

Re: An evaluation of medical student-led podcasts: what are the lessons learnt?

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Dear editor

We would like to praise the recent article by Kapoor et al,¹ a highly topical piece on medical education. The future of medical education is of utmost importance in creating what the General Medical Council describes as the “Doctors of Tomorrow”. Medical podcasts are becoming a more prominent avenue of learning in our evolving medical curricula, promoting engagement and multiple learning styles. The traditional lecture-based style of teaching seems to be declining, with multidisciplinary, interactive, and scenario/problem-based learning becoming more common.² Kapoor et al¹ raise awareness of learning at medical school, which can be extended to reflect the increasing implementation of technology in teaching. This has changed the way we learn, from students in early education, to later in the medical profession.³

As individuals who have experienced preclinical and clinical training, we can appreciate how different styles of teaching are best suited to different students. Kapoor et al¹ showed differences between the responses from 3rd-, 4th- and 5th-year medical students, with the latter demonstrating a stronger preference for integrating podcasts into their learning. Witnessing curriculum changes that come into place throughout our medical school, a trend exists toward a more integrated experience, for the benefit of future doctors.⁴

We found it particularly interesting that <10% of participants disagreed with the statement “the podcast provides an efficient way to learn”, and most of them were 3rd-year students rather than 4/5th-year students. One hypothesis is that 3rd years are more used to conventional methods of teaching, compared to those who have experienced the breadth of teaching styles clinical medicine offers. To put their overall findings into context, a recent prospective study of German medical students found that 69% used digital vs. non-digital learning resources (DLRs). Gutmann et al⁵ showed a high prevalence and acceptance of DLRs, with an emphasis on mobile applications.

On the other hand, we have some reservations regarding the methodology of the article. First, it appears that the podcasts were produced by final-year medical students; however, there is no mention of whether they were reviewed by specialist doctors in the field. This risks accuracy of information being sacrificed for clarity and conciseness of content, particularly given the finding of shorter podcasts being favored among the students. Furthermore, the brevity of time allowed for the students to respond to the emails may introduce sampling bias depending on whether they were sent during busy periods for respective year groups. Finally, it is unclear whether study dropouts were followed up; feedback regarding why they dropped out would be invaluable.

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In conclusion, we recommend the use of podcasts as an efficient way to learn, and it should feature more highly in medical school curricula. The methodology could be improved; however, this article proved a greater point that novel technologic advances are becoming more accepted and effective at engaging medical students. This uptake of new learning styles will create a cohort of doctors more prepared for the further technologic advancements we will see in our health care services in the future.

Disclosure

The authors report no conflicts of interest in this communication.

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