

The value of near-peer teaching in the medical curriculum

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According to the General Medical Council's guide for "Good Medical Practice", doctors are expected to partake in active mentoring roles and contribute to the education of other training doctors.¹ This reflects the fact that medical education is an apprenticeship where the vertical transmission of knowledge from peers and colleagues contributes to a large proportion of the necessary clinical training. Therefore, peer teaching skills should be inculcated from an early stage. At Imperial College London, student-led societies encourage the cohort to take on mentoring and teaching roles to students in earlier years, in the form of near-peer teaching. However, this near-peer teaching largely remains a voluntary undertaking. Given the importance of these skills, there is an argument to be made that such tutoring schemes ought to form a more extensive and mandatory part of the medical syllabus.

Near-peer teaching can be mutually beneficial to both the tutor and tutee. The tutor can revisit previously learned topics while honing key proficiencies such as teaching skills, time management, and leadership. The tutee can benefit by acquiring advice from previously successful students with first-hand experience in exams and clinical placements. Previous literature has also highlighted the cognitive congruence hypothesis,² where an equivalence in the knowledge or skill level between tutor and tutee ameliorates the transmission of that knowledge, thus highlighting the advantage of peer-to-peer interaction for tutees.

Adopting a near-peer teaching scheme may also provide benefits to the medical faculty. Studies have demonstrated that education is not compromised when a faculty teacher is substituted for a medical student.^{3,4} Thus, implementing near-peer teaching schemes may reduce teaching demands on the medical faculty. Near-peer teaching may also foster a pastoral relationship between tutors and tutees, enabling the provision of both educational and emotional support to medical students, thereby complementing the duties of the faculty. However, incorporating such schemes into the curriculum on a long-term basis may require the faculty to monitor and assess the quality of teaching, paradoxically increasing the burden.

Problems may also arise in ensuring standardization in the teaching offered by different tutors. Currently, some students may receive a better quality of teaching as compared to others, raising concern over the fairness of such teaching platforms. Although Imperial College London currently offers a 1-week teaching skills seminar during the fifth year of study, increased regularity and formal assessments of such efforts may improve standardization of near-peer teaching. Furthermore, as students themselves,

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tutors are in the process of accruing knowledge, rather than necessarily reflecting on it. This may compromise their ability to explain the finer conceptual points in the syllabus.

Medical education may be an intense and stressful time, and although enhancing time-management skills is an advantage of near-peer teaching schemes, it may add unnecessary pressures onto tutors, compromising their own learning. Meanwhile, tutees may use tutorials as a substitute for independent learning; while this empowers students with superficial knowledge, it precludes the need for a deeper reflection on the material. Taken together, poorly implemented schemes may hinder the overall learning of both tutor and tutee.

All in all, near-peer teaching schemes must ensure standardization in the quality of the teaching while acting in aid of, rather than in substitution for, independent learning and reflection. If implemented as such, they provide the

opportunity for medical students to increase their learning resources, while simultaneously harvesting key skills that they will call upon throughout their future career.

Disclosure

The authors report no conflicts of interest in this work.

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