

The importance of teaching skills in the UK undergraduate medical curriculum

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Dear editor

We read with great interest the letter by Ah-kee et al¹ that highlights the importance and the difficulties surrounding the provision of teaching by junior doctors.

As students of Imperial College London, we have experienced the benefits of teaching skills in the curriculum, having received lectures on teaching skills in our preclinical years as well as a dedicated course in our penultimate year. In line with Ah-kee et al's¹ proposals, we have found that studying adult-learning concepts and a variety of teaching strategies have not only improved our teaching skills, but also helped guide our own learning.

A convenience sample of our colleagues at St George's, Barts' and the London and University College London Medical Schools all report having formal teaching skills training. The authors, however, note "a lack of formal teaching training within the undergraduate curriculum" and subsequent work could be done to further identify the variations in the provision of training in teaching skills.

However, we fully support the authors' call to improve the skills of undergraduates as teachers. One such method would be to introduce a teaching skills module to highlight the most effective ways to teach others: using a series of lectures, tutorials, and practical sessions. We believe that the most benefit will be gained by students running their own "mini-tutorials" to enhance their own teaching skills, first by teaching a topic outside of academia that interests them to a group of colleagues, and then moving on to topics from the medical curriculum.

The seminal work by the psychologist George Miller has led to the oft cited "Miller's Pyramid" that presents a framework for assessing the different levels of competence in the clinical context.² The ultimate aim of moving from "knowing" to "doing", which is the apex of "Miller's Pyramid", is to achieve competence. This forms the bedrock upon which Peer Assisted Learning flourishes by making the behavioral aspect of "showing and doing" mandatory for teachers. This is fully consistent with the age-old pedagogy of medical apprenticeship, which has enabled generations of doctors to be trained effectively and will no doubt effectively train the future generations – "See one, do one, teach one".

Disclosure

The authors report no conflicts of interest in this communication.

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