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Are radiology visual skills one dimension in undergraduate medical education?

J Barbosa, M Severo & J Dinis-Machado

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personal statements, especially as each medical school will incur thousands of applications. Assessing validity of a sub-population may be a medium ground between reducing fraudulent information and costs. Though this may not stop exaggerations of the truth which are difficult to follow up, we hypothesise that it could hinder those fraudulent claims which are easier to follow up (e.g. length of work placement, assigned duties).

The above points illustrate the paramount importance of the interview. The interview separates those candidates who are and are not worthy of an offer, however it is equally important to distinguish these groups from the candidates who use deceptive methods to attain an interview in the first place. Though some candidates may still "slip through the cracks", the interview process can minimise this through experienced interview techniques (Edwards et al. 1990).

In conclusion we believe the contribution by Kumwenda et al. to *Medical Teacher* should be commended as it highlights an important issue, and we welcome change for more objectivity within medical school admissions.

Dev Katarey & Irene Francis, Brighton and Sussex Medical School, Brighton, UK. E-mail: d.katarey1@uni.bsms.ac.uk

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Preparation for bilingual medical education

Dear Sir

Globalization is an inevitable trend for medical education in the twenty-first century, making it necessary to cultivate globalized health professionals. In non-English speaking countries, the bilingual medical course (BMC), in which both the students' mother tongue and a second language (mainly English) are used, is an essential way to cultivate such professionals. In China, the government has attached great importance to BMC and set about formulating a series of policies since 2001. Nowadays, BMC for the undergraduates is in full swing in not only China, but also other Asian countries (Yang & Xi 2009).

However, the outcome of this course does not always live up to the expectation. One major reason is that the students are not well prepared to absorb new medical knowledge via English for medical purposes. Medical English, belonging to the category of English for specific purposes (ESP), has characteristic lexical and syntactic features as well as rhetorical organization, which distinguish it from general English. Lack of training in medical English hampers the effort at setting up BMC.

Therefore, it is necessary to deliver a medical English course to the undergraduates before they receive BMC. To develop such a course, which possesses the characteristics of any ESP courses, the teachers should identify the students' specific needs as a first step. They can rely on questionnaire surveys, field observations, interviews, etc., to investigate the deficiencies between students' current performance and the desired performance in the target language situation, namely the BMC. In conducting this course, a genre-informed pedagogy can be adopted by analyzing the written and spoken genres encountered in BMC. Meanwhile, teachers should creatively employ the learning-centered methodology which emphasizes the priority of students in the classes. Last but not the least, continuous assessment should accompany the duration of the course to constantly adjust the course to suit the students' need.

Our university (Third Military Medical University, TMMU) has taken the lead in designing and providing the medical English course to the undergraduates majoring in clinical medicine, aiming to introduce the general features about medical English texts frequently occurring in BMC (such as the lexical and syntactic features) by engaging students in the target situation-oriented activities, such as reading, writing, discussion, etc. Given its relative infancy, however, many problems remain to be addressed.

Tough as the task is, the effort is urgently needed to design a medical English course to prepare for BMC, and eventually cultivate qualified globalized health professionals.

Rongxia Liao & Xiaoqing Zhan, Medical English Department, College of Basic Medical Sciences, Third Military Medical University, P. R. China. E-mail: tinabubu@163.com

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Are radiology visual skills one dimension in undergraduate medical education?

Dear Sir

In your recent article, Ravesloot and colleagues provide valuable insight on the assessment of visual skills across a postgraduate radiology training (Ravesloot et al. 2012) and found large differences from the first to the third year of training in one overall dimension.

In this context, we administered an examination at the start of year, with 32 radiologic images in eight body structures to

369 undergraduate medical students from the first to sixth year. Students had to identify for each image the radiologic technique: X-ray (XR), Computed Tomography (CT) or Magnetic Resonance Imaging (MRI). Final scores were the percentage of right answers. The anatomy courses comprise 593 classes' hours along the course and are distributed in two preclinical years (first and second year) and one clinical year (fourth year).

Contrary to the previous study, the confirmatory factor analysis found that the examination had three dimension (XR, CT and MRI), with Cronbach's alphas higher than 0.8.

We found a similar trend for CT and MRI, i.e. in the first year (CT = 41.6; MRI = 41.5) and second year (CT = 44.2; MRI = 42.4) students had few skills increasing significantly at third year (CT = 67.3; MRI = 74.8) and at fifth year (CT = 86.9; MRI = 92.5). However, students had high scores for X-ray since the beginning of the course (first year mean score = 89.8).

We found support for three dimension one for each radiologic technique. Like in the postgraduate training, CT and MRI visual skills differences were large from the first to the third year and in our study also from the fourth to the fifth year. Students were able to identify X-ray since the first year. Nevertheless at the end of the course, students had high visual skills for all dimension.

J Barbosa, M Severo, Center for Medical Education, Faculty of Medicine, University of Porto, Porto, Portugal. E-mail: joselina@med.up.pt

J Dinis-Machado, Department of Anatomy, Faculty of Medicine of the University of Porto, Porto, Portugal.

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Re: Perceived tutor benefits of teaching near peers: Insights from two near peer teaching programmes in South East Scotland

Dear Sir

Recently, Qureshi et al. (2013) described the effects of junior doctors' participation in near peer clinical teaching programmes. Two aspects of this study caught my special interest.

The authors reported that almost all participating junior doctors (96%) enjoyed their teaching engagements. This number illustrates the amount of satisfaction potentially associated with educating future generations of physicians, especially when both parties engaged in this process (students *and* clinical teachers) are provided with appropriate resources for successful teaching and learning. Being a passionate student peer teacher myself, intrinsic motivation to continuously improve your craft while enjoying the privilege to be involved in fellow students' education are obligatory traits for exemplary teachers. Educational theories and proper teaching techniques can be learned, but the "inner drive" to become a qualified educator may be a prerequisite.

More than three thirds (76%) of the surveyed doctors had not received any teaching skills training before, although 71% would have preferred formal training as students. These numbers highlight a paradigm in medical education. After having graduated from medical school, junior doctors are not only asked to assume clinical duties but also to take over teaching responsibilities. However, while all aspects of medical care, professional behaviour and even basics of research and scientific work are part of undergraduate education, "teach future teachers" programmes are non-existent or only a footnote in many medical curricula. This raises a burning question: Is it justifiable both from a professional and ethical standpoint to engage junior doctors in undergraduate education while being aware that they may not be sufficiently prepared?

Some people would probably argue that "you learn your job by doing it". This popular saying holds true to some extent, but, nonetheless, is associated with significant limitations especially in medicine, where the well-being of patients is on the line. Therefore, academic institutions would be well advised to act proactively and start programmes aiming at preparing undergraduate students and junior doctors for their (future) obligations as teachers. Such programmes can be implemented successfully on both levels (Haber et al. 2006; Qureshi et al. 2013) and would help to ensure excellence among the next generations of medical educators.

Lukas Peter Mileder, Clinical Skills Center, Medical University of Graz, Auenbruggerplatz 33, 8036 Graz – Austria. E-mail: lukas.mileder@medunigraz.at

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