



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

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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.

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Reference

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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.

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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.

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