

How effective is team-based revision? An insight from medical students [Letter]

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Rameez Naqvi ¹

Kiran Pillai ²

Muhammed Kermali ²

¹Faculty of Medical Sciences, University College London, London, UK; ²Faculty of Medicine, St George's, University of London, London, UK

Dear editor

We read with great interest the study by Field et al¹ regarding the use of team-based revision (TBR) for final year medical students in preparation for their Prescribing Safety Assessment. The results seemed to be encouraging for the wider implementation of TBR in medical schools, particularly for students who may benefit from an increase in confidence levels. Although TBR is inspired from the idea of team-based learning, this is the first study of its kind exploring its effectiveness.¹

We commend Field et al for the innovation of this study. However, we would like to raise some potential considerations. Firstly, we note that the sample was obtained from only one university. This makes the study's conclusions difficult to extrapolate on a larger scale and consequently makes any inferences relevant to the university itself. Furthermore, there is no direct comparator that TBR is compared against. This may mean that the positive results observed only reflect students' liking for additional teaching sessions, particularly for a competency which many medical students complain of a lack of preparedness.^{2,3} Comparing this tool to other teaching methods with participating universities may be helpful in validating the effectiveness of TBR.

We also noted that the TBR sessions were optional. Although this certainly made the study easier to conduct, we wonder whether this would have preferentially attracted students who feel more comfortable in team-based situations. This could potentially skew the results when students were asked about their attitudes toward "team experience" or "team impact on quality of learning".¹ This effect may have been further compounded when taking into account that only 98 of the 201 students completed both questionnaires. For example, those who completed the feedback may have a shared interest in teamwork or team-based activities. Ensuring all participants complete the feedback could mean that there is more of a representation of the entire cohort.

Furthermore, we found that the TBR sessions were facilitated by three faculty members. This lack of standardization would result in each group having different experiences. There may also be an element of facilitator bias if the faculty members were involved in the writing up of the study and therefore have a vested interest in the results. This was unclear in the methods section. Adapting the study to have a single, external facilitator who would be briefed by the project team beforehand and would lead all the groups on the day would be ideal.

Interestingly, although results are positive, they are measured immediately after the TBR session. There are data to suggest that team-based learning does not differ greatly with lecture-based learning in short-term retention; however, it does

Correspondence: Muhammed Kermali
St George's, University of London,
Cranmer Terrace, Tooting, SW17 0RE
London, UK
Email m1602031@sgul.ac.uk

manifest in greater longer-term retention.⁴ Long-term retention data for TBR would be useful in ascertaining whether it is a method that can be of benefit to medical students in their academic pursuits. Should data from these studies prove positive, it suggests that TBR certainly has the potential to alter the medical curriculum toward a more engaging and effective format.

Disclosure

The authors report no conflicts of interest in this communication.

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