

The Use of Peer Teaching in the Online Clinical PBL: The Medical Students' Perspectives [Response to Letter]

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Dear editor

We thank Dahir, Berry, and Khan for their thoughtful letter regarding our recent article, “The Use of Peer Teaching in the Online Clinical PBL: The Medical Students' Perspectives”. We appreciate their interest in our work and your insightful comments. It's particularly valuable to hear from medical students who have firsthand experience with online learning.

We are also grateful for their positive feedback on our study, particularly the sufficient sample size, the high response rate, and the homogeneous distribution of participants across different medical course stages. We believe that these strengths contributed to the validity and reliability of our findings.

We acknowledge the limitations mentioned, particularly the single-center design and the potential for bias in self-reported data. Conducting this study during the unprecedented circumstances of the COVID-19 pandemic presented unique challenges, including restrictions on in-person learning and variations in technology access. These factors could potentially limit the generalizability of our findings to other contexts and time periods.

Furthermore, we agree that observational studies are subject to several confounders. However, experimental research in medical education, such as randomized controlled trials, can be difficult to conduct due to ethical considerations and the complexity of the learning environment.

Regarding their suggestion to incorporate the higher levels of Kirkpatrick's model to evaluate the long-term effects of our educational intervention, we believe that this would provide valuable insights into the effectiveness of peer teaching in online C-PBL. However, we also acknowledge that using the higher levels of Kirkpatrick's model can be challenging. These levels require more resources and time to assess, and they may not always be feasible in a real-world setting.

Regarding the Likert scale, we acknowledge that it has some limitations, such as the potential for response bias and the limited number of response options. However, we believe that the 5-point Likert scale was an appropriate tool for our study, as it allowed us to collect data on students' perceptions in a relatively quick and easy way. We also believe that the high internal consistency of the survey instrument (Cronbach's $\alpha = 0.815$) indicates that the 5-point Likert scale was a reliable measure of students' perceptions in our study.

We sincerely appreciate their thoughtful feedback and dedication to advancing medical education. We believe that our study contributes valuable insights to the ongoing conversation about online learning and peer teaching in medical education. We hope that it will inspire further research in this important area and ultimately contribute to enhancing the learning experiences of medical students and the quality of patient care.

Disclosure

The authors report no conflicts of interest in this communication.

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