

Peer-Led Teaching in Academic Medicine: A Win-Win Situation

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Dear Editor,

Medical education consists of numerous topics, making it impossible to adequately address every aspect of modern medicine. Critical components and/or areas of student interest may be neglected to ensure medical students master the fundamentals. We believe students can be agents of change in medical education by developing and executing elective academic courses with faculty supervision. These electives would address significant gaps in the current medical curriculum and supplement student education.

Peer-led teaching can be an important catalyst for change by addressing topics to improve care for underrepresented populations. For example, there is minimal formal training on how to best manage the unique needs of the Lesbian, Gay, Bisexual, and Transgender (LGBTQ+) community. Significant gaps such as this example leave physicians woefully unprepared to address the needs of underrepresented populations and can directly affect their ability to provide care. Student-led classes can improve knowledge and the ability to deliver care in these areas.¹

Students are also successful in leading classes in a variety of areas ranging from stress management² to research electives³ to sexual history taking.⁴ The efficacy of student-led electives highlights a unique opportunity for students to supplement their medical training in multiple topics. Often, one of the main limiting factors in course offerings is faculty availability. However, with student-led electives, this barrier is nearly, if not completely, eliminated. Ultimately, students leading academic elective courses would increase educational opportunities, provide developmental experience with teaching and academic medicine, and decrease the resource burden on the institution.

In conclusion, students can be agents of change within academic medicine by leading course electives. This paradigm is a win-win for all parties as it provides students with a more complete education in critical areas with minimal impact on institutional resources.

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