



# Supplementation: An Improved Approach to Question-Based Collaborative Learning [Response to Letter]

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Laksha Bala 

Laura S Wynn-Lawrence 

Amir H Sam 

Imperial College School of Medicine,  
Imperial College London, London, UK

## Dear editor

We read with interest Javed-Akhtar et al's letter suggesting that faculty members should utilise pre-written clinical cases in question-based collaborative learning (QBCL) sessions.<sup>1</sup>

Pre-written clinical case studies are already represented in a variety of teaching modalities such as interactive lectures and team-based learning sessions. By drawing on students' personal clinical encounters during the QBCL session, we provide them with the opportunity to share their experiences and learn from each other. The use of pre-written cases may compromise the authenticity of this educational experience and the students' ability to learn from all aspects of patient care.

Students' limited exposure to clinical presentations in-hours<sup>2</sup> highlights the need to increase scheduled out-of-hours and community-based placements (eg urgent care centres), rather than substituting real-life clinical exposure with pre-written case studies. Instead of relying predominantly on in-hours placement activities, perhaps medical students should have regular out-of-hours patient exposure to enhance their preparedness for practice. Thus, QBCL sessions would not be limited to the use of in-hours cases only.

Learning from the experiences of peers during QBCL sessions may be helpful in addressing the wider issue of heterogeneous learning opportunities during clinical placements. However, students' longstanding dissatisfaction with inconsistent access to patients during clinical placements requires a more comprehensive approach. This may include regular out-of-hours exposure to patients, as well as exploring novel teaching modalities such as mixed-reality technology to provide interactive bedside teaching for medical students.<sup>3</sup>

## Disclosure

The authors report no conflicts of interest in this communication.

## References

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Correspondence: Amir H Sam  
Email a.sam@imperial.ac.uk

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