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Growing Pediatric Leaders: A Multi-Institutional Qualitative Study of the Pediatric Medical Student Liaison Role

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Abstract

Background:

Leadership development and near-peer mentorship are increasingly emphasized in undergraduate medical education, yet there are few publications about programs that formally integrate these activities into senior medical student leadership roles. The Pediatric Medical Student Liaison (PMSL) role has been adopted at multiple institutions to support pediatric education, mentorship, and clerkship activities, but its structure and perceived value have not been systematically examined. This study aimed to characterize the PMSL role by exploring selection processes, responsibilities, and perceived advantages and disadvantages across institutions from the perspectives of faculty, current PMSLs, and former PMSLs.

Methods:

Six focus groups (FG) were conducted with clerkship faculty, former and current PMSLs. Participants were recruited from the Council on Medical Student Education for Pediatrics (COMSEP) listserv and discussion boards. We conducted virtual semi-structured FGs that were role homogenous amongst participants. FGs were AI transcribed with author verification, and data were summarized using content analysis. Open coding was used to identify and label prevalent concepts.

Results:

FG participants reviewed role delineation, selection processes, and benefits across the clerkship. FGs identified clerkship assistance, medical education and near-peer mentorship as the primary roles for PMSLs. There was a range of selection processes utilized; most using formal applications. Benefits across all participants included leadership and education exposure and improving mentorship skills. Program leadership also reported positive outcomes to having a PMSL including academic project support and clerkship assistance. The primary disadvantage was time commitment for the PMSL and the dependence on student engagement for faculty.

Conclusion:

PMSLs can be a valuable resource to enrich medical education. The PMSL role offers opportunities for personal and professional growth while supporting undergraduate pediatric medical education. It also allows students a glimpse into academic medicine, which can foster development into physician educators while positively shaping learning environments and enriching medical education. Overall, these findings provide a foundation for further evaluation of the educational and behavioral outcomes from PMSL programs.

Background

Medical school curricula characteristically focus on foundational medical knowledge and clinical preparedness. Students use the fourth year of medical school to enhance clinical skills and gain experience in a field of interest, but there is additional opportunity to use this year to optimize exposure to leadership and teaching. This has led many U.S. medical schools to steadily incorporate undergraduate initiatives to address gaps in training in leadership, education, and research development (1, 2) Consistent with this broader trend, medical students interested in pediatrics cite mentorship and clinical experience as influential factors and have reported a desire for increased exposure to pediatrics throughout medical school. (3) Limited evidence suggests that near-peer teaching initiatives benefit professional development and foster psychological safety in learning.(1, 4, 5) Emphasis on near-peer mentorship, teaching, and earlier exposure to pediatrics may be impactful for recruitment into primary care specialties, such as pediatrics, where recent data have shown declining U.S. allopathic MD seniors' interest and fill rates.(6)

To address gaps in formal leadership training, the Pediatric Medical Student Liaison (PMSL) role, formerly the senior medical student chief, has emerged across multiple medical schools in the United States and Canada. PMSLs are senior medical students who are selected to serve in leadership and educational roles during their fourth year of medical school. PMSLs receive formal or informal training grounded in established student-centered leadership training models(1, 2) which emphasize near-peer education, feedback, quality improvement, systems development, and academic advancement. A common objective of the PMSL is for the senior student to serve in a near-peer mentorship role to pediatric clerkship students and pre-clerkship students exploring pediatrics while also gaining experience in leadership and education.(7)

Specific responsibilities of the PMSL role vary by institution but often include orientation and instruction for clerkship students and working closely with academic faculty on clerkship-related education across learners. Although student leadership, near-peer mentoring, and clerkship chief models have been described in medical education, little is known about how pediatric medical student liaison programs are structured across institutions, how students are selected, or what benefits and challenges are perceived by students and faculty. This gap limits the ability of institutions to develop evidence-informed PMSL programs.(7) The paucity of information published and variability across programs prompted our qualitative study of current and former PMSLs and clerkship faculty to better understand the roles, selection process, and benefits of PMSLs across institutions.

The purpose of this qualitative study was to characterize the PMSL role across institutions and to explore perceived responsibilities, selection processes, benefits, and challenges from the perspectives of current PMSLs, former PMSLs, and faculty supervisors.

Methods

We conducted a multi-institutional qualitative study using focus groups. Using purposive sampling through the Council on Medical Student Education for Pediatrics (COMSEP) listserv, we recruited clerkship faculty and coordinators via email from institutions across the U.S. and Canada to participate in the study. These faculty locally distributed the study announcement to applicable students. Three cohorts participated: current PMSLs, former PMSLs, and faculty involved in PMSL oversight. A multidisciplinary team, which included clerkship directors and coordinators, fourth-year medical student directors, a current PMSL, and qualitative research experts, developed the focus group (FG) guides (Supplementary Files 1–3) through an iterative process that incorporated existing literature and curriculum objectives from local programs.

Six FGs were conducted via Zoom and lasted approximately 60 minutes. These FGs were led by external moderators with training in focus group facilitation to reduce power dynamics. The interview guides were reviewed with moderators by the PI prior to each of the sessions. Each FG was role homogeneous (faculty, current PMSLs, former PMSLs) to promote candid discussion. Sessions were recorded, AI transcribed, manually verified, and deidentified. Demographics were collected via REDCap survey prior to the focus groups. Participant demographics included current academic and clinical roles, institution, and number of PMSLs in their program. Current PMSLs also reported the specialty they planned to enter and if they planned on having a role in medical education in the future, while former PMSLs reported time since they were a PMSL and any current educational roles held. Data were collected from December 2024 to May 2025.

Our content analysis followed Schreier's framework. (8) The coding team included a medical student at institution A who worked with a PMSL during her clerkship and later transitioned into the PMSL role, and a faculty member with experience in fourth year education leadership at institution B, which also had PMSLs. Two investigators independently completed initial coding on an early transcript to identify commonly discussed themes, and the team refined these codes into a shared analytic framework. Audit trails were maintained throughout the analysis.

Using this shared framework, investigators independently coded transcripts into pre-defined key domains of the PMSL role including duties, selection process, motivations, and benefits. The investigators met regularly to compare interpretations, resolve discrepancies, and refine inductively coded subcategories through an iterative analytic process to establish interrater reliability. Trustworthiness was strengthened through triangulation across participant roles, recruitment from diverse national institutions, and the use of multiple coders with differing backgrounds. The team held frequent debriefing sessions to ensure interpretations remained grounded in the data. The team also reflected on how their professional roles might influence analysis.

Results

A total of 6 FGs were completed, 1 FG with current PMSLs, 3 FG with former PMSLs, and 2 FG with clerkship faculty who work directly with PMSLs. FG participants included 18 PMSLs (nine current, nine

former) from eight medical schools. These students represented five U.S. census geographic regions where they completed medical school. All PMSLs reported plans to pursue a medical education career, with two former PMSLs currently in roles as teaching faculty and the others still completing training or chief residency. Eight faculty mentors from seven different institutions participated (Table 1).

Table 1
Participant Characteristics

Group	n
Current PMSLs	9
Former PMSLs	9
Faculty	8
Institutions	8
Focus Groups	6

Define Roles and Responsibilities:

Table 2 summarizes the broad roles and responsibilities of PMSLs based on FG data from participants across six domains. Faculty identified the top three roles as near peer mentorship, innovation of new clerkship ideas, and participation in medical education. Students identified top roles as those surrounding near-peer mentorship, particularly for clerkship advice and application assistance, and clerkship medical education including didactics, shelf preparation, and Objective Structured Clinical Examination (OSCE) preparation. Other common roles included leadership opportunities for PMSLs, medical student academic support including conference participation, and coordinating campus rotation sites to ensure comparable access to the clerkship curriculum. Many current PMSLs discussed future goals to broaden student engagement and introduce pediatrics prior to the clerkship to drive student interest in pediatrics as a career.

Table 2
Roles and Responsibilities of PMSL

Role	Responsibilities	Representative Quote from PMSL faculty mentors
Leadership	• Pediatrics clerkship assistance • Orient students • Sounding board • Transition to incoming PMSL	“We generally invite the M4 chiefs to participate in any formal meetings that we have with the clerkship leadership.... A good example of that would be when we've had some ideas about how we wanted to change our grading scheme. We've run that by the M4 chiefs and gotten feedback from them before we actually went live with it, just to make sure that we're thinking about it the way that a student would think about it, too, and perceiving it that way.”
Innovation	• Improvements to rotations • Earlier medical student engagement in pediatrics • Inspire educators • Scholarly innovation (gamification, simulation)	“We encourage...innovation and ideas, and let our peds med student chiefs ... run from there”
Education	• Clerkship didactics • OSCE preparation • Shelf exam preparation for clerkship students • Journal club	“They hold 4 study sessions that are an hour each, and then they also help with the student self-directed learning presentations where they have to get up in front of their peers... they help give them feedback and fill in any gaps on the topic.”

Role	Responsibilities	Representative Quote from PMSL faculty mentors
Near-peer Mentorship	• Office hours • Feedback on oral presentations and medical documentation • Advice for clerkship • Application assistance • Visiting student liaison • Fostering psychological safety	“I think another big part was kind of mentorship...Reducing the stress of students early on in their transitions to clinical years... it was a lot of just learning the flow of the day, learning the EMRs, learning how to give an oral presentation, round on patients.”
Academic Support	• Medical education career exploration • Networking • Regional and national conference participation	“We actually had our chiefs help do journal club reviews for COMSEP for us...so that was ...an expectation in terms of working together, and then a goal of trying to be part of COMSEP workshops. One of our chiefs is going to be doing one of the workshops with me, coming up, and so just trying to sort of get them tucked into academic medicine earlier with the hopes that like, maybe this is going to be something that they'll want to become.”
Broadened Scope of Pediatrics	• Community outreach • Bridging multiple campuses • Preclinical engagement	“We have multiple campuses...so that's another thing that we ask our chiefs to do is to make sure that all the other campuses are involved”

Selection Process

The selection process for PMSLs varies across institutions. Most programs reported using a committee-based approach, typically involving clerkship directors and coordinators, to review and select applicants. Most participating medical schools employed a formal application process, requiring students to submit a curriculum vitae and a written narrative, often including open ended statements of interest or targeted prompts with varying levels of committee blinding.

In contrast, institutions without a standardized process often cited small applicant pools, which allowed all interested students to be accepted without formal review. Several programs discussed integrating student affairs consultation to ensure applicants were in good academic standing before selection. One

institution also considered the number of away rotations an applicant planned, recognizing that extensive travel could limit their capacity to fulfill the responsibilities of the PMSL role. Although no universal selection model emerged across participating centers, the practices highlighted here provide potential strategies for programs seeking to establish or refine their PMSL selection process.

Training

Most FGs reported minimal formal training for PMSLs. There was commonly a handoff from the outgoing PMSLs and regular check ins with clerkship leadership to review expectations and discuss ways to improve the clerkship, but only two participants reported any formal education training. The FGs were asked what topics and experiences would be most important to include if a national training curriculum was developed and responses included training in adult education, giving feedback, mentorship, creating a psychologically safe environment, leadership training, and networking.

Benefits

Qualitative insights from FG data demonstrate that PMSLs have been advantageous, with benefits noted to the clerkship and pre-clinical experiences, the educational faculty, and the PMSLs themselves, as summarized by a former PMSL, “I mean, I think it's a great opportunity all the way around...There's benefit to the 4th-year students, and there's significant benefit to the 3rd-year students. Then you [faculty] get the bonus part of it, because it's helping you out.” Table 2 summarizes the benefits of PMSLs across multiple cohorts based on FG responses from faculty and current and former PMSLs to the question, “What are the benefits of a PMSL?”

Benefits for Clerkship Operations and Student Preparation

The PMSL role enhances clerkship coordination by providing individualized support to students who rotate across multiple clinical sites. PMSLs who have previously rotated at these locations help peers navigate site logistics and expectations, as well as other rotation-specific requirements. This provides meaningful leadership experience for the PMSL while offering clerkship directors and coordinators valuable operational support. PMSLs provide near-peer mentorship grounded in recent experience to help with clinical presentations, documentation, or tutoring for the struggling learner. This aims to relieve some educational burden placed on pediatric residents and faculty, who often balance significant clinical responsibilities.

Benefits for PMSLs

The PMSL role gives senior medical students opportunities for deliberate practice as leaders and educators. PMSLs reported benefits including direct mentorship for academic endeavors, a close working relationship with clerkship faculty that helped them understand the inner workings of the

clerkship, and dedicated practice with student education. They also enjoyed mentoring current clerkship students who were seeking help with shelf prep or had an interest in applying to pediatrics.

Benefits for Faculty and Educational Programs

Faculty benefit from expanded teaching capacity, additional academic project support, and meaningful opportunities for one-on-one mentorship with motivated student educators. Moreover, faculty reported PMSLs were key sounding boards when planning the implementation of new initiatives (Table 3).

Table 3
Benefits of PMSL

Benefiter	Benefits	Representative Quotes from current/former PMSLs [S] or Faculty [F]
Clerkship operations	• Individualized support • Logistics help	[S] “Probably the biggest ones that I think about my benefits....helping guide us, especially in the daily logistical functions, I thought was the biggest benefit to my personal self, so like where am I supposed to go and not have to feel that... anxiety of talking to the attending
Clerkship Students	• Near-peer mentorship • Relatable instruction • Psychological safety	[S]“Talking to somebody who's more at your level, the peer-to-peer educational opportunities to say, hey, you know where I'm coming from, what the heck does this mean? And how do I get there?”
PMSL	• Leadership practice • Education practice • Academic mentorship • Networking • Portfolio building	[S]“I think my biggest benefits honestly came from networking from working closer with the leaders... through 4th year by being by being a chief which has helped me through Residency, and then probably ultimately with my career.” [S]“I also think I benefited from putting the lectures together for students and doing the teaching because I learned the material better myself. I mean that probably helped me as a resident the next year...gave me teaching points and talking points, for when I had to do teaching as a resident and didn't have time to spend on those presentations.”
Faculty	• More teaching capacity • Sounding board • Academic project support	[F] “I would say practically for us they extend what we can do. And they've allowed us to offload, and, you know, focus on some other thing, our time and energy on other things”
Pediatric Workforce	• Earlier exposure to pediatrics • Fueled academic passion	[F] “They [PMSLs] go back and talk to the 1st year students at the Med School, like, why pediatrics...And one of the additional things we're asking them to do is, how can they help us get more pediatric content into their Med school. Because they know exactly what the curriculum is. I don't. And how are ways that we can...highlight pediatrics”

Disadvantages of PMSLs

Many students and faculty commented on the significant time commitment the PMSL role requires but felt this was a “worthwhile grind” as those contributions reaped many rewards. This was highlighted by a student who observed "[PMSL] takes a lot of time and energy to go to all these things and be committed to it...it would not be beneficial to have someone just be kind of stagnant in the role." Faculty echoed this sentiment, highlighting how dependent the role was on the motivation of the students and noting that finding “self-starters” was key to success. Multiple faculty commented that their programs evolved, often starting with ideas from other institutions, then adapting them to address specific educational landscapes at their institution.

Discussion

PMSL programs are an increasingly popular avenue to offer senior medical students hands-on experience in leadership, teaching, innovation, and mentorship. PMSL programs vary widely, and this study aimed to describe the roles and responsibilities, identify selection processes and criteria, and evaluate the benefits associated with the PMSL role across institutions.

Through FGs with current and former PMSLs and faculty supervisors, we discovered that the PMSL role is multifaceted, often extending beyond the clerkship experience. PMSL roles incorporate leadership, innovation, education, mentorship, career exploration, and pathway development. There are potential benefits across key stakeholders, including clerkship coordinators and faculty, clerkship students during pediatric rotations, and satellite campus faculty. Importantly, PMSLs recognize personal benefits, including leadership and mentorship practice, academic medicine experience, and career exploration. PMSLs serve as an important bridge between students and pediatric educational leadership, contributing meaningfully to both educational quality and learner support. At a broader level, PMSLs may help support and grow the number of pediatricians, as exposure to pediatrics in early medical education through the conscious effort of PMSLs may help sustain or increase interest in the field. (3, 9, 10)

Our findings align with and extend existing literature on near-peer teaching, student leadership, and experiential learning in undergraduate medical education. Prior studies demonstrate that near-peer models enhance psychological safety, approachability, and learner confidence, particularly during transitions into clinical training.(2, 11) Similarly, both current and former PMSLs and clerkship faculty who participated in our study emphasized the PMSL’s role in fostering trusted, non-evaluative mentorship and supporting clerkship transition.

The roles described by all participants mirror previously reported medical student “chief” or leadership positions across specialties, which commonly include teaching, mentorship, and administrative support for clerkships.(3, 12) Our study expands this work by offering a multi-institutional pediatric-focused perspective and detailing a broader scope of responsibility. Notably, PMSLs described engagement

beyond clerkship functions to include preclinical exposure, innovation, and career development, which are areas less emphasized in existing literature.

Consistent with prior research, PMSLs in our study reported benefits including strengthened teaching skills, leadership development, professional identity formation, and early exposure to academic medicine.(4, 13) Through close collaboration with faculty, PMSLs gained exposure to regional and national initiatives that support career development, build confidence in clinical skills, increase familiarity with academic pathways, and provide opportunities for national networking.(4, 12, 13) Unlike short-term leadership interventions, the PMSL role represents a longitudinal, practice-based leadership experience embedded within educational work. This aligns with calls for experiential leadership training in undergraduate medical education (2, 7) while allowing faculty to benefit from expanded teaching capacity, additional academic project support, and meaningful opportunities for one-on-one mentorship with motivated student educators.(12, 14)

While clerkship students did not participate in FGs, existing literature has demonstrated the value of near-peer mentorship for this student population. Clerkship students have reported feeling more comfortable seeking guidance from someone closer to their training level and not responsible for formal evaluation. This dynamic promotes trusted feedback and fosters confidence in a psychologically safe environment.(4, 5) Consequently, PMSLs may provide more relatable instruction and be better able to meet the needs of students than some faculty.

Our findings also intersect with literature on pediatric workforce development, which highlights mentorship, early exposure, and belonging as influential factors in specialty choice.(2, 7) PMSLs may help cultivate interest in pediatrics by offering mentorship, early exposure, and structured support across the medical school continuum. Many former PMSLs reported that the experience fueled their academic passion, leading them into careers within medical education. While this study did not assess long-term career outcomes, faculty participants perceived PMSLs as contributing to improved engagement with pediatrics during a period of declining match rates.(6)

Together, these findings corroborate prior evidence supporting near-peer and leadership models while addressing a gap in the literature through detailed characterization of the PMSL role across institutions.

Limitations of this study include the potential for non-response bias, as FGs consisted of students and faculty who were interested in participating. We also did not explore perspectives from institutions that did not have PMSL programs at the time of the study. Finally, while clerkship students are a known stakeholder in the PMSL role, we did not directly solicit their perspectives on the experience of completing the pediatric clerkship with a PMSL. Findings may not be transferable to all institutions because participating programs may represent sites with greater engagement or investment in leadership development.

Future projects should explore the benefits and pitfalls of a PMSL program from the perspective of clerkship students and best practices for implementing a PMSL program. A clear role definition and

selection process that aligns with institutional goals can lead to an impactful opportunity for PMSLs.

Conclusion

PMSLs represent a flexible model for integrating leadership development, teaching, and mentorship into the final year of medical school. Across institutions, PMSLs were perceived to benefit students, faculty, and clerkship programs while providing meaningful preparation for future educational and leadership roles. These findings provide foundational evidence to guide development and evaluation of PMSL programs.

Abbreviations

COMSEP
Council on Medical Student Education in Pediatrics
FG
Focus Group
OSCE
Objective Structured Clinical Examination
PMSL
Pediatric Medical Student Liaison
REDCap
Research Electronic Data Capture

Declarations

Ethics approval and consent to participate

This study was reviewed and approved by the University of Nebraska Medical Center Institutional Review Board (#0398-24EX). All data was collected from human participants in accordance with ethical guidelines and regulations. All participation was voluntary and all participants consented to participate in the study using informed consent. No individually identifiable information is included in this manuscript.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

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Author Contribution

L.R. and A.N.: Conceptualization, methodology, investigation, writing - original draft, writing - review and editing, preparation-tables 2 and 3.C.S., M.R., O.A., J.D., and C.B.T: Conceptualization, investigation, writing - review and editing. J.W.: Methodology, writing - original draft, writing - review and editing, preparation-table 1.All authors read and approved the final manuscript.

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Data Availability

The datasets obtained and analyzed during this study are available from the corresponding author on reasonable request.

References

1. Bulte C, Betts A, Garner K, Durning S. Student teaching: views of student near-peer teachers and learners. Medical Teacher. 2007 Jan;29(6):583–90. doi:10.1080/01421590701583824
2. Varkey P, Peloquin J, Reed D, Lindor K, Harris I. Leadership curriculum in undergraduate medical education: a study of student and faculty perspectives. Med Teach. 2009 Mar;31(3):244–50. doi:10.1080/01421590802144278
3. Azok JG, O'Donnell KA, Long ME, Wang HC, Crook T, Pogemiller MI, et al. Factors influencing medical students' career choice to pursue pediatrics. The Journal of pediatrics. 2024;265. doi:10.1016/j.jpeds.2023.113525
4. Zhao M, Shirazi S, Trinder K, Hominuke T, Ginger R, Malin G, et al. A student-led clerkship primer: a near-peer orientation to clerkship. Can Med Ed J. 2023 Nov 14. doi:10.36834/cmej.76866

5. Diebolt JH, Cullom ME, Hornick MM, Francis CL, Villwock JA, Berbel G. Implementation of a Near-Peer Surgical Anatomy Teaching Program into the Surgery Clerkship. J Surg Educ. 2023 Jan;80(1):1–6. doi:10.1016/j.jsurg.2022.08.005
6. National Resident Matching Program. Results and data: 2025 Main Residency Match. National Resident Matching Program [Internet]. 2025 [cited 2026 Aug 24]. Available from: https://www.nrmp.org/wp-content/uploads/2025/05/Main_Match_Results_and_Data_20250529_FINAL.pdf
7. Webb AMB, Tsipis NE, McClellan TR, McNeil MJ, Xu M, Doty JP, et al. A First Step Toward Understanding Best Practices in Leadership Training in Undergraduate Medical Education: A Systematic Review. Academic Medicine. 2014 Nov;89(11):1563–70. doi:10.1097/ACM.0000000000000502
8. Schreier M. Qualitative Content Analysis in Practice. 1 Oliver's Yard, 55 City Road London EC1Y 1SP: SAGE Publications Ltd; 2012. doi:10.4135/9781529682571
9. Indyk D, Deen D, Fornari A, Santos MT, Lu WH, Rucker L. The influence of longitudinal mentoring on medical student selection of primary care residencies. BMC Med Educ. 2011 Dec;11(1):27. doi:10.1186/1472-6920-11-27
10. Haupt TS, Dow T, Smyth M, Toguri JT, Roberts A, Raju KL, et al. Medical Student Exposure to Radiation Oncology Through the Pre-clerkship Residency Exploration Program (PREP): Effect on Career Interest and Understanding of Radiation Oncology. J Canc Educ. 2020 Apr;35(2):388–94. doi:10.1007/s13187-019-1477-2
11. Brierley C, Ellis L, Reid ER. Peer-assisted learning in medical education: A systematic review and meta-analysis. Med Educ. 2022 Apr;56(4):365–73. doi:10.1111/medu.14672
12. McKinney VR, Patel PP, Olken MH, Bailey AE, Bond MT. Clerkship Chiefs: Introducing Students to the Role of Physician Educator. Med Sci Educ. 2023 Dec;33(6):1533–8. doi:10.1007/s40670-023-01928-3
13. Ramin SK, Suresh A. Paying It Forward: Near Peer Mentorship in Medical School Makes an Impact. Acad Med. 2024 Jun 1;99(6):e31. doi:10.1097/ACM.0000000000005522
14. Newman JR, Rouse M, Davies G, Bisarya R, Nguyen E, Fink J. Internal Medicine Student Chief Elective. Clin Teach. 2025 Feb;22(1):e13851. doi:10.1111/tct.13851

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