

Junior doctor and student near peer teaching:

A novel utilisation of social media

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Introduction

Undergraduate medical school curricula are varied and courses will meet these in varying ways. Potential gaps in education exist and students will look to a variety of resources. Social media has advantages over traditional methods

- It is ideal for “bite sized” teaching sessions that can take place outside of normal medical school teaching timetables, at the convenience of the student
- Due to its interactive nature students can request teaching on a specific area of difficulty
- Resources run by juniors have advantages in that explanations can often be given in a more appropriate level of detail and format for undergraduates (1, 2)

Social Media Resource

An online interactive resource was set up on Facebook by a group of doctors and students who were involved in publishing near-peer textbooks from the “Unofficial Guide” series. The resource has over 18 300 followers in 45 countries.

It is maintained by a group of administrators who have posted question sets across 8 specialties focused on the undergraduate curriculum. Each post reaches approximately 2800 members, generating an average of six comments. Content can be delivered immediately upon conception whilst also allowing rapid policing of inappropriate comments.

Each question creates a thread which can be posted on by users (Fig. 1), who will then get automatically updated about further posts on the topic including an official answer.

The Interactive nature allows questions which can mirror medical school examination scenarios, for example MCQs. New posts provoke discussion and feedback, which will improve retention of knowledge.

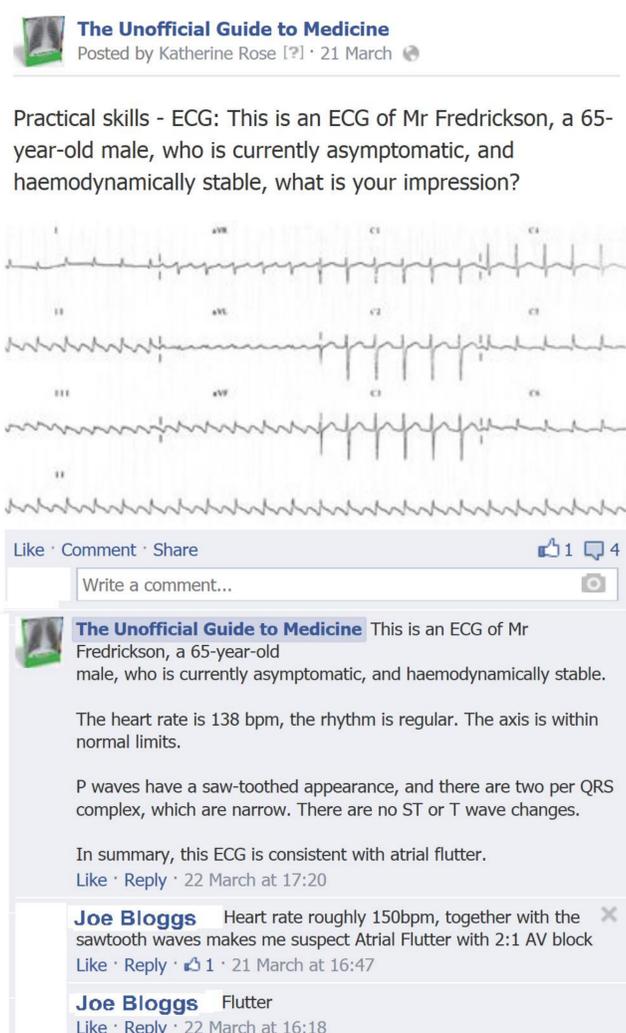


Fig. 1 Question thread with responses

Developing other teaching resources

The online resource also acts as a sounding board and feedback centre for developing other teaching resources, providing direct access to the intended user.

The group has been used to facilitate the creation of four new textbooks as part of the “Unofficial Guide” series, by utilising the feedback from a large, international community of medical students along each stage of the production process, from initial idea, to content and graphic design.

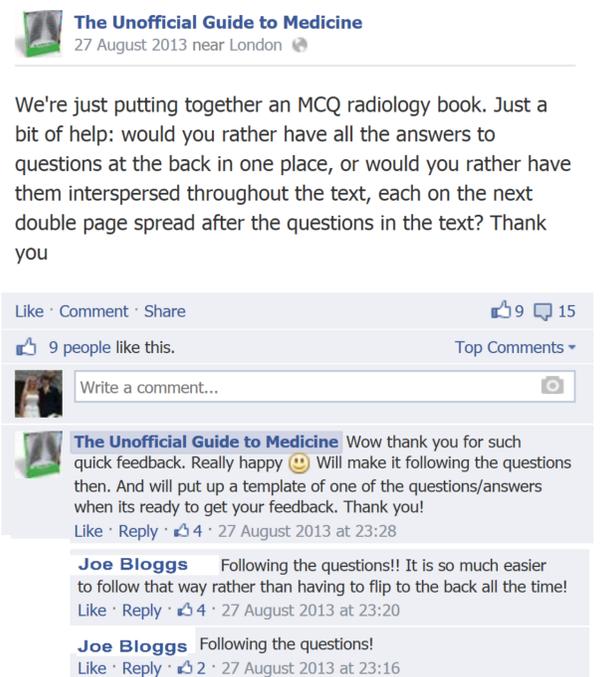


Fig. 2 New book planning

The Unofficial Guide to Medicine shared a link. Posted by Zeshan Qureshi [?] · 12 May

Whats your revision technique? Highlighting is apparently not an evidence based technique 😊 Read more <http://ideas.time.com/2013/01/09/highlighting-is-a-waste-of-time-the-best-and-worst-learning-techniques/>



Fig. 3 Hyperlink to further resources

Eight authors have also been recruited based on their engagement, the quality of ideas and feedback given.

Other resources are commonly linked to.

Discussion

The described model was successful in creating a global community and delivering short, focused teaching episodes to thousands of students. This method doesn't interfere with medical school teaching time, with learning taking place during everyday life at the convenience of the students. It has also created an archive of questions and answers that are accessible to all.

Rapid feedback allows admins to develop skills in education quickly and to consolidate their own medical knowledge in discussion. Other education resources can be effectively designed using rapid feedback from the community. Social media is rapidly becoming an acceptable and effective way to supplement medical education.

References

1. Perceived tutor benefits of teaching near peers: Insights from two near peer teaching programmes in South East Scotland' Qureshi ZU, Gibson KR, Maxwell S Ross MT. *Scottish Medical Journal*. 2013; 58: 188-192
2. Developing junior doctor delivered teaching. Qureshi ZU, Rodrigues M, Parisinos C, Hall N, Ross M, Maxwell S. *Clinical Teacher* 2013; 10: 118-23