

Peer tutoring scheme: a medical student's perspective

Carmen Lok Tung Ho

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

Dear editor

I have read with great interest the article by Khalid et al,¹ which investigated the impact of peer tutoring when compared to being taught by staff. As a medical student at Imperial College London who has experienced peer tutoring, I would love to share my views on this topic. This study found that most students agreed that peer tutoring was beneficial for clinical teaching and benefitted both the tutor and the tutee.

The traditional course structure means that the first 2 years is preclinical, which is based on the Flexner model.² Therefore, students sometimes feel unprepared for their clinical years.³ Imperial College School of Medicine offers a very wide range of academic societies, such as the MedEd and the Surgical and Cardiology Society. Frequently, they organize workshops, tutorials and lectures for both preclinical and clinical students to learn and practice clinical skills, such as suturing, cannulations and taking blood samples. These skills are important for the Objective Structured Clinical Examination (OSCE) as well as when practicing medicine in the real world. These lectures are run by senior students in their clinical years.

After each event, feedback forms are given to the attendees to fill in. In general, participants are very happy with how they were run, and for students in their preclinical years, they feel that they have the opportunity to ask any questions that they have regarding the skill or procedure. Furthermore, they would feel more confident and comfortable when asking questions, because there are other preclinical students who may have wanted to ask them the same question.

The tutors organize these events as it helps consolidate their knowledge and build their confidence in case they would like to teach in the future.⁴ This is because when someone teaches, they feel that they need to know the topic in more detail. Furthermore, senior students are able to guide preclinical students by advising them to follow particular revision methods, whereas professors would be less able to do this, as the resources that were accessible to them while they were at medical school would have been more limited and different to what current medical students use at our institution.

Senior students taking on teaching roles benefit not only the tutees and themselves but also the institution. Many teaching fellows have very busy schedules, as they have to balance their time with teaching and with patient care. This means that staff may not have as much time as senior students to answer questions that students may have.

Correspondence: Carmen Lok Tung Ho
Imperial College School of Medicine,
Imperial College London, Fulham Palace
Rd, London W6 8RF, UK
Email carmen.ho16@imperial.ac.uk

Thus, I agree that senior students teaching preclinical students can help prepare them for their clinical years as they are taught how to do histories and perform clinical examinations such as cranial nerve, abdominal and respiratory examinations. In addition, it is a great experience for the senior students as they can revise over their knowledge and possibly consider teaching in the future.

Disclosure

The author reports no conflicts of interest in this communication.

References

1. Khalid H, Shahid S, Punjabi N, Sahdev N. An integrated 2-year clinical skills peer tutoring scheme in a UK-based medical school: perceptions of tutees and peer tutors. *Adv Med Educ Pract.* 2018;9:423–432.
2. Johnson C, Green B. 100 Years after the Flexner report. *J Chiropr Educ.* 2010;24(2):145–152.
3. Small RM, Soriano RP, Chietero M, Quintana J, Parkas V, Koestler J. Easing the transition: medical students' perceptions of critical skills required for the clerkships. *Educ Health.* 2008;21(3):192.
4. Tang TS, Hernandez EJ, Adams BS. "Learning by teaching": a peer-teaching model for diversity training in medical school. *Teach Learn Med.* 2004;16(1):60–63.

Dove Medical Press encourages responsible, free and frank academic debate. The content of the Advances in Medical Education and Practice 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the Advances in Medical Education and Practice editors. While all reasonable steps have been taken to confirm the content of each letter, Dove Medical Press accepts no liability in respect of the content of any letter, nor is it responsible for the content and accuracy of any letter to the editor.

Advances in Medical Education and Practice

Dovepress

Publish your work in this journal

Advances in Medical Education and Practice is an international, peer-reviewed, open access journal that aims to present and publish research on Medical Education covering medical, dental, nursing and allied health care professional education. The journal covers undergraduate education, postgraduate training and continuing medical education

including emerging trends and innovative models linking education, research, and health care services. The manuscript management system is completely online and includes a very quick and fair peer-review system. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <http://www.dovepress.com/advances-in-medical-education-and-practice-journal>