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Embellishing personal statements – The hardships of objectivity

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Letters to the editor

Today's students: Tomorrow's teachers

Dear Sir

I read with interest the paper by Nelson et al. (2013) discussing the involvement of senior medical students in teaching their juniors. In the United Kingdom, the General Medical Council states in its guidance "Tomorrow's Doctors" that a medical school graduate should be able to "function effectively as a mentor and teacher including... taking advantage of opportunities to develop these skills" (General Medical Council 2009). To assist newly qualified doctors in making the transition to becoming educators, the value of cultivating teaching skills during the undergraduate years should not be underestimated.

As a final year medical student who is on the verge of starting work as a junior doctor, it has been evident to me that there are various benefits for students who participate in teaching activities. To be a competent teacher, a strong grasp of the subject material is required. Teaching others provides an excellent way of ensuring one's own knowledge base is secure, thus enriching the teacher's own medical education. Student teachers gain experience in structuring tutorials and adapting their teaching methods to the varying needs of others. Early exposure to this will place them in good stead for when they take on teaching responsibilities as clinicians.

Furthermore, junior students who attend student-led teaching sessions reap the advantage of a potentially more relaxed learning environment where they may feel more able to ask questions of their teachers without fear of possible embarrassment in front of senior clinicians. Sometimes student teachers may be better able to deconstruct and communicate complex ideas in ways that are easier for their peers to understand than might be possible by more senior colleagues.

Medical students may serve as an invaluable teaching resource for their peers with minimal financial implications for medical schools. Some medical schools provide training, with subsequent accreditation, to students who opt to develop their teaching abilities. Given the importance of such skills in the medical profession, consideration could be given to formally integrating teaching courses into medical school curricula. Encouraging students to participate in teaching early in their careers will facilitate the production of effective clinical teachers for future generations of medical students.

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Embellishing personal statements – The hardships of objectivity

Dear Sir

We read with interest the recent publication by Kumwenda et al. (2013) which described the embellishment of personal statements by prospective medical students applying through the University and College Admissions Service (UCAS). In principle, we thoroughly agree that this system is subject to abuse and should be modified to improve objectivity; however, we would add that there are significant hindrances to improving this process which were not mentioned in this original article.

First it is imperative to understand that not all things can be checked or proven. For example, work experience is a necessity for prospective medical students and though we may be able to determine placement length and hours worked, personal experiences, skills and knowledge attained is difficult to assess for any observer and these are crucial components to a candidate's overall success in the application process.

Furthermore, the additional costs to medical schools would create reservations about following-up evidence on UCAS

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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.

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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.

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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