students in multidisciplinary teams, as they will be later in their careers ("Encourage students to learn from other healthcare professionals"). Yet, universities predominantly implement a discipline-oriented approach (O'Keefe et al., 2012). Although the reasoning behind is understandable, I beg to argue that students value every kind of teaching as long as it is constructive, helpful, and well-founded. An experienced nurse may offer just as much clinical expertise as a FY1 doctor.