

# Response to “Medical Education Electives Can Promote Teaching and Research Interests Among Medical Students” [Response to Letter]

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## Dear editor

Thank you for your thoughtful and comprehensive letter on our study on the effect of medical education electives on students' teaching and research interests. We appreciate your recognition of this subject's significance and commendation of our qualitative phenomenology approach.

We acknowledge your observations regarding our study's limitations, particularly the small sample size and potential biases introduced through convenience sampling. Expanding the sample pool to include multiple institutions and incorporating a control group of students who did not participate in the elective would enhance the generalizability and robustness of our findings. Although medical education is an elective course, the specific content covered was challenging to determine.<sup>1</sup> Medical students often employ the near-peer teaching method to acquire teaching skills, yet this is only available as an elective course.<sup>2</sup> Notably, 44% of 99 medical schools in the United States reported incorporating this method into their education.<sup>3</sup> However, the authors felt that a pilot study of this nature could promote studies on the effectiveness of medical education electives across institutions, as such studies are currently limited. We plan to gather data from more participants as we continued our medical education elective in 2022, 2023, and 2024. Each year, 20–25 students took this elective. We also plan to gather responses (data) from those who have not taken this elective as a control group.

Your suggestion to individualize the evaluation of each module within the elective is valuable. Differentiating the evaluative forms based on the specific modules chosen by students could provide more tailored insights and better inform the design of future electives. We plan to add this question to our feedback survey indicating the module selected by the students, which can provide tailored individual feedback for each module.

Regarding our data collection methods, we recognize the potential limitations of relying solely on free-text and self-reported data. As you suggested, integrating closed-ended questions for quantitative analysis and conducting in-depth face-to-face interviews offers a more comprehensive understanding of student experiences. However, the authors felt that the open-ended questions we used replicated the semi-structured interview questionnaire. The qualitative phenomenological study helped exploring individual experiences and perceptions.<sup>4</sup>

We also appreciate your point about our analysis's absence of dissenting opinions. Including a broader range of positive and negative perspectives would provide a more balanced view of the impact of these electives. Fortunately, or unfortunately, we did not receive any negative feedback from 25 students who completed the feedback survey form in 2021.

We greatly appreciate your commendation of our efforts to illuminate this important topic in medical education. We are committed to addressing the methodological shortcomings highlighted in your letter. We plan to pursue further research investigating the long-term effects of medical education electives on students' careers and academic achievements.

Again, thank you for your constructive feedback and for advocating for advancements in medical education.

## Disclosure

The authors report no conflicts of interest in this communication.

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<https://doi.org/10.2147/AMEPS486611>