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Potential benefits of student- and junior doctor-led textbooks

Zeshan U Qureshi · Katherine Lattey · Patrick Bryne · Mark Rodrigues · Michael Ross · Simon Maxwell

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Abstract

Introduction Medical textbooks are an important teaching supplement. Few have junior doctors or medical students (‘juniors’) as primary contributors. However, the strengths of junior-led face-to-face teaching are now well-established, and we hypothesized that similar advantages would be transferrable to a textbook setting.

Methods Juniors were approached to contribute to an independently published medical textbook, with senior clinicians recruited in parallel to ensure factual accuracy. Juniors directed every aspect of textbook writing and the production process. The published book stressed that it was an open collaboration with readers, inviting them to get in touch to evaluate the text and suggest ideas for new titles.

Results Of 75 respondents, 93 % awarded the first textbook in the series 4 or 5 out of 5 for overall quality. Five other titles have been released, with seven more in development. Over 100 juniors are currently involved, with two students progressing from reviewers to editors after less than a year of mentorship.

Conclusion Juniors can be a motivated, dynamic, innovative group, capable of significant contributions to the medical textbook literature. This initiative has generated a sustainable infrastructure to facilitate junior-led publishing, and has the capacity for expansion to accommodate new initiatives and ideas.

Keywords Medical education · Textbooks · Junior doctors · Medical students · Near peer teaching

Introduction

The literature supports our own experience that juniors can be effective medical teachers [1, 2], and can use their recent experience of being learners to relate to current students and help them identify and address their learning needs. Under certain circumstances their teaching has compared very favourably to that delivered by senior staff [3, 4], and may have advantages such as how approachable they seem to students [5]. We hypothesized that similar advantages may equally apply to the writing of textbooks. Such resources
could complement core medical school teaching, and senior
doctor-led textbooks. Contributing to the writing of text-
books may also offer an opportunity for juniors to be men-
tored, develop their writing skills, and consolidate medical
knowledge.

Few publishing groups directly recruit junior doctors or
medical students (juniors) to write textbooks, and we are not
aware of any others which use them as their primary base of
authors and editors. We developed a new approach to devel-
oping and publishing medical textbooks which explicitly
seeks to do exactly that. The first textbook in the series, ‘The
Unofficial Guide to Passing OSCEs’, involved 37 juniors as
authors and editors, and 38 experts who checked the content
for accuracy [6]. The book has been distributed to approxi-
mately 8000 people in 40 countries. Five further titles have
now been released, with another seven in development,
involving a team of over 100 juniors worldwide. This article
describes the approach taken to developing these textbooks,
including the recruitment of juniors, collaboration with
experts and students, and plans for evaluation and future
development.

The process of recruiting juniors

All interested juniors are given an open invitation to offer
feedback on current and possible future textbooks. This
allows a measure of their level of commitment and their
ability to contribute. Those who show insight, enthusiasm
and organization progress to a junior reviewer role for mate-
rial in a new textbook, where they start to gain insight into
the textbook production process. Junior reviewers work
closely with the editor to ensure material is relevant to
the curriculum, addresses their key learning needs, and is
expressed clearly. Subsequently, juniors may be promoted
to authors. Authors are provided with templates to follow,
and are initially responsible for drafting short sections of a
textbook, with support from expert reviewers and editors.
Expert reviewers are carefully selected to ensure content is
in line with current evidence and practice.

Successful authors may then progress to editors, who
develop a textbook idea and structure, and coordinate the
development of the textbook, from managing authors and
reviewers, to managing the graphic design and print review
process.

This process allows juniors with no experience in text-
book writing to rapidly develop the necessary skills to take
on more demanding roles.

Collaboration with senior clinicians

The content of the textbooks is at the level expected of med-
ical undergraduates, and as such juniors who have passed,
or are revising for, relevant exams should have a sufficient
level of understanding to inform their teaching on those top-
ics. However, they will not have the depth of understand-
ing and experience of an expert, the value of which cannot
be underestimated. The challenge is how best to involve
senior staff without losing the benefits that come from hav-
ing material created from the junior perspective. We have
addressed this by ensuring that senior clinicians approve
content for factual accuracy at multiple stages of the text-
book production process, without directly writing any of the
content for the textbooks.

Collaboration with medical students

There is usually a clear distinction between the authors of
a medical textbook and the readers. Authors are typically
senior clinicians who impart their wisdom, and readers are
the ‘learners’ who benefit from that wisdom. This project
aimed to blur this distinction, by giving readers agency, and
actively encouraging them to engage with, and contribute
to, the development of their textbooks. Feedback is tradi-
tionally gathered from students after publishing, but unusu-
ally we also chose to integrate dialogue with students into
the textbook production process.

Provisional ideas for textbooks are developed with input
from the student community at an early stage. One route
is via social media, which permits close interaction with a
large and diverse group of students-something not previ-
ously possible. We have a Facebook group, ‘The Unofficial
Guide to Medicine’, with over 23,500 members [7]. They
were asked, for example, to review draft contents for a radi-
ology textbook, and suggested an additional five chapters
which were subsequently written before the textbook went
to press. Textbook content is therefore reviewed at multiple
stages by both experts and student groups. Juniors have
been involved in every aspect of the development process
of textbooks, from suggesting new titles, to reviewing con-
tent, to developing graphic design and appraising the final
printed product pre-release. This makes the production of
new textbooks an iterative process, with the content and
design of textbooks being adjusted at multiple stages, until
the desired outcome is reached.

Key differences in junior-led textbooks

With the textbooks being junior-led at every stage, we think
the content of the textbooks is likely to better reflect student
needs, compared with student needs as they are indirectly perceived by a publishing company. Another key difference is the simplicity of the language, and the friendly tone of the textbooks, potentially making the textbooks more accessible, and easier to read. Junior input into the textbook production process has also had a significant impact on the structure, page layout, and graphic design. Textbooks so far have typically included high-quality illustrations, with additional space to take notes and signposting for easier navigation. We have been willing to continually improve and add content to any textbook throughout the production cycle, as long as it seemed to be responding to student needs as expressed by the reviewers or via social media.

Involving many juniors at each stage, with the power to cause a significant change in content, can of course have potential negative effects, such as delayed publication, increased workload for writers, and increased costs—particularly for alterations after graphic design or printing. Such feedback is valuable, however, even at this late stage, as certain issues may only become apparent after page layout has been drafted (e.g. images being too small).

**Potential benefits**

<table>
<thead>
<tr>
<th>Contributors</th>
<th>Readers</th>
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<tbody>
<tr>
<td>‘Helps strengthen publication CV’</td>
<td>‘Formatted in a similar way to how most people make notes themselves—concise, bullet-pointed and logically ordered, so a great time-saver!’</td>
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<tr>
<td>‘Helps to learn new topics and practice teaching by way of writing’</td>
<td>‘The multi-author collaborative approach works exceptionally well and the democratisation of the reviewing process ensures that this will meet the needs of medical students and junior doctors, both in their exams and in their day to day work’</td>
</tr>
<tr>
<td>‘Develops ability to communicate complex ideas, and to work with colleagues from different backgrounds’</td>
<td>‘This has all the information of a textbook without being as difficult to read’</td>
</tr>
<tr>
<td>‘Quite rewarding, seeing the process through the various stages to getting the final product in your hand and knowing that you’ve contributed to it, that people will actually buy it because it is a high quality product’</td>
<td>‘This guide sets out the basics of how to do examinations, histories, etc. without discommodulating the reader. It does this by using direct language and clear formatting while not scrimping on important minutiae’</td>
</tr>
<tr>
<td>‘Being mentored by other juniors that have gone through the same process’</td>
<td>‘Doesn’t go into enormous amounts of detail so it complements other textbooks, rather than being a stand-alone guide to clinical examination. Nevertheless it is a decent textbook that I will consult during the remainder of my undergraduate education’</td>
</tr>
<tr>
<td>‘An opportunity to gain an extraordinary sense of achievement, and reach students not just on your ward, but also in other countries’</td>
<td>‘Doesn’t go into a lot of depth’</td>
</tr>
<tr>
<td>‘A very useful way of getting practice writing in a scientific style and engaging with clinical topics; writing the chapters forces you to really understand a subject’</td>
<td></td>
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Readers emphasize the ease of use, the relevance of content, and the value of a multi-author collaborative approach as advantages. One potential criticism has been a focus on the textbooks summarizing topics, rather than detailed explanations. This re-emphasizes the importance of junior-led teaching complementing, but not replacing, that provided by senior clinicians.

Further and more detailed evaluation is needed for more substantial conclusions to be drawn. We are currently formally assessing the effects of junior-led textbooks on the professional development of writers, and the value of junior-led textbooks, compared with senior-led textbooks, from a student perspective.

Conclusion

Medical students and junior doctors can be a motivated and hardworking group, capable of significant contributions to the medical textbook literature. This project has set up a sustainable infrastructure to facilitate junior-led publishing, with user feedback at multiple stages in the process and quality control through expert review, and has the capacity to expand and accommodate new initiatives and ideas. Further research is ongoing, more formally evaluating the benefits of this process for contributors and readers alike.

References


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Michael Ross, is a general practitioner, senior clinical lecturer and programme co-Director of the MSc in Clinical Education at the University of Edinburgh, UK. He is also co-editor-in-chief of the Clinical Teacher journal.

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