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## LETTER TO THE EDITOR

# Letter to the editor re: Radiology for medical students: Do we teach enough? A national study

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(The Editors do not hold themselves responsible for opinions expressed by correspondents)

To the Editor,

We read with great interest the paper by Chew and colleague entitled "Radiology for medical students: Do we teach enough? A national study" published recently in BJR.<sup>1</sup>

As a group of fourth-year medical students from King's College London, interested in pursuing a career in radiology, we commend the authors efforts to highlight the lack of radiology teaching in medical school.

In that paper, the authors note the time dedicated to radiology teaching throughout the medical school curriculum across Scottish medical schools. The authors found that just 0.3% of the total teaching time was allocated to radiology teaching. However, as the authors acknowledged, it is unclear how much radiology teaching the students received. This is because non-standardised teaching was not included in the study and, therefore, not included in the calculation of total study time allocated to radiology. We can appreciate the difficulty of trying to quantify this non-standardised type of teaching, but it is important to find out just how much this non-timetabled teaching contributes towards the teaching of radiology. Whilst a precise figure may be unattainable, we suspect that it is possible to gain a better understanding of the informal radiology teaching. We would also like to research to assess whether teaching time is the best metric for answering the question "do we teach enough?"

From our experience, we can concur with the suggestions by the authors that radiology teaching takes place for medical students that is not part of the timetabled teaching curriculum. This often takes place at placement sites, where senior medical students spend the vast majority of their time. The teaching that takes place is often informal and opportunistic. For example, during our Accident & Emergency rotation, scans ordered by clinicians could be reviewed by

medical students alongside the clinician who ordered the scan. This may involve a more active teaching session where the clinician would ask the student to review the scan and present the scan in an Objective Structured Clinical Examination station styled format. This would be followed by feedback from the clinician. However, the teaching may also be far briefer, where students may simply ask the clinician about a part of the scan which they cannot interpret themselves. Given the informal, non-standardised type of teaching, inevitably students have variable experiences with this type of teaching. Variables that may affect the amount of teaching received by student include: the motivation of students, the willingness of clinicians to teach, the quantity of scans being requested by the department and how busy the clinicians are.

In order to gain a better understanding of non-timetabled radiology teaching, surveys of medical students can be used to shed light on how much teaching is being received at placement sites. Attaining a precise numerical duration of the total teaching received on placement sites from the survey is not feasible. Although, it may be possible to understand how often radiology teaching takes place on placement sites and approximately how long the teaching usually lasts. The survey may also include which departments provided radiology teaching. This would enable the identification of clinical sites where more radiology teaching can be integrated into during the students' rotation in a given department.

Instead of looking solely at the duration of teaching, the authors could have created a radiology test for final-year medical students, examining content that lead clinician teachers expected medical graduates to know. Examining the performance of medical students on core radiology content would provide an objective marker as to whether the level of teaching currently provided was sufficient. By focussing solely on duration of teaching, any target set on

the desired amount of teaching would be somewhat arbitrary. Looking at the end, outcome desired from the teaching allows for objective targets with adjustments to the curriculum until such targets are achieved. However, in order to do this, it is necessary to understand what clinical leads expect from recent medical graduates. Whilst the 'Clinical Teachers survey'<sup>1</sup> sheds some light on the expectations of clinical leads, the data derived from the survey are inadequate to create a standardised exam. This is because the survey is limited to two Scottish medical schools and the questions asked in the survey are not specific enough to determine the skills and knowledge expected. A more

extensive survey will reveal what clinical leads think are the most important topics and based off these results, a radiology test can be created.

In conclusion, Chew and colleagues have made a valuable contribution in evaluating radiology teaching for medical students. Further research is required on the standard of radiology teaching to medical students. Also, the creation of a standardised target for medical schools to aim for will allow us to assess whether the radiology teaching in the curriculum is adequate.

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## REFERENCE

1. Chew C, O'Dwyer PJ, Sandilands E. Radiology for medical students: do we teach enough? a national study. *Br J Radiol [Internet]* 2021; **1308**.