



# Letter in Response to: Near-Peer Teaching in Conjunction with Flipped Classroom to Teach First-Year Medical Students Basic Surgical Skills

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Dear Editor,

As fifth and final year medical students, we read with great interest the study by Lu et al. [1], regarding the incorporation of near-peer teaching (NPT) and flipped classroom (FC) formatting into basic surgical skills (BSS) teaching. Having spent countless hours practising surgical skills, we feel well-placed to comment on the potential advantages and disadvantages of these learning styles in surgical education.

The use of NPT and FC formatting in BSS teaching can provide a variety of benefits for medical students beyond developing their surgical dexterity. This style of teaching allows students to develop other vital skills, such as communication within a team, leadership, and organisation skills. These styles of teaching can improve student confidence and learning performance, as shown in previous studies [2]. The novelty of the work by Lu et al. [1] is the implementation of both teaching styles in conjunction from an early stage of the student's medical career. This has its merits as shown by Manning et al. [3], who found that students who had early and prolonged opportunities to practice a procedural skill in controlled environments had great confidence in patient interactions.

Although both NPT and FC may prove to be useful tools in furthering BSS training, they cannot yet be used instead of surgeon-supported teaching completely. Lu et al. [1] demonstrated these styles of learning from students who have previously attended the course and senior residents. Whilst this may be beneficial when teaching BSS, caution needs to be taken when implementing these results for more complex procedures, without expert faculty supervision.

As stated by the authors [1], the difficulty remains with availability of time for these expert faculty surgeons, as thus

the involvement of peers and senior residents is beneficial. However, this requires an assessment of the instructors to ensure students are being taught to the correct standard, as well as an assessment of the students to ensure they fulfil the requirements for medical registration. Furthermore, it is vital that students remain proficient when they qualify, and so future teaching interventions should be encouraged within the curriculum or independently.

In conclusion, these barriers must be addressed before the complete inclusion of NPT and FC formatting in BSS. This will aid in providing a seamless blend of both teaching styles. These changes should be made with caution, under the guidance of expert faculty surgeons, whilst ensuring there is a maximal educational benefit for the students.

## Declarations

**Conflict of Interest** The authors declare no competing interests.

## References

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