A Response to 'Virtual Peer Teaching During the COVID-19 Pandemic'

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Accepted: 1 March 2021 / Published online: 24 March 2021
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Dear Editor,

In their article, Jeong et al. describe their experience of developing and implementing an online clinician teacher elective [1]. They utilised virtual peer teaching and explain several potential benefits of its use during the COVID-19 pandemic. I understand the value of this article and would like to share my perspective as a senior medical student in the UK.

While Jeong et al. discuss faculty-directed peer teaching, I have also experienced completely student-directed peer teaching. By this, I mean peer teaching which is independently organised and delivered by students for other students. Within Norwich Medical School, there is a blend of faculty-run and student-run peer teaching. For example, a number of our problem-based learning (PBL) sessions are facilitated by senior medical students, but the content of these sessions is produced and evaluated by the medical school itself, whereas there are also multiple student-run medical societies independent from the medical school. These societies provide peer teaching on topics they deem useful and are often well-received by other students.

However, as these events are independently run, the accuracy of information and quality of teaching is not regularly

evaluated. Additionally, educational theory is rarely applied consistently. While the benefits of peer teaching have been established, there is not a clear distinction between faculty-run and student-run peer teaching [2]. It is feasible to assume that these different types of peer teaching may produce different outcomes, so I argue that a distinction between them should be made. This would encourage researchers to investigate the potential differences between student-run and faculty-run peer teaching, giving medical schools and students more insight into peer teaching itself.

References

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Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

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